

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

28 MARCH 2018

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PHARMACEUTICAL NEEDS ASSESSMENT (PNA) – STATUTORY REVIEW

SUMMARY

The statutory review of the 2015 Pharmaceutical Needs Assessment commenced in the summer of 2017, appended to this report is a final draft of the updated PNA. This report provides the Board with oversight of the final document and in particular seeks the Boards approval for publication.

RECOMMENDATIONS

The Board is asked to:

- Receive the appended PNA and approve the document for publication in line with its statutory duty.

DETAIL

1. The Stockton on Tees Health and Wellbeing Board (HWB) published its first Pharmaceutical Needs Assessment (PNA) in March 2015, in accordance with the statutory duty to do so by 1st April 2015. This followed the PNA published by the former Primary Care Trust in 2011.
2. The legislation that describes the HWB's duties in this regard is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended, and hereafter referred to as the 2013 Regulations). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local Assessment must be maintained by the HWB. It is important that the PNA continues to accurately reflect the pharmaceutical needs of our population when NHS England, and other commissioners, are using them to make decisions about the pharmaceutical services, or equivalent, available in our local area.
3. The legislation states that HWB Boards are required to undertake a statutory 60 day consultation on a draft of the PNA. This report can confirm that the consultation has now been completed in-line with the Regulatory requirement.

PHARMACEUTICAL NEEDS ASSESSMENT REVIEW

4. The Public Health team have completed the statutory 60 day consultation process on the draft PNA. The consultation feedback has been considered and included within the final version of the PNA. There was eight responses via the consultation portal and a written response from NHS England.

5. Following analysis and review of the consultation there were no significant changes to the findings presented within the draft PNA report. Appended to this cover report is a copy of the 2018 PNA, the executive summary on page eight of the report provides an overview of the findings.

FINANCIAL IMPLICATIONS

6. There are no financial implications for the Health and Wellbeing Board related to this report.

LEGAL IMPLICATIONS

7. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 describe statutory duties and responsibilities of the HWB in relation to the PNA. This report provides assurance to the Board that the PNAs are being maintained in accordance with the Regulations.

RISK ASSESSMENT

8. See legal implications above. In addition to the Regulatory requirement for NHS England to use the PNA in their decision-making regarding commissioned pharmaceutical services, the PNA should also be referenced when others in the local commissioning economy (e.g., the Stockton and Hartlepool CCG and even the Borough Council themselves) consider commissioning (or decommissioning) pharmaceutical services. The HWB has taken steps to advise potential commissioners of the existence and content of the PNA.
9. The Public Health team have engaged with specialist Pharmacist Advisers and Public Health Intelligence Specialists offering Stockton on Tees HWB assurance of their capacity to deliver on these statutory duties.

COUNCIL PLAN

10. The Pharmaceutical Needs Assessment will take account of and should have a positive impact on both the Council Plan and Joint Health and Wellbeing Strategy themes.

CONSULTATION

11. Sixty-day minimum consultation is an integral part of the proscribed processes for development and publication of a PNA.
12. The processes by which NHS England manage individual pharmacy applications also involves statutory consultation with both the Health and Wellbeing Board (delegated to the Director of Public Health in consideration of timescales for response) and HealthWatch as a representative of the public view.

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Pharmaceutical Needs Assessment

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Welcome and Introduction

Pharmacy services play an important role in supporting the Health and Wellbeing of people living in Stockton Borough. Often found in the heart of the community, pharmacies provide good access to services, support people in making healthy life style choices and offer a range of treatment options. Pharmacies are contributing to addressing health inequalities within the Borough.

The 2018 Pharmaceutical Needs Assessment (PNA) provides NHS England with detailed insight into the health and wellbeing of our local population and current pharmacy services. This update, as with previous iterations, provides NHS England with a basis to make informed decisions on future pharmacy provision within the Borough.

The assessment has been developed in cooperation with members of the Health and Wellbeing Board and in consultation with a wide range of stakeholders including health professionals, pharmacies, patients and people living in Stockton. The PNA looks at local health information, housing provision and future potential need to make appropriate recommendations for informed decision-making.

The Health and Wellbeing Board publishes this draft document for consultation in accordance with our statutory duty under the Health and Social Care act 2012. We hope you find it useful for planning, development and commissioning of pharmaceutical services according to the needs of Stockton-on-Tees Borough.

Chair HWB

DPH

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1.0 Executive Summary

1.1 Background

The pharmaceutical needs assessment (PNA) for Stockton-on-Tees is a statement of need for pharmaceutical services. This is a statutory responsibility of the Health and Wellbeing Board which

- determines if pharmaceutical services are available in Stockton-on-Tees to meet the needs of the population and
- guides NHS England in its application of legislation to the decision-making processes affecting pharmaceutical services.

To meet this dual purpose, the Health and Wellbeing Board needs to understand both the location and services currently provided by pharmacies and others, and the needs of the population. In the context of the legislative framework which describes it, the PNA serves to provide this, reflecting an assessment and consideration of

- localities; geographical subdivision of the population of Stockton-on-Tees borough
- pharmaceutical need for current and potential services; identifying any gaps in service to meet identified need and options for improvement now, and in the future
- access and choice of pharmaceutical services from pharmacies and others (including dispensing appliance contractors and dispensing doctors)
- patient, public, professional and wider stakeholder views.

Pharmacies have a key role providing access to medicines and support to use them correctly. They also offer a range of treatment, advice, signposting and other pharmaceutical services towards protecting and improving health and wellbeing and helping patients navigate the healthcare system. They are often situated in the heart of communities, in places where people live, or congregate to work or shop, which helps ensure good access to these services for our population.

National policy developments are changing both the wider context and the local operating environment of pharmacies. Both the Five Year Forward View (2014) and the General Practice Forward View (2016) have implications for patient care and provision of pharmaceutical services. Government reforms set out in 'Community Pharmacy 2016 and Beyond' included changes to remuneration, quality payments schemes, integration of Urgent Care, new pilot services and the inclusion of assessment of compliance for Healthy Living Pharmacy (HLP).

1.2 Process

The Stockton-on-Tees PNA 2018 has been produced in accordance with the Regulations (Department of Health, 2013), with reference to Department of

Health guidance (Department of Health, May 2013) and with the support, engagement and consultation of our local stakeholders. Initial engagement with patients, the public and professional stakeholders was followed by a 60-day statutory consultation on the draft PNA, which concluded in January 2018.

After publication, the PNA will be maintained in accordance with the Regulations by

- monitoring potential changes to pharmaceutical need and
- issuing Supplementary Statements in response to any change in pharmaceutical services.

Acknowledgements. We are very grateful to all those who contributed local knowledge, data and information to support the development of the PNA including colleagues at NHS England, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HAST CCG) and Commissioning Support, the Tees Local Pharmaceutical Committee (LPC) and local pharmacy contractors and other commissioned service providers such as the Stop Smoking Service and Teesside Sexual Health Service. With thanks also to our public health intelligence colleagues and others from Stockton Borough council for facilitating updates to a range of local data and creating maps/charts of providers and services.

1.3 Conclusions

There has been little change in the Pharmaceutical List in the Stockton-on-Tees HWB area since the PNA in 2015. **Pharmaceutical services are provided by 42 pharmacies and one dispensing doctor practice.** This includes one 'distance selling' (DS) pharmacy which has opened since 2015; these DS contracts are issued under an exemption category and not on the basis of local need.

A full list of conclusions is included in the Statement of Need for Pharmaceutical Services at Section 11. Main conclusions of the assessment are:

The **range of pharmaceutical services provided and access to them is good**, although there are differences between localities, which reflect the nature of their populations and environment.

The HWB considers that there is **sufficient choice of both provider and services** available to residents and visiting populations of all localities of Stockton-on-Tees including the days on which, and times at which, these services are provided.

The general **location** in which the pharmaceutical 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 are considered to meet the need in all localities**; 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.

Having regard to all the relevant factors, there are **no current gaps in provision of necessary pharmaceutical services, or other relevant services including essential, advanced, enhanced or locally contracted pharmaceutical 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.**

Many locally commissioned pharmaceutical services that are **assessed as necessary** are **currently commissioned by Public Health** such that current population **needs are met**. These services include emergency hormonal contraception, supervised self-administration of medicines for the treatment of drug misusers, needle exchange and Healthy Start vitamins. Elements of the pharmacy stop-smoking service, chlamydia testing service and C-Card condom distribution services also offer improvement or better access to such provision.

Opportunities for further improvement or better access to pharmaceutical services include:

- maximising opportunities for health improvement, brief intervention and commissioned services through Healthy Living Pharmacies, particularly as they are embedded and accredited at a national level
- realising the potential of community pharmacies to support self-care and the management of low acuity conditions or minor ailments
- reviewing availability of 'on demand' specialist drugs (e.g. for palliative care) and extending commissioning from pharmacies open 100 hours per week in the S1: Yarm and Area and/ or the S3: Norton and Billingham locality
- promoting underused essential services including NHS repeat dispensing, support for self-care and brief advice and
- seeking opportunities to improve public and professional access to accurate and timely information on pharmacy opening hours, services and location.

In order for the Health and Wellbeing Board to realise the benefits of pharmaceutical services in meeting the needs of the population, it is recommended that the PNA is closely integrated with the work of the Joint Strategic Needs Assessment (JSNA).

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/ukxi/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).

To explain:

- 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 include community pharmacies and dispensing appliance contractors:
 - pharmacy contractors (i.e. each community pharmacy)
 - 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 3.5)
- 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 3.5); 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) contractors¹ 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** the other NHS services that may be provided under arrangements made by NHS England with a dispensing doctor i.e. Dispensing Reviews of Use

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

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 Joint Strategic Needs Assessment (JSNA) is the means by which local partners including CCGs and local authorities describe the health, care and wellbeing 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 Stockton-on-Tees PNA has been produced in accordance with the Regulations (Department of Health, 2013), with reference to Department of Health guidance (Department of Health, May 2013) and with the support of our local stakeholders including HAST CCG, local pharmacy contractors and the Local Pharmaceutical Committee (LPC) Tees. The PNA is built on the

robust processes followed in 2011 and 2015 to produce the current needs assessment which has remained fit for purpose.

The 2015 PNA was developed via a co-operative approach between the five relatively small unitary authority areas in the Tees Valley,² led by the former Tees Valley Public Health Shared Service (TVPHSS) on behalf of the five Health and Wellbeing Boards. Co-operation continued into this PNA, particularly across Tees, but also in the NHS England North East area.

The preparation of the 2018 PNA for Stockton-on-Tees, has been led by a small steering group drawn together by the public health team of Stockton-on-Tees Borough Council under the Consultant in Public Health and on behalf of the Health and Wellbeing Board. Working closely alongside the corresponding PNA development process for Hartlepool, with some shared approaches across all four Tees boroughs and in part, also wider involvement with public health pharmacist leads developing PNAs across the north east of England.

Working collaboratively 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 Stockton 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 since the 2013 Regulations, as amended, require a fundamental review of the PNA at least every three years, including full public consultation. The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement and by publishing a full revised assessment before the 25 March 2021.

In making an assessment of changes to need in its area, the HWB will have regard in particular to changes to the:

- number of people in its area who require pharmaceutical services;
- demography of its area; and
- risks to the health or wellbeing of people in its area.

Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.

² Hartlepool, Stockton-on-Tees, Middlesbrough, Redcar and Cleveland, Darlington

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 e.g., 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

When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment. Part 2 regulation 6 (3) of the 2013 Regulations makes provision for HWBs to issue a supplementary statement. These would be issued where:

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

Supplementary Statements may also be required following conclusion of a new type of potential application to consolidate (merge) pharmacies as outlined in the next section.

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

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 Regulations in 2012 and 2013 (Department of Health, 2012), PNAs became the basis for determining market entry to NHS pharmaceutical services provision. The Cumbria and North East Sub Region of NHS England

undertake these statutory processes and the HWB must make the PNA and associated Supplementary Statements available to them.

The PNA 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.

There are also new duties introduced since the 2015 PNA. National funding for community pharmacy was recently reduced by 6% (NHS England, 2016) and it is anticipated that some pharmacies might close as a result. To encourage mergers or consolidations of closely located pharmacies, some new amendments to the Regulations were introduced in December 2016 (Department of Health, 2016). This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

As a result, HWB's have also now been given two new statutory duties:

1. When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision. NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.
2. Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then
 - (a) publish a supplementary statement reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then
 - (b) update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

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. The response was a series of regulatory changes such that a system of commissioning based on PNAs would help PCTs target specific local needs and focus subsequent commissioning on local priorities. A series of steps followed towards this intent and led to the current development of the 2018 PNA:

1. Regulatory changes in 2009 (SI2010/914), introduced the plans by which the Department of Health (DH) would:
 - require Primary Care Trusts to develop and publish PNAs and then
 - use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.
2. In May 2010, the timeline was established and PCTs were required to produce their first PNA by 1st February 2011.
3. A PNA produced by NHS Stockton-on-Tees (PCT), was in place and inherited by the Health and Wellbeing Board on 1st April 2013 with the reformed structures of the NHS (The Health and Social Care Act 2012), and transfer of some commissioning responsibilities to local authorities.
4. The regulations implementing the second clause of SI2010/914, the PNA-based 'market entry' test came into force on 1 September 2012.
5. 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 with amended market entry regulations³.
6. Publication of the first Stockton-on-Tees HWB PNA on 25th March 2015 replaced the 2011 PCT document within the statutory timescale in place at the time.
7. Regulations require the HWB to publish a new PNA within 3 years.

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 was necessary or expedient in order to secure the adequate provision of NHS pharmaceutical services in the ‘neighbourhood’”. This was known as the ‘Control of Entry test’ which had been a feature of the NHS (Pharmaceutical Services) Regulations since the late 1980s. The Regulations apply to “chemists” which included both pharmacies and appliance contractors.

Four exemptions to this test (listed below) were introduced in 2005. Applications of this type were exempt from the ‘Control of Entry’ requirements, a PCT was effectively required to admit new pharmacies to the list and there was a corresponding substantial increase in new pharmacies. Exemptions were:

³ Whilst amending primary legislation of HASCA 2012, it was recognised that a PNA prepared by a Health and Wellbeing Board, against which NHS England would assess applications, must not inappropriately create an obligation on NHS England to grant all applications (because NHS England would be responsible for funding the pharmacy).

- (1) pharmacies in approved retail areas (shopping developments) of more than 15000 square metres gross floor space, away from town centres (e.g., Stockton-on-Tees had 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 conditions. 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.

The 2012 Regulations also removed 3 of the 4 exemptions to Control of Entry introduced in 2005, retaining only the 'distance selling' option. Nevertheless, the exempt categories had stimulated the market and a substantial number of pharmacies joined the Pharmaceutical List in this period. Many of the pharmacies that opened with the '100 hour' exemption now secure the core hours required to provide the suitable access and choice described in current PNAs.

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

Since 1st April 2013, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list remains with NHS England.

3.4 Recent national policy drivers

In contrast to the stability in the Pharmaceutical List, there has been a rapidly changing policy environment providing context, and some uncertainty, to the consideration of future needs. Some key current policy documents of relevance include:

- NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care:
 - Five Year Forward View (FYFV) Next Steps included the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Urgent Care
 - the General Practice Forward View (GPFV) included £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21 – this has significant implications for channel shifting of workload within healthcare but also within pharmacy and pharmaceutical services

- the community pharmacy funding settlement of 2016 'Community Pharmacy 2016 and Beyond' which included substantially reduced remuneration for essential services but introduced the Pharmacy Integration Fund (PhiF) within the same funding envelope and with it the:
 - Pharmacy Access Scheme (PhAS) to 'cushion' the impact of the funding cuts in 'necessary' pharmacies and
 - the first community pharmacy Quality Payments Scheme for the Community Pharmacy Contractual Framework.

3.5 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 (as amended).

The essential and advanced services have nationally agreed funding. Any enhanced services are funded and commissioned 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 website of

the Pharmaceutical Services Negotiating Committee (PSNC): <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/> and in the 2015 briefing “NHS Community Pharmacy services – a summary” available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

3.5.1 Changes to CPCF in 2016

In October 2016, a funding settlement was imposed on community pharmacy which affected an overall 4% reduction in funding in-year for 2016/17 and a further 3.4% reduction in 2017/18. The package included substantial changes to the structure of fees and allowances such that each pharmacy would be affected to a varying extent. The policy document *Community Pharmacy 2016/17 and beyond: final package* describes the changes being introduced to build on the *Five Year Forward View* and develop a more clinically focused community pharmacy service that is better integrated with other parts of primary care.

3.5.1.1 Pharmacy Access Scheme

The changes made to CPCF suggested that efficiencies could be made within community pharmacy without compromising the quality of services or public access to them. However, the financial impact of the changes takes effect over a relatively short time period. To support access where pharmacies may be more scarcely spread such that patients depend on them the most, a Pharmacy Access Scheme (PhAS) was also introduced. To be eligible, a pharmacy must be:

- more than a mile away from its nearest pharmacy by road;
- on the pharmaceutical list as at 1 September 2016; and
- not be in the top quartile by dispensing volume.

The PhAS is intended to protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

3.5.1.2 Quality Payments Scheme

The first ever community pharmacy Quality Payments Scheme was introduced as part of the changes to CPCF to run from 1 December 2016 until 31 March 2018 (NHS England, 2016). The Scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

Gateway criteria to the payments of the scheme will promote:

- increased uptake of advanced services MUR, NMS and NUMSAS
- increased access and use of secure ‘nhsmail’ and the electronic prescription service EPS
- improved accuracy of NHS Choices information for pharmacy.

- Pharmacies passing the gateway will receive a quality payment if they meet one or more further quality criteria which include:
- accessing the Summary Care Record (SCR)
- maintaining NHS 111 directory of service
- national Assessment of Compliance and Registration for Healthy Living Pharmacy (HLP) and
- staff training as Dementia Friends and Safeguarding training
- patient safety reports
- referrals after asthma review.

3.5.1.3 Pharmacy Integration Fund

To support the transformation outlined in the NHS' *Five Year Forward View*, a new Pharmacy Integration Fund (PhIF) was announced in the December 2015.

The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway.

In particular, the PhIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models. NHS England will be working to embed pharmacy into the NHS urgent care pathway by expanding the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions. This enabled:

- commissioning of the urgent medicines supply pilot (NUMSAS) as an advanced service
- feasibility testing of a further advanced service to support urgent minor illness care by community pharmacy.

3.5.2 Core and supplementary hours

Since the start of the national PhS contract of 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 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 and the subsequent *agreement* of NHS England. However, supplementary hours may be changed by simply *giving notice* of a (usual) minimum of 90 days.

3.5.3 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.

3.5.4 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. Contractors⁴ may choose to provide them, but can only do so if they meet the standards required for accreditation. Accreditation may include both premises (a private consultation area that meets the required standards) and personal (provider professional) standards. In 2015 there were 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. In September 2016 Seasonal flu vaccination was added as a fifth advanced service (Department of Health, 2016) and now there is a sixth advanced service operating as a pilot from December 2016 which is the NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Department of Health, 2016).

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).

3.5.4.1 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% (previously half) of these must be carried out with patients whose medicine(s), or circumstances, are

⁴ Community pharmacy contractors and dispensing appliance contractors

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
- patients recently discharged from hospital whose medicines were changed 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.

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

Two advanced services (Appliance Use Review Service and Stoma Appliance Customisation Service) began in April 2010 as part of revised arrangements for the supply of appliances. 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.

3.5.4.3 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).

3.5.4.4 Seasonal Flu Vaccination

Added in September 2013, Seasonal flu vaccination was the fifth advanced service (Department of Health, 2016)

3.5.4.5 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

At the time of publication of the PNA in 2015, a pilot Pharmacy Emergency Repeat Medicine Supply Service (PERMSS) was operating in the north east for winter 2014-15. 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, contributed evidence for the feasibility of such a service alongside the national Emergency Supply audit of 2015 (NHS England).

In October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 national community pharmacy funding settlement, the Pharmacy Integration Fund (PhIF) (NHS England, 2017) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is commissioned by NHS England as an Advanced Service running from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. (NHS England, 2016). This is the sixth advanced service, though now operating as a pilot. (Department of Health, 2016).

The aims of the service are to direct people to community pharmacy via referral from NHS 111, in order to reduce the burden on urgent and emergency care services handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.

There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

3.5.5 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 31st March 2013 and by health and wellbeing boards (HWBs) thereafter*".

The following list shows the enhanced services included in these Directions, and it is for this reason that these specific services are considered later in the context of local pharmaceutical need.

- 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

3.5.5.1 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 therefore it is essential that they are referenced and included in the PNA.

3.6 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

The Stockton-on-Tees Health and Wellbeing Board commenced development work for the PNA in January 2017 under the direction of the Consultant in Public Health.

A small steering group was established led by public health in the local authority on behalf of the HWB and the process launched with a HWB paper in summer 2017. The aim was to produce an assessment in accordance with statutory requirements, taking into account the variation in pharmaceutical needs between and within different localities and different groups by completing a systematic assessment of:

- (a) a broad range of published information, including that already provided by the JSNA describing the health and social care status or needs of those localities and groups, and national and local policy documents
- (b) results of engagement activity to obtain the views of stakeholders including commissioners, providers and patients as users of existing pharmaceutical services and influences on future services
- (c) responses to the statutory consultation process on the draft PNA.

Patient/public/stakeholder primary engagement surveys were undertaken in August/September 2017. The statutory 60-day consultation took place from 22nd November 2017 to 21st January 2018 ensuring that the consultation was open for at least at least 60 days.

4.1 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.

4.1.1 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/>. The pharmaceutical needs assessment should present sufficient demographic and strategic health needs information to function as a stand-alone document, but each should be considered as a partner to the other.

4.1.2 Defining localities

Regulations require that the PNA explains how the localities for Stockton-on-Tees HWB area have been determined. The localities used in this assessment for 2018 are based on those defined previously and in use currently. The process for defining them was as follows:

4.1.2.1 PNA 2011 (PCT)

Three options were first considered for the Stockton-on-Tees 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. It does not therefore feature in the current Regulations for market entry and is 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)). SOAs are used to collect and publish small area statistics which build on the existing availability of data for census output areas. They are a more consistent size than electoral wards so may sometimes enable better assessment of population needs at the small-area level. They may also be more suitable than electoral wards for comparison over time as SOAs will not be subject to frequent boundary change.

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.** The boundaries of the four former PCTs were co-terminus with the current unitary authorities in Teesside. These areas are relatively small, so in 2011, commissioning requirements could often be determined at PCT level and sometimes even aggregated for economy of scale to the NHS Tees cluster.

To understand pharmaceutical needs for commissioning purposes at a local level, and having regard to the (then) probability that the PNA would be used in the future for determining market entry, it was considered that sub-division of the geography / demographics below PCT level was required. Mindful of the potential constraints of obtaining all the required information at SOA level, this process was used to define localities in 2010/11:

- (a) the IMD 2007 (Communities and Local Government, 2010) Overall Score Borough Quintiles were displayed by electoral ward 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) wards that would be aggregated to 'localities' for the purposes of the PNAs were agreed.

4.1.2.2 PNA 2015 (first for the Stockton-on-Tees HWB)

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 was repeated. 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.

4.1.2.3 PNA 2018

Reviewing justification for locality definition again in 2017, it was noted that:

- for some Health and Wellbeing Board areas, their localities will approach, or even exceed the size of the borough of Stockton-on-Tees in their geography or population
- healthcare commissioning by the local Clinical Commissioning Group is organised on the geographical footprint of Hartlepool and Stockton-on-Tees, i.e., larger than these individual local authority/HWB areas
- Sustainability and Transformation Plans for this area are organised over an even larger geography.

Within this context, the methodology used for defining localities in 2011, updated in 2015, was still considered suitable for sub-division of the Stockton-on-Tees HWB area for the PNA of 2018. As no ward boundary changes have been affected since 2015, major stakeholders, including NHS England, agreed there was no reason to suggest the resulting three localities are any less suited now for the purposes of understanding pharmaceutical need and any subsequent determination of market entry.

The Stockton-on-Tees localities are described in section 6.0.

4.1.3 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. This is to support decision-making by NHS England with an understanding of the demographic detail of the Borough when assessing pharmacy applications.

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.

4.1.4 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 in current service provision, and engagement on the potential future provision of pharmaceutical services, was collated from contractors themselves.

PharmOutcomes is an electronic platform and data-entry portal that all pharmacies in the Tees LPC area have access to for a range of contract management, training support and monitoring activities. For ease of contractor access and data handling, arrangements were made with the LPC (as host of the PharmOutcomes platform locally) to use this platform for PNA data collection.

An electronic data collection template, based on a PSNC data template, was developed for this purpose in 2014 by the Tees Valley Public Health Shared Service (TVPHSS). This template was updated for 2017-18. The LPC 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 Pharmaceutical List was provided via hyperlink for contractors to view and validate by declaration.

A copy of the electronic data collection document in paper format is included as Appendix 1. 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 for consultation, an incomplete response (37; 90%) had been achieved; we will seek to improve this by the time of the final publication.

4.1.5 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. CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided appliance prescribing and dispensing information from ePACT, the electronic prescription data produced by the NHS Business Services Authority.

4.1.6 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.

4.1.7 GP practice

General practice lists were obtained from HAST CCG as well as opening hours information for any practices open before 8.30 am and after 6 pm. This included Directed Enhanced Services provision (for an individual practice's own patients) and the Extended Access population-based service for Stockton-on-Tees.

CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided prescribing and dispensing information at local authority level as required. Examples include total prescribed items, out of area dispensing and repeat dispensing rates, from ePACT, the electronic prescription data produced by the NHS Business Services Authority.

4.1.8 Rurality definition and maps

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England; maps are unchanged from those published in the PNA 2011; and reproduced here in section 6.2.10.2.

4.1.9 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.

4.2 Consultation and Engagement

The PNA process should include, and have regard 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 engagement activity, HWBs are 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 will be included as Appendix 2. Appendix 3 will specifically cover the formal consultation, including the HWB response.

4.2.1 Engagement

4.2.1.1 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 helpful to the development of a valuable PNA.

The regional public health pharmacists PNA steer group supported the employment of on-line survey methods for the stakeholder engagement processes. As important stakeholder groups, a separate engagement exercise was undertaken with patients and the general public (see section 4.2.1.2).

Similarly, engagement with community pharmacy contractors was undertaken as part of the survey via PharmOutcomes (see section 4.1.4).

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.

Using an online survey tool, questions were developed based on regional discussions in 2017 and on the surveys developed by the TVPHSS working groups and used for the PNAs Tees Valley-wide in 2014. For 2017, surveys were co-developed with working group members for PNAs in Middlesbrough and Redcar and Cleveland, and the same patient and stakeholder surveys were therefore used across Tees Valley for consistency. A blank version of the survey is included at Appendix 4.

During August/September 2017, links to the electronic stakeholder survey, with the option to access a paper copy, were distributed to those individuals, groups and organisations identified by the working group as suitable representatives of a broad range of professional and/or 'client groups'. It was also distributed to those who would later be required by Regulation to be included in the formal consultation on the draft needs assessment. Stakeholders were also notified of the option for individuals to complete the patient/public survey as a user of pharmaceutical services themselves before the closing date. The list of key stakeholders to whom the survey was distributed is included in Appendix 2 (after the consultation).

4.2.1.2 Patient/Public engagement

An on-line survey tool was also 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 improve our understanding of:

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

For 2017, working again in collaboration with colleagues across Tees Valley, the questions for this survey were updated and adapted from those developed by the TVPHSS and members of the PNA working group in 2014. This could enable some comparison in time where appropriate.

The survey was launched on the same dates as the public survey with information in the local press and distributed via well-established existing local authority consultation/engagement processes 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 option to access a paper copy was offered. A blank copy of the patient survey is included as Appendix 5.

4.2.1.3 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 submit a limited summary to NHS England so the value of this resource may be limited.

4.2.2 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 3.

Stockton-on-Tees HWB undertook formal consultation on the draft PNA commencing mid-November 2017. Existing LA processes, plus circulation of the notification of the consultation to pharmacies via PharmOutcomes®, 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 used based on those developed in 2014 by the TVPHSS, again adapted for Stockton-on-Tees in 2017.

HWBs are also required to publish a report on the consultation in their PNA, 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 are therefore included in section 8.6.2 of the final document, with a blank copy of the consultation questions and the consultation report included as Appendix 3.

5.0 Approval

The PNA for Stockton-on-Tees HWB 2018 will be approved in February 2018 prior to publication on-line on or before 25th March 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 which previously included the former Tees Valley Public Health Shared Service resource. Bigger still, NHS England adopted a Durham Darlington Tees (DDT) footprint now a wider NHS North East arrangement in the holding of the NHS national contracts for the primary care contractors GPs, dentists,

optometrists and, of course, community pharmacies. The Five Year Forward View (NHS England, 2014) has introduced Sustainability and Transformation Partnerships (STPs) between NHS organisations and local councils working on a place-based 'North' footprint to collaborate in improving care.

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 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. The process undertaken to define the localities was described in section 4.1.2.

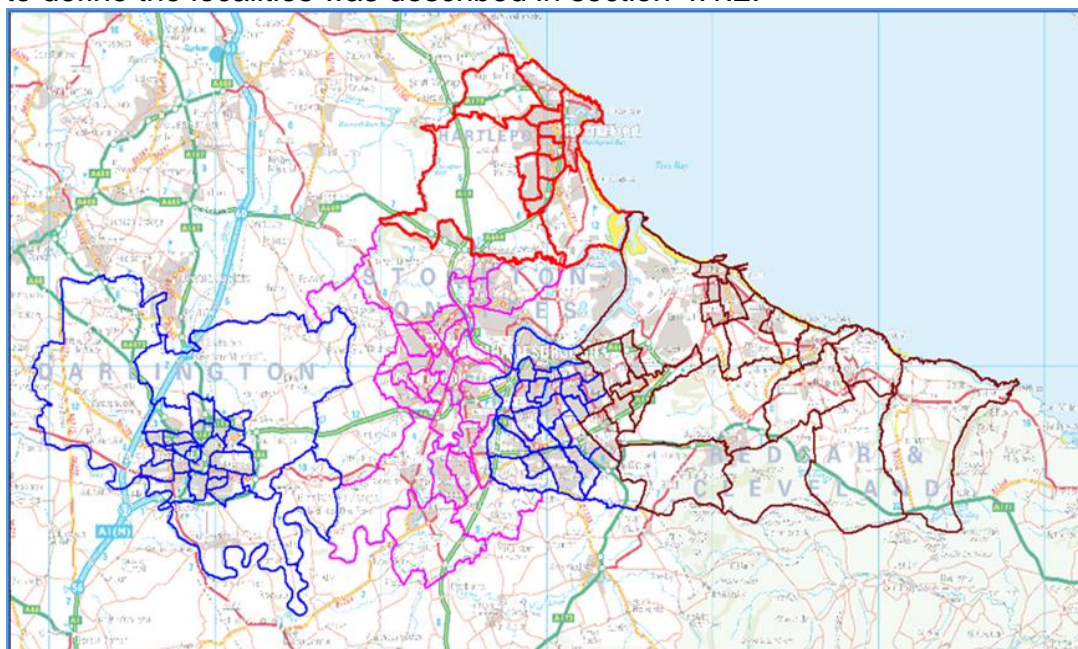


Figure 1. Map showing the wards of the five HWB areas in the Tees Valley.

KEY: Red lines to the North of the map outline wards comprising 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.

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 the PNA in 2011.

Seventeen localities were identified by aggregating groups of the 106 electoral wards (2010 data) of the five HWB areas in the Tees Valley. Four localities were identified for Stockton-on-Tees, Darlington and Redcar and Cleveland, three localities in Hartlepool and two localities in Middlesbrough.

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 1.

Appendix 8 collates the main maps for the PNA. Map 1 in this Appendix updates the locality map from 2015 and shows IMD (2015) Borough Quintiles showing the location of locality boundaries for PNA 2018.

Whilst establishing localities in 2010, 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.

Note that 'controlled locality' designations of rurality apply in Locality S2: Stockton Parishes (see section 6.2.10.2).

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 further 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.

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 and Salters Lane
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 1. Showing wards in each of the four localities in Stockton-on-Tees HWB area.

Note that use of Borough quintiles enable us to be a little more discerning within the Borough or **within** localities but it is important to remember that these Borough Quintiles may give a false impression of the true level of deprivation of wards when compared to England which would place most of the wards in Localities S3 and S4 into Quintile 1 nationally, the most deprived.

These localities have now been in satisfactory use by PCT/NHS England for over six years. Review with NHS England showed that the localities have again remained fit for purpose for the PNA and associated functions of NHS England. There was no justification to change so the localities for 2018 remain as defined in 2015.

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 or LSOA 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 2 shows estimated population breakdown by broad age (ONS mid-year 2015 estimates) for the Stockton-on-Tees HWB area, by ward in each locality. The all-age population of the Borough was estimated to be 192,405 in mid 2012, increasing to 194,803 by the mid-2015 estimate also used in Figure 3. Total population increase was 2398 in this three years.

Population information should be considered in conjunction with a consideration of rurality as described in section 6.2.10.2 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 in population is observed across Stockton-on-Tees, between localities and also within wards.

Ward Code	PNA Locality	Ward Name	ONS mid-year estimates 2015						
			Total Popn	0-15 Years	16-64 Years	65+ Years	0-15	16-64	65+
			Numbers			Percent			
E05001533	S1	Eaglescliffe	10,494	1,952	6,307	2,235	18.6	60.1	21.3
E05001534	S1	Fairfield	5,602	832	3,284	1,486	14.9	58.6	26.5
E05001537	S1	Hartburn	6,443	982	3,618	1,843	15.2	56.2	28.6
E05001538	S1	Ingleby Barwick East	10,515	2,353	6,964	1,198	22.4	66.2	11.4
E05001539	S1	Ingleby Barwick West	11,782	3,024	8,010	748	25.7	68.0	6.3
E05001552	S1	Yarm	9,858	1,556	6,041	2,261	15.8	61.3	22.9
Locality S1			54,694	10,699	34,224	9,771	19.6	62.6	17.9
E05001542	S2	Northern Parishes	3,653	700	2,382	571	19.2	65.2	15.6
E05001551	S2	Western Parishes	3,345	553	2,031	761	16.5	60.7	22.8
Locality S2			6,998	1,253	4,413	1,332	17.9	63.1	19.0
E05001527	S3	Billingham Central	7,443	1,595	4,698	1,150	21.4	63.1	15.5
E05001528	S3	Billingham East	7,578	1,722	4,656	1,200	22.7	61.4	15.8
E05001529	S3	Billingham North	8,808	1,462	5,855	1,491	16.6	66.5	16.9
E05001530	S3	Billingham South	6,790	1,447	4,130	1,213	21.3	60.8	17.9
E05001531	S3	Billingham West	5,281	658	2,886	1,737	12.5	54.6	32.9
E05001543	S3	Norton North	6,539	1,269	4,078	1,192	19.4	62.4	18.2
E05001544	S3	Norton South	7,841	1,331	5,310	1,200	17.0	67.7	15.3
E05001545	S3	Norton West	6,196	924	3,604	1,668	14.9	58.2	26.9
Locality S3			56,476	10,408	35,217	10,851	18.4	62.4	19.2
E05001532	S4	Bishopsgarth and Elm Tree	6,506	1,020	3,904	1,582	15.7	60.0	24.3
E05001535	S4	Grangefield	6,577	1,161	4,156	1,260	17.7	63.2	19.2
E05001536	S4	Hardwick and Salters Lane	7,306	1,824	4,426	1,056	25.0	60.6	14.5
E05001540	S4	Mandale and Victoria	12,172	2,520	8,293	1,359	20.7	68.1	11.2
E05001541	S4	Newtown	7,354	1,809	4,684	861	24.6	63.7	11.7
E05001546	S4	Parkfield and Oxbridge	8,756	1,866	6,035	855	21.3	68.9	9.8
E05001547	S4	Roseworth	7,534	1,731	4,565	1,238	23.0	60.6	16.4
E05001548	S4	Stainsby Hill	6,427	1,225	3,885	1,317	19.1	60.4	20.5
E05001549	S4	Stockton Town Centre	6,851	1,224	4,774	853	17.9	69.7	12.5
E05001550	S4	Village	7,152	1,392	4,273	1,487	19.5	59.7	20.8
Locality S4			76,635	15,772	48,995	11,868	20.6	63.9	15.5
Stockton-on-Tees			194,803	38,132	122,849	33,822	19.6	63.1	17.4

Low population or proportion

High population or proportion

Table 2. Population breakdown (mid-2015) in Stockton-on-Tees by ward and locality.

Points of particular note:

- The total population by ward ranges from around 3300-3500 in each of the Parishes to more than 10,000 in [Eaglescliffe] and both wards in Ingleby Barwick. There are also more than 12,000 persons in [Mandale and Victoria] ward.
- The total population of S2: Stockton Parishes locality represents only 4% of the total Stockton-on-Tees population.
- Children make up almost 25% of the population in [Hardwick and Salters Lane] and [Newtown] wards (both with high levels of deprivation); in both wards in Ingleby Barwick children also make up 23-26% of the population.
- At the other end of the age spectrum, 33% of the population of [Billingham West] are over 65 years of age; and [Norton West], [Fairfield] and [Hartburn] wards also have more than 27% of the population over this 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 and Salters Lane ward in which the large teaching 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.

The population of Stockton-on-Tees is projected to increase by around 1,000 each year, reaching 212,500 by 2032 when those people over retirement age will account for 1 in 5 of the population. (Source Tees Valley Unlimited 2014)

Figure 2 shows that the gender balance across Stockton-on-Tees is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs. The population profile mirrors the rest of the north east with fewer than the England average in the 30-50 age bracket. There is no reliable data on sexual orientation.

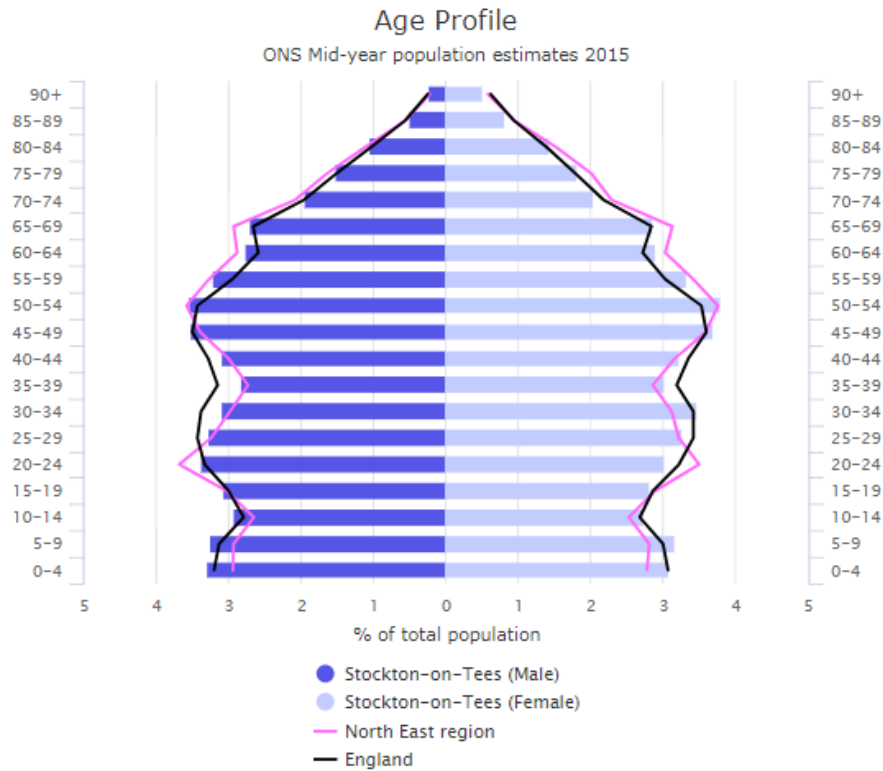


Figure 2. Population pyramid for Stockton-on-Tees (mid 2015 estimates) with North East and England comparator.

6.2.2 Deprivation Profile: Index of Multiple Deprivation (IMD) 2015

The English Indices of Deprivation 2015 (ID 2015) 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. (Department for Communities and Local Government, 2015)

The model of multiple deprivation which underpins the IMD 2015 is the same as that which underpinned its predecessors – the IMD 2010, 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 and are experienced by individuals living in an area. The Index of Multiple Deprivation (IMD 2015) 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.

For IMD (2015), at the Borough level and out of 325 districts nationally, Stockton-on-Tees has the 47th highest proportion of LSOAs within the most deprived nationally. Middlesbrough is ranked 1st and Hartlepool 10th on this basis.

Table 3 shows the national rank for estimated ward scores (IMD2015) for the 26 Stockton-on-Tees wards. The scores are placed in order of rank (where 1 is most deprived) of each ward of the 7522 wards in England. Also shown alongside is the England and Borough quintile of ranked score, where quintile 1 (Q1) is most deprived. A ranking in the top 10% nationally, or locally, is coloured red; the proportion of 'red' (see key) visually indicates the degree of deprivation experienced by the Stockton-on-Tees population.

Ward Code	PNA Locality	Ward Name	England Rank 2015	England Quintile 2015	LA Quintile 2015
E05001549	S4	Stockton Town Centre	13	Q1	Q1
E05001541	S4	Newtown	129	Q1	Q1
E05001536	S4	Hardwick and Salters Lane	232	Q1	Q1
E05001547	S4	Roseworth	459	Q1	Q1
E05001528	S3	Billingham East	461	Q1	Q1
E05001546	S4	Parkfield and Oxbridge	505	Q1	Q2
E05001540	S4	Mandale and Victoria	652	Q1	Q2
E05001548	S4	Stainsby Hill	796	Q1	Q2
E05001544	S3	Norton South	980	Q1	Q2
E05001543	S3	Norton North	1,064	Q1	Q2
E05001527	S3	Billingham Central	1,128	Q1	Q3
E05001530	S3	Billingham South	1,359	Q1	Q3
E05001550	S4	Village	1,775	Q2	Q3
E05001532	S4	Bishopsgarth and Elm Tree	3,141	Q3	Q3
E05001551	S2	Western Parishes	4,545	Q4	Q3
E05001535	S4	Grangefield	4,960	Q4	Q3
E05001534	S1	Fairfield	4,998	Q4	Q4
E05001529	S3	Billingham North	5,067	Q4	Q4
E05001545	S3	Norton West	5,958	Q4	Q4
E05001531	S3	Billingham West	6,035	Q5	Q4
E05001542	S2	Northern Parishes	6,302	Q5	Q4
E05001533	S1	Eaglescliffe	6,410	Q5	Q5
E05001552	S1	Yarm	6,490	Q5	Q5
E05001537	S1	Hartburn	6,551	Q5	Q5
E05001538	S1	Ingleby Barwick East	6,732	Q5	Q5
E05001539	S1	Ingleby Barwick West	6,812	Q5	Q5
* Rank of 7522 wards in England, 1 is most deprived			** Quintile 1 is most deprived		

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

Table 3. Estimated Ward Scores (IMD 2015); national and local ranks of those scores for Stockton-on-Tees wards (IMD2015)

Table 4 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 2015, Stockton-on-Tees has proportionally less deprivation than Tees Valley or the North East; 12 wards in Stockton-on-Tees are in the most affluent English quintile.

For IMD 2015:

- Seven 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; one of these wards is in the top 15 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, five of the six wards in S1: Yarm and area are in the least deprived quintile for England and the remaining one is in quintile 4. One of these wards improved its rank from 2010 to 2015 whilst several increased their deprivation score; Stockton's inequalities have widened again, along with other areas in the Tees Valley.

	S1: Yarm and Area		S2: Stockton Parishes		S3: Norton and Billingham		S4: Stockton and Thornaby		LA Total	
	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 LA
Q1	0	0%	0	0%	5	63%	7	70%	12	46%
Q2	0	0%	0	0%	0	0%	2	20%	2	8%
Q3	0	0%	1	50%	0	0%	0	0%	1	4%
Q4	1	17%	1	50%	3	38%	1	10%	6	23%
Q5	5	83%	0	0%	0	0%	0	0%	5	19%

Table 4. Number of wards in each deprivation quintile (IMD2015) by locality for Stockton-on-Tees

*Percent may not add up to 100 due to rounding.

6.2.3 Ethnicity

Table 5 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 Valley⁵ 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.

⁵ 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.

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.

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 and Salters Lane	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 5. Extract of ward data for ethnic origin; percentages are of total population. Source: 2011 Census

6.2.3.1 Migrants including those seeking asylum

There is a specialist general practice in Stockton-on-Tees which registers migrants and those seeking asylum. This practice (Arrival) has a list size over 1000 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 of the area and is a population with a protected characteristic that may have very specific health, social and pharmaceutical care needs.

Migrants also often work below their qualification levels due to poor language skills or issues with UK working regulations. Health issues remain undetected or untreated without support for understanding UK health systems and GP or dental practice registration. Non-attendance at screening and immunisations, perhaps as a consequence of poor English literacy, may lead to longer term health implications.

The JSNA (2015) indicates that there is a lack of advice and support for the transition from asylum status to refugee status locally. Eligibility and accessibility of services (e.g., housing, benefits, education and health) may lead to health problems. There is a lack of comprehensive data to reflect recent migrant populations, especially East European migrants.

Transient gypsies and travellers (GT) to the Borough may also have a range of health needs and with failure to seek medical advice conditions may remain undetected or untreated. Educational attainment is poor in the GT population as children drop out of education aged between 11 and 13 years old.

6.2.4 Benefits

Table 6 shows recent data for benefits and the rates of households with fuel poverty by ward and locality in Stockton-on-Tees. Local authority rates are worse than the England rates; but the degree or range of variability in these measures across the wards is again notable.

- There is considerable variation in the proportion of the population receiving this benefit 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 and emphasising the level of inequality.
- 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.

Ward Code	PNA Locality	Ward Name	Out of work Benefits: Total Claimants, May 2017	Households with Fuel Poverty (%) 2011
E05001533	S1	Eaglescliffe	1.3	18.5
E05001534	S1	Fairfield	1.5	18
E05001537	S1	Hartburn	1.2	21.8
E05001538	S1	Ingleby Barwick East	1.1	9.2
E05001539	S1	Ingleby Barwick West	0.9	9.1
E05001552	S1	Yarm	1.2	13.5
E05001542	S2	Northern Parishes	0.5	49.7
E05001551	S2	Western Parishes	1.5	22.7
E05001527	S3	Billingham Central	3.3	22.2
E05001528	S3	Billingham East	4.2	26.9
E05001529	S3	Billingham North	1.4	15.0
E05001530	S3	Billingham South	3.3	20.2
E05001531	S3	Billingham West	1.3	25.4
E05001543	S3	Norton North	4.1	31.1
E05001544	S3	Norton South	3.4	28.4
E05001545	S3	Norton West	0.9	15.5
E05001532	S4	Bishopsgarth and Elm Tree	2.2	21.8
E05001535	S4	Grangefield	1.6	20.0
E05001536	S4	Hardwick and Salters Lane	5.7	26.7
E05001540	S4	Mandale and Victoria	4.5	21.7
E05001541	S4	Newtown	7.8	32.6
E05001546	S4	Parkfield and Oxbridge	6.9	26.7
E05001547	S4	Roseworth	4.4	23.2
E05001548	S4	Stainsby Hill	4.4	22.6
E05001549	S4	Stockton Town Centre	10.7	37.0
E05001550	S4	Village	3.2	21.4
Stockton-on-Tees			3.3	16.8
England			-	14.6
Great Britain			1.9	-

Table 6. Out of work benefit claimants and rates of fuel poverty by ward and locality in Stockton-on-Tees.

6.2.5 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 to requirements to access a pharmacy outside of working hours. Table 7 shows, by locality and ward, those unemployed aged 16-65 and as a sub-set, those 18-24 year olds unemployed at March 2017.

Stockton-on-Tees has a greater proportion of working-age population unemployed than the North East and national average. There is a notable difference between the general level of employment rates in the two localities of S3: Norton and Billingham and S4: Stockton and Thornaby, when compared with the other two localities.

Levels of youth unemployment in Stockton are approaching twice the national rate. The highest rates of long-term unemployment 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 6.2.9.

Ward Code	PNA Locality	Ward Name	Unemployment - % 16-64 year olds, March 2017 (%)	Unemployment - % 18-24 year olds, March 2017 (%)
E05001533	S1	Eaglescliffe	1.3	2.3
E05001534	S1	Fairfield	1.5	4.0
E05001537	S1	Hartburn	1.3	2.5
E05001538	S1	Ingleby Barwick East	1.1	2.0
E05001539	S1	Ingleby Barwick West	1.1	3.1
E05001552	S1	Yarm	1.2	2.9
E05001542	S2	Northern Parishes	0.6	2.3
E05001551	S2	Western Parishes	2.0	2.4
E05001527	S3	Billingham Central	3.3	6.8
E05001528	S3	Billingham East	4.6	8.3
E05001529	S3	Billingham North	1.3	2.7
E05001530	S3	Billingham South	3.8	8.8
E05001531	S3	Billingham West	1.3	3.0
E05001543	S3	Norton North	4.3	7.2
E05001544	S3	Norton South	4.5	10.9
E05001545	S3	Norton West	1.2	2.5
E05001532	S4	Bishopsgarth and Elm Tree	2.5	7.3
E05001535	S4	Grangefield	1.9	3.8
E05001536	S4	Hardwick and Salters Lane	5.5	6.1
E05001540	S4	Mandale and Victoria	4.8	4.3
E05001541	S4	Newtown	8.0	10.0
E05001546	S4	Parkfield and Oxbridge	7.4	9.0
E05001547	S4	Roseworth	4.6	7.7
E05001548	S4	Stainsby Hill	4.5	9.2
E05001549	S4	Stockton Town Centre	11.0	9.9
E05001550	S4	Village	3.4	5.5
Stockton-on-Tees			3.4	5.9
North East			3.2	4.8
England			2.0	2.9

Table 7. By ward and locality in Stockton-on-Tees at March 2017 unemployment rates for those >16 years of employment age and those aged 18-24 yrs.

Table 8 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 people in 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 (%)
O0EFNP	S1	Eaglescliffe	12.4	43.1
O0EFNQ	S1	Fairfield	16.8	38.4
O0EFNT	S1	Hartburn	11.9	44.4
O0EFNU	S1	Ingleby Barwick East	4.7	56.7
O0EFNW	S1	Ingleby Barwick West	2.6	62.9
O0EFPK	S1	Yarm	11.2	48.1
O0EFNZ	S2	Northern Parishes	4.6	67.7
O0EFPJ	S2	Western Parishes	10.0	53.6
O0EFNH	S3	Billingham Central	38.3	20.1
O0EFNJ	S3	Billingham East	37.7	19.8
O0EFNK	S3	Billingham North	11.9	45.5
O0EFNL	S3	Billingham South	30.6	26.5
O0EFNM	S3	Billingham West	15.6	39.0
O0EFPA	S3	Norton North	33.0	21.6
O0EFPB	S3	Norton South	32.2	20.8
O0EFPK	S3	Norton West	15.7	39.7
O0EFNN	S4	Bishopsgarth and Elm Tree	17.8	36.0
O0EFNR	S4	Grangefield	16.5	43.5
O0EFNS	S4	Hardwick	47.6	14.1
O0EFNX	S4	Mandale and Victoria	43.1	17.0
O0EFNY	S4	Newtown	43.8	16.9
O0EFPD	S4	Parkfield and Oxbridge	37.7	22.2
O0EFPE	S4	Roseworth	38.5	18.4
O0EFPF	S4	Stainsby Hill	34.5	21.4
O0EFPG	S4	Stockton Town Centre	63.9	7.3
O0EFPH	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 8. Proportion of households in Stockton-on-Tees without a car and conversely with two or more cars. Source: Tees Valley Unlimited Ward data file: ONS 2011

6.2.6 Housing and households

Table 9 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 (%)
O0EFNP	S1	Eaglescliffe	82.9	4.8	12.2	2.2	10.2
O0EFNQ	S1	Fairfield	86.1	6.7	7.2	1.7	12.1
O0EFNT	S1	Hartburn	91.6	1.1	7.2	1.2	10.6
O0EFNU	S1	Ingleby Barwick East	87.5	0.6	11.9	1.7	7.0
O0EFNW	S1	Ingleby Barwick West	89.3	0.8	10.0	0.9	4.9
O0EFPK	S1	Yarm	79.3	6.7	14.0	3.0	10.2
O0EFNZ	S2	Northern Parishes	87.3	2.7	10.0	1.1	8.5
O0EFPJ	S2	Western Parishes	84.3	7.6	8.1	1.7	9.9
O0EFNH	S3	Billingham Central	60.0	24.0	16.0	4.9	24.3
O0EFNJ	S3	Billingham East	57.6	28.9	13.5	4.5	26.4
O0EFNK	S3	Billingham North	88.0	3.9	8.1	2.1	10.6
O0EFNL	S3	Billingham South	58.0	25.8	16.1	5.3	22.3
O0EFNM	S3	Billingham West	90.3	2.7	7.1	1.3	13.2
O0EFPA	S3	Norton North	60.1	23.2	16.7	6.1	23.4
O0EFPB	S3	Norton South	65.0	14.3	20.7	4.5	22.7
O0EFPC	S3	Norton West	88.1	4.3	7.6	1.4	12.4
O0EFNN	S4	Bishopsgarth and Elm Tree	81.4	10.5	8.2	2.4	13.9
O0EFNR	S4	Grangefield	83.1	9.3	7.6	2.2	11.2
O0EFNS	S4	Hardwick	42.7	46.7	10.6	7.0	32.8
O0EFNX	S4	Mandale and Victoria	42.5	32.7	24.8	9.0	29.0
O0EFNY	S4	Newtown	48.1	33.3	18.7	8.0	32.7
O0EFPD	S4	Parkfield and Oxbridge	52.5	16.4	31.2	10.9	27.5
O0EFPE	S4	Roseworth	59.3	30.1	10.6	6.2	25.3
O0EFPF	S4	Stainsby Hill	60.3	28.8	10.9	5.6	25.5
O0EFPG	S4	Stockton Town Centre	23.0	51.6	25.5	13.0	46.4
O0EFPH	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 9. Housing and household information by ward and locality in Stockton-on-Tees.

Source: Census 2011; Tees Valley Unlimited Ward data file: 2014

6.2.7 Older people

Table 10 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 wards 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 and Salters Lane	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 10. Households with pensioners by ward in Stockton-on-Tees from 2003 (Census 2011)

6.2.8 Children

Table 11 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
00EFPK	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 11. 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.

6.2.9 Educational attainment

Table 12 shows two indicators of educational attainment for the wards and localities in Stockton-on-Tees with Tees Valley and North East and national comparators where appropriate. Clear inequalities in educational achievement and prospective life-chances are demonstrated.

Ward Code	PNA Locality	Ward Name	Qualifications - 5+GCSE A-Cs inc English and Maths, 2014/15 (%)	Postgraduate and Undergraduate Passes, 2015/16 (%)
E05001533	S1	Eaglescliffe	69.0	13.7
E05001534	S1	Fairfield	62.5	11.9
E05001537	S1	Hartburn	55.8	15.2
E05001538	S1	Ingleby Barwick East	73.5	12.0
E05001539	S1	Ingleby Barwick West	74.1	14.8
E05001552	S1	Yarm	66.7	12.4
E05001542	S2	Northern Parishes	77.8	23.9
E05001551	S2	Western Parishes	68.8	16.0
E05001527	S3	Billingham Central	59.8	5.0
E05001528	S3	Billingham East	39.8	5.0
E05001529	S3	Billingham North	71.8	10.9
E05001530	S3	Billingham South	47.2	6.3
E05001531	S3	Billingham West	79.1	9.1
E05001543	S3	Norton North	52.6	4.9
E05001544	S3	Norton South	58.5	2.8
E05001545	S3	Norton West	77.8	8.4
E05001532	S4	Bishopsgarth and Elm Tree	55.9	8.4
E05001535	S4	Grangefield	69.1	12.3
E05001536	S4	Hardwick and Salters Lane	42.7	3.8
E05001540	S4	Mandale and Victoria	40.0	2.7
E05001541	S4	Newtown	58.8	4.9
E05001546	S4	Parkfield and Oxbridge	51.7	5.1
E05001547	S4	Roseworth	38.3	4.2
E05001548	S4	Stainsby Hill	51.4	5.5
E05001549	S4	Stockton Town Centre	30.2	2.7
E05001550	S4	Village	65.1	5.1
Stockton-on-Tees			59.4	7.4
North East			55.6	-
England			57.3	8.5

Table 12. Educational attainment by ward in Stockton-on-Tees

Considering the educational attainment based on the proportion of school leavers achieving 5 or more GCSEs (including English and Maths) in 2014-15, the overall Stockton-on-Tees performance is slightly better than the national average of 57%. These averages mask a very wide range of attainment across the wards of the Borough and once again a clear difference between the localities. In some wards [Stockton Town Centre] particularly, but also [Mandale and Victoria] the achievement is only **half** that of the best performing wards.

Given the proximity of some of these wards to each other, it is difficult to understand such dramatic differences e.g., those within Billingham (pass rates ranging from 40 to 80% from Billingham East to West).

This is reflected in the postgraduate and undergraduate pass rates which will influence future earning capacity. Individuals from [Stockton Town Centre], [Mandale and Victoria] and [Hardwick and Salters Lane] are **five times less likely** to achieve a degree level qualification than their counterparts in [Hartburn] and Ingleby Barwick wards. In the Stockton Parishes the undergraduate achievement rates are up to **eight times better**. To put this into perspective, these inequalities exist over very short distances; it is just 8 miles by road (less as the crow flies) between Wynyard Village in the far north of Western Parishes to the centre of Stockton-on-Tees.

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.

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.

6.2.10 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'.

6.2.10.1 Population density

Population density varies quite markedly across the Tees Valley. Table 13 shows that the population density in each of the two districts north of the Tees

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

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

Table 13. Population density for Stockton-on-Tees and Local authorities in the Tees Valley.
Source ONS 2011

6.2.10.2 Rurality

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 determine them to be. Some areas may be considered as rural because they consist of open fields with few houses but they are not a controlled locality until they have been subject to a formal determination (NHS England, 2013).

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. Figure 3 shows the map of controlled localities for Stockton-on-Tees.

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.

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 September 2015.

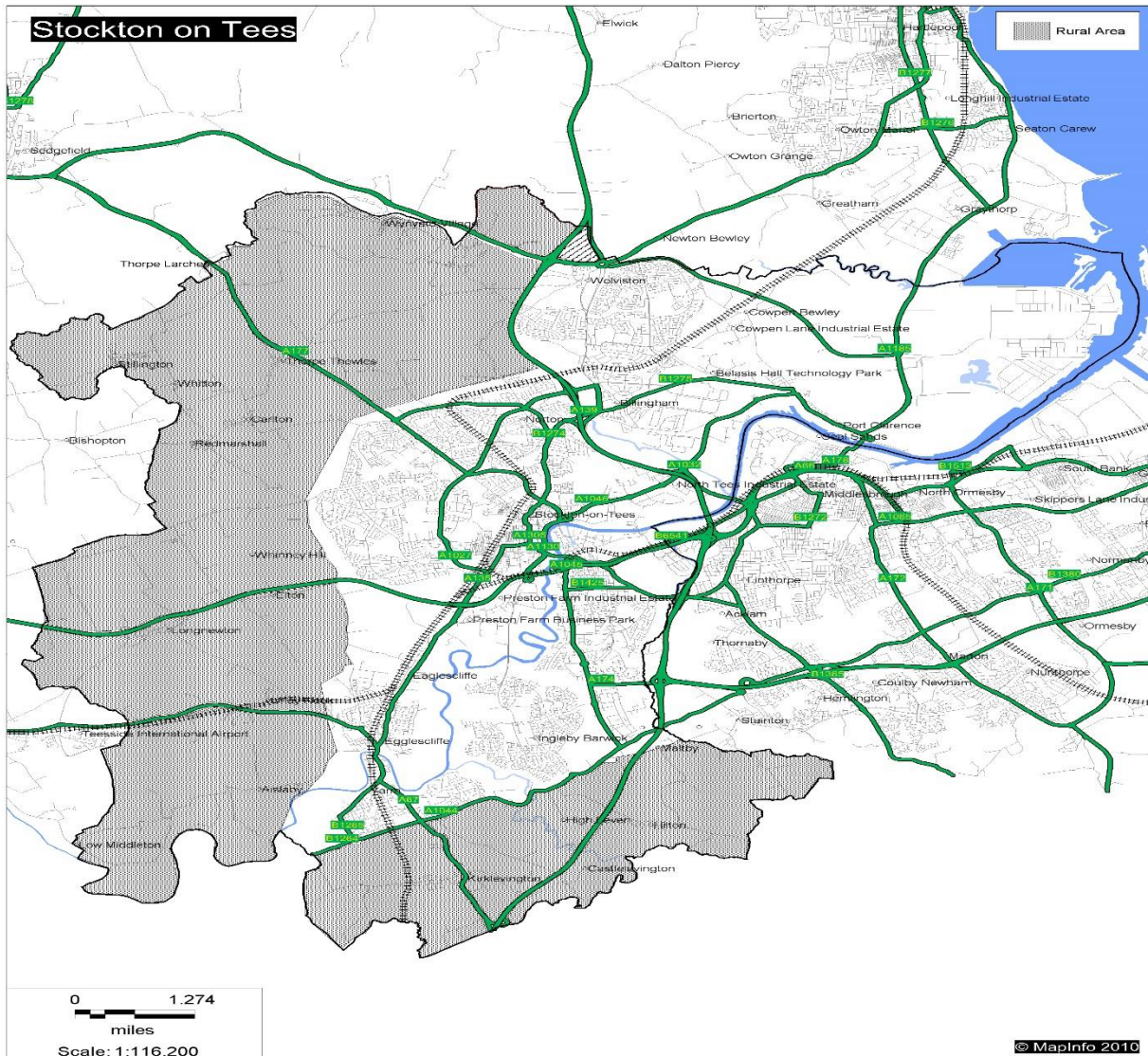


Figure 3. Map of 'controlled localities' (rurality) for NHS Stockton-on-Tees (and hence now the HWB area)

7.0 Local Health Needs

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-On-Tees also has some of the highest inequalities in the country, where residents from the most deprived areas have a life expectancy that is approximately 15 years (males) and 13 years (females) lower than those from the least deprived areas. The extent of these inequalities in health remain one of the biggest challenges to the health and wellbeing of the Borough and societies with greater inequality have poorer health overall.

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 21.8% (7,990) children live in poverty. Some of the key priorities which cause a significant burden of disease and death and increase inequalities in Stockton-on-Tees are:

- 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), liver disease and respiratory disease. Rates of heart disease and stroke 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 diseases i.e. smoking, poor diet, lack of physical activity and alcohol consumption.

Table 14 shows data from the 2011 Census around those with 'Limiting Long Term Illness' (LLTI) in Stockton-on-Tees. The rate of people living in Stockton-on-Tees with a LLTI is higher than the England average. The data for electoral wards in the Borough shows that there are low levels of LLTI in Ingleby Barwick East and West, but high rates (>20%) of LLTI in many of the wards in 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, areas

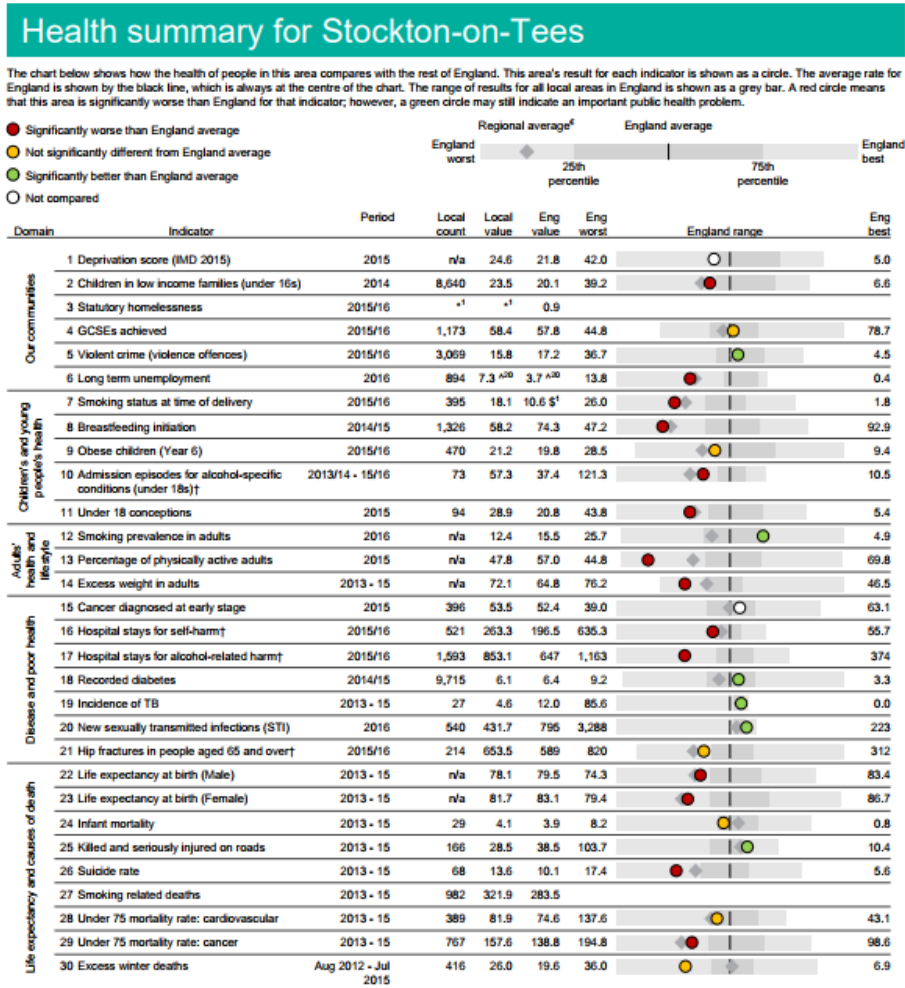
with high rates of LLTI in the working-age population do also have high rates of unemployment so the need may not be as great outside working hours as is at first apparent.

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 and Salters Lane	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 14. 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 2017 (Public Health England, 2017) for Stockton-on-Tees gives a snapshot of health in the Borough; this includes a summary of the key public health indicators compared with the national average using a spine chart Figure 4. The spine chart demonstrates that health of people in Stockton-on-Tees is generally worse than the national average. Of the 30 indicators in the spine chart, Stockton-on-Tees is statistically significantly worse than the national average for 14 of them and only 6 of these indicators are statistically significantly better than England. Whilst the indicators are not all described separately here, we need to have regard for them in relation to pharmaceutical needs.

E06000004



Indicator notes
 1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households
 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population
 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery
 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

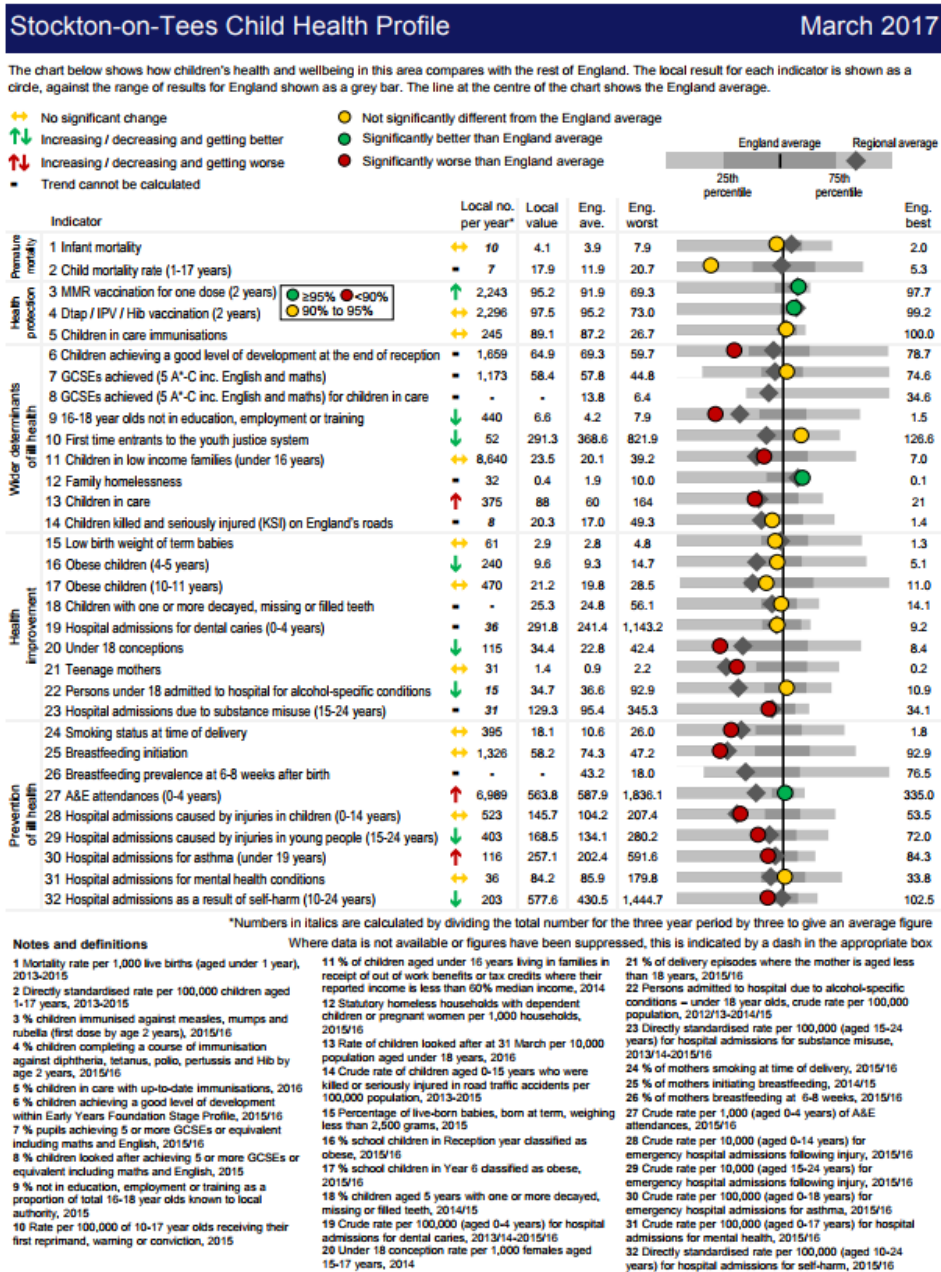
† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^{A1} Value suppressed for disclosure control due to small count ^{A20} Value based on an average of monthly counts ^{S1} There is a data quality issue with this value
 If 25% or more of areas have no data then the England range is not displayed. Please send any enquiries to healthprofiles@phe.gov.uk
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Figure 4: Extract from Health Profile 2017

Children and young people

The Child Health Profile 2017 (Public Health England, 2017) for Stockton-on-Tees gives a snapshot of child health in the Borough; this includes a summary of the key public health indicators compared with the national average using a spine chart (Figure 5).

The spine chart demonstrates that the health of children in Stockton-on-Tees is generally worse than the national average. Of the 32 indicators in the spine chart, Stockton-on-Tees is statistically significantly worse than the national average for 13 of them and only 4 of these indicators are statistically significantly better than England.



Stockton-on-Tees - March 2017
 Figure 5. Extract from Child Health Profile 2017

In summarising the scale of the ill-health-related issues in the Borough that would influence the need for pharmaceutical services, Table 15 illustrates the number of deaths in Stockton-on-Tees, in a typical year, from a range of illnesses or issues whose prevention or medicines-related management may be supported by pharmaceutical services.

Stockton

Source: PHE Inequalities segment tool (Accessed via JSNA: Inequalities)

		Males	Females	Total 2012-14	Per year
Circulatory	Coronary Heart Disease	339	245	584	195
	Stroke	155	194	349	116
	Other circulatory	154	194	348	116
Circulatory Total		648	633	1281	427
Cancer	Lung cancer	200	173	373	124
	Other cancers	622	532	1154	385
Cancer Total		822	705	1527	509
Respiratory	Pneumonia	100	160	260	87
	Chronic obstructive airways disease	146	152	298	99
	Other respiratory disease	96	71	167	56
Respiratory Total		342	383	725	242
Digestive	Chronic liver disease including cirrhosis	63	36	99	33
	Other digestive	80	100	180	60
Digestive Total		143	136	279	93
External causes	Suicide	52	12	64	21
	Other external	83	47	130	43
External causes Total		135	59	194	65
Mental and behavioural	Dementia & Alzheimer's disease	154	313	467	156
	Other mental and behavioural disorders	5	3	8	3
Mental and behavioural Total		159	316	475	158
Other	Infectious and parasitic diseases	23	22	45	15
	Urinary conditions	43	57	100	33
	Ill defined conditions	40	124	164	55
	Diabetes	34	25	59	20
	Other	107	117	224	75
Other Total		247	345	592	197
Deaths under 28 days		11	6	17	6

Table 15. Estimated number of deaths in Stockton-on-Tees in a typical year (based on 2012-14 data)

This 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 people in Stockton-on-Tees living with diabetes (10,000), cancer (4,500), asthma (12,800), COPD (5000), coronary heart disease or stroke (12800), or dementia (1900). The level of long-term conditions or life limiting illness is again notable; there is plenty of scope for evidence-based interventions to improve the management of these conditions with pharmaceutical services.

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

Smoking

Smoking prevalence in Stockton-on-Tees is statistically significantly lower than the national average; but there are still 18,000 smokers in Stockton-on-Tees and, the smoking attributable mortality rate and the smoking during pregnancy rate are both statistically significantly worse in Stockton-on-Tees compared to England. Smoking related illness contributes to more life years lost than the next 6 top causes of death of the residents of Stockton-on-Tees.

Obesity

In 2013-15, 72.1% (113,000) of adults in Stockton-on-Tees were classified as either overweight or obese. This is significantly worse than the national average. The rates of childhood obesity collected at ages 5 and 11 years old, are both similar to the national average.

Sexual health

The below table is a summary of sexual health indicators for Stockton-on-Tees taken from the Public Health England Sexual Health Dashboard.

Local Authority	Chlamydia detection	HIV test coverage	LARC provision	Teenage Conception	Average	Summary profile
Stockton on Tees	131	96	150	128	147	

- Chlamydia detection rates are low in Stockton-on-Tees, however, we are considering different options to improve chlamydia testing and detection.
- HIV test coverage rates are similar to the national average. The HIV home-sampling service aimed at high risk groups has been in place in Stockton-on-Tees since 2015/16.
- LARC provision is a long-standing and complex problem. The indicator has recently changed to no longer include Depot injections. Depot injections are particularly acceptable to young people and the SHT has promoted them for many years.
- Teenage conception rates in England have declined significantly over the past ten years; however, teenage pregnancy rates remain higher in more deprived areas.

The Sexual Health Needs Assessment for Teesside 2013 identified 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.

Drug misuse

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 young people, the rate of hospital admissions due to substance misuse (15-24 year olds) is significantly worse than the national average.

Alcohol misuse

It is estimated that 27.1% of adults in Stockton-on-Tees binge drink and hospital admissions for alcohol-related conditions are significantly worse than the England average.

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.

Oral health

The oral health of children remains a concern in Stockton-on-Tees, as 25.3% of children in the Borough have one or more decayed, missing or filled teeth.

Breastfeeding

In 2014/15, 58.2% of mothers in Stockton-on-Tees initiated breastfeeding, this is statistically significantly worse than the national average.

Mental Health

An individual's health, in particular mental health, is largely influenced by wider social factors, conditions and environments in which people are born; grow, live and age. The burden of mental health problems is significant and poses challenges both locally and nationally to support individuals, families and communities affected. Mental Health problems often coexist alongside long-term conditions and substance misuse and can be confounded with deprivation.

Within the Borough according to the 2017 Mental Health Needs Assessment, Stockton-on-Tees has a higher level of depression and anxiety recorded for GP registrants. Although self-harm by self-poisoning is at similar levels to England, self-harm in the Borough poses a significant challenge.

Most of the health needs assessment data has not been summarised by locality. However, by reviewing the population demographics of Stockton-on-Tees as a whole alongside other information for the four localities, 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 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 the current provision of pharmaceutical services and consider this in the context of the current need for access to these services of the population of the Stockton-on-Tees HWB area.

It is helpful to consider what 'access' to 'pharmaceutical services' might mean; the following aspects all need to be considered:

- the range of pharmaceutical services providers and choice thereof
- their premises, including facilities, capacity, quality, location and distribution across the HWB area and
- the specific pharmaceutical services that they provide.

The type of provider partly determines 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 pharmaceutical services, whereas dispensing doctors and appliance contractors can only provide a restricted range. Other locally commissioned providers may also provide specific services that impact the need for community pharmacy contracted pharmaceutical services. Examples include stop-smoking services and CCG services (directly-provided or otherwise commissioned) such as full medication review in care homes or prescribing support).

Geographical location of service provider's premises will determine individual access in terms of distance from home or work. The wider location environment will also affect access via public transport, ability to park and access for those with a disability. Co-location with, or proximity to, other services (perhaps with primary care medical services, perhaps with shopping or leisure) may influence overall access experience by reducing travel for repeated visits. However, access is determined by more than just location, for example, provider opening times are also an important aspect of access and service availability.

Pharmaceutical services will, of course, need to be available during 'normal' day-time hours (e.g. weekdays 9am to 5 and 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 6pm or during lunch times
- those who have used general practice Extended Access outside of the 'routine 9-6' times e.g. up to 8 o'clock at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non-routine time e.g. on weekends.

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

The latest information from the NHS Business Services Authority states that there are 12,023 community pharmacies in England (September 2017).

The national report General Pharmaceutical Services in England 2006 to 2015-16 (NHS Digital, 2016) shows there were 11,688 community pharmacies in England as at 31 March 2016 compared to 11,674 as at March 2015 an increase of 14 (0.1%). There has been an increase of 1,816 (18.4 per cent) since 2005-06.

Pharmaceutical services are provided to the resident population of, and visitors to, the Tees Valley area by a broad range of pharmaceutical service providers which include:

- Community pharmacy contractors including distance-selling (sometimes called NHS 'internet' pharmacies)
- Dispensing doctor practices
- Dispensing appliance contractors
- Others providing specific services.

At September 2017 there are 616 community pharmacy contractors in the north east, excluding Cumbria. (Source: NHS England (CNE)). Forty two of these community pharmacies are located in the Stockton-on-Tees HWB area, and there is one dispensing doctor practice. In the neighbouring HWB area of Hartlepool there are 19 community pharmacies and no dispensing doctor practice.

Table 16 shows the number of pharmacies in each locality across the area covered by HAST CCG; 61 pharmacies in total. It also shows the location of those open for more than 100 hours per week.

Locality	Number of pharmacies	Number of these open 100 hours per week
Hartlepool and Rural West	0	0
Wider Seaton	2	0
Hartlepool Central and Coast	17	2
Hartlepool HWB	19	2
Yarm and area	9	1
Stockton Parishes	1	0
Norton and Billingham	10	2
Stockton and Thornaby	21	6
Stockton-on-Tees HWB	41 +1*	9
HAST CCG area	60+1*	11

*includes one pharmacy located in the HWB area that is a 'distance-selling' contractor

Table 16. Pharmacies in each locality of the HAST CCG area and number of those pharmacies that open for more than 100 hours per week

Stockton-on-Tees has 21 pharmacies per 100,000 head of population which is the same as the average for England. As with all averages, this disguises a wide range of pharmacy access - there may be geographically large rural areas with no pharmacies, but perhaps some services provided by dispensing doctors, and more densely populated central areas which are very well served. This is just one reason why the number of pharmacies per head of population is not generally considered to be a useful indicator of any aspect of adequacy of pharmaceutical services provision.

There are no Local Pharmaceutical Services⁶ (LPS) area designations and no Local Pharmaceutical Services (LPS) providers in the Stockton-on-Tees HWB area. Overall, 1356 pharmacies in England will receive funding from the PhAS until March 2018, and four of these are in Stockton-on-Tees .

There are no dispensing appliance contractors located in the Boroughs of either Hartlepool or Stockton, 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 area. There are five appliance contractors in the Cumbria, Northumberland, Tyne and Wear areas of the north east of England.

There is one distance selling (internet) pharmacy provider whose premises are registered within the boundary of the Stockton-on-Tees HWB area whose extant grant was noted in the PNA 2015 and which has now opened. However, 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.

Finally, locally contracted services that meet a pharmaceutical need are experienced now, 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. Some of these services, which may be further extended to meet future needs, will be described later.

8.1.1 Community pharmacy contractors

Names and addresses of the **42** community pharmacy contractors, by locality, are shown in Table 17.

⁶ 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.

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
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	Pharmacy Express	9 Sunningdale Drive	Eaglescliffe	TS16 9EA	40
S1	Cohens Chemist	Medical Centre	Yarm	TS15 9DD	100
S1	Whitworth Chemists	7 Healaugh Park	Leven Park	TS15 9XN	40
S2	Wynyard Pharmacy	Unit 8, The Stables	Wynyard	TS22 5QQ	40
S3	Rowlands Pharmacy	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	Preston Farm Pharmacy	2 Harley Court, Sopwith Close	Preston Farm	TS183WB	DS*
S4	Lloydspharmacy at Sainsburys	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	Well	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

*DS = Distance Selling

Table 17. Pharmacies in Stockton-on-Tees area, by locality

The table also shows the type of contract the pharmacy has i.e a standard '40 core hours' contract, an exempt category '100 core hours' contract or a 'distance selling' (DS) contract.

Pharmacies have been included in the description of numbers and locations of pharmacies up to and including 1st September 2017. All pharmacies were included in patient/stakeholder engagement distribution processes.

Thirty six pharmacies (86%) provided a response to the pharmacy data collection process and survey by the closing date. Any changes regarding pharmacies (such as relocations), corrections or relevant data received during the consultation period (Nov '17– Jan '18) will be recorded in the final PNA. The number of pharmacies located in each ward of each of the four Stockton-on-Tees localities is shown in Table 18; there is uneven distribution of pharmacies across the Borough. It is unsurprising that more pharmacies are

located closer to the central retail/commercial area of Stockton-on-Tees. Around a quarter of the Borough's pharmacies are located in the [Stockton Town Centre] ward and 10 of the 24 GP practices are also located here.

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 after 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 Central*	5	1	Stockton Town Centre*	11	5
Billingham East	1	1	Mandale and Victoria	3	
Billingham South	1		Roseworth	2	1
Billingham North	0		Stainsby Hill	2	
Billingham West	0		Village	1	
Norton North	2		Bishopsgarth and Elm Tree	1	
Norton West	1		Hardwick and Salters Lane	1	
Norton South	0		Grangefield	0	
			Newtown	0	
			Parkfield and Oxbridge	0+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+1	6	3
Stockton-on-Tees HWB area	26	41+1**	9	8

** the distance selling pharmacy is located in Parkfield and Oxbridge ward, however it is not permitted to provide face to face essential services

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

Table 19 shows, by PNA locality, the names and brief location (including ward) of the general practices in Stockton-on-Tees listed alongside the pharmacies in those same localities, and also showing their ward location. This gives a good overview of contractor locations. The distribution of GP practices is as follows:

- Locality S1: Yarm and Area, has 4 GP practices in 4 different locations,
- Locality S2: Stockton Parishes has 1 dispensing practice and 1 pharmacy
- Locality S3: Norton and Billingham has 7 GP practices, but in only 5 locations
- Locality S4: Stockton and Thornaby has 12 GP practices in 9 locations.

Pharmacy	Ward	Locality	GP Practice	Ward	Locality
Eaglescliffe Pharmacy, Eaglescliffe	Eaglescliffe	S1	Eaglescliffe Medical Practice, Sunningdale Drive	Eaglescliffe	S1
Pharmacy Express, Eaglescliffe	Eaglescliffe	S1			
Fairfield Pharmacy	Fairfield	S1			
Hepworth Chemist, Ingleby Barwick	Ingleby Barwick East	S1	(Branch) Thornaby & Barwick Medical Group, Lowfields	Ingleby Barwick East	S1
Kelly Chemist, Ingleby Barwick	Ingleby Barwick West	S1	(Branch) Woodbridge Medical Practice, Ingleby Barwick	Ingleby Barwick West	S1
Boots, Yarm	Yarm	S1	Yarm Medical Practice, Yarm	Yarm	S1
Cohens Chemist	Yarm	S1			
Lloydspharmacy, Yarm	Yarm	S1			
Whitworth Chemists, Yarm	Yarm	S1			
Wynyard Pharmacy	Northern Parishes	S2	Park Lane Surgery, Stillington (Dispensing)	Western Parishes	S2
Boots UK Ltd, Billingham	Billingham Central	S3	Dr Rasool, Abbey Health Centre	Billingham Central	S3
Harry Hill Chemist, Billingham	Billingham Central	S3	Kingsway Medical Centre	Billingham Central	S3
Rowlands Pharmacy, Billingham	Billingham Central	S3	Melrose Medical Centre	Billingham Central	S3
Rowlands Pharmacy, Billingham	Billingham Central	S3	Queenstree Practice, Billingham Health Centre	Billingham Central	S3
The Pharmacy, Billingham	Billingham Central	S3	Roseberry Practice, Abbey Health centre	Billingham Central	S3
Tesco Pharmacy, Billingham	Billingham East	S3	Marsh House Medical Centre, Abbey Health Centre	Billingham East	S3
Davidson Pharmacy, Billingham	Billingham South	S3			
Your Local Boots Pharmacy, Norton	Norton North	S3	Norton Medical Centre	Norton North	S3
Your Local Boots Pharmacy, Norton High Street	Norton North	S3			
Norton Glebe Pharmacy	Norton West	S3			
Lloydspharmacy at Sainsburys	Bishops garth	S4			
Newham Pharmacy, Hardwick	Hardwick	S4			
Boots UK Ltd, Teesside Park	Mandale and Victoria	S4			
P. Milburn Pharmacy, Thornaby	Mandale and Victoria	S4			
Wm Morrison Pharmacy, Teesside Park	Mandale and Victoria	S4			
Pharmacy World Ltd, Roseworth	Roseworth	S4			
Tesco Pharmacy, Durham Road, Stockton	Roseworth	S4			
Asda Pharmacy, Thornaby	Stainsby Hill	S4	Thornaby & Barwick Medical Group, Thornaby Health Centre	Stainsby Hill	S4
Boots UK Ltd, Thornaby Health Centre	Stainsby Hill	S4	Woodbridge Medical Practice, Thornaby Health Centre	Stainsby Hill	S4
Asda Pharmacy, Portrack Lane	Stockton Town Centre	S4	Alma Medical Centre, Nolan Place	Stockton Town Centre	S4
Boots High Street, Stockton-on-Tees	Stockton Town Centre	S4	Arrival Medical Practice	Stockton Town Centre	S4
Norchem, Queens Park, Stockton	Stockton Town Centre	S4	Birchtree Practice, Lawson Street Health Centre	Stockton Town Centre	S4
Pharmacy 365, Stockton	Stockton Town Centre	S4	Densham Surgery, Lawson Street Health Centre	Stockton Town Centre	S4
Rowlands Pharmacy, Endurance House, Stockton	Stockton Town Centre	S4	Dovecot Surgery, Lawson Street Health Centre	Stockton Town Centre	S4
Rowlands Pharmacy, Lawson Street, Stockton	Stockton Town Centre	S4	Elm Tree Surgery, Thornaby	Stockton Town Centre	S4
Rowlands Pharmacy, Tennant Street, Stockton	Stockton Town Centre	S4	Queens Park Medical Centre, Farrer Street	Stockton Town Centre	S4
Rowlands Pharmacy, Yarm Lane, Stockton	Stockton Town Centre	S4	Riverside Medical Practice, Alma Street	Stockton Town Centre	S4
Synergise Pharmacy	Stockton Town Centre	S4	Tennant Street	Stockton Town Centre	S4
Well, Stockton	Stockton Town Centre	S4	Woodlands Family Medical Centre, Yarm Lane	Stockton Town Centre	S4
Whitworth Chemists, Stockton	Stockton Town Centre	S4			
Your Local Boots, Wrightson House, Thornaby	Village	S4			

Table 19. Pharmacies and GP practices in Stockton-on-Tees, organised by PNA locality

Pharmacies and general practices are also shown on maps which are a required element of the PNA and included as Appendix 8. Map 2 of this Appendix shows the location of all 42 of the pharmacies in Stockton-on-Tees within the PNA localities.

Map 3 (Appendix 8) shows the location of the pharmacies together with GP practices, again for the whole of Stockton-on-Tees whilst maps 4-7 show the individual localities on a closer scale.

8.1.1.1 Extant grants

At any point in time, there may be potential pharmaceutical services providers that have applied to NHS England for a community pharmacy contract, whose application may be at one of several stages in the current process. Following an application, there will be a formal consultation process during which representations are invited from interested parties⁷ according to the Pharmaceutical Regulations 2013 (as amended), and 'Fitness to Practice' checks where necessary, before NHS England makes a decision. It may reasonably take up to four months for this process, before the outcome is 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.

The HWB is not aware of any extant grants in Stockton-on-Tees at 1st October 2017, though applications could commence before the final PNA is published. We are not aware of any other decisions recently notified and within the Appeal period or with an Appeal pending. The outcome of future applications will be published as notices or Supplementary Statements to the final published PNA (2018) as and when necessary.

8.1.1.2 Lloydspharmacy

It is noted for information only, that on 26th October 2017, Lloydspharmacy owner Celesio UK announced plans to cease trading in approximately 190 of its Lloydspharmacy stores in England. It is too soon to know where any of these pharmacies might be, but the PNA notes that there are 2 Lloyds pharmacies in Stockton-on-Tees, one of which is eligible for the Pharmacy Access Payment (previous Sainsburys pharmacy). Should there be any applications to close, or requests to merge, any potential change in need would be assessed in the usual way.

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 (taken from NHS Choices):

Monday, Wednesday, Thursday and Friday: 8.30am to 1pm and 2pm to 6.00pm

Tuesday: 8.30am – 1pm [Half-day closing Tuesday afternoon]

Closed Saturday, Sunday and Bank Holidays.

⁷ This consultation is different from either a section 244 'formal consultation' (for 13 weeks, with overview and scrutiny) or the 60-day 'consultation' undertaken on the PNA. It is an opportunity for all parties potentially affected by an application to submit comments ahead of the decision.

8.1.3 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.

8.1.4 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 STP area) by various NHS or locally commissioned routes other than those services 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 Tees contracted to provide sexual health services including emergency hormonal contraception (EHC).

Not all of these ‘other providers’ include directly provided or commissioned dispensing services, but do provide other pharmaceutical services (see 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 (plus a distance-selling pharmacy i.e., +DS⁸) in that area. The dispensing doctor practice, and a pharmacy are both located in the fourth, less populated, locality. It is been suggested that pharmacies per head of population might be a useful indicator of the number of pharmacies that might be required. However, this takes no account of population density or deprivation and consequent need for pharmaceutical services. Consequently, map 8 in Appendix 8 shows the distribution of pharmacies on a map showing population density for the Stockton-on-Tees HWB area.

⁸ Where a pharmacy count includes the distance selling pharmacy it is shown as +DS

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 12 GP practices in the same locality. The vast majority of both are located in the Stockton Town Centre ward; 39% of Stockton-on-Tees residents live in this locality.

There is at least one pharmacy in 18 (69%) of the 26 wards in Stockton-on-Tees, 19 wards of the distance selling pharmacy are included. The list below shows how these pharmacies are distributed.

Wards with no pharmacy =	7
Wards with only distance-selling pharmacy	1
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 7 wards in Stockton-on-Tees that do not have a pharmacy at all is 45,649. This may at first appear high at 23% 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:

- There is just one pharmacy in the rural S2: Stockton Parishes locality comprising two wards. The weekday opening hours make a full range of pharmaceutical services available to this relatively small proportion (around 4%) of the residents of the Borough in this locality of 7000 residents. This also provides additional choice to the section of the locality's population on the GP practice's dispensing list. These patients may have their basic dispensing needs served by this GP dispensing practice at Stillington; the wider pharmaceutical services offered by a pharmacy contractor are available from the pharmacy. This pharmacy was eligible for the PhAS payment in 2016-17.
- 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 – 100- hr (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 (3245); 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 in-coming 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).
- In the remaining 7 wards without a (non-distance selling) 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 in the locality from 7.30am to 23.15 pm Monday to Saturday and 9am to 4pm on Sunday.
- Whilst the relatively affluent population of Hartburn (6,443) 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 pharmacy in the Fairfield ward 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. The pharmacy at Fairfield is eligible for the PhAS payment until March 2018.
- In Locality S3: Norton and Billingham, the populations of Billingham North and Billingham West (14,089) 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 (7841) is within very easy reach of two pharmacies located in Norton North, the 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 (6577) 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 (7354) 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 (8756) are within easy and accessible reach of the community pharmacies in Stockton Town Centre.

8.2.2 Premises environment

Figure 6 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. After the PNA in 2011, any new pharmacies were mostly in this type of location. Around one fifth of pharmacies are co-located with a 'health centre' setting and another quarter are on the high street (or just off the high street in central areas). Seven (17%) of pharmacies are in a supermarket or retail park setting; with the removal of the 100-hour and large retailing exemptions 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.

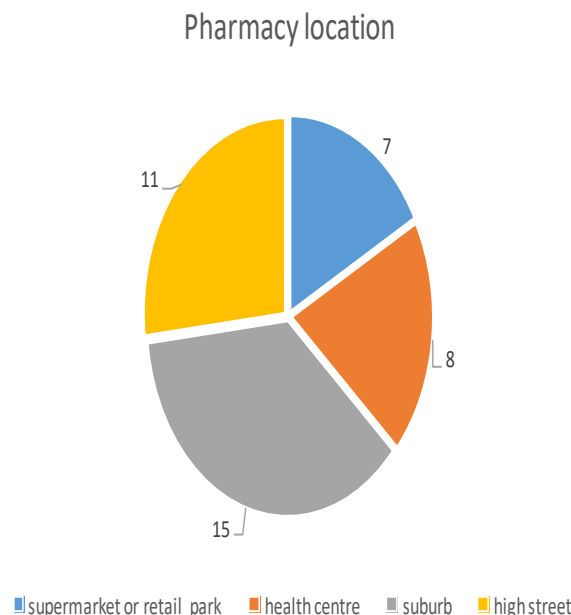


Figure 6. Distribution of pharmacies Stockton-on-Tees (n=41 excluding DS pharmacy; September 2017)

Indeed all of the 37 pharmacies in Stockton-on-Tees who completed the pharmacy contractor survey for 2017 by the closing date⁹ describe the availability of car parking facilities within 50 metres of their premises and 78% reported that disabled patients could park close by (within 10 metres of) the

⁹ A 100% return rate for the pharmacy survey will be sought by publication of the final PNA.

pharmacy. All 37 pharmacies who replied to the survey indicated that there was also a bus stop near the pharmacy. In summary, there is very good access to all pharmacies by car or by public transport links. A 100% return rate for the pharmacy survey will be sought by publication of the final PNA.

8.2.3 Premises facilities¹⁰

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 as half of the pharmacies in the Borough are from one locality.

8.2.3.1 Support for disabled people (premises)

Thirty three (89%) of the pharmacies who responded (n=37) reported wheelchair access unaided through the main entrance door. Twenty pharmacies (54% of n=37) reported offering specific support for those with sensory loss.

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 (EHC) to be provided.

All, those pharmacies who replied to the survey (n=37) reported having at least one private consultation room and it is known that some have access to more than one area. This demonstrates how current community pharmacy contractors are responding to the needs of their population. It also shows their increased commitment to, and emphasis on, the current and future provision of services requiring a private consulting environment.

In the absence of a second consultation space, many pharmacies also find it 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 self-administration 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.

Since 2014, pharmacies in the borough have used a web-based, secure, patient data capture system (PharmOutcomes®) to record services, interventions and other quality monitoring activity. NHS England in the north

¹⁰ Cautionary note: information obtained about pharmacy premises facilities at a fixed point in time provides a snap-shot of the position. Specific information should always be up-dated if required for service development or commissioning purposes.

east, local public health teams and others use the system with community pharmacy, under the hosting and management arrangement of the Tees LPC, for the data capture of patient episodes and contracting information, including the data return for the PNA.

Most pharmacies now access this system in the consultation room. Recording consultation records for services such as EHC, flu vaccination and MURs electronically and in real time provides a better patient experience, a more efficient process and improved governance. Significant self-care, lifestyle or other interventions, such as those initiated in a Healthy Living Pharmacy (HLP) may also be recorded directly onto the patient record as appropriate. It is an essential pre-condition of participation in the new Community Pharmacy Referral (and similar) services.

In line with the rest of England, facilities in community pharmacy have improved over the last 10 or so years since the introduction of a new PhS contract. The existence of suitable private consultation facilities substantially improves the readiness of pharmacies to offer new or improved clinical services in the near future as implementation time and associated establishment costs are reduced. The improvement in facilities is not just about consultation rooms however. Early adopter commissioners, including those in Tees, who looked to deliver NHS Health Checks via community pharmacy more than 8 years ago, faced an uphill struggle as there were too few pharmacies whose premises were suitable. There were also national issues with secure IT access for community pharmacy record keeping, clinical management, financial management and referral, nor was there any access to patient medical records.

These barriers have now been largely removed and in response, there are a wealth of current policy or guidance documents encouraging commissioners to look again at the options for commissioning from community pharmacy (Smith J P. C., 2013), (Smith J P. C., 2014), (Pharmacy Voice, Pharmaceutical Services Negotiating Committee, Royal Pharmaceutical Society, 2016), (PHE and LGA, 2016).

NHS England has already done so and the increased offer of national advanced services within the last three years is testament to this. Opportunities should be reviewed for expansion of locally commissioned services to support new pathways of care and the availability and purpose of such facilities could be better promoted to the general public, as well as commissioners.

8.2.3.3 Premises standards

Although they are 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 General Pharmaceutical Council (GPhC) for adherence to legal requirements and professional standards.

8.2.4 Workforce training and development

Pharmacists are highly trained professionals. Students graduate from University after 4 years with a Masters level foundation qualification in pharmacy. They must take a further 'pre-registration training' year in registered clinical settings as they prepare to sit the GPhC qualifying examination. Passing this exam enables registration and use of the title 'Pharmacist'. Alternatively, pharmacy students may complete a 5-year programme of combined academic study and pharmacy practice (plus the registration exam) such that they graduate and qualify to enter the GPhC register at the same time.

Both hospital and community pharmacies may elect to become a training practice and receive an allowance to support the training of pre-registration pharmacy graduates. Pharmacist trainers must also be committed to the 'trainer role' themselves, maintaining high standards of practice and keeping up to date. Where local pharmacies support pre-registration training, this will encourage new pharmacists into the area supporting recruitment into pharmacist posts.

Pharmacists are increasingly undertaking an additional qualification that enables them to prescribe (i.e. issue prescriptions). This is already widely established in the hospital sector and now increasingly and at scale with substantial investment by NHS England as part of the GP Five Year Forward View, prescribing clinical pharmacists in general practice and supporting care homes will become commonplace. The legislative 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 - which may be a missed opportunity for the profession and for patients.

Pharmacy staff also undertake qualifications to deliver the various aspects of community pharmacy including national stop smoking certification (NCSCT), dispensing qualifications at NVQ III and may join the pharmacy technician Register of the GPhC. With the substantial growth of the Healthy Living Pharmacy approach, pharmacy staff are increasingly obtaining Level 2 qualifications in 'Understanding Public Health' from the Royal Society of Public Health (RSPH).

8.2.5 Pharmacy IT infrastructure

National progress with IT infrastructure in community pharmacies was slow for many years. In 2011 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. Just six years later and the electronic prescription service (EPS) is now well-established in all pharmacies. The NHS Quality Payment, NUMSAS pilot, CPRS pilot and PharmOutcomes requirements has driven substantial improvements in access to secure e-communication via NHSmail. Long discussed access to the Summary Care Record for pharmacy has now been realised with 95% of those pharmacies completing the Stockton pharmacy PNA survey, now reporting access, again driven in part by the NHS Quality Payment. These developments support a

range of new opportunities to provide improvement or better access to pharmaceutical services for patients.

8.2.5.1 Nhs.net and secure email communication

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. The adoption of PharmOutcomes® by public health and other commissioners in the Tees Valley in 2014, transformed the ability to send secure messages to contractors and receive service-level activity and performance information.

NHSmail is the secure email and directory service for NHS staff in England and Scotland, approved for exchanging patient data. At the time of the last PNA, NHSmail was poorly adopted in community pharmacy despite great potential for substantial improvement in security, flexibility and efficiency of communication between contractors (including GPs), commissioners and even members of the public. Some pharmacists in Stockton-on-Tees have taken up individual nhs.net accounts and more than three quarters of those who responded (n=37) to the contractor survey this summer already had generic (contractor) nhs.net accounts. This is expected to increase by the time of publication of the final PNA as there is a November 2017 deadline for sign-up associated with an NHS quality payment.

All pharmacies (n=37) also now report access to the Summary Care Record in the pharmacy. These significant steps forward with IT initiatives at scale, enable pharmacies to participate securely and in a more integrated way in a competitive market for service provision.

8.2.6 Pharmacy opening hours

Section 3.5.2 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 by NHS England. 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 a baseline database that was fit for future purpose in applying the Regulations.

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this list is included as Appendix 7 for reference. As part of the PNA contractor surveys of 2014-15 and 2017, pharmacies were asked to confirm that the opening hours held by NHS England were correct.

Any pharmacy queries on 'hours' raised during the PNA development process would be reported to NHS England by the contractor, 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 (now NHS England), with 90 days notice, of their intention to change. This situation continues for applications under current Regulations i.e., that supplementary hours cannot be relied upon with any (longer term) certainty.

For the PNA it is important to understand any risks to pharmaceutical services provision associated with 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.

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 change to Extended Access in primary care general practice provision.

In Stockton, services from the Tennant Street Practice (TS18 8RH) and Woodbridge Medical practice at Thornaby Health Centre TS17 0EE are provided between 6.30pm and 8.00pm Monday to Friday, and 10.00am to 1.00pm and 2.00pm to 5.00pm on Saturday, 11.00pm to 1.00pm and 2.00pm to 4.00pm on Sunday. The evening and weekend appointments are available to everyone registered with a GP in Hartlepool and Stockton-on-Tees and patients can book an appointment by calling their GP practice or NHS 111. All appointments are bookable two weeks in advance; same-day appointments will be bookable through NHS111. Service provision, access and availability will be evaluated in October 2017 to evidence and inform future commissioning options.

Table 20 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.

Almost all of the pharmacy hours are core hours secured by 100 hour pharmacy provision in S1, S3 and S4. These 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 individual opening hours as creating a gap 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 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*	8pm*	7.30am	23.15pm	7.30am*	8pm*	
S2	9am	6pm	8.30am	6pm	9am	6pm	8.30am	1pm	
S3	7am	10.30pm	7.30am*	8pm*	6.30am	10.30pm	7.30am*	6pm	
S4	7am	Midnight	7am*	8pm**	6.30am	Midnight	7am*	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*	8pm*	
S2	9am	6pm	8.30am	6pm	9am	6pm	8.30am	6pm	
S3	6.30am	10.30pm	8.30am	7pm*	6.30am	10.30pm	7.30am*	6pm	
S4	6.30am	Midnight	7.30am*	9pm*	6.30am	Midnight	7am*	8pm**	
		Friday				<p style="text-align: center;">Stockton-on-Tees HWB area</p> <p style="text-align: center; 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	8.30am	6pm					
S3	6.30am	10.30pm	7.30am*	6pm					
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	-	-	9.00am	4pm	-	-	
S2	-	-	-	-	-	-	-	-	
S3	6.30am	10pm	-	-	8.30am	7pm	-	-	
S4	6.30am	Midnight	10am**	5pm**	8.30am	7pm	11am**	4pm**	
*a practice open for their own patients only									
** Extended Access at Tennant Street, Stockton and Woodbridge, Thornaby for any patient									

Table 20. 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 and beyond up to 11.15pm Monday to Saturday. There is one pharmacy open 100 hours per week in S1 locality and two in S3: Norton and Billingham.

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 the same as the practice opening times for those eligible patients. The pharmacy opens just half an hour later than the practice on weekdays and is open Tuesday afternoons when the practice is closed.

Patients can also access a full pharmaceutical service from other localities as described in section 8.2.1.

S4: Stockton and Thornaby – core hours more than adequately cover general practice opening times both in the morning and in the evening weekdays and weekends, including those for GP Extended Access. There are six pharmacies open 100 hours per week in this locality.

Access to a community pharmacy by definition defines access to all the essential services and to advanced services where these are provided, and in Stockton access is, both overall and in each locality, very good.

Given these extensive opening times and access to the care available from a pharmacy from a greater number of locations and for substantially more hours than general practices in the area, the opportunity to use this accessibility to support patients beyond the availability of a service to dispense prescriptions is considerable. The NUMSAS (pilot) service does make use of this in the out of hours period and the CPRS (pilot) service do have the potential to support patients with low acuity conditions when GP access is not available, either by virtue of location or opening hours, or both.

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. Sufficient 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 sufficient 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 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.

If a patient was able to access one pharmacy it is possible to assess the proximity in terms of distance of their choice of other providers; this also helps to understand distribution throughout the area. Driving distances, or walking distances where small, between pharmacies have been determined by Google maps and are shown in Appendix 6 for reference purposes. NHS Choices also provides access to a comprehensive searching facility including maps and distances that is updated as pharmacy information changes. The inclusion of a requirement to maintain the NHS Choices information as part of the Quality Payment is likely to improve the degree to which NHS Choices is up to date.

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. This is partly evidenced by the fact that dispensing volumes of new pharmacies 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; i.e., sufficient choice for the purposes of

non-prescription pharmacy activity, particularly clinical services, is less heavily distance dependent. 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 services¹¹ since all pharmacies included in the Pharmaceutical List of a HWB (including those in Stockton-on-Tees) are required to provide all of the essential services in accordance with their PhS (or LPS) contract. A community pharmacy presence is now almost certain to also indicate the availability of at least one of the advanced services each pharmacy may elect to provide. Enhanced services (or equivalent) will only be 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 average number of prescriptions dispensed per month in a community pharmacy is 7218. The number of prescription items dispensed by community pharmacies in England in 2016-17 was 1015.6 million compared to the 84.9 million items dispensed by dispensing (doctor) practices and 8.5 million by appliance contractors (NHS Digital, 2017). This was an increase of 17 million (1.7 per cent) from 2014-15. Prescription volume has increased by more than 50% since 2004-05. Fifty two per cent of items dispensed by community pharmacies and appliance contractors were via the Electronic Prescription Service.

In Hartlepool and Stockton CCG prescription volume increased by 4% to 6,432,418 items from 2015-16 to 2016-17. 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, particularly in Stockton-on-Tees. Pharmacy premises and 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 widespread introduction of the electronic prescription service (EPS).

¹¹ 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.

Since 2005-6 the number of pharmacies in England increased by 18%, with a large contribution of this increase arising from the four exemption categories introduced in 2005, particularly the 100-hr exemption. Since 2005 nine 100-hr pharmacies have opened in Stockton-on-Tees and now account for 1 in 4 of all pharmacies here. Together with other new pharmacies, this equates to a net increase of more than 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 opened in England in 2009-10, 72% were within 1km of the nearest pharmacy. (www.ic.nhs.uk accessed 20.1.11).

This is exemplified in Stockton-on-Tees where there are nine pharmacies within a mile of each other in the town centre area. 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 in the HAST CCG area have seen some limited success with practices in Hartlepool now using repeat dispensing for around 10% of all prescriptions (ytd 2017-18). However, for 2016-17 the proportion for Stockton-on-Tees was still only 3%.

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 community pharmacy presence is now almost certain to also indicate the availability of at least one of the national advanced services each pharmacy may elect to provide.

8.3.2.1 Medicines Use Review (MUR) and Prescription Intervention Service

The purpose of a Medicines Use Review is to support people to better manage their medicines, improve concordance and adherence and reduce waste. MURs were introduced with the new PhS contract in 2005 on a paper-based system. The service was a substantial change to previous practice and there was early uncertainty, despite some early adopters, so uptake was initially slow across the borough and beyond. However, each pharmacy in Stockton-on-Tees is now recorded (with NHS England) as a provider of this service and this is evidenced by the pharmacy PNA data return.

The average number of MURs per pharmacy in England in 2017 was 300 (75% of the allowance). Each pharmacy is permitted contractually to undertake up to 400 MURs each year, so the potential maximum number of MURs for Stockton-on-Tees is currently 16,800 per annum. In 2008-9, pharmacies in the Borough completed only 25% (3349) of their total allowance. Five years later this increased 3-fold to 10793, 65% of the maximum. By 2016-17 the number of 12404 MURs or 74% of the maximum. Half of the pharmacies completed more than 350 MURs and just one pharmacy completed less than ten. The service is now well-established in almost all pharmacies with electronic data capture and the early phase of local pilot electronic referral systems (Nazar H, 2016) from secondary care for a MUR in community pharmacy as patients are discharged.

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).

In the PNA contractor survey, 43% (n=16 of 37 responses) of pharmacies indicated their willingness to provide pharmaceutical services such as MURs off-site in a suitable location, for some this would include a patients' home. The current PhS 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.

8.3.2.2 New Medicines Service

Since the New Medicine Service (NMS) was added as the fourth national advanced service in October 2011, more than 90% of community pharmacies

in England have provided it to their patients. Funding was extended from the pilot phase ending March 2013 following an overwhelmingly positive academic evaluation of the service, investigating both the clinical and economic benefits (University of Nottingham, 2014). 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 wellbeing 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.

All pharmacies in Stockton-on-Tees are now recorded (with NHS England) as a provider of this service and this is evidenced by the pharmacy PNA data return. The average number of NMS per pharmacy in England in 2017 was 85; in 2016-17 pharmacies in Stockton-on-Tees completed 3982 which corresponds to an average over 90.

8.3.2.3 NHS flu vaccination service

Stockton-on-Tees PCT first commissioned a local pilot NHS seasonal flu vaccination service from pharmacies in the Borough for the winter 2012 campaign. NHS England commissioned a wider pilot programme from pharmacy contractors for the 2013-14 season and 20 pharmacies were recruited to provide the service that year (PH England (North East) and NHS England, DDT AT, 2014). In participating pharmacies, the service is available at all times that a trained pharmacist is available on the pharmacy premises, and is often provided on a drop-in basis, with no prior appointment necessary.

Following the pilot, NHS England's decision to commission flu vaccination as 5th the pharmacy advanced service for the 2014-15 season was welcomed. It has now been re-commissioned for the 2017-18 season for the fourth time as participation by pharmacies continues to expand. The 'vaccinated by pharmacy' proportion for seasonal flu remains small compared with those vaccinated by general practices but more patients are being vaccinated and this does improve patient choice and access.

Of the 37 pharmacies who responded to the pharmacy contractor survey, 33 (89%) reported providing the seasonal flu vaccination service last winter with a further two planning to provide it this year; at 31.10.17 38 pharmacies had signed up to provide the service which is 9 of every 10 pharmacies in the Borough offering patients a choice of where to get their flu vaccination. This includes at least one pharmacy in all localities and choice of 15 pharmacies (so far) in S4: Stockton and Thornaby locality including those open for 100 hours a week, some conveniently located in supermarkets or retail environments, providing increased access for patients into the evening on weekdays and at weekends.

In 2016-17, 8,451 pharmacies (71.2% of all community pharmacies in England) administered 950,765 flu vaccinations under the national NHS flu

vaccination service. In the first two months of the 2017-18 seasonal flu vaccination season, community pharmacies across England have already delivered more than a million flu jabs (PSNC) including 13,000 given in Tees LPC area.

The NHS England patient satisfaction survey found that almost every patient vaccinated against flu at a community pharmacy last winter would have their vaccination there again (The Pharmaceutical Journal, 2017). Around 100,000 patients responded to the survey on the 2016–2017 flu vaccination programme, and 99% of them said they would have the vaccination at a community pharmacy again, and recommend the service to their family and friends. Of those questioned, 98% said they were “very satisfied” with the service they received, and 15% said they might not have had a flu vaccination if the service had not been available at a pharmacy.

8.3.2.4 NHS Urgent Medicine Supply Advanced Service (NUMSAS) – pilot

The service is commissioned by NHS England as an Advanced Service running pilot running from 1st December 2016 to 31st March 2018 (now extended to September 2018) with a review point to consider progress in September 2017 (NHS England, 2016). Twenty two (59% of n=37) pharmacies in Stockton were already participating and 4 were signing up soon which suggests significant engagement with this service. Information on activity arrived too late to be included in the draft PNA, but will be updated for the final document.

8.3.2.5 Appliance Use Review (AUR) or Stoma Appliance Customisation (SAC) Service

This advanced service was introduced in April 2010. Service provision is more limited as there is not a universal demand. Few pharmacy contractors in Stockton-on-Tees completed any AURs /SACs in 2013-14 but data from NHS England indicated seven pharmacies in the Borough have now reported completion of AUR/SAC reviews. This is supported by data from the 2017 pharmacy contractor survey for the PNA in which x (of the 36 who responded) pharmacies indicated their provision of AURs, with one further planning to offer the service soon. Similarly one pharmacy indicated their provision of SAC reviews, with two further planning to offer the service soon.

8.3.3 NHS Enhanced services

NHS England North East has routinely commissioned one enhanced service from community pharmacy contractors in Stockton-on-Tees - extended opening hours for Bank holidays. Extended hours 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 has been 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 HWB 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.

8.3.3.1 Emergency planning: supply of anti-viral medicines

Pandemic influenza is a recognised disruptive event and remains high on the UK government national Risk Register. NHS England works closely with Public Health England and other partners in planning to respond to pandemic influenza and other emerging infections and emergencies. The organisations work together to ensure plans are aligned and will ensure a resilient response. The NHS England Operating Framework for Managing the Response to Pandemic Influenza was published in October 2013 (NHS England, 2013). This has been reviewed and an update is expected in 2017.

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. 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 for any sector of the population, then a local enhanced service mechanism could be used (as it was in 2009/10 for children under 1 year old) to meet the pharmaceutical needs of the population in this highly specialist situation.

8.3.4 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 Borough Council commissions some locally contracted services inherited from the PCT in April 2013 or newly commissioned since then.

Public Health service specifications at that time were shared across the Tees footprint which facilitated maintenance of service continuity to clients/patients if pharmacists moved across LA/ CCG boundaries. Sexual health services are still commissioned on a Tees-wide basis, and the three pharmacy-based service specifications still operate Tees-wide under a sub-contracting arrangement with the service provider of Sexual Health Tees (SHT).

Similarly, Hartlepool and Stockton CCG inherited two services from the PCT in April 2013 and one of these continues to be commissioned. All the community pharmacy locally contracted services for Stockton-on-Tees are shown in Table 21.

Supervised self-administration and emergency hormonal contraception (EHC) are the longest established services having been provided for approaching 20 years. Enhanced/locally commissioned services for stop smoking support have also been provided through pharmacies in the Borough for a considerable period of time. The Healthy Start Vitamins service commenced in April 2014 and was the first to be directly commissioned by LA public health teams rather than inherited from the PCT. Similarly, the pilot Seasonal Ailments Service operating for 3 months in 2015 was the first to be directly commissioned by the CCG, although this did not continue¹².

Service	Commissioner
Supervised Self-Administration	Stockton Borough Council
Community Pharmacy Needle and Syringe Supply	
Stop Smoking Service (full One Stop)	
Stop Smoking Service (dispensing only)	
Healthy Start Vitamins	
EHC (PGD)* ¹³	Stockton Borough Council (sub-contracted via the SBC contract with SHT)
(Re-launched) chlamydia testing*	
(Re-launched) C-Card service*	
On demand availability of specialist drugs	HAST CCG

Table 21 Community pharmacy locally commissioned services in Stockton-on-Tees (1st September 2017)

Table 22 summarises numbers of pharmacies participating in each of these locally commissioned services, by locality in Stockton-on Tees, at 1st September 2017 and the locally commissioned services provided by each pharmacy in each locality in Stockton are shown in Table 23. The distance-selling pharmacy is excluded from this data.

¹² HAST CCG list a “review of Minor Ailments provision” in their 2016-18 operating plan

¹³ *Pharmacy sexual health services managed by lead-provider of joint commissioned Tees-wide service (SHT) from 1st February 2011

2017	Locality	All pharmacies	100 hr	Needle Exchange	Stop Smoking	Dispensing Only Stop Smoking	Healthy Start Vitamins	Supervised Self Admin.	Specialist Drugs	EHC	C-Card	Chlamydia Screening
S1	Yarm and Area	9	1	2	2	3	4	5	1	7	7	7
S2	Stockton Parishes	1	0	0	0	0	1	0	0	1	1	1
S3	Norton & Billingham	10	2	1	4	4	7	7	0	10	10	10
S4	Stockton & Thornaby	21	6	6	9	4	9	14	5	19	19	19
	STOCKTON-ON-TEES	41	9	9	15	11	21	26	6	37	37	37

Table 22. Numbers of pharmacies participating in each locally commissioned service in Stockton-on-Tees at 1st September 2017.

New pharmacies are required to demonstrate acceptable contractual standards and provide all essential services before they are eligible to provide both advanced and NHS England enhanced services. Other locally commissioned services will include their own standards, specification and entry requirements. However, 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 or locally commissioned 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 local 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 pharmacy location by virtue of existing adequate choice of provider and service in that locality or service prioritisation on the basis of need or affordability.

The tables of enhanced services, and interpretation of service need, should be viewed in context of all of the above.

Locality	Trading Name	Short address	Postcode	40 or 100 hr	Needle Exchange	ONE STOP Smoking	Dispensing only Stop Smoking	Healthy Start Vitamins	Supervised Self Administration	Specialist Drugs	EHC	Chlamydia Screening	C-Card scheme
S1	Boots	Yarm	TS15 9AE	40				Yes	Yes		Yes	Yes	Yes
S1	Cohens Chemist	Yarm Medical Centre	TS15 9DD	100					Yes				
S1	Eaglescliffe Pharmacy	Eaglescliffe	TS16 0EH	40							Yes	Yes	Yes
S1	Fairfield Pharmacy	26-28 Glenfield Road	TS19 7PQ	40			Yes						
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	Yes	Yes
S1	Lloydspharmacy	Yarm	TS15 9BH	40	Yes	Yes		Yes	Yes		Yes	Yes	Yes
S1	Pharmacy Express	Eaglescliffe	TS16 9EA	40			Yes	Yes	Yes		Yes	Yes	Yes
S1	Whitworth Chemists	Leven Park, Yarm	TS15 9XN	40			Yes				Yes	Yes	Yes
S2	Wynyard Pharmacy	Wynyard	TS22 5QQ	40				Yes			Yes	Yes	Yes
S3	Rowlands Pharmacy	Billingham (Health Centre)	TS23 2LA	40			Yes		Yes		Yes	Yes	Yes
S3	Boots	Billingham (Queensway)	TS23 2ND	40	Yes		Yes	Yes	Yes		Yes	Yes	Yes
S3	Davidson Pharmacy	Billingham	TS23 1AG	40		Yes			Yes		Yes	Yes	Yes
S3	Harry Hill Chemist	Billingham	TS23 2HZ	40		Yes		Yes	Yes		Yes	Yes	Yes
S3	Norton Glebe Pharmacy	Hanover Parade, Stockton	TS20 1RF	40		Yes		Yes	Yes		Yes	Yes	Yes
S3	Rowlands Pharmacy	Billingham (Queensway)	TS23 2ND	40			Yes	Yes			Yes	Yes	Yes
S3	Tesco Instore Pharmacy	Billingham	TS23 3TA	100							Yes	Yes	Yes
S3	The Pharmacy	Billingham	TS23 2DG	100			Yes	Yes	Yes		Yes	Yes	Yes
S3	Your Local Boots Pharmacy	High Street, Norton	TS20 1DN	40		Yes		Yes	Yes		Yes	Yes	Yes
S3	Your Local Boots Pharmacy	Norton Medical Centre	TS20 2UZ	40				Yes			Yes	Yes	Yes
S4	Asda Pharmacy	Thornaby	TS17 9EN	40		Yes			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	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	Yes
S5	Norchem, Queens Park	Stockton	TS18 2AW	100				Yes		Yes	Yes	Yes	Yes
S4	Newham Pharmacy	Hardwick	TS19 8PD	40		Yes			Yes	Yes			
S4	P. Milburn Pharmacy	Thornaby	TS17 8AB	40					Yes		Yes	Yes	Yes
S4	Pharmacy 365	High Street, Stockton	TS18 1PL	100	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
S4	Pharmacy World	Roseworth	TS19 9BX	40	Yes	Yes		Yes	Yes		Yes	Yes	Yes
S4	Rowlands Pharmacy	Lawson Street Health Centre	TS18 1HX	40			Yes	Yes	Yes		Yes	Yes	Yes
S4	Rowlands Pharmacy	106 Yarm Lane, Stockton	TS18 1YE	40			Yes		Yes		Yes	Yes	Yes
S4	Rowlands Pharmacy	Tennant Street, Stockton	TS18 2AT	40		Yes			Yes	Yes	Yes	Yes	Yes
S4	Rowlands Pharmacy	Endurance House, Stockton	TS18 2EP	40					Yes		Yes	Yes	Yes
S4	Lloydspharmacy	Whitehouse Farm, Stockton	TS19 0QB	40							Yes	Yes	Yes
S4	Synergise Pharmacy	56 Yarm Lane, Stockton	TS18 1EP	100	Yes				Yes				
S4	Tesco Instore Pharmacy	Stockton	TS21 3LU	100							Yes	Yes	Yes
S4	Well	70 Bishopton Lane	TS18 2AJ	100			Yes		Yes		Yes	Yes	Yes
S4	Whitworth Chemists	Varo Terrace, Stockton	TS18 1JY	40		Yes		Yes	Yes		Yes	Yes	Yes
S4	Morrisons Pharmacy	Teesside Retail Park	TS17 7BP	40			Yes				Yes	Yes	Yes
S4	Your Local Boots Pharmacy	Thornaby (Mitchell Avenue)	TS17 9EP	40		Yes		Yes	Yes		Yes	Yes	Yes

Table 23. The locally commissioned services provided by each pharmacy in each locality in Stockton, 2017

8.3.4.1 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 for many years by NHS Stockton-on-Tees, LA public health teams now work closely with pharmacies, clients and prescribing treatment providers to ensure that all parties work together to provide a quality locally commissioned service.

Twenty six pharmacies were accredited and contracted to provide this service for 2016-17, one more than were commissioned at the time of the last PNA in 2015. To maintain service resilience, this service will be commissioned from any pharmacy trained and accredited to provide it in accordance with the service specification, which also usually requires the pharmacy to be open at least six days a week.

In 2016-17, 23 pharmacies were remunerated for the supervision of at least one client¹⁴ during one month. These pharmacies provided a total of 5,600 interactions involving all days or some days of supervised self-administration of either methadone or sublingual buprenorphine¹⁵. Given the nature of the treatment programmes, it should be possible to offer clients a choice of pharmacy to attend for their supervision and on-going collection of opioid substitute medication. Just under 80% of the opiate substitute supervised is methadone, the vast majority of the remainder is sublingual buprenorphine, in line with clinical guidance.

Figure 7 and Figure 8 show the supervised self-administration activity split by pharmacy and locality for 2016-17. Two providers, located in central Stockton (S4), provide 60% of the Borough's provision, hence the charts are split to make them more meaningful. Figure 7 shows pharmacies in the S4: Stockton and Thornaby locality that provide 85% of the Borough's supervised self-administration requirements; the highest provider pharmacy in S2 locality is also shown for reference. Just under 80% of the opiate substitute supervised is methadone, the vast majority of the remainder is sublingual buprenorphine, in line with clinical guidance.

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, though activity is still recorded. Further interrogation of PharmOutcomes could provide a more detailed reflection of activity.

¹⁵ In 2014-15, supervision of Suboxone© was added to the service specification at the request of commissioners and treatment providers though supervised activity remains low (as would be expected) at 0.7%.

**Supervised self administration activity by pharmacy and locality
2016-17: P10 is the highest provider in Locality S2 for
comparison to P11 to P23 = pharmacies in Locality S4: Stockton
and Thornaby**

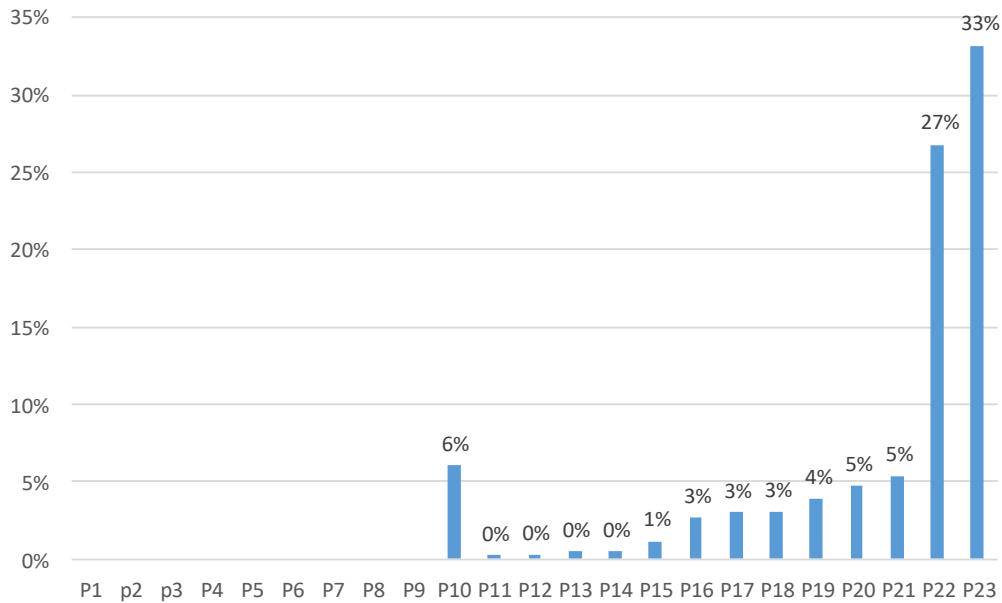


Figure 7. Supervised self-administration activity 2016-17 for pharmacies in S4: Stockton and Thornaby Locality of Stockton-on-Tees

Figure 8 shows provision in S1: Yarm and area and S2: Norton and Billingham localities. Only 2% of the provision is delivered in the locality S1: Yarm and Area, but there are 4 pharmacies providing choice to those who require this service in that locality and 6 pharmacies in S2: Norton and Billingham locality.

**Supervised self administration activity by pharmacy and locality
2016-17: P1 to p4 = Locality S1: Yarm and Area. P5 to P10 =
Locality S2: Norton and Billingham**

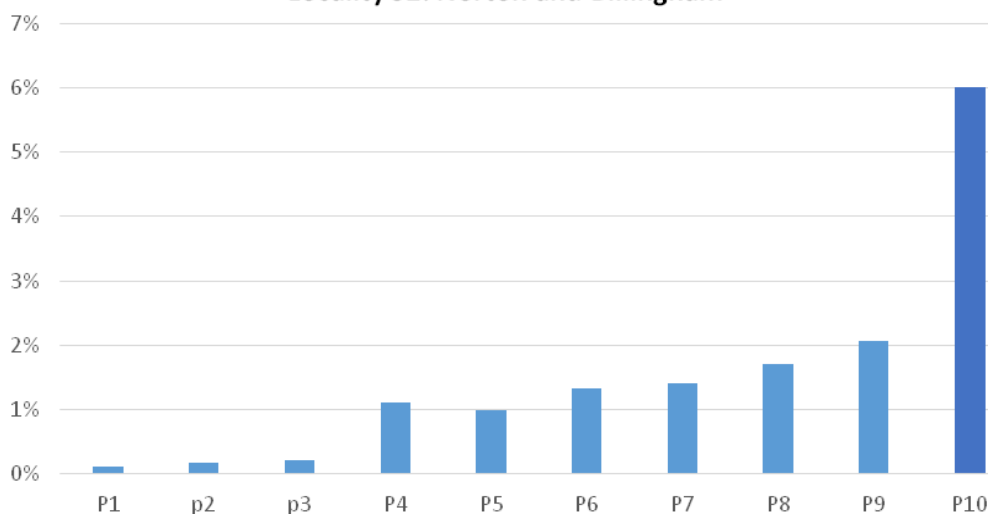


Figure 8. Supervised self-administration activity 2016-17 for pharmacies in S1: Yarm and Area and S2: Norton and Billingham localities of Stockton-on-Tees

8.3.4.2 Needle exchange (Nx)

People who inject drugs (PWID) require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. Pharmacies have been often been responsive to requests to take up this enhanced service and a pharmacy needle exchange service is integral to the main harm minimisation service in providing access across the Borough, particularly at times when the fixed provider site is closed. The pharmacy-based service in Stockton-on-Tees is well-established having been operating for around 15 years. The commissioned service was changed to an offer based on client selection, rather than the pre-filled packs in February 2016, which is now less used.

In 2016-17, there were 9 pharmacies contracted to provide the service although one pharmacy did not record any transactions. There is at least one pharmacy in each of the three localities with the highest population. Just over 10,000 transactions were completed in community pharmacies in those eight active pharmacy Nx locations. The breakdown of these transactions indicates that the most used pharmacy site issues just under 50% of all the pharmacy Nx transactions and that 80% of all transactions are in pharmacies within the vicinity of the High Street in Stockton. In 2015, a significant proportion of transactions took place in the S2: Norton and Billingham locality however, the pattern of behaviour has changed as this now equates to just 15% of the provision.

Four of the providers are open on a Sunday and the distribution of transactions by days of the week (Figure 9) shows that service users do access the service on Sundays, though in slightly lower rates than on other days when attendance is evenly distributed throughout the week. The number of transactions made has also remained at a constant monthly level since the start of the new service in 2016; service data does demonstrate a demand for this service in community pharmacy.

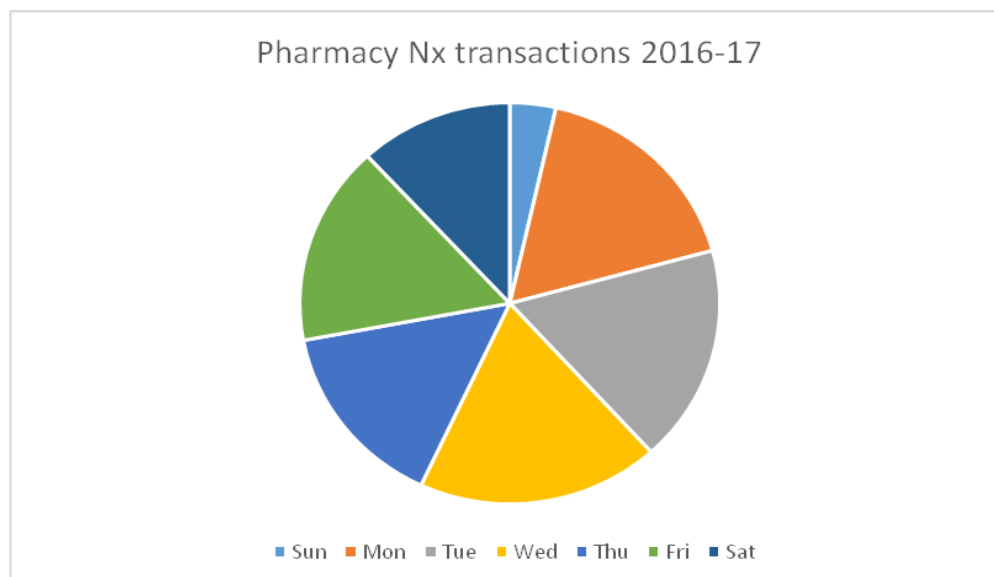


Figure 9. Community pharmacy needle exchange transactions 2016-17 by days of the week

8.3.4.3 Emergency Hormonal Contraception (EHC)

Community pharmacies in the Borough provide three sexual health services under the management of the local sexual health lead-provider (SHT) that is itself directly commissioned by local authorities to provide a Tees-wide sexual health service. The longest established of these services is emergency oral hormonal contraception (EHC). Pharmacy chlamydia testing and C-Card (condom distribution) services were re-launched by the service in 2016.

SHT reports that 37 of the 41 pharmacies in Stockton-on-Tees are currently accredited and sub-contracted to provide this service (under a Patient Group Direction) to women and girls aged 13 years and over. This is a substantial increase from 2015 and all of the pharmacies are also now contracted to offer chlamydia testing and C-Card condom registration/distribution.

The pharmacy EHC contract for 2016-17 commenced in August 2016 so activity has been reviewed for the year 1.8.16 to 31.7.17 instead of the standard financial year. In this time period there were 2360 consultations for EHC corresponding to 41% of the 5,824 consultations completed in pharmacies in Tees. This is similar to the 2737 consultations completed in 2013-14. Performance data was affected by contractual issues in the 2016-17 contractual year and the 'market share' for pharmacy has not been calculated as a result. However, pharmacy has historically completed a substantial proportion of all EHC activity in the Borough year on year.

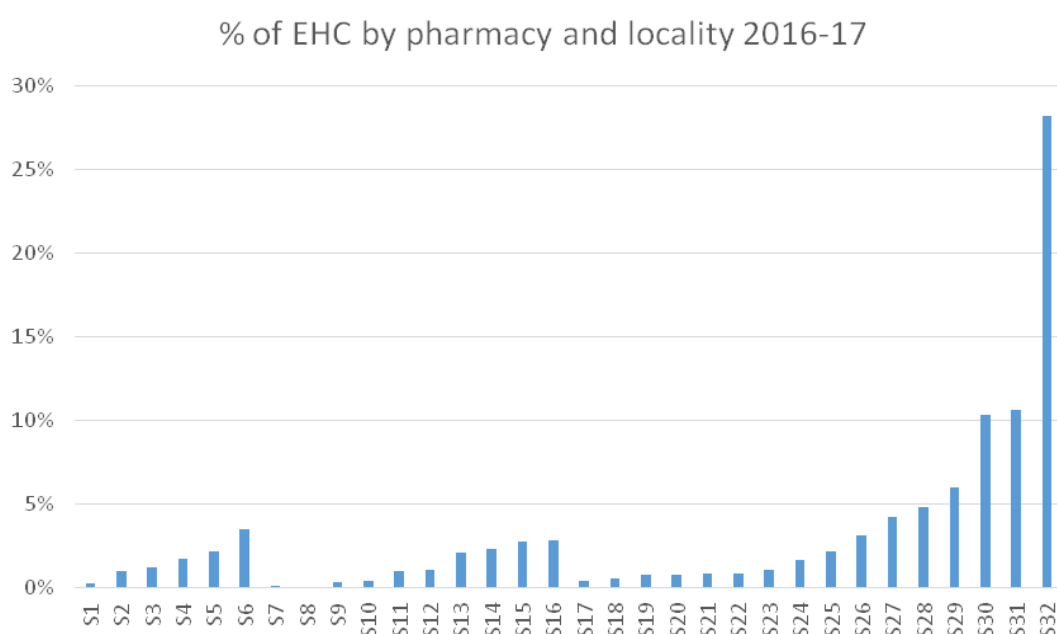


Figure 10. EHC activity in community pharmacy by pharmacy and locality in Stockton-on-Tees 2017

Key: Pharmacies S1-6 = "Yarm and Area"; S7-16 = "Norton and Billingham"; S17-32 = "Stockton and Thornaby"

Figure 10 shows how EHC activity is distributed across pharmacies in the Stockton-on-Tees HWB area. It is remarkable how similar the distribution of access and use of the service is across pharmacy and locality if compared

with 2013-14 (not shown). This indicates the highest demand in Locality S4: Stockton and Thornaby. Pharmacies in this locality delivered 30% of all the consultations in the Borough and 2 of the pharmacies deliver 64% of these consultations in S4 locality. 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 historically observed in Middlesbrough. The highest providers in Locality S1: Yarm and Area is located in Ingleby Barwick whereas in locality S3: Norton and Billingham consultations are more even distributed between Billingham and Norton.

Analysis shows the distribution by age of the pharmacy EHC activity across Tees remains highest in 16-24 (target) age group. However, this represents only 51% of those using the service; 2880 EHC consultations in Tees in 2016-17 were for women over 25 years of age.

8.3.4.4 Chlamydia screening

Pharmacies offering this service hold a supply of chlamydia testing postal kits to be distributed to people under 25. Pharmacies are paid for those kits that are returned for testing and are asked to encourage young people to carry out and return the tests. There are a range of providers of this service which is part of the strategy to make the testing kits easily available to young people.

As reported above, this testing programme is managed across the Tees area by Sexual Health Teesside (SHT) on behalf of the four local authorities and they report that 37 pharmacies in Stockton-on-Tees are currently sub-contracted to provide this service: a substantial improvement in the number of pharmacies from 2015. There are providers in all localities including those that open 100 hours a week. This may provide good access to the service but it does require pharmacies to actively promote it and have kits available to do so. Following the contractual issues at the start of the year, figures from SHT for returned tests from pharmacy in 2016-17 are disappointing (109). Nevertheless, there is room for improvement or better access to be achieved.

A pathway to improve the chlamydia testing offer through pharmacies was proposed locally in 2014 in the form of a 'kit and consult' i.e., test and treat service. However, this has not progressed to be commissioned.

8.3.4.5 C-Card service

This service involves registering young people for the C-Card scheme, providing sexual health advice and free condoms according to the conditions of the service. The service was recently re-launched, then paused, and restarted in August 2016; consequently C-Card rates for 2016-17 are also disappointing. Of the 37 pharmacies now registered as a provider of the C-Card scheme, 22 issued at least one registration in 2016-17 and in total made

230 (38%) of the pharmacy registrations in Tees. However, with contractual problems now resolved, and a support adviser to promote uptake, it is anticipated that community pharmacy can renew efforts into 2017-18.

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

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. This is usually adequate to supply the medicine with 'reasonable promptness' in normal hours, a requirement of the PhS contract specification.

At the end of life, a patient's condition may deteriorate rapidly and demands for medicines change in a way which is less easily planned. Modern pathways for care at the end of life 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.

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service was commissioned by NHS Stockton-on-Tees at the end of 2011 and has continued to be commissioned by HAST CCG from April 2014. Five pharmacies were providing this service at the time of publication of the PNA in 2015, six are commissioned now, one in S1: Yarm and Area locality (though this is not the pharmacy which opens 100 hours per week) and the remaining 5 are all in the S4: Stockton and Thornaby locality.

There is no longer a pharmacy in S3: Norton and Billingham locality providing the service, yet there are two 100-hour pharmacies from which the service could be commissioned. Three of the providers (all in S4) are open extended opening hours on evenings and weekends providing reasonable access at most times.

8.3.4.7 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.

In 2014, the Public Health teams in the Tees area collaborated to develop a pharmacy service which provides substantially improved and universal access to the vitamins (i.e. not just to those eligible for national *Healthy Start* vitamins. In Stockton-on-Tees in 2015 there were ten pharmacies across the Borough able to supply the vitamins. Twenty three pharmacies made at least one supply of womens' vitamins in 2016-17 and issued 921 supplies (womens') and 983 children's supplies. The pharmacy that supplied the most childrens' vitamins is that which many of the new migrants may find convenient given the areas in which they are often first placed. Service specifications will be updated in response to the new NICE guidance of August 2017 (NICE, 2017).

8.3.4.8 Stop smoking service

Fifteen pharmacies in Stockton-on-Tees are directly contracted by the local authority using a service specification for tiered service provision and a tariff-based payment system that has been in operation, with adaptations, since at least 2010. The tiers have permitted pharmacies to move through accreditation levels and now all provide a service which includes clients with more complex needs such as pregnant women and young people aged 13+.

Pathways include options for pharmacies to support dispensing voucher-led schemes such as 'Babyclear' interventions initiated by midwives and work with young people through school nurses and youth workers. Eleven additional pharmacies (making 26 in total) offer only the dispensing voucher-led option to increase access to NRT free at the point of supply for quit attempts supported in other settings. This gives good access to stop smoking support involving pharmacies across all three of the most populated localities in Stockton-on-Tees. The pharmacy service operates successfully with considerable support from the Stop Smoking Specialist 'hub' and a stop smoking advisor supporting the community pharmacies.

The Pharmacy locations for the so-called 'one-stop' pharmacy service which offers a full service from pre-quit, quit and for up to 12 weeks after, were chosen in relation to areas of high smoking prevalence or to provide additional choice and access to the weekly drop-in clinic provision from the specialist stop-smoking services provider (SSSS). This 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. Pharmacy services are available seven days a week in 3 of these pharmacies. Currently, pharmacies are only able to offer NRT as

pharmacological support, however a PGD for varenicline is a consideration for the future.

In 2016-17 2193 smokers set a quit date (QDS) in Stockton; community pharmacy in Stockton-on-Tees have approximately 19% of the 'market share' of QDS for the Borough. Of those 425 setting a quit date with pharmacy, 151 were quit at 4 weeks (36%) which is similar to the national average quit rate of 35% for NRT supported quits. In the previous year (2015/16) the market share was 24% with 554 quit dates set through pharmacy and 189 achieving a 4 week quit (quit rate 34%). The community pharmacy 'One Stop' contribution to stop smoking provision in Stockton-on-Tees is relatively small, but consistent, and there is a national, regional and local trend for reduced numbers accessing all services. Community pharmacy will also be contributing to some quits via the dispensing only service, but this contribution is not properly understood.

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 2016-17 was 42%. This quit rate is at least as good as other providers for NRT-only pharmacotherapy quit attempts. The specialist service is very effective and commissioners are happy with the current number and location of the fifteen, long-established 'one stop' providers together with the other eleven pharmacies providing the dispensing-only option.

8.3.5 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 but a quality improvement initiative. The concept was piloted in Portsmouth in 2009, a national pilot program commenced in 2011 and in 2013 Public Health England first acknowledged the power of the HLP model, where even at the first level of accreditation, staff are enabled to proactively engage with the public on the provision of health messages and information to increase their wellbeing.

In this context and of specific note locally, Stockton-on-Tees, and other Tees HWB areas were early adopters of the HLP initiative, commencing in 2012, and the Tees model for HLP supported by public health and the Local Pharmaceutical Committee (LPC) has received national recognition. This enabled participating pharmacies to make a step change in actively engaging 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, sometimes known as MECC, Making Every Contact Count) and brief advice to support for self-care in a preventative context. Thirty six of the 41 (=1) pharmacies in the Borough are now active at least to HLP level 1.

Four years later, the readiness which HLP affords to support the prevention agenda was promoted at national policy level via Public Health England

(PHE) in partnership with NHS England via the Pharmacy Innovation Fund (PhiF).

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 levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development and aspirational 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, and remain 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 'Healthy Living Champions' (HLCs) 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. This has not gone without notice nationally.

In Stockton, five pharmacies commenced the HLP programme in wave 1 and were first accredited to level 1. Thirteen more joined them in a second wave and were working towards their HLP status throughout 2013-14. In 2017 there are 36 pharmacies accredited at (minimum) Level 1 making a step change to the approach to health and wellbeing in a community pharmacy context. The Tees HLP approach is not a 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.

In Tees, Champions are asked to make brief records of at least some of the 'interactions – essentially conversations or "very brief advice" with the patients or individuals that attend the pharmacy. The records are not only of the 'significant' ones necessarily, just a record of routine behavior. It would be impossible to record every interaction, but the requirement for Level 1 is 20

records a week. In 2016-17, the HLPs in Stockton-on-Tees recorded **7221** such interactions in up to 36 pharmacies (pharmacies join the programme throughout the year).

Figure 11 shows the relative frequency of the topic of those interactions showing the breadth of public health topics engaged with and also the stand-out number for minor ailments. This is not a surprise in a community pharmacy setting, but it is useful to reflect on the sheer volume of such conversations from the perspective of 'piggy back' initiatives for self care or other prevention messages.

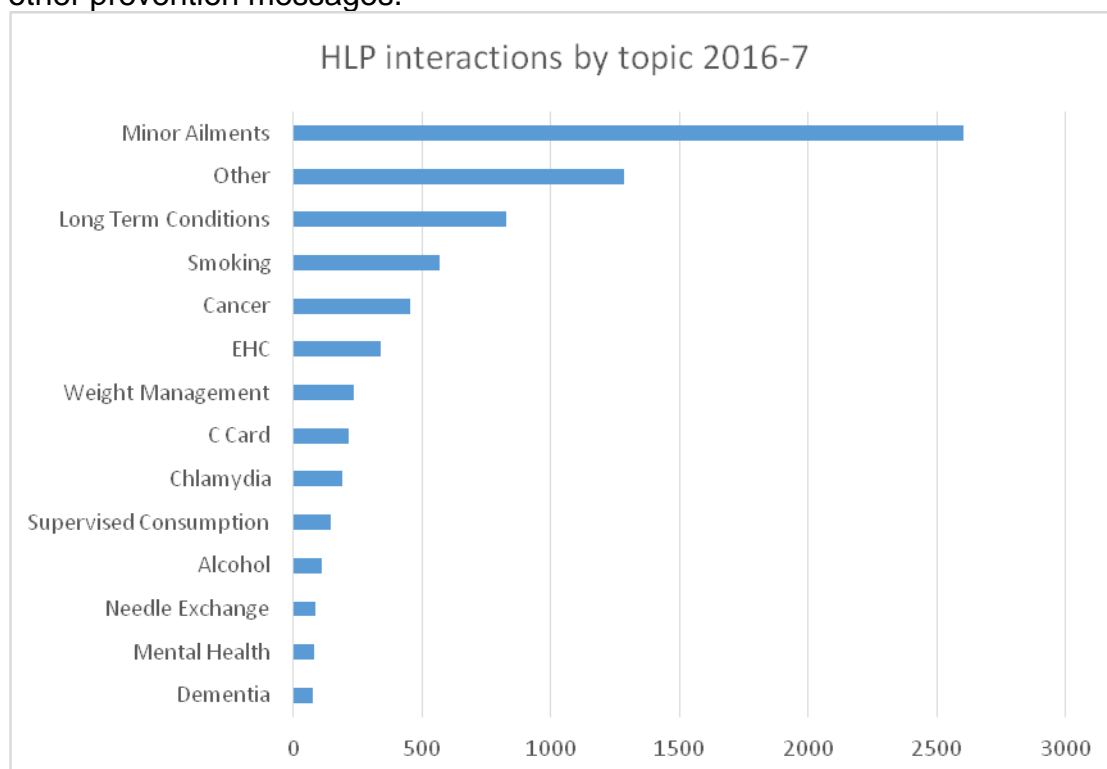


Figure 11. Topic of HLP interactions in Stockton-on-Tees 2016-17

8.3.6 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 'free' availability of such services might have on the demand, or need, for similar such services to be provided by NHS or other local commissioners 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, which may need to be considered by the NHS and/or social care.

As these services are not contractual there is no collated local assessment or evaluation of their supply or demand. The PNA pharmacy contractor survey of 2017 (n=36 replies) showed that 31 pharmacies offered collection and delivery services, and all without charge, but only to certain eligible groups.

Further analysis of patient-funded services may provide evidence of any demand (or otherwise) and any unmet pharmaceutical need to which this might relate.

8.3.7 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 borough 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.

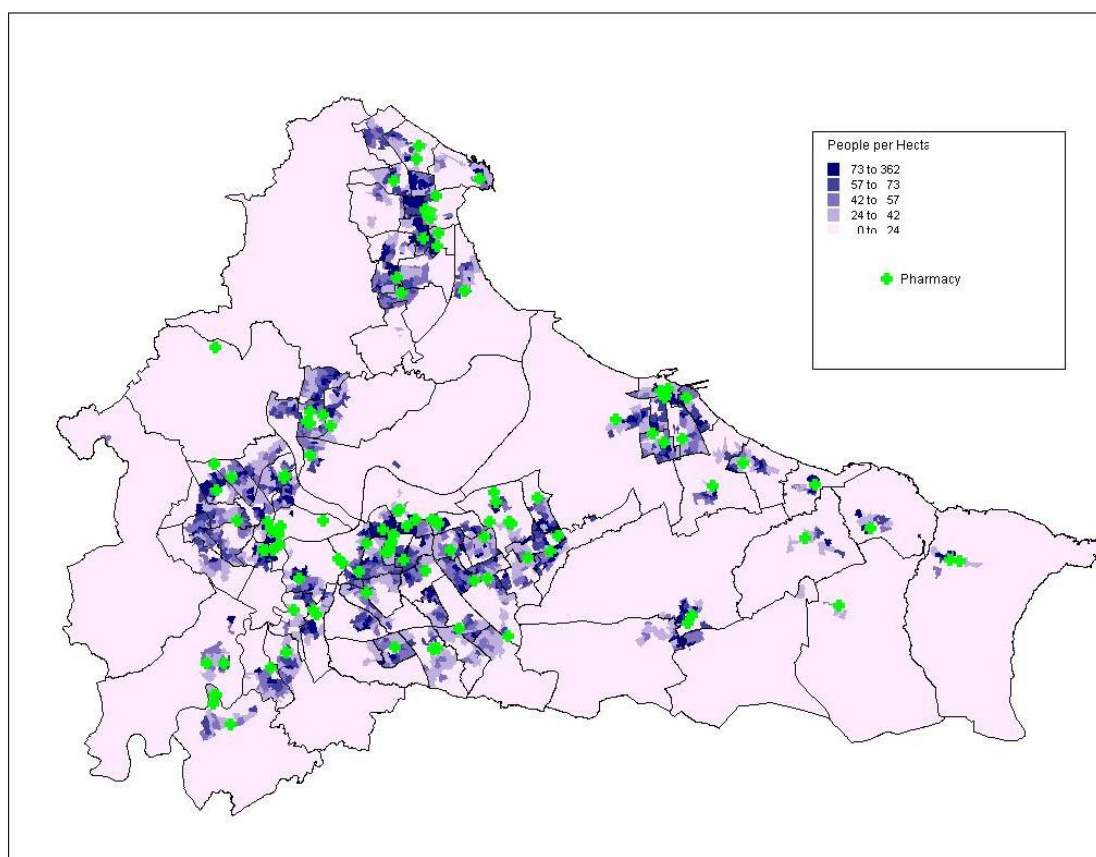


Figure 12. Showing population density across Tees and pharmacy locations to illustrate potential for cross-boundary activity. Green Crosses show pharmacy locations.

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

Considering each of these in turn:

- (a) there are 4 community pharmacies 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 HAST CCG for 2016-17 showed that around 5% of prescriptions from Stockton-on-Tees were dispensed outside the PCT area, which has increased slightly since the 2015 PNA. Some of this small proportion may include internet pharmacies, and those dispensed by appliance contractors. 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.

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 sometimes some community services. Pharmaceutical services for in-patients

are also commissioned for the prison located 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 of 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 sector and 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 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.
- diabetes interventions to support better control
- 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. 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, or long term conditions reliant upon them, better.

Additionally, the PNA has already highlighted situations where pharmacy [enhanced] services are provided in a mixed-provider model alongside other providers (e.g. needle exchange, EHC, CVD screening, Stop smoking). These are necessary services, potentially a pharmaceutical service in terms of the PNA but could be provided more or less by either community pharmacies or the alternative providers at any time depending on commissioners’ preference and their view on the needs of the population at that time. It is the overall population need and the overall balance of provision that determines whether or not there is a gap in pharmaceutical service provision.

8.5 Results of patient survey; feedback related to existing provision

8.5.1 Overview

A blank copy of the survey questions is included as Appendix 5. There were 106 responses to at least one question of the survey, all completed on-line. Of these, 97 (93%) stated they lived in Stockton-on-Tees and a third of these also worked in the Borough. In 2014, the patient engagement survey during development of the 2015 PNA was undertaken on a Tees Valley basis. Of the 1092 respondents to that survey, 128 were from Stockton i.e., a smaller proportion than population size might predict. So whilst it is acknowledged that 106 is disappointingly small for the effort made in contact and distribution, it is of the order of what was achieved before.

There is a gender bias to the survey as around 75% of the respondents were female; this reflects previous and current experience of PNA surveys, locally and elsewhere. Evidence suggests that women use a pharmacy more than men (including collecting prescriptions and seeking advice on the behalf of their partners and dependents), so this bias does at least reflect current pharmacy attendance.

There was at least one response from someone living at all the Stockton postcodes listed, although most responses were from TS19 and TS20.

8.5.2 Detailed analysis of results

A very high proportion of Stockton-on-Tees respondents (94%) indicated that they usually use a pharmacy in the area in which they live or work. 79% 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 (84%) describing pharmacies within a short bus ride.

Figure 13 shows the responses to the question ‘**How do you normally get to a pharmacy?**’ A slightly higher proportion (64%) travelled by car than in 2014 (59%). Around 40% suggested they might usually walk and those using public transport or taxi accounted for around 6% of the total.

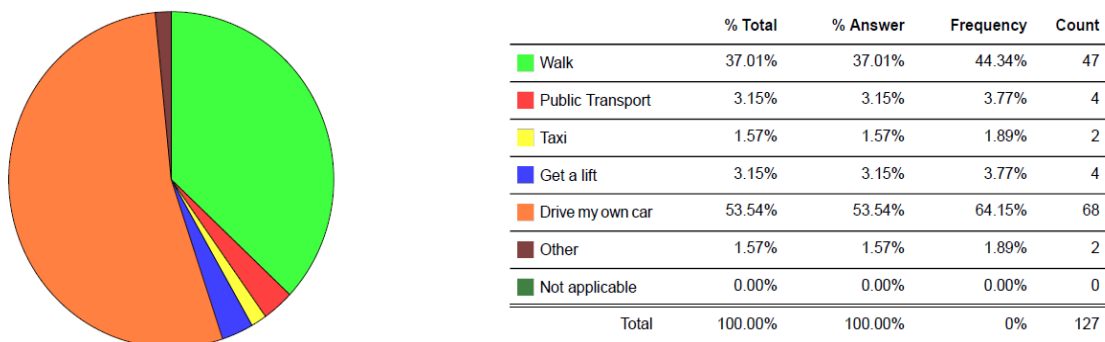


Figure 13. Answers to "How do you normally get to a pharmacy?"

Opportunities for public health interventions may be even more significant when considered with the information that around 60% of the people who responded to the PNA survey in Stockton already visit a pharmacy in person once a month and another 10% visit at least four times a year.

In response to the question “What do you usually go to the pharmacy for?” for which multiple options could be chosen,

Table 24 shows that 92% of the individuals usually visit to get a prescription dispensed.

Answer Options	A prescription	A service they provide	Advice	Something else
For you	92%	15%	8%	2%

Table 24. 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, 76% (similar to the 69% in 2014) reported that they would visit a pharmacy before they went to A&E, a walk-in centre, or their GP. Asked what they would do if:

“a pharmacist gave you advice on a minor health problem, but the pharmacy medicine were too expensive to buy”;

- 32% said they would do without treatment
- 71% said they would go to their GP and
- 4% said they would go to A&E.

Importantly, 20% reported that this situation had happened to them before which compares unfavorably with the 10% that this had happened to in the reporting of the 2014 survey. It does suggest that this is a real phenomenon.

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 (nor otherwise locally funded) 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.

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.

Just under half of the respondents indicated that they didn’t usually pay for their prescriptions, which is the group who would most benefit from such a

'free at the point of care self-care medicines' service. However, there are indications that pharmacists also have difficult conversations with those who pay for their prescriptions who are also sometimes struggling to afford the charges.

With the planned introduction in December 2018 of the pilot Community Pharmacy Referral Service (CPRS) in the NHS England north east area, integrated urgent care for low acuity conditions by appropriate referral to pharmacy by NHS 111, will be established. Evidence suggests that there is potential to provide improvement or better access to the support provided to patients in the borough to manage low acuity conditions or minor illnesses. A recent publication indicates which minor ailments may be appropriate to be directed for management within community pharmacy. (Nazar H N. Z., 2018).

The study reported that approximately 35,000 patients (11.5% of total) could have been shifted away from the higher cost settings in the North East region alone during February-August 2016. This shift may be particularly possible in Stockton-on-Tees where levels of deprivation impact significantly on individuals' ability to look after their own health and well-being.

It is good to note that 95% of those residents who replied (106) reported that it was extremely easy (56%) or quite easy (further 39%) for them to visit a pharmacy when they needed to. Overall 95% expressed no difficulty in access and these proportions are very similar to those reported in 2014. That is not to ignore the 6 individuals who found it quite difficult. These are very small but reasons were related to their disability, their working hours or transport problems. It is pleasing to note that no-one found it difficult to visit a pharmacy because they don't know where they are.

This correlates well with a study published by University of Durham (Todd, 2014), which found that overall, 89% of the population of England was found to have access to a community pharmacy within a 20 minute walk; in urban areas like much of Stockton-on-Tees this increased to 98%. 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 the authors' claim that this makes pharmacies ideally placed to play a vital role in tackling major public health concerns such as obesity and smoking. These 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.

In response to the question '**How would you rate the pharmacy or pharmacies that you have used or usually use**'? 80% of the Stockton-on-Tees respondents rated their pharmacy as excellent (46%) or good (34%), around 5% were less satisfied.

When asked:

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

Three quarters indicated that they were happy with current opening times and the second most frequently recorded comment (26%) 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.

A very high 79% of respondents (increased from 67% in 2014) were already aware that pharmacies can offer free advice on healthy lifestyle choices. Around 90% of Stockton pharmacies are now HLPs, however 86% of patients didn't know if their pharmacy was one or not. This may say something about HLP branding. Only 61% thought that their pharmacy was part of the NHS logo (much bigger brand (NHS) identity not working here).

Most of the 106 respondents always (32%) or usually (60%) use the same pharmacy. This means that 9 out every 10 people in Stockton-on-Tees know the pharmacy service that they usually use and will have the opportunity to build a mutual clinical and community relationship with the pharmacy staff there. This use of a 'usual' pharmacy may be related to the fact that more than half showed that they now have their prescriptions sent electronically to their pharmacy.

It is positive to note that 90% of responses stated they were happy with confidentiality and consent in their pharmacy, and a similar number knew that they could ask to use the private consultation facility at any time. A great majority felt comfortable about asking about health problems in a pharmacy and more than 90% felt staff in their pharmacy were helpful.

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?

Services with the greatest interest were the same as in 2014; a 'Pharmacy First service and Healthy Heart Checks – both with interest over 50%.

It is of interest that in 2008, to support the development of the pharmacy White Paper, 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 Healthy Heart check or 'Pharmacy First' minor ailments service were the most useful new services that could be provided by pharmacies
- Suggestions made by patients/public in the engagement exercise will be shared regarding how to get more information about pharmacy services
- It is important to note that one fifth of respondents had experienced a situation in which the medicines they were offered following such self-care advice from a pharmacy were too expensive to buy and one third would consider doing without that medicine as a result. Where they did need the pharmacy medicine that they could not afford, the majority would seek a second healthcare consultation (most likely a GP appointment).

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 as the format of the return is 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 at a national level to make best use of the information that could be available to support evaluation of pharmacy services.

8.6 Results of stakeholder surveys

Despite extensive circulation of the link to the survey there was no response to the stakeholder survey for 2017. It is possible that stakeholders circulated did not have a view on pharmacy services at this point.

8.6.1 Current providers views on current provision

As part of the 2015 community pharmacy PNA data collection, community pharmacy providers were asked to indicate service priorities for future commissioning from their experiences providing pharmaceutical services in

the area on a day-to-day basis. There was a high rate of completion of this 'free text' entry (i.e., not driven by 'tick box' list).

This question was repeated in 2017; pharmacies were asked to indicate their top three priorities for services not already commissioned from pharmacy contractors in their area. In both surveys, the potential new service most frequently identified by contractors as the highest priority for commissioning to provide improvement or better access for their reliant population was a 'Pharmacy First' or minor ailments scheme. In 2017, 40% (36) of responding pharmacies cited this as one of their 'top three' priorities for commissioning to provide improvement or better access for the local population with five out of six placing this as their first priority.

Qualitative comments about need for a minor ailments service include:

"A large proportion of our patients are on low income. A minor ailment scheme would be extremely beneficial in our area for patients to afford basic minor ailment treatment without the need to visit a GP for a free prescription."

"The above services would support the local health needs for Stockton-on-Tees and provide easy access to these services with the store being in a central location. Free access to these services would support poverty in the region."

"Minor ailments scheme - reduce the number of unnecessary surgery consultations"

"Minor ailments as often asked as other local areas provide."

"Minor ailments scheme, a high population of patients with low income would benefit from this"

8.6.2 Consultation Response

Notification of commencement of the consultation period for the Stockton-on-Tees HWB draft PNA was sent by email on 22nd November 2017 with a closing date set for 21st January 2018 to ensure that all statutory consultees had at least 60 days to be able to respond.

The framework of questions for consultees to provide their feedback on the draft PNA is included with the HWB responses to that feedback in Appendix 3. It shows these questions with a tabulated or graphical summary of the dichotomous 'Yes/No' answers and largely verbatim accounts of any free-text comments.

There were eight¹⁶ responses received via the online consultation form, plus 1 written response from NHS England. Those who replied to the respective questions indicated that

- the purpose of the (draft) PNA was explained (88%); one individual disagreed

¹⁶ N.B There were fourteen responses to the PNA public consultation in 2015

- the (draft) PNA accurately described the range of pharmaceutical services available in Hartlepool (88% agreed; one was unsure)
- the PNA adequately reflects local pharmaceutical needs (63%; though a quarter of respondents (n=2) were unsure).

The great majority (86%) thought that the PNA described all the services that it should and most were unaware of any other services in Stockton-on-Tees that were not described in the PNA.

Three quarters of respondents (75%) thought that the process followed in developing the PNA was appropriate; 25% were unsure rather than did not agree. Where consultees noted 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.

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 residents' health and to improve the health of the poorest fastest”. The Vision is to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities at 16 and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Priorities are to reduce local health inequalities, address and reduce early deaths from cancer, heart and respiratory diseases, and 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. The HWB Strategy is due for update in 2018.

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 could only be addressed by an application likely to be able to open within the timeframe of the application process (18 months to two years from commencing the application).

9.2.1 Housing development and changes in social traffic

The Strategic Housing Availability Assessment (incorporating five-year housing supply assessment) prepared by Stockton-on-Tees Borough Council (2017) includes anticipated delivery of sites within planning permission and those proposed for allocation within the emerging Local Plan. This phasing information covers a 15-year period to 2032. In the next 5-year period (2017/18 to 2021/22) trajectory information anticipates that there may be circa 4,600 (net) dwellings delivered.

The most significant of these to have regard to for the PNA are below (figures quoted are anticipated delivery in the 5-year period¹⁷ at these sites):

- Eaglescliffe - 230 (Urley Nook Road & West Acres)
- Ingleby Barwick - 620 (Village 6 & Little Maltby Farm)
- Stockton - 1300 (Various sites including Visqueen, Norton Park, Parkfield & Mill Lane, North Shore, Queens Park North, South of Junction Road & West Stockton Strategic Urban Extension)
- Thornaby - 100 (Land South Of Cayton Drive & Navigation Way)
- Yarm - 950 (Morely Carr Farm, sites on Green Lane & Mount Leven)
- Wynyard - 480 (Wynard Park & Wynyard Village)

The PNA should also have regard to potential for demolitions and other losses to the existing housing stock of the Borough. There are limited demolitions anticipated across the Borough in the coming years and the demolition of premises at Victoria estate (254) is now complete (this took place since the last PNA and with up to 100 elsewhere offsets some of the new households in the 'Stockton' area in the last 3 years.

These projected changes follow changes in the last 3 years. The total increase in population in Stockton was 2398 in this last three years – but some of this is natural growth as well as some potential increase from new households in an area. Table 25 shows that numbers of household changes

¹⁷ note that 5 years is longer than planning for future needs of the PNA

were greatest in 2016-17. The net additional dwellings includes demolitions and other losses.

Year	Gross Additional Dwellings	Net Additional Dwellings
2014/15	548	441
2015/16	492	364
2016/17	1040	924

Table 25. Gross and net additional dwellings Stockton-on-Tees 2014-2017

Of the 2089 gross additional dwellings, the location of dwellings based on sites above 10 dwellings accounts for 1860 of these. These are nominally¹⁸ distributed as follows:

S1: Yarm and Area

- Eaglescliffe - 3.3% (62)
- Ingleby Barwick - 18.4% (342)
- Yarm - 8.4% (156)

S2: Stockton Parishes

- Wynyard - 2.7 (50)
- Rural - 0.3% (6)

S3: Norton and Billingham

- Billingham - 2.6% (49)

S4: Stockton and Thornaby

- Stockton - 48.7% (905)
- Thornaby - 15.6% (290)

The greatest increase in household numbers was in the S4 locality which has the greatest number of pharmacies, including those open 100 hours a week which will be able to accommodate any small increased need as a consequence.

9.2.2 Health care and GP practice estate

A general practice facility previously located in Hardwick closed in September 2017 despite the assured efforts of HAST CCG to secure a replacement provider. We are not aware of any other developments of note in relation to healthcare estate or 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

¹⁸ Not allocated by ward

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 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.

We are not aware of any other developments of note in relation to healthcare estate and have not been advised of any firm plans for changes in the overall 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 at this stage.

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;
- in other parts of the north east, community pharmacies have been successfully providing high quality, clinical pharmacist-led anti-coagulant monitoring clinics, including domicillary visits, for many years.
- 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?

Long-term conditions: people who manage their own health, wellbeing and care have both a better experience of care and a reduced demand for high-intensity acute services (NHS England, 2016). 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 people have low levels of knowledge, skills and confidence to manage their health and wellbeing and most 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. Patients will better self-manage with improved information and advice **supporting health literacy**.

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**¹⁹ 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.

As the population ages, and the number of ill-health conditions they experience increases, the potential need for **domiciliary clinical services** (not just non-NHS delivery services) will need to be considered, as this may be better use of commissioning resource where proximity to a pharmacy is a potential impediment. The enhanced access to clinical pharmacists (including prescribing) in general practices and the future scale shift in pharmacist teams supporting better management of medicines in care homes will support this.

There are examples of valuable patient-facing services already provided by the existing CCG commissioned medicines management services, for example:

¹⁹ This is because pharmacy is required to complete a series of checks with the patient before each (often monthly) supply is made to the patient.

- 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.

In other parts of the north east, community pharmacies have been successfully providing high quality, clinical pharmacist-led anti-coagulant monitoring clinics, including domiciliary visits, for many years.

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. This includes the local Transfer of Care (Nazar H, 2016) initiative using hospital pharmacy staff to communicate information about **medicines at discharge** to a patients' community pharmacy, highlighting opportunities for follow-up pharmaceutical interventions in support.

To **promote health and wellbeing**, 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 still need most help to stop smoking, lose weight and improve dietary choices, reduce alcohol consumption and substance misuse and reduce sexual activity that risks pregnancy and sexually transmitted infections. Uptake of **screening services** and early awareness of cancer could be improved with high quality and targeted support in a wider range of areas. Healthy Living Pharmacies are ideally placed to support this and other initiatives. As well as support directly provided in pharmacies people 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 public **health protection 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 Healthy Start Vitamins service will increase accessibility for these products in pregnancy and early years.

Pharmacy access to supportive professional advice in managing low acuity conditions could help provide the added value of repeatedly re-educating the population and **changing behaviours in respect of 'choosing well'** for their health care support. Access to GP services and, in particular, the ease of making an appointment, is a key measure of patient experience. It affects the wider healthcare system because patients who find it difficult to access GP services may seek care through emergency services inappropriately (Primary Care Commissioning, NHS England, 2017). If patients don't need an appointment with a GP or nurse, patients should choose self-care, with the support of a pharmacy if needed. It is important to avoid the potential for a two-tier pathway for self-care; one for those who can pay for any necessary medicines and another for 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, (such as the free supply of Healthy Start Vitamins or support for self-care of **children's low acuity conditions**) may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed and family management of diet and exercise to address childhood obesity. Promotion of better oral health would also be of value where 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.

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 is well used. Contractual issues should not impact on the ability of pharmacy to offer the best advice and support for services i.e., timely re-stocking of chlamydia test kits in pharmacy is an important commissioner-led responsibility. The differential between rates of EHC consultations and rates of chlamydia test/registration for the C-Card scheme, suggest that better use could be made of opportunities to close an EHC consultation with the offer of a chlamydia test and registration for the C-Card scheme, where eligible. Age eligibility for some services may restrict use and testing rates might improve via pharmacies if there was a treatment option to return to that same pharmacy, where a relationship has been established, after a positive test.

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, counselling and contraception advice could also be provided through pharmacies as a stand-alone pharmaceutical enhanced service.

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. Part of the 2017-18 national pharmacy Quality Payments Scheme, and HLP development, is for staff to become 'dementia friends'. Supervision and compliance support can be extended to mental health issues other than addiction and opportunities for early identification (mental health first aid) and signposting into talking therapies, or even provision, could be explored. A feasibility and pilot study currently underway in the north east called the Community Pharmacies Mood Intervention Study or 'CHeMIST', aims to evaluate the delivery of brief psychological support via community pharmacies

to people living with long-term health conditions who will be at an increased risk of developing depression.

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.

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 at the end of life. The continued availability of local arrangements to improve the patient/carer experience in accessing dispensed medicines at the end of life is key.

There are great opportunities to improve the involvement of clinical pharmaceutical services at various stages of **urgent care** that currently absorb the time of these services unnecessarily, e.g., pharmacist telephone support for 111 services, direct referral to a pharmacy for advice and support for low acuity conditions and an NHS commissioned service to permit the 'Emergency Supply' of medicines under existing legislation, but made free at the expense of the NHS (or covered by prescription equivalent charge) at the point of supply. Some of these improvements are being pilot tested locally (CPRS) and nationally (NUMSAS) as the PNA is prepared but longer term availability is unknown.

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.

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.

People who manage their own health, wellbeing and care both have a better experience of care and a reduced demand for high-intensity acute services. However, 40% of people have low levels of knowledge, skills and confidence to manage their health and wellbeing. The health and care system can do much more to support people to make better informed choices and to be more active in managing their own health, wellbeing and care. This includes avoiding constraints on patient access to a pharmacy because of a lack of knowledge of service availability.

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 the 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 e.g., [Billingham West], [Norton West] and [Fairfield] and [Hartburn] wards.

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 (e.g., the population in [Hardwick and Salters Lane] and [Newtown] wards), with 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 Shaping the future: 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 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 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 of all localities.

Responses to the patient survey contribute in part to the evidence for this i.e. that the majority of the Stockton-on-Tees respondents stated that it was easy to visit a pharmacy and that they could find a pharmacy open when they needed one. The pattern of opening hours is therefore necessary 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 9am 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.

This includes consideration of HAST CCG provision of GP Extended Access. From 1 April 2017 there is population based (not practice based) extended access from three hubs, one in Hartlepool and two in Stockton. In Stockton, services from the Tennant Street Practice (TS18 8RH) and Woodbridge Medical practice at Thornaby Health Centre TS17 0EE are provided between 6.30pm and 8.00pm Monday to Friday, and 10.00am to 1.00pm and 2.00pm to 5.00pm on Saturday, 11.00 pm to 1.00pm and 2.00pm to 4.00pm on Sunday. The evening and weekend appointments are available to everyone registered with a GP in Hartlepool and Stockton-on-Tees and patients can book an appointment by calling their GP practice or NHS 111. All appointments are bookable two weeks in advance; same-day appointments will be bookable through NHS111. Service provision, access and availability will be evaluated in October 2017 to evidence and inform future commissioning options.

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 might 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, particularly with the existing foundation of both premises and a ready workforce in Healthy Living pharmacies; there is a greater opportunity cost of not maximizing the potential of these services.

NHS Repeat dispensing is also an underutilized service; levels of usage have been both low, and static, for some time.

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. Virtually all of these will be dispensed in Stockton-on-Tees pharmacies. 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. One pharmacy in [Fairfield] ward is eligible for the Pharmacy Access Payment until March 2018.

Taking into account potential future needs, there is no identified need for any additional provider in this locality. Existing providers will be able to accommodate any new demands arising from the new households in this locality and other localities nearby, offering choice of provider and services.

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 pharmacy therefore provides improved access and additional choice to patients/public in locality S2: Stockton Parishes. The pharmacy is eligible for the Pharmacy Access Payment until March 2018.

It is acknowledged that the small populations of Locality S2: Stockton Parishes, may still require transport to be able to access the choice of 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 community pharmacy provider now 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. **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 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. An 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.

There are two pharmacies in this locality eligible for the Pharmacy Access Payment until March 2018, both in supermarket locations in the suburbs or retaining areas.

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.

11.3.1.3 New Medicines Service (NMS)

Uptake of the NMS service seems to indicate that existing pharmacy contractors are engaged with the service and seeking opportunities to provide the service to meet the pharmaceutical needs of patients starting a new medicine. No gap in provision has been identified and there is no reason to suggest that any likely future needs cannot be met by existing contractors. Further **improvement or better access** to these NMS services might be afforded by:

- Improving patients' knowledge about NMS
- Improving the selection of patients for NMSs
- Involving secondary care colleagues, CCGs/GPs in the plans to improve pathways, particularly on discharge from hospital, and increase the opportunities use/target NMS

11.3.1.4 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 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 include weekday evenings, Saturdays and Sundays in some premises, will contribute to the 'convenience and choice' that patient feedback reports.

11.3.1.5 NUMSAS – emergency supply via NHS111

It is too early to understand the impact of this pilot service but preliminary conversations suggest that patients will experience improvement or better access to medicines via the service. This supports additional interventions with patients who manage their repeat medication in a chaotic way to bring about more sustainable improvements.

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 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 Stockton-on-Tees. 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 Stockton-on-Tees will be unable to meet the likely future need for this service.

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 (including young women) 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. The commissioner has already made good use of the opportunity to commission EHC from a large number of pharmacies, including the 100 hour pharmacy providers. The aim should be for almost all pharmacies to be in a position to offer EHC most of the time. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this.

11.5.1.2 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. The introduction of a PGD service for varenicline in community pharmacy could also offer **improvement or better access** in the near future to provide greater capacity.

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 a 100 hour pharmacy provider in Locality S3: Norton and Billingham should this be in line with the specific needs assessment regularly undertaken by the specialist commissioner.

11.5.1.4 Stop smoking Service

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.

The introduction of a PGD service for varenicline in community pharmacy could also offer **improvement or better access** to provide choice and greater capacity.

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 indications are that there has been a substantial increase in the number of vitamin supplies made compared with the previous service model. Commissioners need to respond to contractual changes required as a result of a change in national guidance. **No gap** is identified providing contractual responsiveness is maintained.

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 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.

As described in section 8.4 there are situations where medicines are needed more quickly including care at the end of life. 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 6.30pm 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. However, there are missed opportunities to provide further **improvement or better urgent access** by commissioning the service from pharmacies open 100 hours per week in either S1: Yarm and Area or in the S3: Norton and Billingham locality, or both, which would be particularly useful for a service such as this. 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.

11.5.1.8 C-card service

Teenage pregnancy rates suggest that there is a public health need for support services beyond EHC for young sexually active women who are at risk of pregnancy and for prevention of STIs. Having regard to the current level of provision available from pharmacy there is **not** considered to be a **gap** in provision. However, activity is low and should be improved if this '**other relevant service**' is to provide **improvement or better access** in accordance with current and likely future needs.

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 Management of low acuity conditions via community pharmacy

The NHS 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). There is substantial national support for making better use of community pharmacy to support pathways of care via the Urgent Care service. In 2016, NHS England indicated that it would test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy. The CPRS pilot service is currently operational, and this will develop an evidence-

based, clinical and cost-effective approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust.

Many other areas in the north east and England operate a service via community pharmacy to support patients with low acuity conditions, particularly in areas where social deprivation and real poverty are apparent. 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 type, a patient either self-refers or is referred (for example by a general practice, or NHS111) for a consultation with a pharmacist on specific minor ailments or low acuity conditions. The first requirement here is for clinical advice, and many patients benefit from advice which requires no further action.

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. 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 S4 locality, 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 and steps are being taken to avoid the expense of prescribing medicines available more inexpensively from a pharmacy.

In the absence of a commissioned service, 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, or Urgent Care, and then a pharmacy again to dispense a prescription, or perhaps leave a condition untreated. A service which better manages suitable low acuity conditions via pharmacy avoids the need for vulnerable groups to make an appointment with a GP, either their own or via Extended Hours or Urgent Care services, or worse, attend A&E, just to access such medicines for free. The patient survey for the PNA, although not a representative sample, did again indicate that

financial constraints had sometimes required them to use a GP/A&E unnecessarily.

If the intent is to manage care in the right place, and closer to home, it also makes better use of professional time if pharmacists are able to be responsible for managing minor conditions and leaving general practices, including Extended Access facilities, to deal with more appropriate conditions, including those triaged by the pharmacy service and offered an enhanced referral into general practice if required. To avoid the misuse of such services they must be carefully specified, monitored, maintained and managed by the commissioner if they are to provide best value. Electronic management systems and access to clinical support services such as NICE Clinical Knowledge Summaries and the Summary Care Record in the pharmacy create a very different service environment to that in place in the past.

In the current climate, it is now considered that a 'Pharmacy First', or similar service would provide substantial improvement or better access to equitable pharmaceutical self-care in Stockton-on-Tees for at least some conditions or circumstances and where the needs of the population are greatest. Offering choice to all could 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 the draft document in 2015, there was no commissioned service in pharmacies so this was identified as a current gap in provision in this 'other relevant service'²⁰. A short pilot 'Seasonal Ailments Service' was in operation (commissioned by HAST CCG) at the time of the final PNA which ended in 2015. For the PNA of 2018 this assessment is complicated by pilot provision again with CPRS.

There is considerable potential to provide **improvement or better access** to the support provided to patients in the Borough to manage low acuity conditions or minor illnesses. A recent publication indicates which minor ailments may be appropriate to be directed for management within community pharmacy. (Nazar H N. Z., 2018). The study reported that approximately 35,000 patients (11.5% of total) could have been shifted away from the higher cost settings in the North East region alone during February-August 2016. This shift may be particularly possible in Stockton-on-Tees where levels of deprivation impact significantly on individuals' ability to look after their own health and wellbeing.

Where there is no service to support this, a **current gap** in provision in this 'other relevant service' is identified. Meeting this potential gap would not require any new pharmacy premises, but some form of commissioned service whose scope may be determined for at least some conditions, on some days or times and at some locations in Stockton-on-Tees, particularly for those of the population whose needs are greatest or most urgent and where those

²⁰ **Other relevant services:** although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless would secure **improvement to, or better access** to such provision

needs could be justifiably managed by community pharmacy. The assessment is complicated by conflicting views and services e.g.

- in 2016, NHS England stated that “minor ailments services are already commissioned by clinical commissioning groups (CCGs) across many parts of the country and ultimately NHS England will encourage all CCGs to adopt this joined-up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale” (NHS England, 2016).
- a systematic review published in the British Journal of General Practice in 2013 reported *‘symptom resolution rates, re-consultation rates, and costs suggested that pharmacy-based minor ailment schemes provided a suitable alternative to general practice consultations’* (Paudyal V, 2013)
- HAST CCG Operational Plan 2016 includes a statement to “review current service provision for minor ailments”. This overlapped in time with NHS England reported intent to “test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy” (NHS England, 2016).
- consultation feedback for the PNA clearly indicates that HAST CCG do not consider that a locally commissioned service for community pharmacy support of low acuity conditions is necessary (see Appendix 3). The draft PNA suggested there was potential for improvement or better access to services to support self-care of minor ailments via a locally commissioned service in Stockton-on-Tees
- testing of a ‘Community Pharmacy Referral Service’ (from NHS111) began in the north east (commissioned by NHS England) in December 2018; future availability of this particular ‘other relevant service’ will depend on commissioning decisions made once the outcome of the service test is known; evaluation may support further understanding of local issues involved in the implementation of such a scheme.
- any new information which is published as a consequence of the CPRS pilot service, or the availability of OTC medicines on prescription which may affect the assessment of **current or future need** in the PNA will need to be considered at that point.

11.6.2 Anticoagulant monitoring service

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

Tees. However, as the population ages, consideration of likely future needs might evaluate how a pharmacist-led service might provide improvement or better access to support the needs of this sector of the population.

11.6.3 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 by 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. NHS England is also currently determining extra support for managing medicines in care homes with pharmacists and technical staff. There is **no identified gap** in local provision via community pharmacy subject to consideration by NHS England of likely future needs. It is noted that NHS provision is supplemented to various degrees by the private or commercial (non-NHS funded services) offered by many community pharmacies.

11.6.4 Disease specific medicines management service

Having regard to current NHS provision to support patients with long-term conditions it is considered that the pharmaceutical needs of patients are broadly met. However, from an evaluation of likely future needs, particularly with the numbers of patients with LLTI in Stockton-on-Tees, it is considered that there could be substantial **improvement or better access** to pharmaceutical services to support the management of patients with specific disease conditions, should commissioners elect to commission in the future.

Initially, better use should be made of opportunities to support these groups of patients through advanced services. Several evidence-based reviews of the potential contribution pharmaceutical services can and do make to the management of long-term conditions may support future commissioning strategies.

11.6.5 Gluten-free (GF) food supply service

Gluten free foods are currently available to be prescribed via NHS prescription, for people suffering from established gluten sensitive enteropathies, which include coeliac disease. In 2017, continuation of GF food on prescription was the subject of a national consultation; the final response was published in January 2018 (Department of Health, 2018).

Many CCGs had already made changes to local prescribing formularies and restricted or ended supply of GF food. This regional variation lead to inequality of access. From the consultation:

- Coeliac Disease (CD) is a disease state; food is like a medicine for those patients; adherence to a GF diet is the only way of managing the condition and preventing further ill health related to CD.
- cost to purchase GF food from retail outlets is more expensive than non-formulated GF food, especially for bread products

- following a GF diet can be financially burdensome on low income families, especially those with more than one coeliac patient in the household.
- availability of GF foods is not always consistent and many smaller/local shops do not always stock a range of GF food. GF food is not routinely available in food banks or budget supermarkets. For patients/parents/carers that rely on food banks, they will need to select foods that are naturally GF such as meat, fish, rice, fruit and vegetables to ensure they adhere to a GF diet.
- prescribing is inefficient and viewed as a waste of GP time.

Many patients do elect to buy products but for those vulnerable groups constrained by income, transport or access (such as those in rural areas), a prescribed product would make recommended quantities available free. The Government has decided to restrict, but not completely withdraw, GF prescriptions for certain foods. This would deliver savings to the NHS and help mitigate the risk that those on lower incomes would not be able to purchase their own GF foods from retail outlets where price is often higher and availability more limited.

Some CCGs in the UK have commissioned community pharmacy vouchers schemes to support access to gluten free foods and these were considered as part of the consultation. The use of formularies and recommended quantities via a pharmacy-led service may improve cost-effective management of these specific products, saving general practice time, providing patients with accessible and timely supply, choice and convenience of not having to access a prescription.

The outcome of the national consultation is that GF foods will still be available on prescription, (i.e. there is a necessary pharmaceutical need, but products will be restricted. Where national guidance is followed locally, it not considered that a locally commissioned community pharmacy service is required. The enhanced service specification remains in legislation should an alternative supply pathway be considered in the future.

11.6.6 Home delivery service

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

An unintended consequences of this, is the tendency towards applications for new pharmacies to suggest that current provision of pharmaceutical services is somehow lacking if patients with a protected characteristic are required to walk more than one mile to the nearest pharmacy. This is not sustainable across the whole community pharmacy network and better ways of supporting those most needing help, and specialist services incorporating a combination of domiciliary pharmaceutical services and home delivery of medicines would be worthy of investigation, and possible investment.

Pharmacies are required only to take reasonable care to ensure that the process for closure of the NHS dispensing process (including patient counselling) is complete, even if a non-NHS delivery service completes that transaction.

11.6.7 Alcohol brief intervention service

Whilst the essential services of the PhS contract provide for brief interventions to be made on public health issues, there is no requirement to target particular groups of patients, provide a specific intervention or action, or to record or provide feedback to commissioners or patients on these interventions. Given the rates of hospitalization due to alcohol in the Stockton-on-Tees area and culture of binge drinking, particularly amongst young people, an alcohol brief intervention service delivered in a community pharmacy setting could be considered to provide **improvement or better** access to such an intervention for the population of the Borough. This is a common intervention made by HLPs but quantification of provision is not fully available.

11.6.8 Language access service

A language access service offering face-to-face and telephone translation and interpreting services is available 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.

11.6.9 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.

11.6.10 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 to 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 a 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 any agencies elect to commission for service improvement.

11.6.11 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 necessary pharmaceutical service.²¹

11.6.12 Patient Group Direction Service (other than EHC)

PGDs are already used to facilitate access to EHC in community pharmacy and for the NHS flu vaccination service. 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.

11.6.13 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.

²¹ For completeness, it is noted that the commissioned 'Extended hours – Bank Holiday (directed) enhanced service for community pharmacy 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.

Significantly increased availability of support to and within general practices is being made available by NHS England through the GP Forward View programme of clinical pharmacists in practice. 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.

11.6.14 Schools service

Schools have certain responsibilities in relation to medicines that would benefit from pharmaceutical advice. There are pending changes to the School Nursing Service 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.

11.6.15 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. Public Health England are supportive of reviewing the potential for this service to be made available from community pharmacy and the infrastructure is now more readily available than it was when previous pilot schemes were attempted locally.

11.6.16 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 Check/diabetes screening. Cost-effectiveness and ability to target areas of current poorest uptake might influence likely future needs.

11.6.17 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.

12.0 Conclusions

The Statement of Pharmaceutical Need (section 11) presents the main conclusions from this assessment. The conclusions of the Executive Summary present a more specific view, by pharmaceutical service, than is presented here in this section hence they should be read together.

There has been little change in the Pharmaceutical List in the Stockton-on-Tees HWB area since the last PNA with just one new distance-selling pharmacy opening in the last 3 years. Taking into account all the data provided, presented and considered on the health, wellbeing and associated pharmaceutical needs of the Stockton-on-Tees area and the availability and variety of pharmaceutical services, the Needs Assessment has identified necessary pharmaceutical services and the current provision thereof and found there to be **no gap** in terms of numbers of pharmacy contractor, dispensing doctor or appliance contractor premises or outlets, and their general location, including the days on which and hours at which the services are provided. Pharmacy services are generally considered to be well located and very easy to access.

The HWB considers that there is sufficient choice of both provider and services available to the resident and reliant population of all localities of Stockton-on-Tees to meet current needs and likely future needs for these necessary pharmaceutical services.

All the current needs and likely future needs for these necessary services are met by contractors and services provided within the HWB area, although providers outside the HWB contribute by providing improvement or better access to some pharmaceutical services such as the dispensing of some prescriptions for appliances, and the dispensing of a small percentage of routine prescriptions, for convenience or choice, either by distance selling or otherwise.

Some of the current and likely future needs for these necessary pharmaceutical services are partly met by services which are provided by others than pharmacy or appliance contractors, which the HWB have had regard to in completing this assessment.

Some of the current and likely future needs for these necessary pharmaceutical services are met by services which are commissioned locally by NHS, or other commissioners, other than NHS England, which the HWB have had regard to in completing this assessment.

An exception is the support for patients in their management of low acuity conditions. This is currently described as an 'other relevant service' i.e. not a necessary pharmaceutical service but one which may provide substantial improvement or better access to pharmaceutical self-care for at least some minor conditions for at least some of the population, in the absence of equitable alternative arrangements. The regional CPRS (pilot) service began during the consultation period, and is scheduled to continue until March 2018.

It is more difficult to assess the current or likely future need, for a local service to support self-care and management of minor ailments in this context.

A national consultation on the availability on prescription of some medicines that support self-care may contribute further to evidence and debate. The impact on patients' choice and pathway to care will be explored. However, in the context of national service provision and some published evidence, it is difficult to justify the stance that a carefully constructed, locally commissioned service in community pharmacy could offer no improvement or better access to current pharmaceutical care (as services) for the population of Stockton-on-Tees. It is nevertheless for commissioners to decide how they allocate their resources.

A considerable range of other relevant services have also been identified. These are services which are not necessary to meet the need for pharmaceutical services in the Stockton-on-Tees area but nevertheless secure improvement to, or better access to, pharmaceutical services in the area. Some of these other relevant services are provided currently and for others, improvements can be made to support better access to pharmaceutical services now, others might be commissioned in the future.

Some of the current and likely future needs for these other relevant services are wholly or partly met by services as follows which the HWB have had regard to in completing this assessment:

- those services provided by others than pharmacy or appliance contractors
- those services commissioned locally by NHS, or other commissioners, other than NHS England and
- those services offered by providers outside of the HWB area

There are some additional broad conclusions that should also be acknowledged arising from this assessment.

1. Given the extensive opening times and access to the care available from a pharmacy from substantially more locations and for substantially more hours than general practices in the area, the opportunity to use this accessibility to support patients beyond the availability of a service to dispense prescriptions is considerable. The pilot NUMSAS service does make use of this in the out of hours period and the CPRS service does have the potential to support patients with low acuity conditions when GP access is not available, either by virtue of location or opening hours, or both.
2. Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that

pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.

3. To better enable the content of the PNA to 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, it may be helpful to produce an easy read guide to the PNA in due course.
4. 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.
5. As part of the above, opportunities may be sought to increase understanding of patient experience of local pharmaceutical services and obtain further qualitative information. Activity to seek more detailed understanding of the views and experiences of patients, carers and their representatives, including those with protected characteristics, will continue after the PNA is published as part of on-going maintenance and wider quality management and enhancement of pharmaceutical and related services.
6. Public and professional access to accurate and timely information on pharmacy opening hours, services and location could be improved. Consideration may be given to how this may be achieved without undue reliance on the internet or local newspapers, to ensure that all the population, including those with a protected characteristic, may benefit. Suggestions from the patient survey for the PNA may be further evaluated and shared.
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 and are being implemented locally.
8. The on-going potential for improvements in delivering public health messages and or services through Healthy Living Pharmacies should be maximised.
9. 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.

13.0 Acknowledgements

Members of the PNA Steering and Working groups wish to acknowledge the contribution made by all of those who have been involved with the development of this PNA.

14.0 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
CPRS	Community Pharmacy Referral Service
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
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
POM	Pharmacy only Medicine
PALs	Patient Advice and Liaison Service
PCT	Primary Care Trust
PhAS	Pharmacy Access Payment
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
PWID	People who inject drugs
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TVPHSS	Tees Valley Public Health Shared Service
TVU	Tees Valley Unlimited

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- APPENDIX 2. Consultation and Engagement Plan
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- APPENDIX 6. Distances between pharmacies in the Stockton-on-Tees area.
- APPENDIX 7. The Pharmaceutical List (pharmacies) in Stockton-on-Tees HWB area, showing Core, Supplementary and Opening Hours.
- APPENDIX 8. Maps of location of pharmacies and GP practices as referred to in the PNA.

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