

**NORTHUMBERLAND**

Northumberland County Council

**Pharmaceutical Needs  
Assessment  
February 2018**

# Foreword

This document should not be viewed as merely an update to the 2015 Pharmacy Needs Assessment, but as an opportunity to stock take what community pharmacy does for our population now, and more importantly what it could do in the future. We know that our NHS services are stretched, and yet we have here an underused clinical workforce which could help reduce the burden, if we use our commissioning powers imaginatively.

Therefore I ask you to read this document with minds open to new possibilities, of how we can best use this workforce to improve the health of our population.

Councillor Dodd

Chairman of the Health and Wellbeing Board

# Acknowledgements

I am very grateful to the Steering Committee for providing guidance and assistance in the production of this document. Particular thanks go to Ann Gunning at the Local Pharmaceutical Committee for help with the questionnaire and data on locally commissioned services. I must thank lots of people at the CCG for their patience as I badgered about the changes which were going to happen to primary care services. The positive forward vision for clinical services would not have happened had it not been for the team at Northumbria Healthcare Trust under their Chief Pharmacist, David Campbell, who shared their very positive vision of what community pharmacy could be if we are prepared to grasp the opportunities that are already here.

The Public Health team provided expert guidance on health needs and thanks must also go to Pam Forster for her analytical support and to Ian Humphreys for his patience in creating all of the maps.

# Executive summary

## Introduction

The purpose of this document is twofold;

- To determine if there are sufficient community pharmacies to meet the needs of the population of Northumberland
- To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments to Health and Wellbeing Boards. A PNA describes the population's health needs and the pharmaceutical services which exist, or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies.

Through the Joint Strategic Health Needs Assessment (JSNA), the council and the Clinical Commissioning Group (CCG) identify the population's health needs. Services are commissioned from pharmacies to address these needs. NHS England will use the PNA to decide if applications for new pharmacies are necessary to meet such needs or to provide commissioned services.

## Pharmaceutical needs assessment process

Population health needs across Northumberland were identified in the JSNA and Northumberland Clinical Commissioning Group's Five year plan.

Health needs in Northumberland which can be addressed by pharmacies were considered in more detail. This included those needs that can be met through the core pharmacy contract with NHS England for services such as dispensing prescriptions, treatment of minor ailments and medicines advice. Other health needs that can be met through commissioned services, where community pharmacies might be one of a range of providers, were also considered. Extended GP opening hours and new pharmacy services were also considered.

The formal consultation on the draft PNA ran from November 29<sup>th</sup> 2017 to January 31<sup>st</sup> 2018 in line with the guidance on developing PNAs and section 242 of the NHS Act 2006. A report on the consultation is attached in appendix 6.

**Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. The Council considers that the network of extended hour pharmacies are essential to meet patients' needs by widening access to pharmaceutical services outside core hours when other pharmacies are closed. There is scope to consider some pharmacy mergers in market towns.**

## Identified health needs

Northumberland is geographically diverse, including large, sparsely populated areas, some affluent market towns and some post-industrial areas. The majority of the most deprived communities are in Blyth Valley and Wansbeck, although there are pockets elsewhere particularly in Berwick, Haltwhistle, Alnwick and Amble. Northumberland has been divided into four localities based on those adopted by the CCG.

Across a range of diseases and conditions– coronary heart disease, hypertension, diabetes, chronic obstructive airways disease, cancer – Northumberland has above average levels of need particularly in its most deprived communities. Local priorities include reducing alcohol related harm, tackling obesity through diet and exercise, and promoting mental wellbeing. Northumberland also has an aging population, with higher than average numbers of over 65s especially in North Northumberland.

## Current provision

There are 75 pharmacies in Northumberland, including six 100 hour pharmacies and one internet/distance selling pharmacy. Access to community pharmacies across Northumberland is well provided for Monday to Friday, 9am to 5pm. Hexham, Morpeth and Ashington have an over-provision of pharmacies during these hours; however, this provides additional patient choice, and extra capacity to provide enhanced services.

Services currently commissioned from pharmacies in Northumberland include emergency contraception, stop smoking services, needle exchange, supervised consumption of methadone, minor ailments, disposal of diabetic needles and guaranteed availability of drugs for end of life care.

**Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. The Council considers that the network of extendedhour pharmacies are essential to meet patients' needs by widening access to pharmaceutical services outside core hours when other pharmacies are closed. There is scope for some pharmacy mergers in market towns without detriment to the network. Extension of GP opening hours in service hubs may lead to some gaps in service provision, which could be met by existing providers.**

## Future provision

The national vision for community pharmacy is to better utilise the clinical and prescribing skills of community pharmacists, by improving connectivity and ensuring they are an integral part of the primary health care team. Public Health England views

community pharmacy as motivated, trusted, health hubs within communities.

Northumberland County Council Public Health department will work with the CCG to ensure that services are commissioned to meet local health needs. More clinical services could be commissioned from community pharmacies to reduce workload and demand on General Practice and out of hour's services.

## Contents

Foreword .....	1
Acknowledgements .....	2
Executivesummary .....	3
Introduction .....	3
Pharmaceutical needs assessment process .....	3
Current provision.....	4
Section 1 .....	7
1.1 What is a pharmaceutical needs assessment? .....	8
1.2 Market entry.....	8
Section 2: .....	10
2.1 Steering Group .....	10
2.2 Identification of health need.....	10
2.3 Assessment of current pharmaceutical provision.....	10
2.4 Public engagement .....	11
2.5 Identification of localities.....	12
Section 3: .....	13
3.1 Geographical characteristics .....	13
3.2 Population profile.....	15
3.3 Ethnicity .....	18
3.4 Transport.....	18
3.5 Deprivation.....	18
3.6 Lifestyle risk factors.....	18
3.7 Cancer .....	24
3.8 Long term conditions .....	24
3.9 Older persons .....	28
3.10 Mental health.....	30
3.11 Learning Disability .....	30
3.12 Immunisation .....	30
3.13 Prison Health Needs.....	30
3.14 Holidaymakers .....	31
3.15 Travellers .....	31
Section 4: .....	32
4.1 Definition of pharmaceutical services.....	32
4.2 Advanced services.....	32
4.3 Locally commissioned services.....	34
4.4 Self-care .....	34
4.5 Dispensing doctors.....	35
4.6 Dispensing appliance contractors.....	35
4.7 Hospital services .....	36

4.8	Current provision of essential pharmaceutical services.....	36
4.9	Repeat Dispensing.....	40
4.10	Hours of provision of medical services.....	41
4.11	Pharmacy opening hours.....	42
4.12	Current Provision of Advanced Services.....	46
4.13	Appliance services.....	49
4.14	Seasonal Influenza Vaccination.....	50
4.15	Distance Selling Pharmacies.....	51
4.16	Electronic Transfer of Prescriptions.....	51
4.17	Generic NHS email addresses.....	52
	Section 5:.....	53
5.1	Think Pharmacy First.....	53
5.2	Specialist drug access service.....	54
5.3	Medical sharps collection service.....	55
5.4	Alcohol and drug misuse services.....	56
5.5	Stop smoking services.....	58
5.6	Sexual health services.....	59
	Section 6:.....	61
6.1	Collection and delivery services.....	62
6.2	Monitored dosage systems.....	63
	Section 7:.....	64
	Section 8:.....	68
8.1	Policy drivers.....	68
8.2	National vision for community pharmacy.....	69
	NHS Health Checks.....	70
	High Blood Pressure.....	70
	Healthy Eating.....	70
	Stop Smoking messages.....	71
	Physical Activity.....	71
	Musculoskeletal Problems.....	71
	Alcohol.....	71
	Sexual Health and Contraception.....	72
	Support Immunisation Programmes.....	72
	Support Oral Health.....	72
8.3	Local vision for community pharmacy.....	74
	New Technologies.....	75
8.4	New roles for community pharmacy.....	76
	Section 9: Conclusions and recommendations.....	77
	Appendix 1: Maps of essential pharmaceutical services.....	79
	Appendix 2: Maps of rural areas.....	90
	Appendix 3: Maps of currently commissioned services.....	95
	Appendix 4: Data sources.....	104
	Appendix 5: Steering Group.....	105
	Appendix 6: Public Consultation Report.....	107
	Appendix 7: Pharmacy Access.....	109
	Appendix 8: Quality Payment Criteria.....	111
	Appendix 9: Criteria for HLPs.....	113
	Appendix 10: PNA questionnaire.....	116
	Appendix 11: GP Extended Access Hubs.....	122

# Section 1

## Introduction

The purpose of this document is twofold:

- to determine if there are enough community pharmacies to meet the needs of the population of Northumberland
- to act as a commissioning guide for those services which could be delivered by community pharmacies to meet the identified health needs of the population

The Murray Report<sup>1</sup> envisages a future for community pharmacy which is fully integrated into primary care and that better utilises the clinical and prescribing skills of community pharmacists. The community pharmacist would be accountable for decisions they make about the on-going management of patients with long term conditions, but a shift in service provision would put extra capacity into a stretched NHS system. Likewise, community pharmacy has a role in supporting Urgent and Emergency Care by taking referrals at the minor ailment end of the emergency care spectrum.

Public Health England in their report *Pharmacy: A way forward for Public Health*<sup>2</sup> details some of the interventions community pharmacists could make in priority areas to improve health outcomes for the population.

These services would be in addition to the services associated with the dispensing and safe use of medicines and as such, need to be commissioned specifically to meet the health needs of the local population. These services cannot be commissioned in isolation, and therefore form an integral part of the joint strategic needs assessment, the CCG strategic commissioning plan and Sustainability and Transformation Partnerships (STP) plans, focusing on local priorities.

The Health and Social Care Act 2012<sup>3</sup> transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs must update their PNA at least every three years<sup>4</sup>. This document therefore replaces the April 2015 PNA. The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

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<sup>1</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>2</sup> <https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions>

<sup>3</sup> <http://www.legislation.gov.uk/uksi/2013/349/regulation/5/made>

<sup>4</sup> <http://www.legislation.gov.uk/uksi/2013/349/regulation/5/made>



## 1.1 What is a pharmaceutical needs assessment?

A pharmaceutical needs assessment (PNA) describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the strategic plan, while taking account of financial constraints.

The PNA will be used to:

- inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need;
- support commissioning of high quality pharmaceutical services;
- ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the joint strategic needs assessment;
- facilitate opportunity for pharmacists to make a significant contribution to the health of the population of Northumberland; and
- ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

This is not a stand-alone document. It is aligned with the joint strategic needs assessment (JSNA) and Northumberland Clinical Commissioning Group's (CCG) Five Year Plan. This may be superseded if an Accountable Care Organisation takes over responsibility for commissioning and providing health services for the population of Northumberland. It would need time to review the strategic objectives to improve the health and healthcare of the residents of Northumberland.

The PNA will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan e.g., delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

## 1.2 Market entry

If a person (a pharmacist, dispenser of appliances, or in some rural areas, a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS "market entry" system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (the "2013 Regulations") a person who wishes to provide NHS

pharmaceutical services must generally apply to NHS England to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The regulations allow an automatic exemption to the regulatory test for distance sellers or internet based pharmacies on the condition they meet the following;

- the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services,
- the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

The Health Act 2009 replaced the "control of entry" test with a new test requiring Primary Care Organisations to have statements of pharmaceutical needs. The Health and Social Care Act 2012 transferred the responsibility for producing the PNA to Health and Well Being Boards of local councils. NHS England will use the PNA to determine applications to open new pharmacies in that local council area.

An update to the Pharmacy Regulations in December 2016<sup>5</sup> allows two pharmacies to merge without creating a gap in pharmaceutical services. This provision was introduced to allow two closely located pharmacies to merge and remain a viable business entity and yet produce an enhanced service to the local community.

The Health and Wellbeing Board has the responsibility of scrutinising any applications to consolidate (merge) pharmacies, and must make a statement or representation back 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 inform the HWB of its decision, and require the HWB to publish a supplementary statement<sup>6</sup> saying that closure of the pharmacy will not create a gap in pharmaceutical services, and to update the map of premises where pharmaceutical services are provided. (Appendix 1).

It is essential that the Health and Wellbeing Board are aware of pharmacy services needed in the community, together with any gaps or opportunities in wider service provision so that these can be commissioned directly by the council, or by other health partners through the HWB, to support more effective patient care.

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<sup>5</sup> <http://www.legislation.gov.uk/uksi/2016/1077/regulation/7/made/data.xht?wrap=true>

<sup>6</sup> A supplementary statement forms part of the Pharmacy Needs Assessment (PNA) and is a statement of relevant changes since the PNA was published, which may affect an application for a new pharmacy;

## **Section 2:**

# **Pharmaceutical needs assessment process**

Section 2 provides a brief overview of the methodology adopted in bringing together the information contained within the PNA.

### **2.1 Steering Group**

A steering group was set up to guide the production of this document. Membership of the steering group and the Terms of Reference are attached in appendix 5

### **2.2 Identification of health need**

Population health needs across the county were identified by the Public Health teams. These teams provided an understanding of health needs identified within the joint strategic needs assessment which could be addressed by community pharmacies. Health needs were then compared with the strategic goals of public health commissioners and the Clinical Commissioning Group for Northumberland. This included a number of initiatives where the potential of using community pharmacies had been explored.

### **2.3 Assessment of current pharmaceutical provision**

In July 2017 an online questionnaire (see Appendix 10) was made available to all community pharmacy contractors across Northumberland through the council portal. The questionnaire was developed by the PNA project lead and refined and approved by the PNA steering group. The LPC were helpful in publicising the questionnaire and as a source of help and guidance to contractors. This questionnaire identified the current provision of pharmaceutical services in Northumberland for most services.

Information was also gathered from a number of other sources e.g. NHS England, Commissioners, Local Pharmaceutical Committee. Data sources used in the development of the PNA are listed in appendix 4.

## 2.4 Public engagement

The formal consultation on the draft PNA for Northumberland ran from 29<sup>th</sup> November 2017 until 31<sup>st</sup> January 2018 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- North of Tyne Local Pharmaceutical Committee
- Northumberland Local Medical Committee
- All persons on the pharmaceutical lists and dispensing doctors lists in Northumberland
- LPS chemists in Northumberland with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- Northumberland Clinical Commissioning Group
- Northumberland Healthwatch
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and NTW Mental Health NHS Foundation Trusts
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Cumbria and North Tyneside.

In addition the following were consulted

- GP practices
- Parish Councils

Letters were sent to all consultees informing them of the web site address which contained the draft PNA document.<sup>1</sup>

A public survey about pharmacy services organised by the council's Economic and Inclusion Policy Team ran concurrently.

Eleven written responses to the formal consultation were received, and there were four responses to the online questionnaire, although there was some overlap between the two. There were 306 responses to the pharmacy services survey.

All factual inaccuracies raised by consultees have been corrected and consideration given to all issues raised. The main issues raised by the Parish Councils and the public concerned pharmacy opening hours and availability of urgently needed

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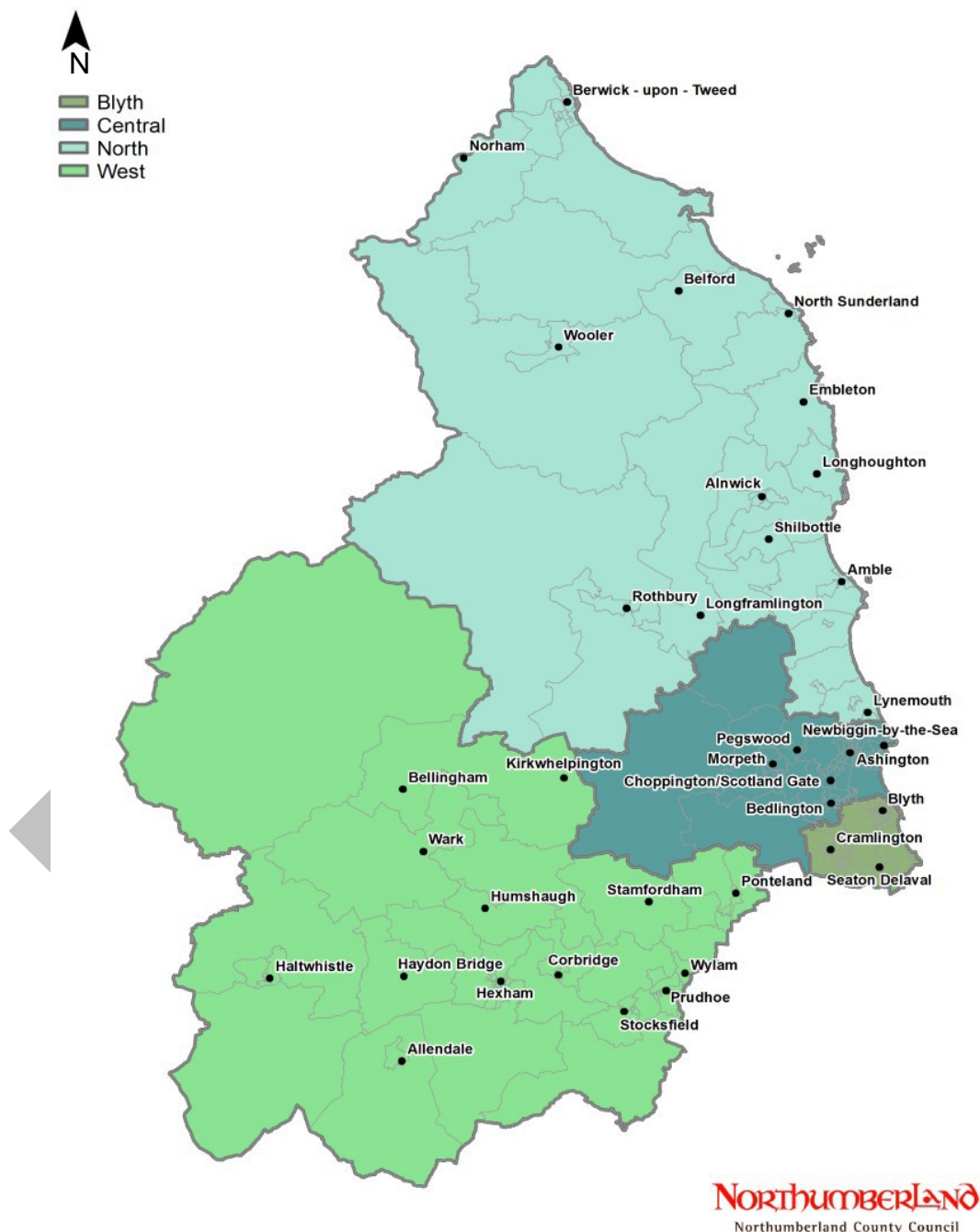
<sup>1</sup> "a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation".

medicines.

## 2.5 Identification of localities

The PNA has adopted the four Clinical Commissioning Group localities which are based on groupings of Middle Layer Super Output Areas (MSOAs)<sup>7</sup> (see Map 1), as at July 2017.

**Map 1:** Northumberland CCG localities mapped over Northumberland LSOAs



<sup>7</sup> SOAs are a unit of geography used for statistical analysis. They were created with the intention that they would not be subject to frequent boundary change, unlike electoral wards, and thus suitable for monitoring trends over time. Lower layer SOAs have on average a population of 1500 persons. In Northumberland there are 199 lower layer SOAs.

## Section 3:

# Identified health needs

This chapter provides a brief overview of the health needs of the residents of Northumberland, highlighting in particular those health needs which may be delivered through community pharmacies and those needs which should be met in order to achieve the objectives in the five year Strategic Plan.

Local priorities include reducing alcohol related harm, tackling obesity through diet and exercise and promoting mental wellbeing. Further details are available in the Joint Strategic Needs Assessment<sup>8</sup>, and the Northumberland CCG Operational Plan.

## 3.1 Geographical characteristics

The north of the county is very sparsely populated. The principal towns of Alnwick, and Berwick serve geographically large catchments. Many of the communities in this area are characterised by extreme physical remoteness, lack of services and rural disadvantage. This is one of the most sparsely populated areas of England.

The west of the county is distinctly rural, albeit split by major road and rail transport corridors running into Newcastle and Gateshead. The towns of Ponteland and Hexham are desirable places to live and visit, placing considerable demands on their services and infrastructure. Many of the communities in this area are characterised by an economic and cultural interdependence with the Tyneside conurbation. The far west of the County is also sparsely populated.

Central Northumberland contains the relatively affluent market town of Morpeth and its rural environs and Ashington, the largest town in Northumberland with its post industrial surroundings.

The southeast corner of the county is compact coastal lowland intersected by several river estuaries. It is distinctly built up, with the county's largest towns of Ashington, Blyth and Cramlington in the northern fringe of Tyneside. Many of the communities in this area are characterised by high levels of multiple deprivation following the decline of coal mining and other industries.

The county's demographic profile – very distinct settlements in each locality – means that one size does not fit all. It is therefore vital that services are customised to local needs. The extreme remoteness of some parts of the county makes service delivery challenging and costly.

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<sup>8</sup> <http://www.northumberland.gov.uk/Default.aspx?page=4279>

## 3.2 Population profile

The last official estimate of the Northumberland population was produced by the 2011 Census and this was confirmed by the Office for National Statistics in June 2017 as a mid-2016 population estimate of 316,002<sup>9</sup>.

The mid-2016 age profile for Northumberland is considerably different to that of the North East and England in that Northumberland has much smaller populations for those aged 20 to 40, then much larger populations aged between 50 and 70. The population lessens for the older ages, with higher populations among females than the corresponding male age groups (see Figure 1). Northumberland has a high number of over 65s, accounting for 21.9% of its population, compared to 18.4% across the North East and 17.3% across England.

**Figure 1:** Population pyramid of Northumberland compared to England

Data source: ONS mid-2015 population estimates



<sup>9</sup> Source: ONS mid-2015 population estimates

The over 65 population is expected to account for over 30% of the total population in Northumberland by 2035<sup>10</sup>. The rural areas of North Northumberland, West Northumberland and Morpeth already have a high proportion of their population over 65. These dramatic changes in the balance of the population are part of an historic shift which is being experienced across the developed world; but they are happening earlier in Northumberland (especially rural Northumberland) than in most of England. The projected rise in number of over 65s may increase demand on health services.

In contrast, the number of children and young people resident in Northumberland is expected to be fairly static over the same period. The number of persons under the age of 15 will decrease slightly from 50,025 in 2011<sup>11</sup> to around 49,000 in 2016<sup>12</sup>.

To accommodate the increase in household numbers and to attract economically active families into Northumberland, Northumberland County Council is developing plans to meet national housing targets by encouraging limited development, over a 20 year period, around the main towns, which have previously been defined as Cramlington, Hexham, Ponteland, Morpeth, Ashington, Blyth, Alnwick, Amble, Bedlington, Prudhoe, Haltwhistle and Ponteland. Around 24,000 dwellings were being planned over a twenty year period from 2011 to 2031, with over half of these being in SE Northumberland, and the remainder in three more rural 'Delivery Areas'. However, a change in administration in May 2017, means that these former plans are being reconsidered with a view to reducing the overall housing numbers to levels that will put less pressure on rural communities. Discussions as to the precise level of housing that this new plan will result in are ongoing at the time of writing.

The best information on future additional housing numbers available at present is contained in Table 1, which shows the number of homes completed since 2011, and the number of homes which have planning permission and are likely to be completed. (Please note that the rate at which these houses will be built cannot be exactly predicted. Some permissions may lapse without being completed, while other new permissions will emerge. Please also note that the sub-division of the County shown in this table reflects the withdrawn plan and these definitions may change in the new plan).

Table 1 shows the number of homes completed since 2011, and the number of homes which have planning permission and are likely to be completed.

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<sup>10</sup> Source: ONS population projections

<sup>11</sup> Source: Census 2011

<sup>12</sup> Source: ONS population projections



**Table 1:** Housing Plan – completions since 2011 and sites with existing planning permission  
 Source: Northumberland County Council Planning Department September 2017

Small Areas	Completions 2011-17	Permissions - extant or u/c at 31 March 2017	Large Permissions (5 or more units) since 31 March 2017
South East DA	3039	6260	793
Amble	173	228	0
Ashington	618	772	0
Bedlington	156	287	23
Blyth	1,239	1309	35
Cramlington	289	2592	715
Guidepost	5	15	0
Newbiggin by the Sea	25	107	15
Seaton Delaval	419	115	0
Rest of DA Southeast	115	835	5
Central Delivery Area	1305	3807	124
Hexham	134	278	0
Morpeth	422	1,595	0
Ponteland	196	414	6
Prudhoe	143	599	0
Corbridge	67	258	18
Rest of DA Central	343	663	100
North Delivery Area	1163	2242	24
Alnwick	270	384	0
Berwick upon Tweed	202	582	15
Belford & Seahouses	183	180	0
Rothbury	52	213	0
Wooler	62	139	0
Rest of DA North	393	744	9
West Delivery Area	201	422	16
Haltwhistle	39	90	0
Allendale & Haydon Bridge	53	112	0
Bellingham	40	41	0
Rest of DA West	69	179	16
<b>Total</b>	<b>5,707</b>	<b>12,731</b>	<b>957</b>

It is unlikely that developments of this scale will significantly impact on health service delivery. More GP capacity may be needed in the future to cope with population increases.

### **3.3 Ethnicity**

Culture and ethnicity may influence health beliefs and behaviours, and may therefore impact on health and wellbeing. In the 2011 Census (the latest year for which data are available), 98.4% of the population of Northumberland classified themselves as White. People from BME groups now represent 1.6% of the Northumberland population, compared with 4.7% in the North East and 14.5% nationally.

### **3.4 Transport**

Within Northumberland access to health services can be hampered by transport issues – this is partially because of the problems of rurality, with a very sparsely populated county of more than 2,000 square miles.

The maps in Section 4 and some of the maps in the appendices show settlement types, which highlights the rurality of Northumberland. Public transport in these rural areas can be poor and infrequent.

### **3.5 Deprivation**

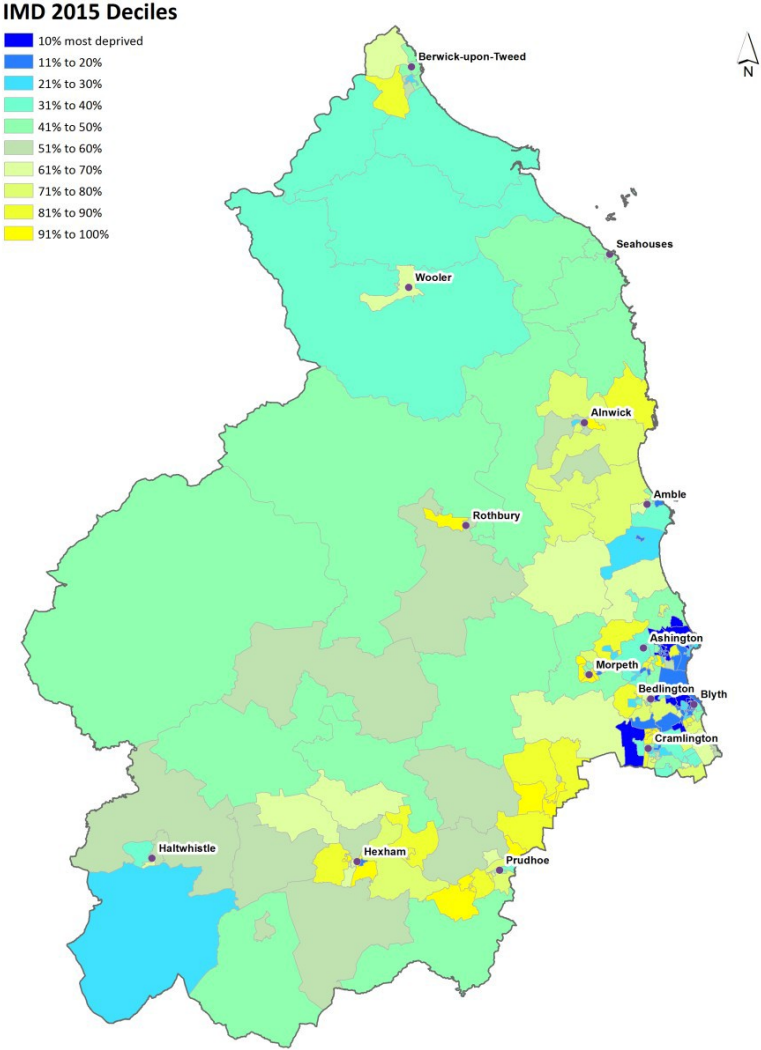
The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. Northumberland socio-economic breakdown is similar to the national average with pockets of significant affluence and areas of rural deprivation along with multiple deprivation in the former mining communities. (see Map 2 overleaf).

### **3.6 Lifestyle risk factors**

#### **Smoking**

Smoking remains the greatest contributor to premature death and disease across Northumberland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. It is estimated that 87% of deaths from lung cancer are attributable to smoking, as are 73% of deaths from upper respiratory cancer and 86% of chronic obstructive lung disease. Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease. Overall, smoking mortality is significantly higher in Northumberland than the England average, although smoking prevalence is slightly below the England average (16.6% compared to the England average of 16.9%).

**Map 2:** Distribution of Index of Multiple Deprivation 2015 in Northumberland  
 Source: Northumberland InfoNet research report – English Indices of Deprivation 2015



Published October 2015. Scale: 1:430,000  
 Produced by the Corporate Research Team, Information Services, Northumberland County Council.  
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It is important to note, however, that there is much disparity within Northumberland and this is not a true reflection of every locality in Northumberland.

**Alcohol**

Alcohol is the second biggest lifestyle risk factor after tobacco use. Recent figures from the Local Authority Profile for England (LAPE) show Northumberland has the sixth highest rate in the UK for binge drinking with 29.8% of those surveyed reporting drinking more than twice the recommended amount of alcohol in a single session. Alcohol misuse is a major problem within Northumberland in terms of health, social

and economic consequences which affect a wide cross section of the county at considerable cost. The pattern of drinking has a socio-economic gradient with a higher proportion of both men and women in managerial and professional households exceeding the recommended maximum intake on at least one day per week<sup>13</sup>.

There are rising trends in the levels of hospital related admissions for both men and women in the county. Between 2013/14 and 2015/16 there were 115 under 18 admissions to hospital for alcohol specific conditions. This is a four times increase since the last PNA was written. In 2014/15 alone there were 2,803 adult admissions for alcohol related harm, the rate of which (847 per 100,000) is significantly above the England average (647 per 100,000).

## Substance misuse

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment reduces these and delivers real savings, particularly in crime-related costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease. Tables 2a and 2b show the estimated prevalence of drug misuse in Northumberland.

**Table 2a:** Estimated prevalence rates per 1,000 population aged 15 to 64 (2014/15)

*Data source: National Drug Treatment Monitoring System*

Opiate or Crack users	Opiate users	Crack users
6.41	5.57	2.30

When engaged in treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Deaths related to drug misuse at 4.0 per 100,000 were higher than the England average of 3.4 per 100,000.<sup>14</sup> Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. At the end of 2016/17, there were 1098 adults in treatment for drug misuse. During this time 354 adults started a new treatment journey, 89% of which were retained for at least 12 weeks<sup>15</sup>

<sup>13</sup> Source: General Household survey 2010

<sup>14</sup> Source: Public Health Profile 2016

<sup>15</sup> Source: National Drug Treatment Monitoring System

**Table 2b:** Estimated prevalence of opiate or crack use by age – rates per 1,000 population (2014/15)

Data source: Public Health England

Age	Opiate and/or Crack users
15-24	5.05
25-34	13.56
35-64	4.97

## Obesity

In Northumberland in 2013-15<sup>16</sup>, 69.8% of adults were classed as overweight or obese<sup>17</sup>. This is nearly 10% more than national prevalence. The Health Survey for England (HSE) 2014 indicates that 25% of both men and women are obese (25%) but that men are more likely to be overweight (32% for women and 42% for men). This also shows that the adult prevalence of severe obesity is 2.4%.

**Figure 2:** Adjusted prevalence of excess weight among adults, 2012

Data source: Public Health Outcomes Framework



<sup>16</sup> Source: Public Health Outcomes Framework

<sup>17</sup> Overweight = BMI > 25kg/m<sup>2</sup>; Obese = BMI > 30kg/m<sup>2</sup>; Severe obesity = BMI > 40kg/m<sup>2</sup>

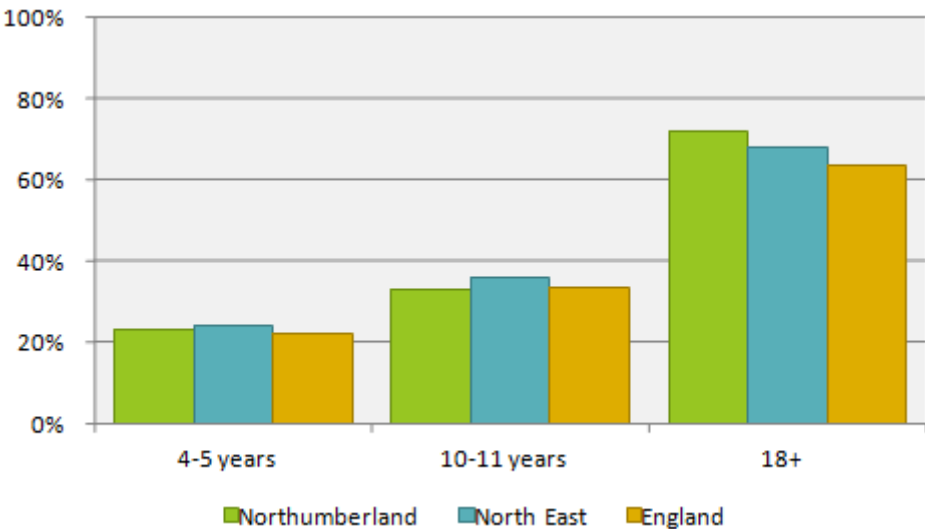
Between 1993 and 2012, obesity has risen from about 15% to 25% and projections show no halt to the rise in adult obesity. Women living in lower income households are more likely to be obese: obesity prevalence falls from 31% in the lowest income quintile to 19% in the highest income quintile. There is no clear pattern for men.

**Table 3:** Prevalence of obesity (adults) 2015/16  
*Source: Monitoring data on QOF 2015/16, HSCIC*

Area	Prevalence
North Northumberland	10.93%
West Northumberland	9.03%
Central Blyth Valley	13.26%
Total Northumberland	11.62%
North of England	12.75%
England	10.87%
	9.45%

The latest data from the NCMP identified that 10% of Reception aged children were obese and 23% recorded with excess weight. By Year 6, this figure was 18% obese and 33% with excess weight.

**Figure 3:** Excess weight prevalence by age  
*Data sources: NCMP 2010/11-2012/13; APS 6*



The underlying causes of obesity are considered to be the ready availability of high calorie food, and a more sedentary lifestyle caused by a reduction in activity and manual labour, and greater use of the car as a means of transport.

Obesity is associated with a range of health problems including Type 2 Diabetes, cardiovascular disease and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007).

## **Sexual health and teenage pregnancy**

Good sexual health forms a fundamental aspect of an individual's general wellbeing and state of health, and is also an important public health issue - poor sexual health imposes significant social, economic, emotional and health costs. The highest burden of sexual ill health is borne by gay and bisexual men, young people and black and minority ethnic groups. Reducing the burden of HIV and STIs requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with safer sex health promotion and the promotion of safer sexual behaviour.

## **Teenage conceptions**

The under 18 conception rates per 1000 women aged between 15-44yrs in Northumberland have fallen by 46% since 1998. The under 16 conception rate is showing a declining trend from 5.8 in 2011-13 to 5.1 in 2013-15.

Rates of teenage conception in 2015 were 22.5 per 1,000 women aged 15-17 in Northumberland which is lower than the rate for the North East (28 per 1,000) but higher than England (20.8 per 1,000). Following a marked decrease in trends between 2012 and 2013 the trend since has been relatively static.

Within Northumberland, there are a number of identified 'hot spots' based on teenage pregnancy rates within different parts of the county. Many wards with higher levels of deprivation typically have higher levels of teenage conception rates.

The reduction of the under 18 conception rate has been a key target across Northumberland for many years. Key actions have included raising the profile of proactive contraception and targeting support for young people in schools, and communities in teenage pregnancy 'hot spot' areas. The objectives are to improve access to responsive sexual health services and increase the use of long acting reversible contraceptive (LARC) methods and ensure Young People access timely Emergency Contraception.

## 3.7 Cancer

Death rates from all cancers have decreased significantly over the last 2 decades due to a combination of early detection and the efficacy of treatment. However within Northumberland cancer remains a significant cause of premature death (death under 75 years) and health inequalities. Cancer is the commonest cause of premature death in Northumberland closely followed by cardiovascular disease.

The under 75 mortality rate from cancer considered preventable is 89 per 100,000 population in Northumberland. This is similar to the England average but significantly lower than the regional average<sup>18</sup>.

## 3.8 Long term conditions

### Cardiovascular disease (CVD)

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke, and peripheral vascular disease (PVD). It is strongly linked with other conditions, notably obesity and diabetes, and is more prevalent in lower socio-economic and ethnic minority groups. CVD is a major contributor to health inequalities in Northumberland.

The under 75 mortality rate from cardiovascular diseases considered preventable is 144.9 per 100,000 population in Northumberland between 2012-2014. This is similar to the England average (141.5 per 100,000) but significantly lower than the regional average<sup>19</sup>.

### Coronary heart disease (CHD)

Coronary heart disease (CHD) prevalence, as recorded for the monitoring of the Quality and Outcomes Framework (QOF) – the system for measuring quality of service in general practice and is higher than the regional and national average.

<sup>18</sup> Source: Public Health Outcomes Framework

<sup>19</sup> Source: Public Health Outcomes Framework



**Table 4:** Diagnosed CHD prevalence (all ages) 2015/16

Source: Monitoring data on QOF 2015/16, HSCIC

Area Prevalence



North Northumberland	5.06%
West Northumberland	4.14%
Central	5.02%
Blyth Valley	4.55%
Total Northumberland	4.69%
North of England	3.84%
England	3.20%
North	5.06%

## Hypertension

Data collected to monitor the Quality and Outcomes Framework (QOF) shows hypertension prevalence to be higher than the regional and national average, which may be partially due to better case finding. However, a prevalence model<sup>20</sup> developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed. The 2015/16 QOF data indicate that there were 55,832 patients on Northumberland GP registers with hypertension.

**Table 5:** Diagnosed hypertension prevalence (all ages) 2015/16

Source: Monitoring data on QOF 2015/16, HSCIC

Area	Prevalence
North Northumberland	20.17%
West Northumberland	16.62%
Central	16.23%
Blyth Valley	16.64%
Total Northumberland	17.31%
North of England	14.55%
England	13.81%

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<sup>20</sup> Source: Modelled estimates of prevalence of hypertension for PCOs in England, version 2, Eastern Region Public Health Observatory

## Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires prevention activities to tackle obesity and lifestyle choices about diet and physical activity.

Data collected as part of the monitoring arrangements for the QOF shows that the prevalence of diagnosed diabetes in Northumberland is higher than the regional and national average. However, a prevalence model<sup>21</sup> developed to predict the number of people with diabetes suggests a significant gap between predicted and measured (or diagnosed) levels.

Diabetes can remain undiagnosed for many years; people who are undiagnosed will not receive the routine care and monitoring required to optimise wellbeing and minimise long-term complications. Identifying people who are undiagnosed and providing systematic care for them is therefore a priority if diabetes is to be managed effectively.

**Table 6:** Diagnosed diabetes prevalence (% of population aged 17+) 2015/16

Source: Monitoring data on QOF 2015/16, HSCIC

Area	Prevalence
North Northumberland	5.56%
West Northumberland	4.86%
Central	6.10%
Blyth Valley	5.74%
Total Northumberland	7.60%
North of England	6.87%
England	6.55%

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<sup>21</sup> Source: The APHO Diabetes Prevalence Model, Yorkshire & Humber Public Health Observatory, 2010.  
<http://www.yhpho.org.uk/default.aspx?RID=81090>

## Chronic obstructive pulmonary disease (COPD)

COPD is a chronic lung condition resulting from damage to the lung and leads to breathing difficulties. One of the main causes of COPD is smoking, so prevention of COPD is linked to smoking cessation activities, which can be provided by community pharmacies.

**Table 7:** Diagnosed COPD prevalence 2015/16

Source: Monitoring data on QOF 2015/16, HSCIC

Area	Prevalence
North Northumberland	2.36%
West Northumberland	1.75%
Central	3.04%
Blyth Valley	2.43%
Total Northumberland	2.61%
North of England	2.41%
England	1.85%

The female premature mortality rate in Northumberland from respiratory disease considered preventable is 18.7 per 100,000 population. This is not significantly different to the England average but lower than the regional average<sup>22</sup>. COPD is a contributor to health inequalities.

COPD prevalence as recorded within QOF is higher than the average for England as a whole (2.61% versus 1.85%). However, a prevalence model<sup>23</sup> developed to predict the number of people with COPD suggests that there are significant numbers of people who have COPD but who are not on GP practice COPD registers.

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<sup>22</sup> Source: Public Health Outcomes Framework

<sup>23</sup> Source: Modelled estimates of prevalence of COPD for PCOs in England, version 4, Eastern Region Public Health Observatory

## 3.9 Older persons

Many of the people whose lives are substantially affected by long-term illness or disability are in their eighties or nineties and have age-related conditions such as osteoarthritis, visual or sensory impairment, or Alzheimer's disease. But there are also older people who are disabled by health problems much earlier in life, for instance people who suffer a severe stroke or early-onset dementia.

Population projections indicate the number of persons in Northumberland, aged 65 years and over will increase to over 30% of the total population by 2035. The proportion of people aged 85 and over is projected to increase from 3% of the population to 5% by the year 2030<sup>24</sup>, creating additional demands for social care, housing support and health services. Long term conditions and dementia will be among the biggest challenges faced by health services going forwards.

People with dementia require substantial amounts of care, particularly social care. Pharmacists can contribute to the care of those with dementia by reviewing their medication, and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary. The number of patients with dementia is expected to rise as the number of elderly people in Northumberland increases. According to the 2012-13 QOF data, there were 2,243 people recorded by Northumberland GP practices as having dementia. By October 2016, this figure had risen to 3,034.

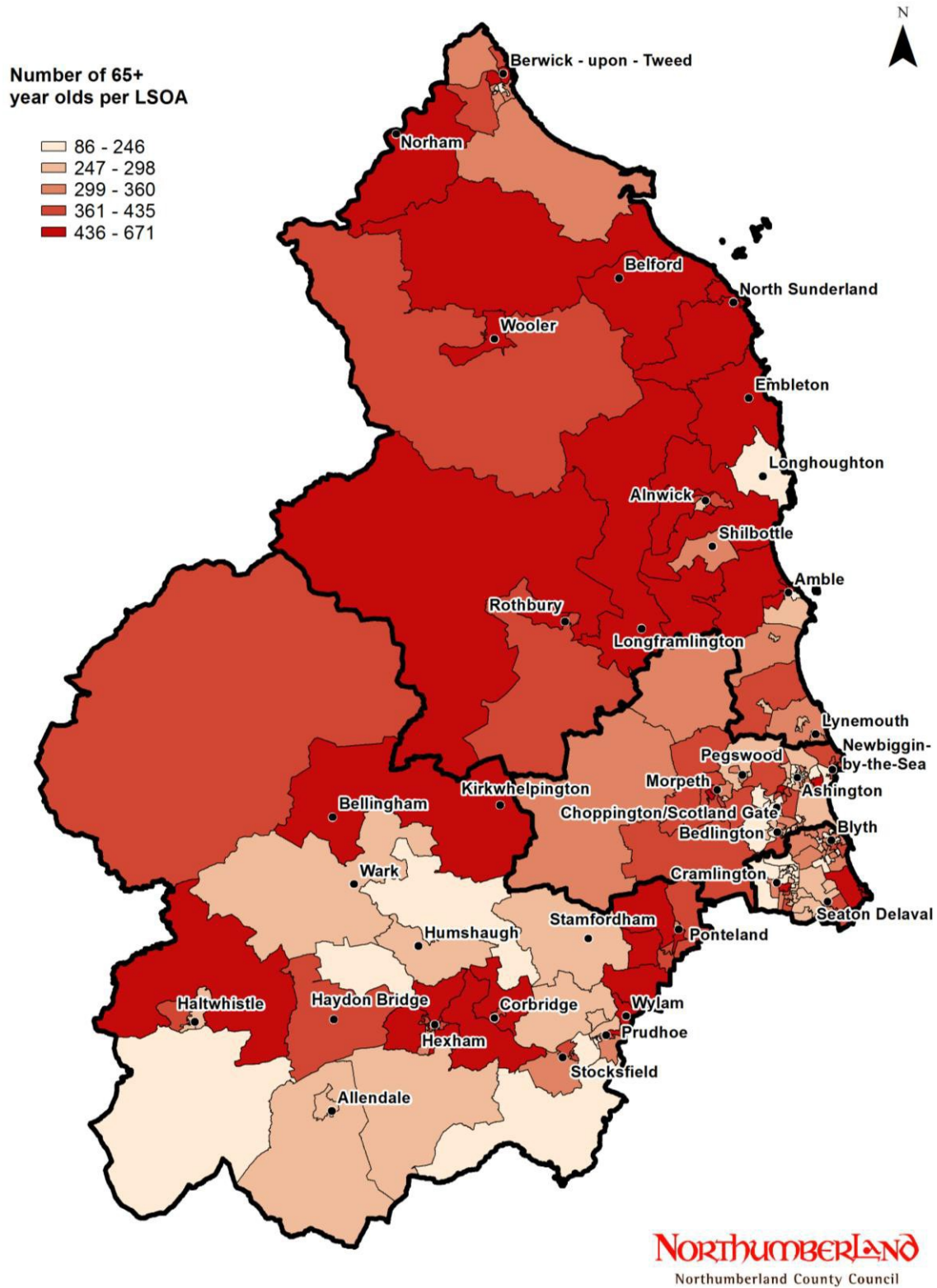
An ageing population will be associated with more harm as a result of falls, in relation to emergency hospital admissions for fractured proximal femur at all ages. Community pharmacists are in an ideal position to review medication which could contribute to dizziness and falls.

As the population ages the proportion of people with a disability is also likely to increase creating additional demands for service provision. In a rural county like Northumberland, provision of these services will be difficult and costly due to the rural nature of the County.

<sup>24</sup> Source: ONS 2012-based population projections

**Map 3:** Northumberland mid-2016 population estimates – 65+ population

Data source: ONS population estimates



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### **3.10 Mental health**

Poor mental health and wellbeing in parts of the county are inextricably linked to socio-economic deprivation and vulnerability and premature mortality. People suffering from serious mental illnesses like schizophrenia or bipolar disorder have a life expectancy that can be 10 to 15 years lower than the average in the local population.

According to the 2015-16 QOF data 0.91% of the Northumberland population have a mental health problem<sup>25</sup>. Depression in adults is higher than the England average with 9.35% of adults diagnosed with depression on practice disease registers.<sup>26</sup> The estimated prevalence of any mental health disorder in those aged 5 to 16 years is 9.4%<sup>27</sup>.

The pharmaceutical needs of the prison population are served through an outsourced healthcare provider.

The pharmaceutical needs of those within the criminal justice system who are not incarcerated are met by community services, i.e. community pharmacy. The particular needs of this population require consideration given their high incidence of mental health problems and illegal drug issues.

### **3.11 Learning Disability**

Life expectancy for people with learning disabilities is lower than for the rest of the population. Evidence shows that people with learning disabilities are 2.5 times more likely to have health problems than other people but are less likely to receive regular health checks or to access screening programmes.

Practice registers show that 7.1 adults per 1,000 registered with a GP have a known learning disability. This is significantly higher than the England average of 4.53 per 1,000. The rate of children known to have learning difficulties known to schools is 21.7 per 1,000 pupils.<sup>28</sup>

### **3.12 Immunisation**

Northumberland compares favourably with both the North East and England with regard to immunisation rates for children. It also compares favourably with regard to pneumococcal and influenza vaccine rates for the over 65s, which are 73.5% and 74% respectively<sup>29</sup>.

### **3.13 Prison Health Needs**

Northumberland has one prison, HMP Northumberland. It is a category C prison

holding 1,348 male offenders. As in the general population, the average age of prisoners is increasing and consequently their health needs reflect this aging population.

The pharmaceutical needs of the prison population are served through an outsourced healthcare provider.

The pharmaceutical needs of those within the criminal justice system who are not incarcerated are met by community services, i.e. community pharmacy. The particular needs of this population require consideration given their high incidence of mental health problems and illegal drug issues

### **3.14 Holidaymakers**

Northumberland attracts a significant number of holiday makers and visitors. Their health needs are usually met through community pharmacies providing self-care and emergency supply of medicines, or primary care provided by general practice when patients are registered as temporary residents.

### **3.15 Travellers**

There is a small travelling community within Northumberland which makes infrequent but regular camps within the county. A number of travellers are now living on one of three permanent sites in Northumberland. Permanent residents will normally be registered with a GP, others will normally be treated as temporary residents or receive self-care from community pharmacies.

<sup>25</sup> Schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers

<sup>26</sup> Source: *PHE Community Mental Health profiles*

<sup>27</sup> Source: *PHE Children's and Young People's Mental Health and Wellbeing profiles*

<sup>28</sup> Source: *PHE Learning Disabilities profiles*

<sup>29</sup> Source: *Public Health Outcomes Framework*



## Section 4:

# Current provision – pharmaceutical services

## 4.1 Definition of pharmaceutical services

The national framework for community pharmacy requires every community pharmacy to open for a minimum of 40 hours per week, and provide a minimum level of 'essential services' which comprise:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance including clinical effectiveness programmes.

## 4.2 Advanced services

In addition to the essential services, the community pharmacy contract allows for 'advanced services'. Advanced services are those services that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Medicine Use Reviews (MUR)
- New Medicine Service
- Stoma Appliance Customisation Service
- Appliance Use Review
- Seasonal Influenza Vaccination
- NHS Urgent Medicines Supply Advanced Service (NUMSAS) pilot

MURs aim to improve patient knowledge and use of their medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines
- Identifying, discussing and resolving poor or ineffective use of their medicines
- Identifying side effects and drug interactions which may affect medicine use
- Improving clinical and cost effectiveness of prescribed medicines and reducing waste.

Each pharmacy can provide a maximum of 400 MURs per year and at least 70%<sup>30</sup> of the reviews must be with patients who fall into one of the national target groups, namely:

- High risk medicines
- Patients recently discharged from hospital
- Patients taking respiratory medicines
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines

The New Medicines Service aims to help patients who have long term conditions get the best out of any new medicines which have been started particularly for those with the following conditions:

- Asthma or Chronic Obstructive Pulmonary Disease
- Type 2 diabetes
- Antiplatelet or anticoagulant therapy
- Hypertension.

Stoma Appliance Customisation service ensures that stoma products are individually tailored to a patient's needs ensuring that a close fitting product is supplied. Extra training and specialisation is required to provide this service, and therefore it tends to be provided by specialist appliance companies.

The Appliance Review Service is intended to help patients make best use of their appliances; in the same way as the MUR helps make best use of medicines. Training for pharmacists to perform this service is difficult to access, and therefore when provided in a pharmacy it tends to be done by trained appliance specialists.

NHS Urgent Medicines Supply Advanced service pilot<sup>31</sup> was introduced to

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines;
- increase patients' awareness of electronic repeat dispensing

The service is available to patients who contact NHS 111 because they have run out of their prescribed medicine. NHS 111 then refers the patient to the nearest pharmacy that provides the service. Following a consultation the pharmacist will supply the medicine and notify the patient's GP. This is for emergencies, and not intended as a replacement for the normal repeat prescription system.

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<sup>30</sup> This service was reviewed and updated nationally in September 2014, with the 70% target for MURs from specified groups coming into effect from 1<sup>st</sup> April 2015

<sup>31</sup> This is a pilot service until April 2018

## 4.3 Locally commissioned services

Pharmacy services are currently commissioned locally by Public Health Teams, Clinical Commissioning Groups, secondary care providers and the local area team of NHS England.

Service reviews have been undertaken and new service specifications developed for services commissioned by the Public Health Department of Northumberland County Council. Public Health currently commissions the following services from community pharmacies:

- Supervised consumption of opiates
- Needle exchange
- Intermediate smoking cessation services
- Pharmacy Direct dispensing service for smoking cessation products

Services for emergency contraception form part of the sexual health contract currently provided by Northumbria Healthcare Trust. The trust therefore commissions services from community pharmacies.

Northumberland CCG currently commissions the following services from community pharmacies:

- *Think Pharmacy First* – minor ailments scheme
- *Sharpend* – safe disposal of medicinal needles and sharps
- On demand availability of specialist drugs for palliative (end of life) care

NHS England currently commissions community pharmacies as well as GP practices to provide seasonal influenza vaccines to at risk patients.

## 4.4 Self-care

Community pharmacies are expected to promote self-care through the sale of “over the counter” medicines and by giving advice. Support for “self-care” is an NHS essential service, and the population is encouraged to use community pharmacies to treat minor illness, reserving GP appointments for more serious conditions.

Even more emphasis is now being placed on the self care agenda as a vital element of the pyramid of care, to reduce reliance on surgery appointments, walk in centres and A&E departments.

A regional campaign is encouraging patients to “think self care” with regard to medicines which may have been on repeat prescriptions for some time, but are cheap to purchase from community pharmacy. This is part of a campaign to make patients aware that the NHS budget should be reserved for more serious issues.

NHS 111 services can now refer patients to community pharmacies through the Community Pharmacy Referral Service (CPRS) pilot which goes live on the 4<sup>th</sup> December 2017. This is a North East local enhances service ( a digital minor illness referral service project) with a current end date of 31<sup>st</sup> March 2018. This should make urgent services for low acuity patients more accessible, and promote the self care message.

Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets, and give advice on when and how to use them. The pharmacist, following a consultation with the patient, can treat, or escalate to the GP or other services as appropriate.

## 4.5 Dispensing doctors

Some rural general practices provide dispensing services to some of their patients. Dispensing doctors can provide dispensing services to patients who live in *controlled localities*<sup>32</sup> more than 1.6 kilometres (1 mile) away from a community pharmacy. 16 of Northumberland's 46 general practices provide dispensing services to some of their patients. Some rural practices dispense from more than one of their surgery premises to provide a localised service in remote areas. In rural areas of Northumberland, dispensing doctors contribute an important element to the provision of the network of medicines supply. Maps showing designated rural areas for Northumberland are shown in Appendix 2 (Maps 4a to 4d).

Since the last PNA, one dispensing doctor ceased providing services in the rural area surrounding the hamlet of Harbottle. The surgery became a branch surgery of the Rothbury practice and ceased dispensing activities. Local pharmacies developed systems to ensure that the isolated rural population continued to have access to urgently needed medicines through close working with the GP practice and dedicated delivery systems.

## 4.6 Dispensing appliance contractors

Some patients may choose to have appliances supplied by appliance contractors. Although there are no dispensing appliance contractors located within Northumberland, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. However, this may limit the ability of residents to access Appliance Use Review services to ensure that they get the most out of the appliances supplied.

<sup>32</sup> A controlled locality is an area that has been determined, by NHS England, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHS AU), to be 'rural in character'.

## 4.7 Hospital services

NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are in the scope of a PNA. NHS hospitals within Northumberland work closely with community pharmacists to ensure that discharged patients get the most from their medicines.

Every care home in Northumberland is linked to a community pharmacy responsible for the supply of medicines to that care home. Community pharmacists do not routinely undertake care home medication reviews in Northumberland and there are no active strategies by community pharmacy to reduce medicines waste from care homes. Community pharmacy is funded for dispensing prescriptions and needs permission from NHS England to undertake domiciliary MURs. They face further barriers to undertaking additional clinical services, namely the requirement for a pharmacist to be onsite for medicines to be dispensed or sold.

Northumberland Vanguard has developed a model in Blyth where the community pharmacist works with the Vanguard pharmacy team and primary care to undertake many of the medication reviews. In this stratified model the community pharmacist will contact the Vanguard team in situations they need support and refer more complex patients to the team. The barriers to community pharmacists undertaking these reviews (e.g. information governance) were identified and solutions tested. Currently the model has been tested with one pharmacist and care home in Blyth with discussions being held on further testing in Alnwick.

This model of using community pharmacy to manage clinical reviews supported by an integrated pharmacy team will provide better care for the majority of patients, utilising the knowledge and skills of community pharmacists and provide means of referring complex patients with an access point to secondary care pharmaceutical expertise.

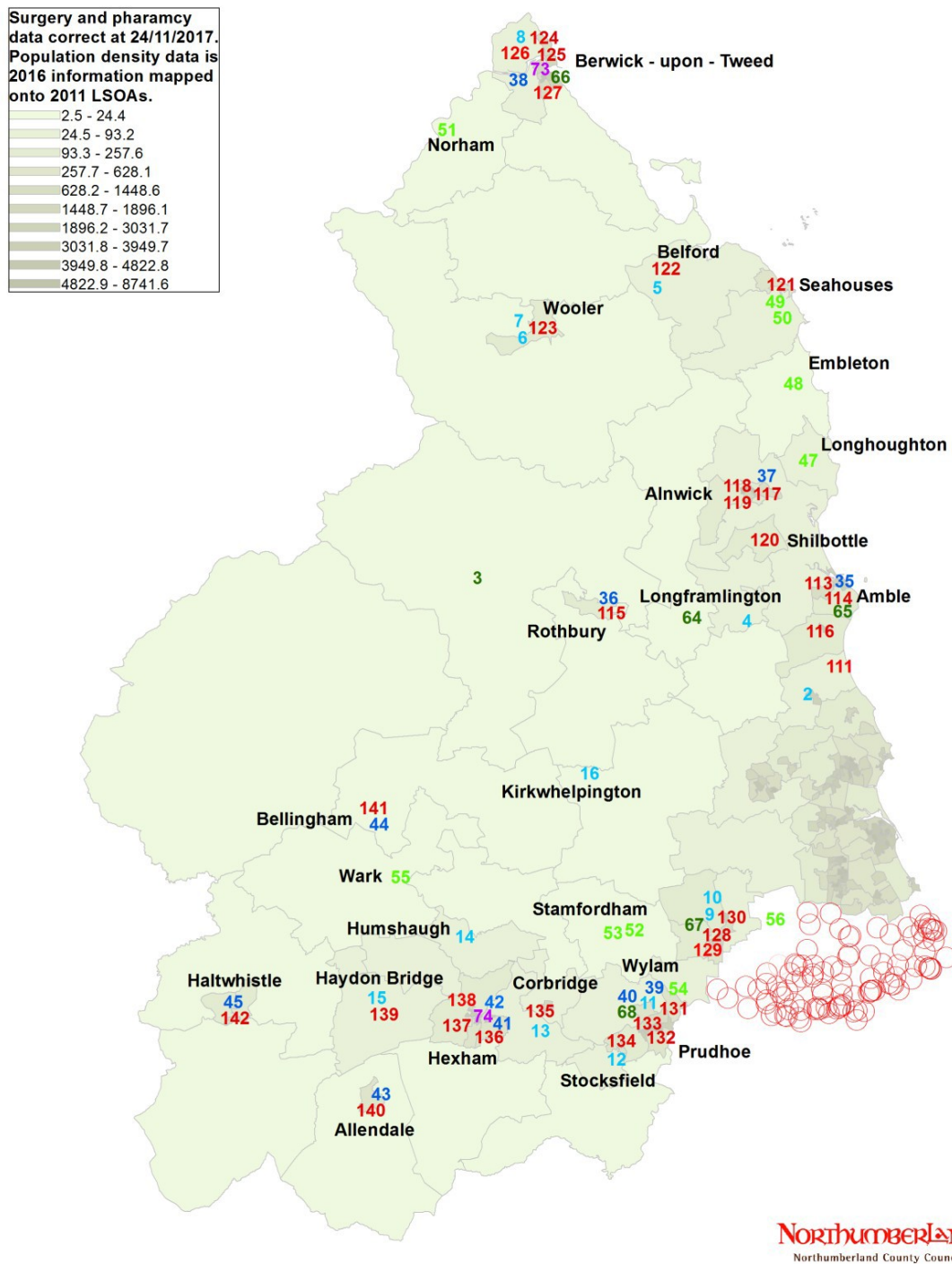
## 4.8 Current provision of essential pharmaceutical services

Maps 4 and 4a identify the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. **Copies of these maps are duplicated in Appendix 1 with a key identifying all pharmacies, GP main surgeries, branch surgeries and “dispensing doctor” premises. The maps in Appendix 1 are continually updated and will be used in the determination of pharmacy applications.**

Pharmacies in Newcastle and North Tyneside which may provide services to residents of Northumberland are shown. This includes city centre pharmacies and

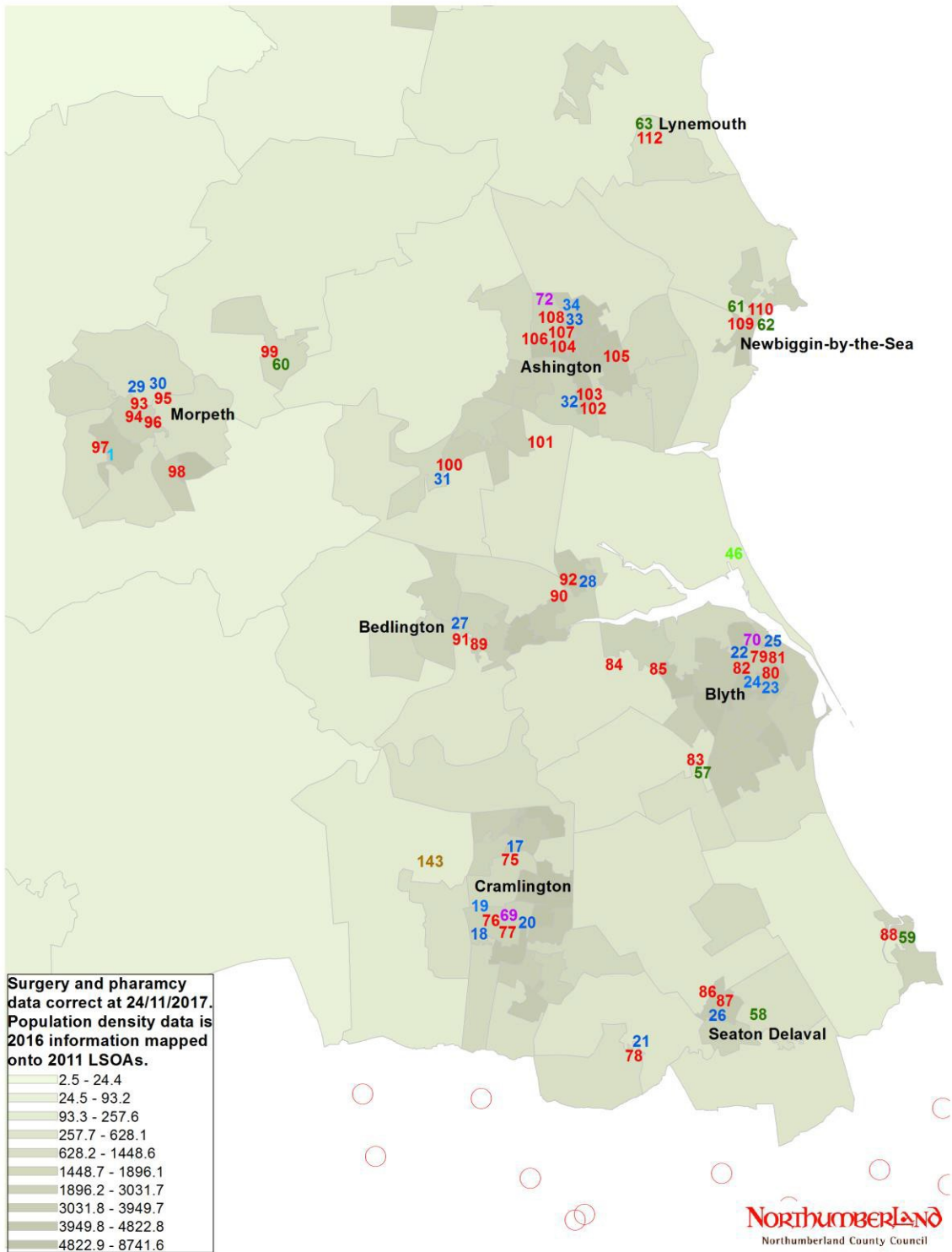
those at Kingston Park and Silverlink, many of which open for extended hours. Pharmacies within Gateshead, County Durham and Cumbria have not been included due to the natural barriers of the river Tyne and rural geography. It is recognised that some patients in the south of the County, may use the pharmacies in the Metro Centre in Gateshead due to extended opening hours and easy parking.

**Map 4:** GP practices and pharmacies in Northumberland, August 2014



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**Map 4a: GP practices and pharmacies in South East Northumberland, August 2014**



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There are 75 pharmacies in Northumberland, including six 100 hour pharmacies and one internet/distance selling pharmacy. Pharmacies are located primarily in areas of higher population density (See Maps 5 and 5a). There is more than one pharmacy in most market towns and in urban areas, allowing patient choice. Hexham, Morpeth and Ashington have an over-provision of pharmacies during core hours Monday to Friday; however this gives additional patient choice and extra capacity to provide enhanced services. Weekend and evening provision across Northumberland is limited and mainly dependant on 100 hour pharmacies.

Since the last PNA was written in 2014, there has been minimal change in the provision of pharmacy services, mainly changes to supplementary opening hours. The only significant change was the closure of a dispensing practice in the rural hamlet of Harbottle. Patients were absorbed mainly by the Rothbury practice, which took over the building as a branch surgery. Essential pharmacy services were provided in the main by two pharmacies, one of which offered a home delivery service and the other, working closely with the main surgery, provided a manned collection point for the collection of urgently needed medicines. It was considered that the patients affected by the closure had similar access to essential pharmaceutical services, and potentially greater access to other pharmacy services.

**Table 8:** Average number of pharmacies per 100,000 population, August 2017

Sources: <sup>§</sup> Population Estimates Unit, Office for National Statistics (ONS) © Crown copyright; <sup>\*\*</sup> Health and Social Care Information Centre<sup>33</sup>, <sup>†</sup> NHS England

Locality	No. of pharmacies	Population (mid-2016 resident population) <sup>§</sup>	Pharmacies per 100,000 population
<b>Blyth Valley</b>	16	82,282	<b>20.6</b>
<b>Central</b>	24	81,559	<b>29.4</b>
<b>North Northumberland</b>	18	78,034	<b>23.1</b>
<b>West Northumberland</b>	16	77,518	<b>20.6</b>
<b>TOTAL</b>	74*	316,000	<b>23.7</b>
<b>England (2017)</b>	12023**	53,493,729	<b>21.5</b>
<b>North East (2017)</b>	616	2,602,310	<b>23.8<sup>†</sup></b>

<sup>33</sup><http://www.hscic.gov.uk/searchcatalogue?productid=13373&q=general+pharmaceutical+services&topics=1%2fPrimary+care+services%2fCommunity+pharmacy+services&sort=Most+recent&size=10&page=1#top>



\* This does not include the internet/distance selling pharmacy as patients cannot walk into this pharmacy to have a prescription dispensed. A patient could use any of the distance selling pharmacies across the UK to have a prescription dispensed.

Table 8 shows that Northumberland is well serviced by community pharmacies, having a similar number of pharmacies per 100,000 population to the North East generally and the England average. In North and West Northumberland dispensing doctors provide additional capacity for the dispensing of prescriptions. Blyth appears to have fewer pharmacies per 100,000 population than the England average, but a pharmacy closed in Blyth in 2012 for commercial reasons.

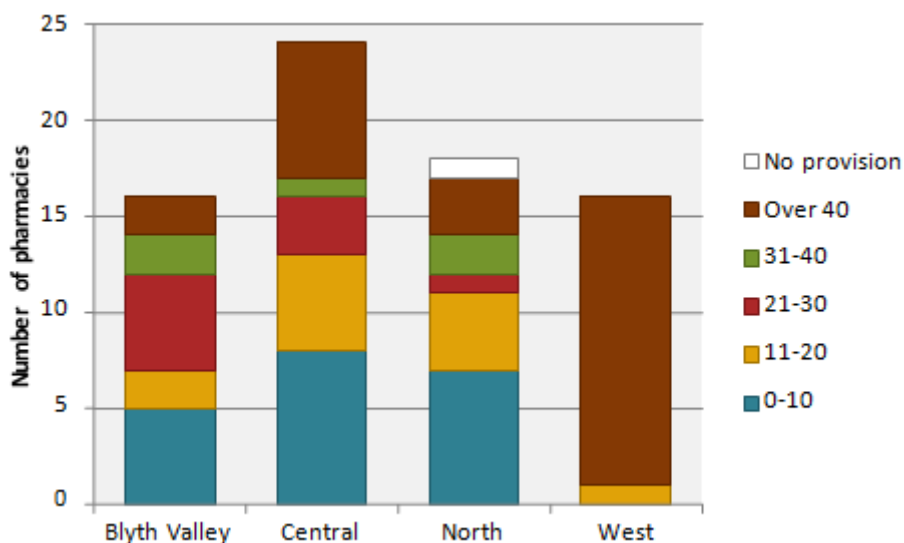
North and West Northumberland have 23 dispensing surgeries which contribute significantly to the dispensing of prescriptions, therefore the actual number of prescriptions which pharmacies need to dispense is lower. There are 3 dispensing surgeries in Central locality. Nationally, 7.7% of prescriptions are dispensed by GP practices; however that figure rises to 9% in Northumberland. 10% of patients in Northumberland are registered as dispensing patients.

## 4.9 Repeat Dispensing

As part of the essential services component of the NHS contract, all pharmacies are expected to provide a repeat dispensing service for patients who are considered by their GP to have a stable long term condition. Patients are dispensed up to a year's supply of medicines, usually in monthly instalments.

**Figure 4 - Question:** What is the average monthly number of repeat dispensing clients?

Source: Pharmaceutical needs assessment questionnaire



## 4.10 Hours of provision of medical services

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide more, routine appointments outside of these core hours. In Northumberland, practices have coalesced around hubs to provide these services, which enable patients to book an appointment through their surgery, for an appointment at the hub. In some parts of the county the hub is fixed and provides extra appointments every weekday, and some weekend days. In other parts of the county, practices within the hub provide services on different days of the week. Details of the service as at October 2017 are given in appendix 11.

Current pharmacy opening hours do not always mirror these extended surgery hours. Most of the hubs are served by 100 hour pharmacies however some of the more rural hubs do not currently have this level of service. Appointments are pre-booked for routine treatment and the need for immediate provision of medicines is low. Work is ongoing to assess whether this produces any gaps in pharmaceutical services, and whether the current network of pharmacies can plug any gaps identified.

Northern Doctors Urgent Care provides home and centre visits between 6.30pm and 8am seven days a week, and 24 hour access at weekends and bank holidays. Patients requiring urgent medication are issued with a prescription for dispensing at their local community pharmacy or, where there is an immediate need to start treatment and the pharmacy is closed, medication is supplied at the time of consultation.

Northumbria Specialist Emergency Care Hospital in Cramlington provides emergency care for seriously ill and injured patients. Most patients arrive by ambulance or via emergency GP admission but there are also a number of walk in attendances as well. Walk-in services at Hexham, North Tyneside and Wansbeck general hospitals provide urgent care for less serious conditions. Urgent care centres at Hexham, and Wansbeck general hospitals are open 24-hours. Minor injury units and GP Out of Hours services are based at Berwick and Alnwick Infirmarys. There are also five walk in centres in Newcastle; the one on Ponteland Road operates from 8am to 8pm 7 days per week.

Northumbria has recently introduced GP primary care streaming at Northumbria Specialist Emergency Care Hospital. This allows the triage nurses to stream patients to the GP service from 11am to 7pm as appropriate, in addition to the current triage streams already in use. This helps to manage some of the pressures in the emergency department during times of high activity. GPs use FP10 prescriptions and community pharmacies to supply medicines to patients.

Minor Injuries Units are open 24 hours a day in Berwick and Alnwick. A new hospital is planned for Berwick, and, building work should start in late 2017, with completion estimated in 2020.

## 4.11 Pharmacy opening hours

**Core hours:** Each pharmacy is required to be open for 40 hours a week, unless a reduction is agreed by NHS England. These core hours are provided as an 'essential' pharmacy service. There are a number of 100 hour pharmacies in Northumberland, and these pharmacies must be open for at least 100 hours per week as core hours.

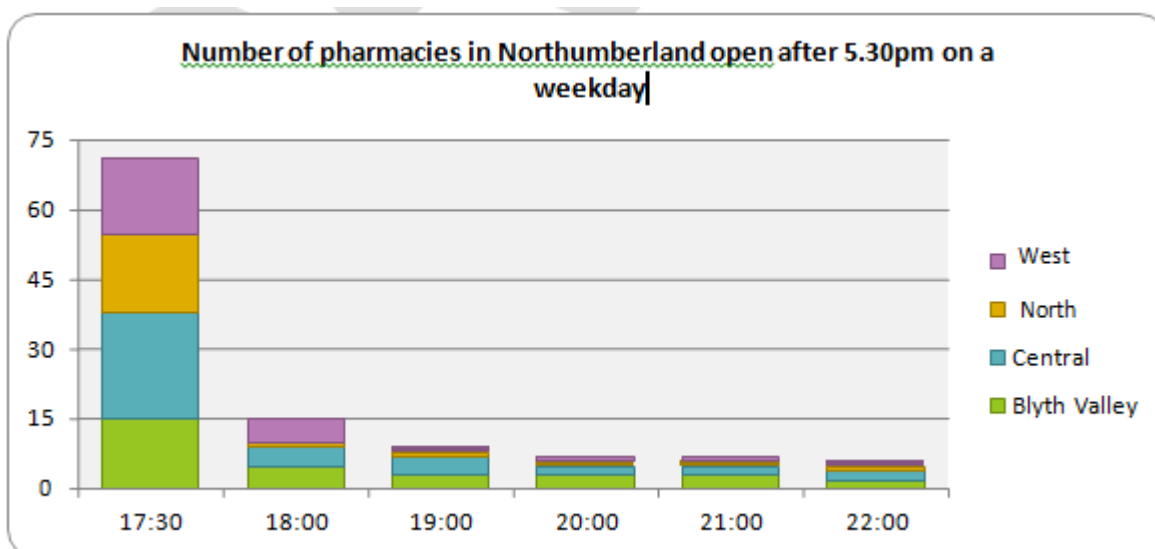
**Supplementary hours:** These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e. they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change.

Figures 5a to 5c show, by CCG locality, the numbers of pharmacies open outside Monday to Friday, 9am to 5pm core trading hours. Figure 5a shows pharmacies open during weekday evenings, Figure 5b shows pharmacies open on Saturdays, and Figure 5c shows pharmacies available on Sundays. Numbers are for total hours, i.e. including both core and supplementary hours.

### Figures 5a – 5c: Opening Hours in Northumberland

Source: NHS England

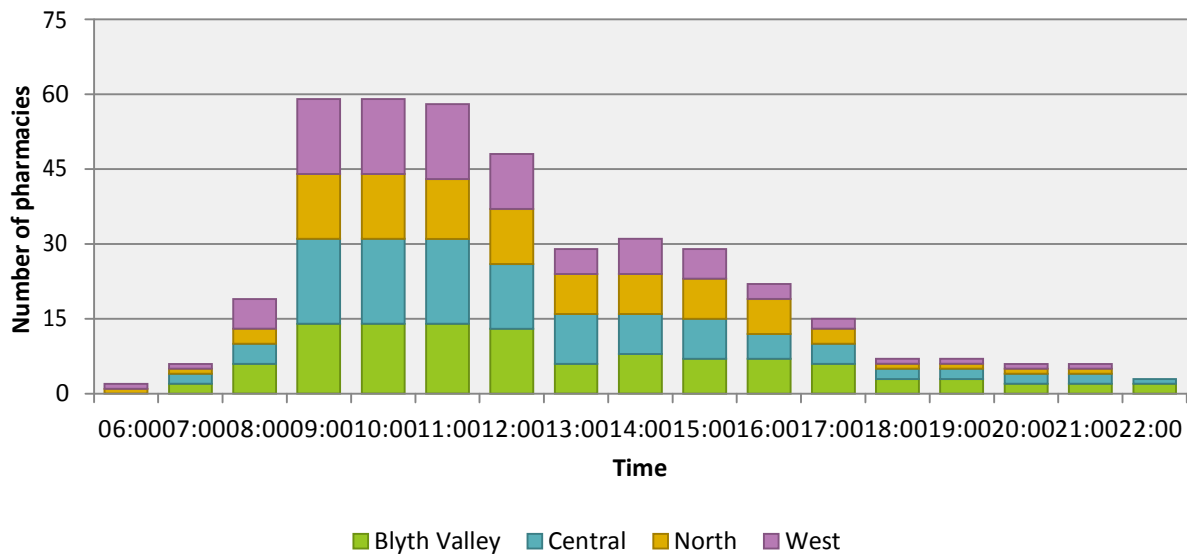
**Figure 5a:** Number of pharmacies open after 5.30pm on weekdays (excluding internet/distance selling pharmacy)



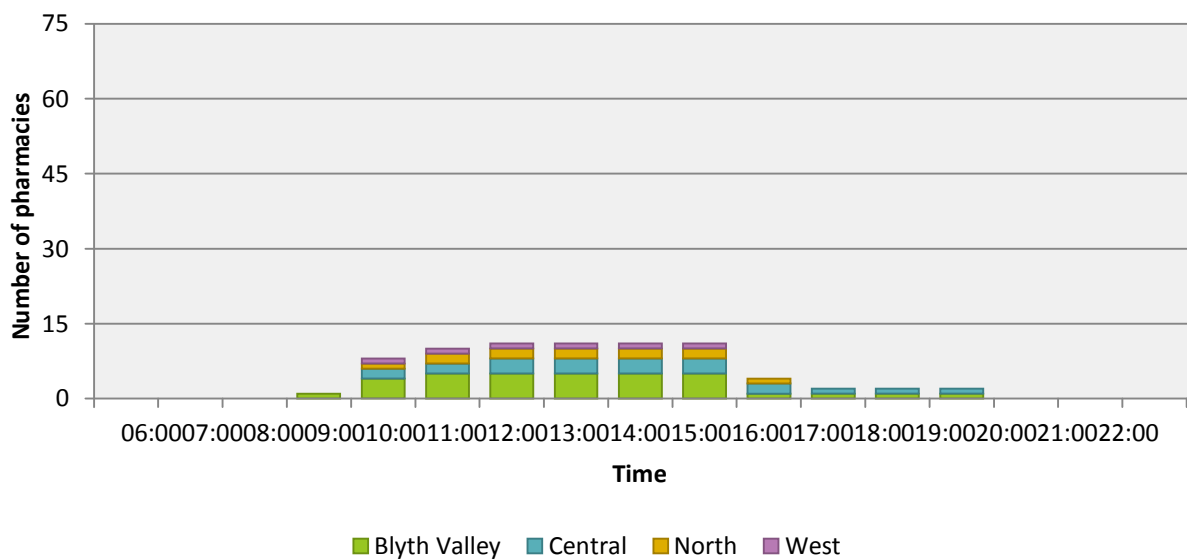
In relation to Figure 5a, if a pharmacy's hours differed on one day of the week from the other four days this difference is ignored on the chart. Therefore if a pharmacy

opens one evening per week to mirror a surgery's late opening this is not reflected in these tables.

**Figure 5b:** Number of pharmacies open on Saturdays (excluding internet pharmacy)



**Figure 5c:** Number of pharmacies open on Sundays (excluding internet pharmacy)



The number of hours which pharmacies are open has increased since 2015, where service needs and commercial viability allow. 88% of pharmacies in Northumberland open for more than the core contract hours. Table 9 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services.

**Table 9:** Number of hours of pharmaceutical services available each week  
*Data source: NHS England*

Number of hours	Number in 2017	Percentage	Number 2015	Percentage
Exactly 40	4	5.4%	9	12.2%
More than 40 and up to 45	25	33.8%	24	32.4%
More than 45 and up to 50	17	23.0%	17	23.0%
More than 50 and up to 55	13	17.6%	12	16.2%
More than 55 and up to 60	7	9.5%	3	4.1%
More than 60 but less than 100	4	5.4%	3	4.1%
100 or more	6	8.1%	6	8.1%
<b>TOTAL</b>	<b>74*</b>	<b>100.0%</b>	<b>74*</b>	<b>100.0%</b>

\* excludes internet pharmacy

Access to community pharmacy across Northumberland is well provided for during core hours. Many pharmacies in town centres are open on Saturday afternoons, giving access to working residents, although it is recognised that this does rely to a large extent on the supplementary hours provided by pharmacies and the 100 hour pharmacies. There are more pharmacies open in town centres on Sundays and bank holidays, primarily for commercial reasons eg in Morpeth and Alnwick, than there were when the 2015 PNA was written.

Pharmaceutical services in north Northumberland after 6pm and at weekends are available at the 100 hour contract in Berwick. In the west of Northumberland the 100 hour pharmacy in Hexham provides access to medicines after 6pm and at the weekend. Haydon Bridge pharmacy has extended its evening opening until 7pm to mirror GP opening hours.

Central locality has two 100 hour pharmacies in Ashington. Morpeth has a pharmacy that is open late one evening per week and town centre pharmacies which are open on Saturday afternoon, Sundays and Bank Holiday Mondays. One pharmacy in Bedlington now opens until 20.15pm one night per week.

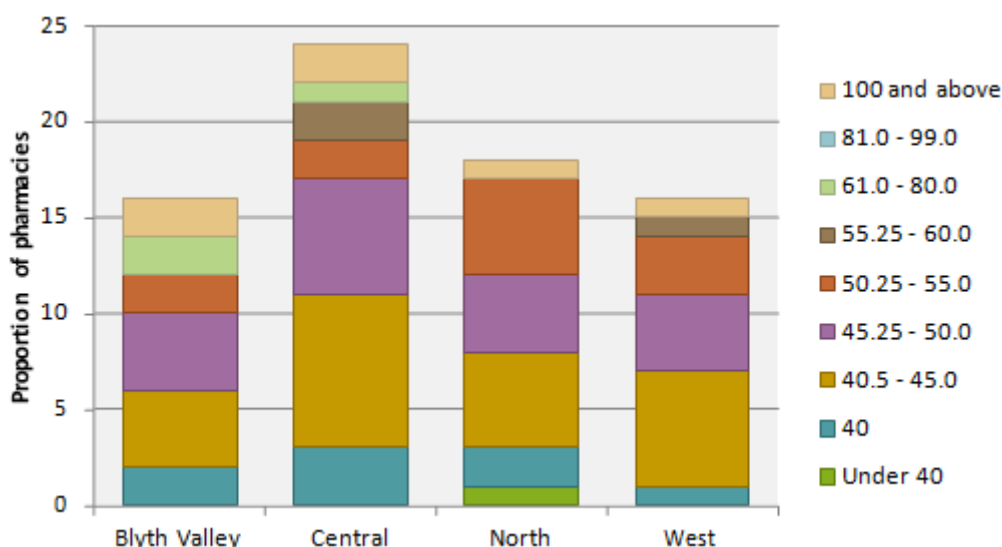
Blyth Valley locality has two 100 hour pharmacies. One of the 100 hour pharmacies in Blyth and a pharmacy in Ashington are both open until 8pm on Sundays.

Northumberland has six 100 hour pharmacies which guarantee access to pharmaceutical services in the evenings and at weekends. The extended opening hours provided by the 100 hour pharmacies are essential to provide guaranteed access to services outside the 40 hour core contract. In a large geographical area like Northumberland it is important to maintain a network of 100 hour pharmacies in

population hubs which are known and advertised and can be accessed by those living in rural areas albeit by private car.

Some patients with urgent needs still fall through the cracks in the system. Despite 100 hour pharmacies, and Northern Doctors Urgent Care services (which hold stocks of some drugs which may be needed in an emergency), there will be occasions when the only way a patient can access medicines urgently is by admission to hospital and calling out a hospital based pharmacist. There is the potential for community pharmacies to provide an on-call system to deal with these emergencies if the CCG chose to commission this service.

**Figure 6:** Number of hours of pharmaceutical services available each week by CCG locality  
*Data source: Pharmaceutical needs assessment questionnaire, July 2017*



There are also pharmacies with extended opening hours in Newcastle, the Metro Centre and North Tyneside which patients in south and west Northumberland can conveniently access. Due to the restrictions of Sunday opening hours for supermarkets, access to pharmaceutical services outside the hours of 10am to 5pm is limited. Two pharmacies (one in Blyth and one in Ashington) are open until 8pm on Sundays; this is longer than any other council area in the North east.

**After considering all the elements of the PNA, Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. Northumberland County Council considers that the network of extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. There is scope for the consolidation of pharmacies in the market towns across Northumberland. Extension of GP opening hours in service hubs may lead to some gaps in service provision, which could be met by existing providers.**

## 4.12 Current Provision of Advanced Services

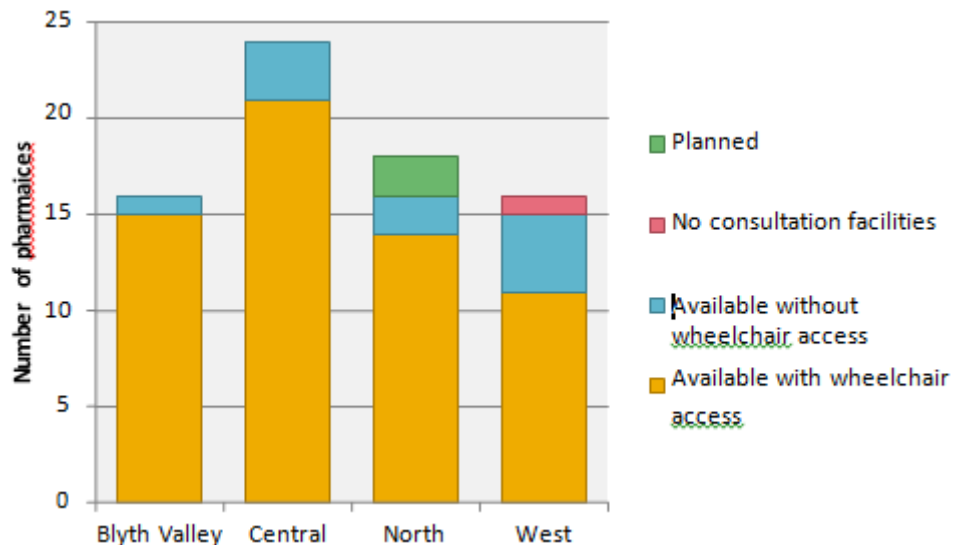
### Consultation rooms

A consultation room is essential to provide advanced services, e.g. Medicine Use Reviews (MURs) and many locally commissioned services. Standards for consultation rooms are specified in the service specification for MURs<sup>34</sup>. They include:

- clear designation as an area for confidential consultations
- distinct from the general public areas of the pharmacy premises
- an area where both the person receiving MUR services and the registered pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person

**Figure 7 - Question:** Does your pharmacy have a consultation area?

Data source: *Pharmaceutical needs assessment questionnaire, July 2017*



### Consultation Areas

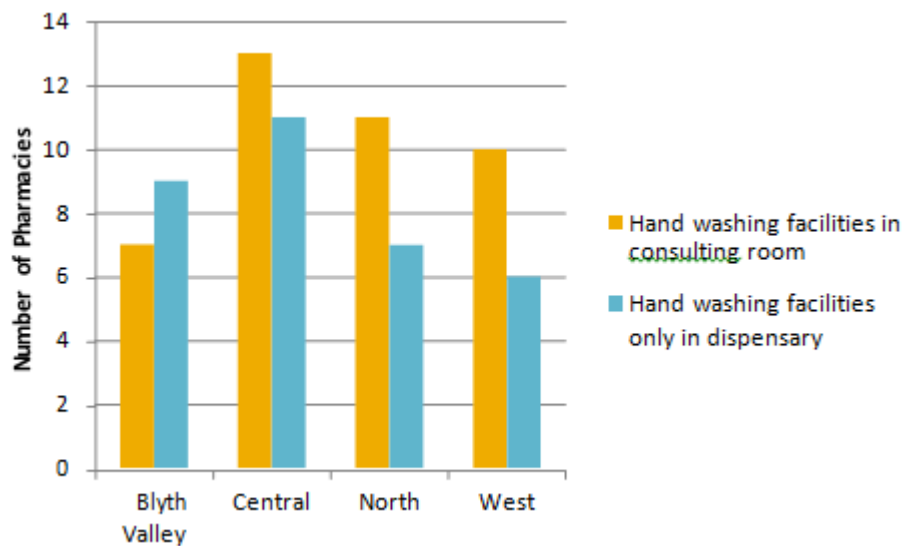
Three pharmacies do not have a consultation area; two in the north and one in the west. Although the two pharmacies in the north state that they plan to put in consultation rooms, the same response has been given over the last 7 years.

Of the 71 pharmacies which had a consultation room, 40 (56%) could access hand washing facilities in the consultation area, and the rest had access to hand washing facilities close by. It is not a requirement to have hand-washing facilities within the consultation room, as these will be available in the dispensary. However, it would be advantageous to have hand-washing facilities in the consultation room for some locally commissioned services.

<sup>34</sup> [http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes\\_FINAL.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf)

**Figure 8 - Question:** Does your pharmacy have hand washing facilities close to the consulting room?

Data source: *Pharmaceutical needs assessment questionnaire, July 2017*



## Medicines Use Review service

Most pharmacies (70 out of 74) provide Medicines Use Review (MUR) services; three pharmacies are not able to provide the service as the premises do not have a consulting room. Three of the pharmacies which do not provide this service are in very remote areas, which mean that patients cannot access this important service which helps ensure that they get the most out of their medicines. Distance selling pharmacies cannot provide this or any service which requires face to face contact with patients. The number of pharmacies providing this service has not increased in the past three years.

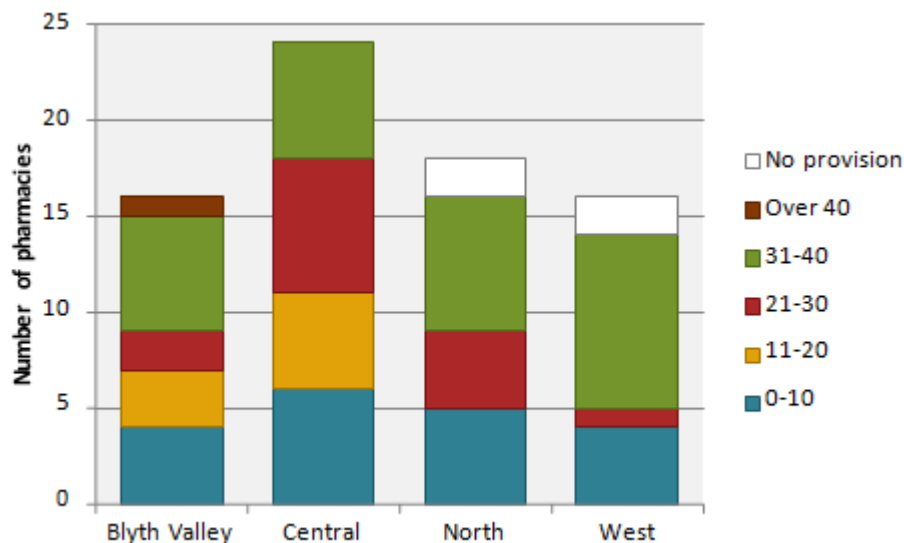
Most pharmacies do between 21 and 40 MURs per month. This will be driven by the fact that pharmacies can be paid for doing up to 400 MURs per year. NHS Business Service Authority figures show that there are 2.89 MUR consultations per 1000 prescriptions dispensed.

There are still problems in using this service for the housebound, the group that might benefit most from the service, because the pharmacy has to get permission from NHS England to provide a telephone consultation. Each patient needs to be requested and approved with NHS England prior to providing the service in the patients home.



**Figure 9 - Question:** How many Medicines Use Reviews are performed in an average month?

Data source: *Pharmaceutical needs assessment questionnaire, July 2017*



However, there is some capacity, within the current financial envelope of the scheme, to better utilise targeted MURs. Work is ongoing to identify vulnerable patients, on multiple medications, who could benefit from receiving advice on getting the most from their medicines, and reducing the risk of hospital admission.

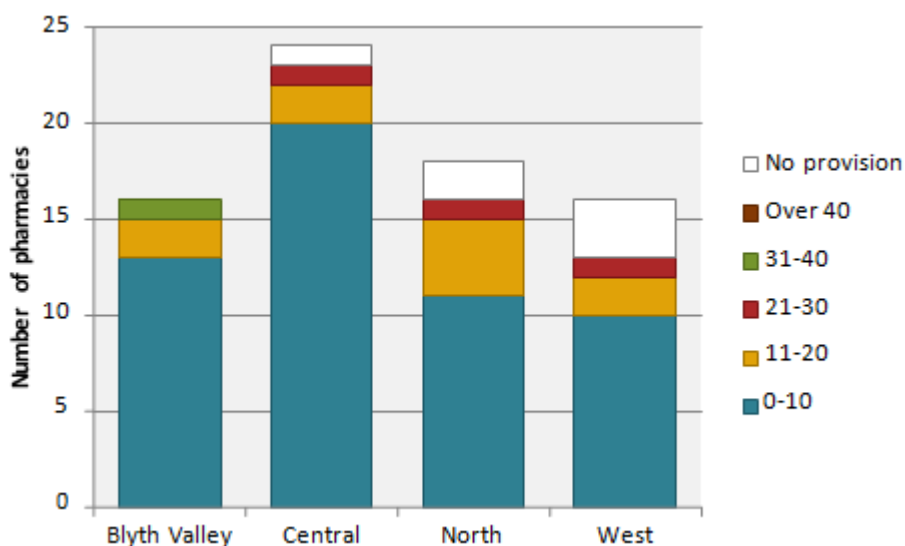
## New Medicines Services

The majority of pharmacies in Northumberland (66 out of 74 or 90%) stated that they provide this service. The MUR qualification is required to provide this service. NHS Business Service Authority figures show that there are 0.95 NMS consultations per 1000 prescription items dispensed.

As this service was introduced in 2013, it was expected that patient numbers would grow over time; however this work would appear to be developing slowly. Work is ongoing with Northumbria Healthcare Trust and Newcastle Hospitals to develop systems to identify patients discharged from hospital that would benefit from this service. The key to success will be to communicate the need for the service in a timely manner.

**Figure 10 - Question:** What is the average monthly number of New Medicines Service reviews?

Data source: Pharmaceutical needs assessment questionnaire, July 2017



## 4.13 Appliance services

Most pharmacies in Northumberland (58 out of 75) currently supply appliances on prescription. All but one of these pharmacies dispense both dressings and appliances. Regulations which came into force in 2010 defined the essential and advanced services, which apply to pharmacies and appliance contractors who supply appliances on NHS prescriptions. Further details of the services and the payments applicable to each service can be found in the Drug Tariff<sup>35</sup>.

### Essential services

- 4.13.1 Home delivery service and supply of wipes and disposal bags
- 4.13.2 Provide appropriate advice
- 4.13.3 Dispensing referral
- 4.13.4 Repeat dispensing service
- 4.13.5 Urgent supply without a prescription

### Advanced services

- 4.13.6 Stoma Appliance Customisation
- 4.13.7 Appliance Use Reviews

<sup>35</sup> The Drug Tariff is a monthly publication produced by the NHS Business Authority (prescription pricing division). It is used as a reference for the payment and repayment of NHS prescription costs by pharmacists or doctors dispensing in primary care.

Training to provide the advanced appliance services has been difficult to access as there are few training providers. There are few pharmacies which provide this service and those that do tend to employ specialist nurses to provide the service.

District nursing teams in Northumberland use dressings from stock obtained from NHS Supplies via the Northumbria Tissue Viability (TV) Service. The TV service carefully monitor the dressings use to ensure compliance against the locally approved formulary. The scheme aims to reduce waste and ensure that a dressing is available at the first visit to the patient to help prevent delays in treatment.

The nursing homes in Northumberland and GP practices currently prescribe all dressings on prescriptions.

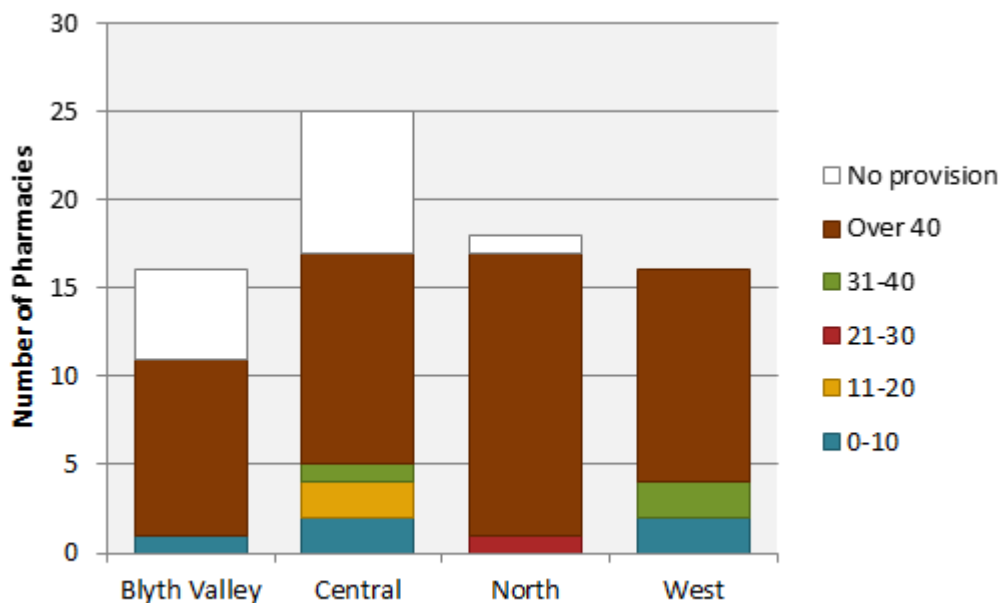
## **4.14 Seasonal Influenza Vaccination**

This service is commissioned by NHS England to help meet national targets to immunise the over 65s and those at risk from influenza. Pharmacists undergo extra training to deliver this service, and can also provide the service privately to those clients who do not qualify for NHS vaccines. Pharmacists have access to influenza vaccine over and above the vaccines ordered by GPs at the beginning of the seasonal campaign.

During the 2016/17 flu season, community pharmacies vaccinated 7,692 NHS patients and no doubt a considerable number who were not eligible to receive the vaccine on the NHS and chose to pay privately to have this vaccination. Several pharmacies vaccinated more than 300 NHS patients with two pharmacies exceeding 500 vaccinations.

This is an area which could provide an alternative to GP run clinics, at times which are of the patients' choosing. It could also reduce demand for GP or nurse appointments, while still ensuring national targets for coverage are reached.

**Figure 11 -** Number of NHS patients vaccinated against flu winter 2016/17  
 Data source: NHS England, July 2017



## 4.15 Distance Selling Pharmacies

Currently there is one distance selling pharmacy registered in Northumberland. Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Northumberland residents currently use these services.

## 4.16 Electronic Transfer of Prescriptions

Prescriptions can be sent directly from the GP's computer to computers in community pharmacies via a secure internet link. Eventually the paper prescription which is currently given to the patient will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the pharmacy nominated by the patient. It will also encourage more GPs to use the repeat dispensing scheme in the future as some GPs have complained about the awkwardness of using the paper based repeat dispensing system.

**Release 2:** Release 2 supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, and the electronic submission of reimbursement claims to NHS Prescription Services. All but one pharmacy state that they can receive electronic prescriptions.

All GP practices and pharmacies in Northumberland are Release 2 enabled and can therefore process electronic prescriptions. All pharmacies can access the NHS Summary Care Record.

It was hoped that the electronic prescription would aid services in the out of hours period. However, the destination pharmacy cannot be changed by the out of hours GP service to a pharmacy which is still open.

## **4.17 Generic NHS email addresses**

One of the quality markers for community pharmacy (see Appendix 8) is the use of a generic NHS email address. Most pharmacies now have a generic email address; however, only about half of pharmacies stated that they were using a generic NHS email address at the time of the survey in July 2017. Migration from other methods of communication for example through PharmOutcomes, may take some time to complete.

## Section 5:

# Current provision of locally commissioned services

Services are commissioned from community pharmacies by several commissioners; namely Public Health departments of local councils, Clinical Commissioning Groups, Secondary Care providers and NHS England. Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility.

The following locally commissioned services are currently being commissioned either totally or in part from community pharmacies. The first 3 services are commissioned by Northumberland Clinical Commissioning Group.

## 5.1 Think Pharmacy First

This is a scheme targeted at those patients who would not normally consider purchasing self-care medicines from their local pharmacy. These patients, and their families, are in receipt of a means tested benefit and would probably visit their surgery to have a medicine prescribed for a minor ailment because a prescription would be exempt from prescription charges. The intention of the scheme is to reduce pressure on appointments within general practices and provide a service for patients, by providing a consultation with a pharmacist, who would supply a simple remedy if appropriate.

Work is ongoing to bring together the various schemes operated by CCGs across the region, and dovetail this work with regional campaigns to encourage resilience and self care.

Maps 6 and 6a (in Appendix 3) show the pharmacies within Northumberland which provide medicines directly to patients through the *Think Pharmacy First* scheme, plotted against the index of multiple deprivation. All pharmacies stated that they were willing to provide this service.

It is one of the strategic goals of the CCG to make better use of self-care and community pharmacists, reserving GP appointments for the more serious conditions which need medical input.

The drugs prescribed most frequently through the minor ailments scheme are

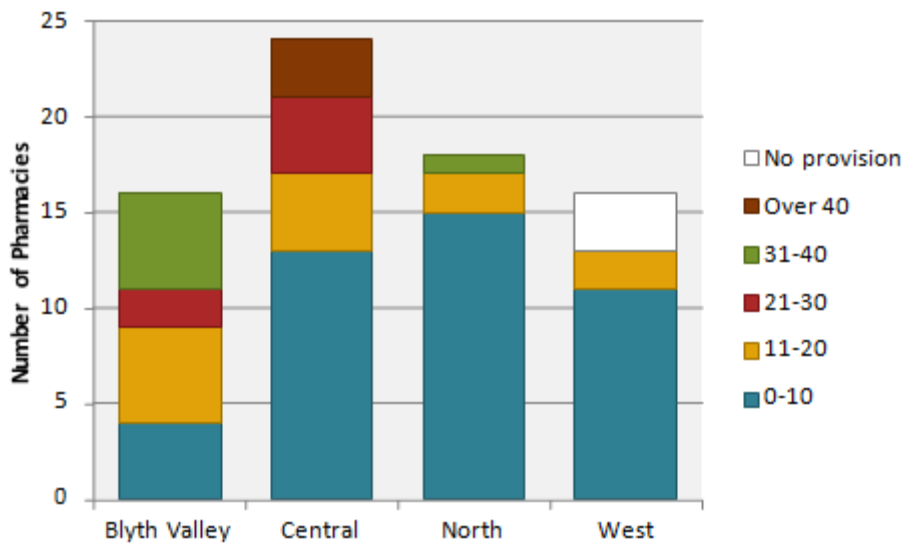
- head lice preparations
- paracetamol liquid preparations

- clotrimazole
- mebendazole
- ibuprofen syrup

These preparations are mainly used by children for minor conditions, and therefore would not generate prescription charges, if their parents qualify for exemption. Use of the minor ailments scheme will therefore help disadvantaged families access medicines for children, without the need for a surgery appointment.

**Figure 12 - Question:** What is the average monthly number of clients using *Think Pharmacy First?*

Data source: Pharmaceutical needs assessment questionnaire, July 2017



Some pharmacies feel that this service needs to be reviewed and extended, while commissioners are concerned about spiralling costs, and the need to promote self care for self limiting conditions.

**There are no gaps in the provision of this service in deprived areas, because most pharmacies provide the service. Those pharmacies which do not provide the service are mainly in affluent areas.**

## 5.2 Specialist drug access service

Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs e.g. for end of life care, a few community pharmacies are commissioned to hold them in

readiness. The community pharmacies commissioned to provide this service are open for long hours and have good parking availability. Map 7 in Appendix 3, shows the geographical spread of the pharmacies which provide this service.

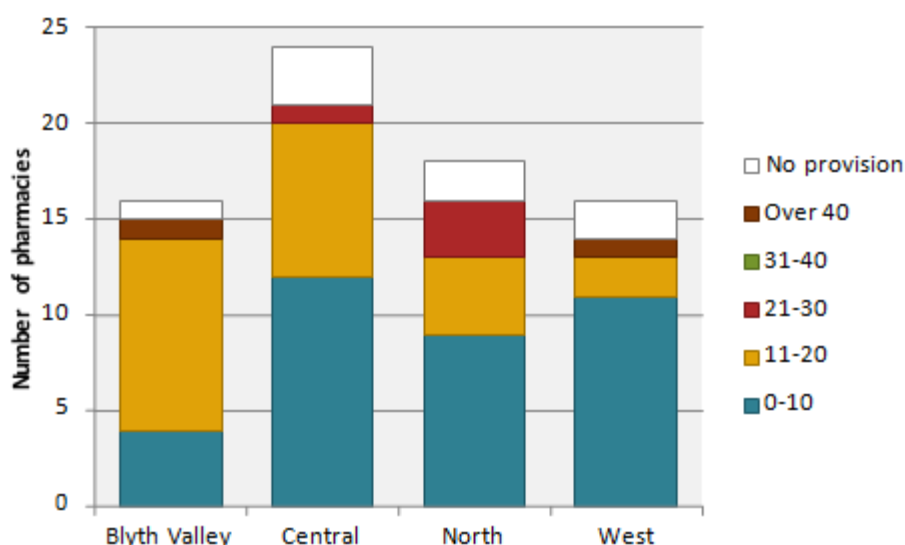
There is adequate provision of this service across the county with many other pharmacies willing to provide the service if commissioned.

### 5.3 Medical sharps collection service

Within Northumberland a service for the safe disposal of diabetes sharps is commissioned from community pharmacy. This allows patients who use needles for self-injecting insulin, or who use blood lancets for self-monitoring blood tests, to dispose of the used sharps in a safe way. This service was originally commissioned because of the rural nature of the county and the distances patients would have to travel to leave used sharps at NHS premises for disposal. Maps 8 and 8a in Appendix 3 show the geographic spread of pharmacies providing this service.

**Figure 13 - Question:** What is the average monthly number of clients using the Sharps collection service?

*Data source: Pharmaceutical needs assessment questionnaire, July 2017*



The majority of pharmacies (63 out of 74) provide this service and a further nine pharmacies would provide the service if they were commissioned to. Only four pharmacies stated that they did not intend to provide this service. The distance selling pharmacy cannot provide this service.

There is adequate provision of this service across the county with other pharmacies



willing to provide the service if commissioned.

The following services are commissioned by the Public Health Department of Northumberland County Council

## **5.4 Alcohol and drug misuse services**

The aim of alcohol and drug misuse services is to reduce the harms done to patients by:

- reducing the risks associated with illegal drug use
- reducing the numbers of people who use illegal drugs
- promoting the responsible use of alcohol.

### **Needle exchange**

The key aim of this service is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Services have been commissioned from community pharmacies and other providers, to provide needle exchange services, which encourage those who still use illegal drugs, to use them as safely as possible by providing access to clean needles and syringes. Map 9 in Appendix 3 shows the locations of these services.

It is important that community pharmacies are linked in with Public Health commissioned services, as this will ensure the pharmacies receive information updates, alerts and professional support. Public Health currently commissions two pharmacies in Blyth Valley to provide Needle Exchange services, five in Central locality, one in North locality and three in West. Currently there is no provision in Alnwick and Morpeth; although a service would be commissioned in any locality where a client expressed a need for it. There are a number of other providers of Needle Exchange services as well as to community pharmacies. In addition, several pharmacies have expressed an interest in providing this service in the future.

**When community pharmacy is considered with other providers of Needle Exchange services, there is adequate coverage for current needs.**

### **Supervised opioid consumption**

Services have been commissioned from community pharmacies to provide a supervised consumption scheme for methadone for those individuals who have made the decision to reduce their illegal opiate use. Substance misuse services prescribe an opiate substitute, tailoring the dose to the individual's needs. When a pharmacist supervises the patient's consumption of the methadone in the pharmacy, it will not end up being traded on the street, or accidentally being taken by children in

the home. This also reduces the potential for criminal activity.

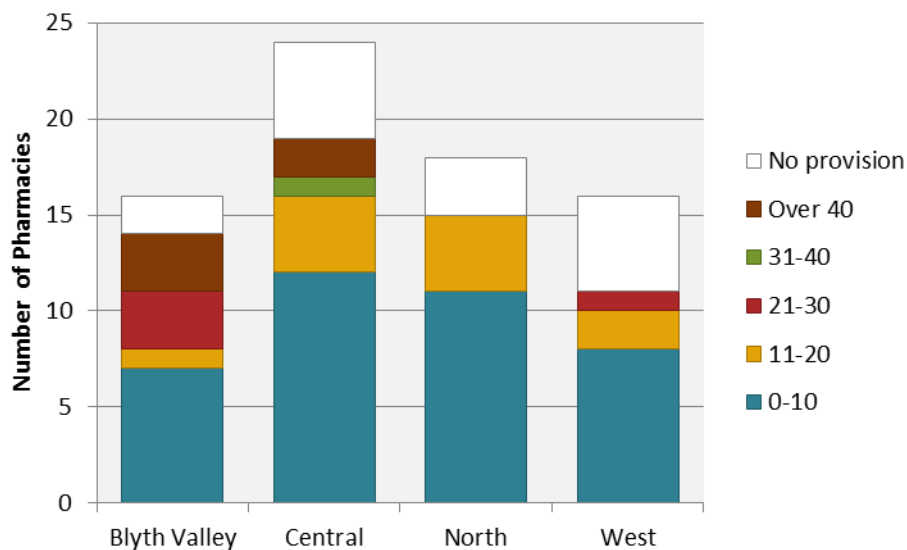
The number of pharmacies commissioned from April 2017 to provide supervised opioid consumption services in each of the localities is as follows:

- 12 pharmacies in Blyth valley
- 19 pharmacies in central locality (7 in Ashington)
- 16 in North Northumberland
- 8 in West Northumberland

Maps 10 and 10a in Appendix 3 show the locations of these services. Most of the need for this service is in Blyth Valley and Ashington. Coverage is adequate in these areas.

**Figure 14 - Question:** What is the average monthly number of clients using the supervised opioid consumption services?

*Data source: Pharmaceutical needs assessment questionnaire, July 2017*



Most pharmacies provide this service to less than 10 clients per month. In most cases there is daily contact which allows the pharmacy staff to get to know their clients, and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client's health status, sign-posting to other relevant services. It is important that pharmacies providing supervised consumption services are linked into the support services offered by the Public Health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all of the customer's health needs.

**There is adequate provision of this service across Northumberland where it is needed. In market towns and other communities there is a choice of provider.**

# 5.5 Stop smoking services

Northumberland Public Health team has a well-developed NHS Stop Smoking service including intermediate and specialist provision. Specialist services are provided by staff from multiple locations, some of which are located in community pharmacy premises.

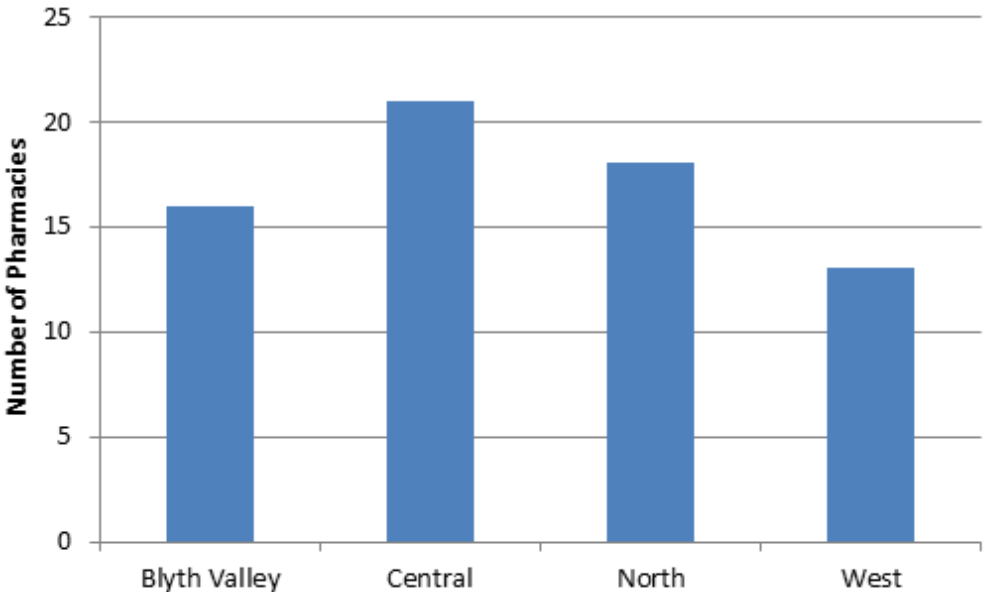
Intermediate level stop smoking services are provided from pharmacies as well as some GP surgeries and the community. Maps 12 and 12a in Appendix 3 show the locations of these services.

**Table 10:** Pharmacies providing Intermediate Stop Smoking services by CCG locality  
*Data source: Pharmacy claims data, 2016/17*

CCG locality	Number of pharmacies
Blyth Valley	7
Central	10
North	7
West	9

Northumberland also operates *Pharmacy Direct*, a scheme for the supply of nicotine replacement therapy products, and all pharmacies can provide this service.

**Figure 15:** Northumberland pharmacies actively providing Pharmacy Direct in 2016/17  
*Data source: Pharmacy claims data, 2016/17*



**When considered with other providers of stop smoking services, coverage across Northumberland is adequate. Pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.**

The following services are commissioned by a local secondary care provider as part of the wider sexual health service commissioned by the public health department, for which the secondary care provider holds the contract.

## **5.6 Sexual health services**

### **Plan B (EHC)**

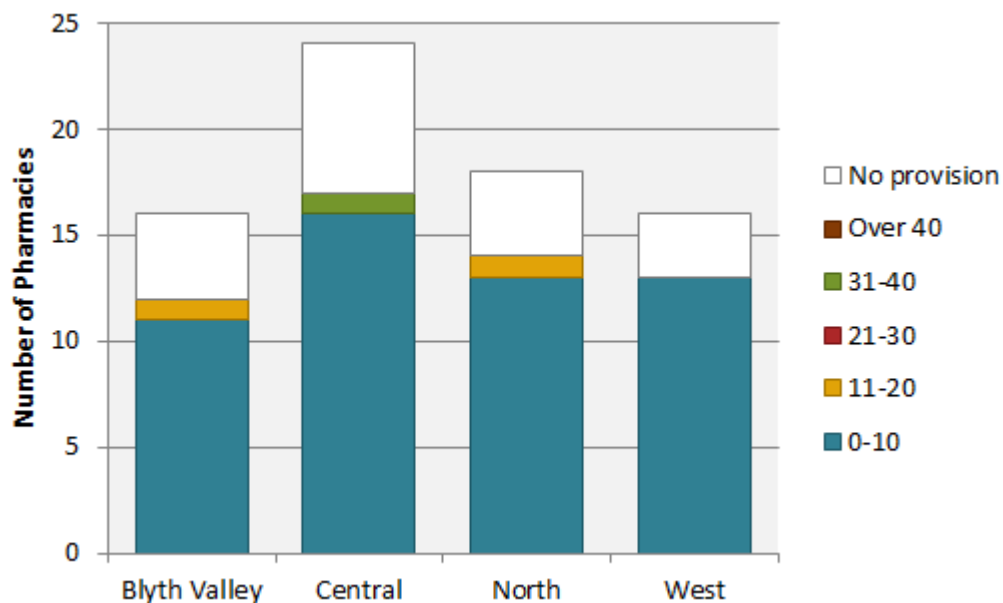
To meet public health targets to reduce teenage pregnancy, a locally commissioned service was developed to make emergency hormonal contraception (EHC) more readily available. Although EHC is available without prescription the retail cost is variable (between £10.00 and £34.00) which means it is unaffordable in some local pharmacies for many of the target group, and it is not licensed for women under 16. Pharmacists providing the service undergo extra training, and provide treatment against a Patient Group Direction in an attempt to reduce unintended pregnancies and subsequent terminations.

Pathways are in place for an immediate referral to community Sexual Health Services or Primary Care for Emergency Intrauterine Contraception as the first line option in response to Emergency Contraception. Pharmacists are trained in prioritising and advising on the optimal pathway. There are also pathways that have been developed to support ongoing reliable contraception and processes that have been implemented to enable pharmacists to refer women into specialist contraceptive services for ongoing advice, treatment and support. The service also includes an option for the pharmacist to supply ulipristal (Ella One<sup>®</sup>) where clinically indicated.

Maps 11 and 11a in Appendix 3 show the locations of services which can provide emergency contraception. Known teenage pregnancy “hotspots” (areas where under 18 conception rates are at least 60 per 1,000 girls aged 15-17) are well served by pharmacies providing Plan B.

**Figure 16 - Question:** What is the average monthly number of clients using Plan B?

Data source: Pharmaceutical needs assessment questionnaire, July 2017



**When considered with GP surgeries and other services which offer emergency contraception, the current service is adequate. Community pharmacies which are open at the weekends, and outside regular service hours during weekdays, are seen to offer a needed service.**

### **Chlamydia screening**

All pharmacists providing Plan B are expected to discuss screening for sexually transmitted infections during a consultation and provide details about the free condom scheme. Those registered as C.Card outlets supply free condoms to Young People under the age of 25 years. Postal Chlamydia screening kits are provided to pharmacies to give to those women aged 15 to 24 years who present for Plan B. However the number of clients who access this service is low, when the number who present for Plan B treatment is considered.

## Section 6:

# Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Northumberland County Council, the Clinical Commissioning Group or NHS England. These services are provided at the discretion of the pharmacy owner.

**Table 11:** Non-commissioned services identified in the PNA questionnaire

	Blyth Valley	Central	North	West
Pregnancy testing	4	7	4	2
Referral for coils	5	13	5	5
Referral for further contraception	7	17	7	8
Blood pressure checks	11	13	8	5
Blood glucose checks	6	4	3	3
Blood cholesterol checks	4	4	3	2
Weight management service	2	5	2	1
Private flu vaccination	6	7	7	8
Travel clinic	5	5	2	2
Compliance Aid Assessment	4	12	8	4
Erectile dysfunction service	2	5	3	2
Hair loss service	2	3	2	2
Melanoma screening	0	1	0	0
Prescription collection service	16	24	18	16
Advice/support to care homes	9	7	11	5
Prescription delivery service	14	23	11	12

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the pharmaceutical needs assessment questionnaire are detailed in Table 11 above.

From this table it can be seen that pharmacies offer a wide range of non NHS services. Some of the services are not aligned with the strategic priorities of the CCG or the council, but may be fulfilling a customer generated demand for non NHS services.

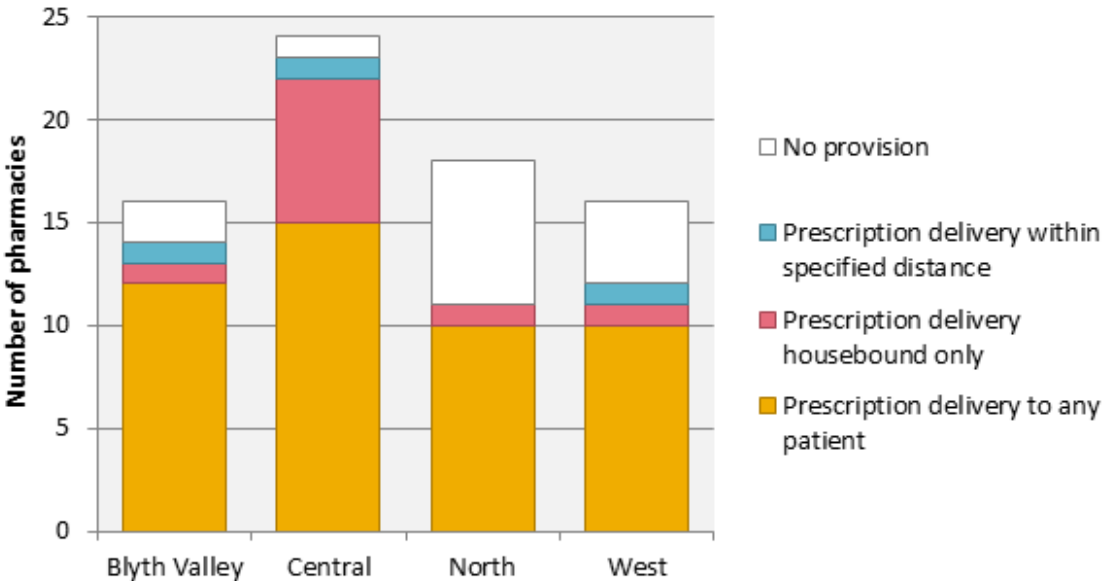
### 6.1 Collection and delivery services

Two of the services which customers find extremely useful are the prescription collection from the surgery and home delivery services. Patients are often surprised to find that these are not NHS services.

All 75 pharmacies in Northumberland provide prescription collection services. As electronic prescriptions become more widely used the need for prescription collection services will diminish, as the prescriptions will be sent electronically to the pharmacy which the patient has chosen.

Most pharmacies (63 out of 75) stated that they provide a prescription home delivery service. Even those which do not directly provide the service will often arrange for another branch to deliver the prescription.

**Figure 17 - Question:** Do you provide a prescription delivery service?  
*Data source: Pharmaceutical needs assessment questionnaire, July 2017*



Some pharmacies do put a limit on this service with regard to distance, and some only provide this service to housebound patients.

## 6.2 Monitored dosage systems

Pharmacies are expected to make suitable arrangements for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor. This will sometimes require the use of monitored dosage system (MDS) cassette boxes to help patients take complicated drug regimens.

Sometimes family or carers ask for medicines to be dispensed in MDS boxes, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. Twenty eight pharmacies offer a compliance aid assessment service to ensure that the most appropriate compliance aid is recommended for that patient.

There has been an increase in requests for MDS boxes where they are not necessarily indicated; this has associated cost implications. Some pharmacies do insist on an assessment by GP, social services or other suitable professional before agreeing to provide this service. Discharges from hospital can be delayed by the time that it takes to make arrangements to have MDS available for vulnerable patients.

The recently published NICE guideline *Managing Medicines for adults receiving social care in the community*<sup>36</sup> has introduced more structure to the standards regarding domiciliary care settings, which are increasingly being imposed by the Care Quality Commission. The guidance details the responsibilities of commissioners for adults receiving support in their own home, with regard to support for taking medication. Greater emphasis is given to the need for Medicines Administration records (MAR) as a support to carers and a record of what has been given.

*Care workers should use a medicines administration record to record any medicines support that they give to a person. This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider.*

Supply of MAR charts are not part of the dispensing terms of service and are included here as non commissioned services which can be paid for by the patient or caring organization. Alternatively, this service could be commissioned by the CCG.

<sup>36</sup> <https://www.nice.org.uk/guidance/ng67>



## Section 7:

# National community pharmacy contract reforms

In December 2016 a new national community pharmacy contract was introduced.

The Government vision for this contract is: “for community pharmacy to be integrated with the wider health and social care system, to help relieve pressure on GPs and A&E departments, ensure optimal use of medicines, and ensure better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering 7 day health and care services.”

To ensure that all parts of the health service strive to become more efficient, the government has reduced community pharmacy funding by 6%. NHS England believes that there are too many community pharmacies and acknowledge that 1,000 to 3,000 may close because of the cuts. This reduction comes on top of year on year efficiency savings of 4%. The cuts came into effect in October 2016, by reducing the establishment payment, the fee for dispensing each prescription, and the amount reimbursed for drug costs.

There is no plan for where the closures will take place – it will be survival of the financially fittest (but not necessarily the best, or those offering most services).

To encourage mergers or consolidations of closely located, “surplus” pharmacies the new pharmacy regulations (Pharmacy Regulations 2013, 5<sup>th</sup> December 2016 update) were introduced in December 2016. The new regulations allow two pharmacies to make an application to merge and provide services from one of the two current premises

Two schemes have been introduced which would give pharmacies access to some additional funding

- 1) NHS Access Scheme
- 2) Quality payment Scheme

### 7.1 NHS Pharmacy Access Scheme (PhAS)

This has been introduced with the aim of ensuring a baseline level of patient access to NHS community pharmacy services is protected. This scheme will run from 1<sup>st</sup> December 2016 until 31<sup>st</sup> March 2018.

A pharmacy will be eligible for the PhAS if it meets all three of the following criteria

- the pharmacy is more than a mile away from the nearest pharmacy (by road)

- the pharmacy is not one of the top 25% by dispensing volume
- it was an established pharmacy on 1<sup>st</sup> September 2016

Currently 20 (out of 75) pharmacies in Northumberland are eligible for this payment. They are listed in Appendix 7

## 7.2 The Quality payment scheme

This scheme works by rewarding pharmacies for achieving quality markers. The scheme has four gateway criteria which have to be reached, before a pharmacy will be eligible for any quality payments. The Gateway Criteria include:

- provision of at least one specified Advanced Service; (new medicines service(NMS), Medicine Use Review (MUR) , NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- have their NHS Choices entry up to date;
- have the ability for staff to send and receive NHS mail; and
- ongoing utilisation of the Electronic Prescription Service.

Pharmacies passing the gateway criteria receive a Quality Payment if they meet one or more of eight quality markers which include. (see Appendix 8)

1. Achieving the national self-assessment Healthy Living Pharmacy Level 1 Award.
2. 80% of all pharmacy staff in patient facing roles trained as *Dementia Friends*.
3. Evidence of an asthma review for patients not prescribed appropriate corticosteroid therapy.

It is expected that all pharmacies will seek HLP accreditation because of the link to quality payments. It will be important for the Health and Wellbeing board to ensure that these pharmacies become hubs to promote healthy living messages and campaigns.

## 7.3 Healthy Living Pharmacies

One of the most significant developments in community pharmacy in recent years has been the emergence of Healthy Living Pharmacies (HLPs), with:

- qualified health champions, who have completed the Royal Society for Public Health level 2 award, Understanding Health Improvement, who are enthused and motivated to reach out to their communities, to help them improve their community's health
- pharmacist or manager having been through leadership training
- premises that facilitate health promoting interventions

- local stakeholder engagement with members of the public, other health and social care professionals, voluntary organisations, charities, all underpinned by quality criteria
- a pro-active team culture and ethos, with staff pro-actively promoting health and wellbeing messages within the whole pharmacy team, using every interaction in the pharmacy setting for a health promoting intervention or life-changing intervention, making every contact count
- innovative delivery models
- caters for the public health needs of the community
- consistent high quality service

Northumberland County Council's Public Health team recognised the importance of building capacity to upscale health improvement awareness and advice to the population of Northumberland. It is a challenge to cover the wide geographical area, hence the importance of engaging Pharmacies, which should be the accessible hubs of health advice in local communities.

The Healthy Living Pharmacy programme was launched by Northumberland County Council, in partnership with the Local Pharmaceutical Committee, in September 2012. The programme was set-up in response to a 2008 government white paper which suggested that pharmacies could become healthy living centres: promoting and supporting healthy living and health literacy; offering patients and the public healthy lifestyle advice and support on self-care.

The Healthy Living Pharmacy (HLP) framework (see Appendix 9) has now been adopted as a marker of pharmacy excellence. It is a tiered framework aimed at achieving 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. It does this by

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

The new national assessment process allows pharmacists to self certificate compliance with the requirements of the Level 1 Healthy Living Pharmacy (HLP) framework<sup>37</sup>. This process builds on the fact that pharmacists are regulated health professionals and as such are accountable for maintaining and improving the quality of services and advice they and their team provide.

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<sup>37</sup> <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1.html>

NCC Public Health team continue to support pharmacies that are working towards accreditation by helping them with their portfolio of evidence. Support is also available for those working towards level 2 accreditation.

There were 27 pharmacies which were accredited by Northumberland public health team at Level 1, and 13 achieved Level 2, before the new national system of self certification was implemented in December 2016.

Seventeen pharmacies stated that they have achieved the new Level 1 National award and fifty two pharmacies state that they are working towards accreditation.

Survey data suggests that the following have achieved the Healthy Living Champion qualification from Royal Society of Public Health (Understanding Health Improvement)

- 8 pharmacists
- 18 technicians
- 27 counter staff
- 11 "others"

Map 13 in Appendix 3 shows the current spread of Healthy Living Pharmacies, by population density.

## Section 8:

# Future provision

## 8.1 Policy drivers

Implementation of the Five Year Forward View (5YFV) is a key policy driver across the health and social care sector. The 5YFV describes the need to remove barriers across providers and the various healthcare settings and describes networks of care centred on the patient, with care provided closer to home.

The Five Year Forward View recognises the key role of pharmacy, highlighting that there should be far greater use of pharmacists in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions, medication review in care homes, and as part of more integrated local care models.

Health and social care services are commissioned in partnership between Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). This partnership is enabled at a local level through Health and Wellbeing Boards and at a sub-national level through the Sustainability and Transformation Partnerships (STP), which bring together partners across larger geographical footprints to achieve stronger and more sustainable system solutions.

The Northumberland, Tyne, Wear and North Durham STP set out a clear approach to how the challenges in the 5YFV will be delivered locally by 2020-21.<sup>38</sup> It focuses on a number of key Transformational Areas that include:

- Scaling up Prevention, Health and Wellbeing to improve the health and wellbeing of the public and patients utilising an industrialised approach designed by the Directors of Public Health.
- Scaling up new models of care from local Vanguards
- Development of a robust primary care sector

The STP also covers transforming hospital services and closing the financial gap.

HWBs bring local authorities and CCGs together by promoting integrated working between commissioners of health services, public health and social care services in order to improve the health and wellbeing of local people.

The priorities outlined in the Joint Health and well being strategy include

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<sup>38</sup> Delivering sustainability and transformation plans: From ambitious proposals to credible plans. The Kings Fund, February 2017. [www.kingsfund.org.uk/publications/delivering-sustainability-and-transformation-plans](http://www.kingsfund.org.uk/publications/delivering-sustainability-and-transformation-plans)

- Life style improvements – less people overweight, less people smoking, and reduced incidence of excess alcohol consumption
- Every child having the best start in life
- Improvements in well being – less social isolation and loneliness
- Reduced burden of disease with fewer complications

## 8.2 National vision for community pharmacy

There has been national recognition that community pharmacy has a skilled but underutilised clinical workforce, which could help the general public keep themselves healthy and more resilient (public health) and reduce reliance on GPs by taking clinical responsibility and prescribing for those with long term conditions.

Public Health England has recognised in its report “Pharmacy: Public Health Interventions”<sup>39</sup>, the potential value of community pharmacy in delivering national health priorities, and highlights how community pharmacy could be commissioned to deliver in these key areas. Table 14 details key areas for action

**Table12:** Key Action Areas for local government, public health and NHS

Topic	Local Government Mandated Service	Health and Well being Board priority	Sustainability and Transformation Plan Priority	National Priority area for action
NHS Health Checks	X	X		X
Sexual and Reproductive Health & Contraception	X	X	X	X
Healthy Child Programme	X	X		X
Alcohol	X	X	X	X
Drugs	X	X		X
Falls and MSK		X	X	X
Smoking		X	X	X
Diet and Obesity		X		X
Blood pressure and atrial fibrillation		X	X	X
Mental Health		X		X
Healthy Ageing		X		X

<sup>39</sup> <https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions>

Maternity & early years		X	X	X
Diabetes		X	X	X
Health & work		X		X
Physical activity			X	
Antimicrobial resistance			X	X

## NHS Health Checks

Most NHS Health Checks are offered via general practice and evidence suggests that accessibility can be a barrier for improving uptake. Community pharmacy offers an important alternative for NHS Health Checks. It adds value to a mixed delivery model by increasing accessibility for some people

## High Blood Pressure

Pharmacy teams can help tackle high blood pressure by:

- providing opportunistic blood pressure checks and pulse rhythm checks for their patients and clients,
- providing NHS Health Checks
- referring patients who have high blood pressure back to the GP for appropriate clinical management
- managing patient's blood pressure with medicines and modifiable risk factor interventions (by clinical pharmacists in GP practices or community pharmacists)

## Healthy Eating

LA Commissioners could commission Healthy Living Pharmacies to deliver promotion of healthy eating using the Eatwell Guide as the basis of advice.

Pharmacy teams could:

- promote weight management services
- discuss government advice on specific vitamin supplement requirements (eg 400 microgram of folic acid with women of childbearing age and pregnant women)
- discuss government advice on vitamin D (8.5-10 microgram per day as drops from birth to 1 year, 10 micrograms per day from 1 to 4 years as drops and 10 micrograms upwards for everyone else)
- use opportunities to help their communities understand food labelling and choose healthier options alongside avoiding allergens where appropriate

- carefully manage the tensions - such as the sales of a broad range of supplements and diet products which are in general terms unlikely to be of benefit to the majority of the population

## Stop Smoking messages

Pharmacy teams could routinely discuss stopping smoking with people presenting prescriptions related to Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease or hypertension or when selling relevant over the counter medicines. Where smokers are identified, pharmacy teams should provide very brief advice alongside selling over the counter nicotine replacement therapy (NRT), if appropriate.

Community pharmacy delivered stop smoking interventions, including behavioural support and/or NRT, provided by those trained to the appropriate standard; offer an effective and cost effective way to support smokers to stop smoking. This already happens in Northumberland.

Pharmacy teams can support national stop smoking campaigns. In 2015 over 9,000 pharmacies took part in the New Year smoke free health harms campaign.

## Physical Activity

Pharmacists could routinely ask about physical activity during consultations for, Medicines Use Reviews and the New Medicines Service, for people prescribed medicines for long-term conditions or when selling relevant over-the-counter medicines. They could signpost local opportunities for physical activity, particularly opportunities targeted as specific groups such as Walking for Health groups to people attending pharmacies.

## Musculoskeletal Problems

Pharmacy teams could advise individuals who are in pain and discomfort with specific MSK conditions such as back pain, osteoarthritis and rheumatoid arthritis, and focus on prevention strategies such as outlining the benefits of physical activity, good nutrition and improving balance and muscle tone, in addition to advising about the use of medicines. Local partners could work with local pharmacies to develop referral pathways to meet the prevention, early detection and treatment recommendations for people with MSK

## Alcohol

Pharmacists have the opportunity to give brief advice on the risks of alcohol when they interact with customers and patients, and signpost people who are potentially dependent on alcohol to local specialist alcohol treatment providers. They could (if



commissioned raise awareness about the risks of alcohol consumption by discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.

## Sexual Health and Contraception

Emergency contraception and discussing sexually transmitted diseases, pharmacists could improve preconception health for women, reduce risk factors in pregnancy by discouraging smoking, improve perinatal mental health through the promotion of good mental health, improving breastfeeding rates by signposting to information and support including Start4Life resources

## Support Immunisation Programmes

Pharmacy professionals can promote uptake of pertussis and influenza immunisation for all pregnant women and immunisation programmes for children during their early years.

## Support Oral Health

Pharmacy teams can support good oral health by offering brief interventions about common risk factors for oral disease such as tobacco, alcohol and sugar reduction. They could offer simple advice such as how often to replace toothbrushes, how much fluoride is optimal in toothpaste, when is the best time to brush and to 'spit don't rinse.

By having an awareness of the early signs of mouth cancer and signposting clinical examination of suspicious lesions, such as ulcers that have been present for more than 2 weeks, pharmacy teams could reduce delay in treating oral cancers. They could also signpost dental examination or treatment, where appropriate. They can advise on dry mouth conditions and highlight medicines that may cause dry mouth.

The **Community Pharmacy Forward View**<sup>40</sup> describes three key roles for the community pharmacy of the future:

1. Facilitator of personalised care for people with LTCs.

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<sup>40</sup> Community Pharmacy Forward View. PSNC, Pharmacy Voice. August 2016.

<http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

2. Convenient first port of call for healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

This has been superseded by the Murray "Review of Community Clinical Pharmacy"<sup>41</sup> published in December 2016, which highlights the barriers to better utilisation of the community pharmacy workforce, namely;

- Poor integration of community pharmacy with other parts of the NHS and especially poor integration of IT systems
- Issues of behaviours and cultures between GPs and pharmacy which inhibit integration
- System design (complex contract for community pharmacy)
- Better utilisation of pharmacy technicians to free up pharmacists to undertake clinical roles
- Complexity of commissioning.

Murray notes that *"with other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level"*.

He recommends that:

1. Full use should be made of electronic repeat dispensing.
2. MURs should be redesigned to include on-going monitoring and follow up and ultimately should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway.
3. There needs to be a minor ailments scheme (either national or locally commissioned) which builds on the work done in Scotland using patient registration models.
4. Smoking cessation should become part of the national pharmacy contract.
5. Existing Vanguard programs should be used, with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care, specifically
  - Integrating community pharmacists and their teams into long term condition management pathways for residents of care homes. This should include

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<sup>41</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.

-Involving community pharmacists in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.

-Utilising existing contractual levers and developing new ways of contracting, in order to provide clinical services that utilise pharmacists clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

6. NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in commissioning and support local commissioners in contracting for services now.
7. Digital connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include full access to clinical records held by other healthcare professionals.
8. Pharmacy technicians should be able to work under patient group directions
9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their clinical skills.
10. Explore with the professional bodies, the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability as well as putting the patient at the centre.

### **8.3 Local vision for community pharmacy**

Local examples of integrated working include the Northumbria integrated pharmacy team, which ensures safe and optimal use of medicines across the county. Working within primary and secondary care, the pharmacy team provide enhanced care to patients wherever they present, by better integration between health and social care.

Northumberland Vanguard have been testing and implementing new models of care for complex and high risk patients, both within care homes and care at home. Working with multidisciplinary teams, pathways from hospital to home have been developed to support patients following discharge. The vanguard also targets high risk patients identified in the community to provide out of hospital care to prevent

admissions. Given the need for a future pharmacy workforce to optimise medicines irrespective of patient location, Northumbria have also developed integrated roles for newly qualified foundation pharmacists to work in both primary and secondary care.

Community pharmacy has the opportunity to be part of this integrated approach, delivering clinical services such as home visits and rapid reconciliation of medicines on discharge for the majority of patients. Currently this integrated community pharmacy model utilises MUR for remuneration of reviews within care homes but a future model could be commissioned directly by the CCG.

To deliver this vision for the future, we will need not only a network of community pharmacies, but also an appropriately skilled workforce. Currently, we have nine independent prescribers working in community pharmacy in Northumberland. More pharmacists will need to undergo training to deliver this vision.

**Table 13:** Northumberland pharmacies employing staff with extra qualifications  
*Data source: Pharmacy Questionnaire July 2017*

	Number
Pharmacists with prescribing qualification	9
Pharmacists with Clinical Diploma	16
Accredited checking technicians	44

## New Technologies

Better use of, and improved technology will be an enabler of this vision. Use of electronic repeat dispensing would free up time in surgeries currently devoted to the repeat prescription workload. Changes in the payment system could result in pharmacies being paid a capitation system for taking responsibility for the clinical management of these patients, as is currently being proposed in Scotland. As tele-medicine becomes the norm for primary care, then pharmacists could use Skype for counselling and follow up.

It would be extremely useful if community pharmacies could receive electronic prescriptions and discharges from hospital computer systems. This would speed up discharge from hospital (where all patients complain about the length of time it takes for them to receive their discharge medication) and allow for immediate supply of patient medication from Out Patient clinics. The patients would attend hospital for their consultant appointment and could then collect their medication from their local pharmacy. Patients could be discharged at the point of clinical decision and collect their medication on their way home. This service would be provided alongside an enhanced new medicines counselling service.

## 8.4 New roles for community pharmacy

There is scope for development of innovative pharmacy services, with a greater emphasis on advanced clinical skills, in order to meet demand for both urgent care services and improvement in public health. For example, pharmacists skilled to see and treat patients with ENT/respiratory presentations, including assessment of infection and appropriate prescription, could dramatically reduce the demand on over-stretched GP and ED services. From a healthcare and workforce perspective, this could be game changing. Not only would such services assist with urgent care demand, but would also tie in with the public health prevention strategy, for example, smoking cessation, Seasonal Influenza Vaccination, identifying cancer early. This would require enterprise and innovation, with opportunities to work with Foundation Trusts in Northumberland to develop such novel services, for the benefit of the whole population. Such a development would also require close working with Health Education England to ensure commissioned training for pharmacy staff, incorporating advanced clinical skills as well as prescribing.

**Independent prescribing:** More community pharmacists as independent prescribers would allow them to manage case loads of their patients with the support of hospital based integrated care pharmacy teams. Specialist clinics could be commissioned on a regional level to be run from specified community pharmacies. This could be supported by the integrated care teams / by specialist pharmacy teams from secondary care.

**Advanced clinical skills:** community pharmacists with advanced clinical skills could provide enhanced screening for the use of OTC medication and link this to prescribing for specified ailments to relieve the burden on GP services.

**Waste management initiatives:** the model of medicines rationalisation and home visits to support cost effective logistical management of supply for patients in the community could be managed by community pharmacies. This could involve the utilisation of the community pharmacy technical workforce. Strong links with care teams and district nursing teams with an effective referral system could signpost patients who are at risk of stockpiling and ineffective medicines management for review by community pharmacy teams.

**Public health:** technician led health and wellbeing initiatives, e.g. smoking cessation clinics, Seasonal Influenza Vaccination, physical health checks. They could link up with counselling services to provide accessible mental health support to vulnerable patients.

**Education sessions:** patient education such as cardiac rehabilitation post MI, support groups for diseases such as Crohns disease, community pharmacies have a fantastic opportunity to work regionally with hospitals to provide enhanced education for patients with specific chronic conditions.

**Polypharmacy reviews for the frail elderly:** The new frailty index introduced in the Quality and Outcomes framework could be used by pharmacists as an identifier of patients potentially at risk from their medicines.

## Section 9: Conclusions and recommendations

There are 75 pharmacies in Northumberland, located primarily in areas of higher population density. There is more than one pharmacy in most market towns and urban areas, allowing patient choice. Hexham, Morpeth and Ashington have an over-provision of pharmacies Monday to Friday 9am to 5pm; this gives additional patient choice and extra capacity to provide enhanced services, however pharmacy mergers would be considered. Weekend and evening provision across Northumberland is limited and mainly dependant on 100 hour pharmacies. Dispensing doctors make a significant contribution to the dispensing of prescriptions in very rural areas.

Extension of GP opening hours in service hubs may produce gaps in service provision in those areas not covered by 100 hour pharmacies: these could be met by existing providers. The Health and Wellbeing Board will continue to monitor this situation.

With regard to the locally commissioned services provided by community pharmacies, there are no gaps in provision of the Pharmacy First scheme in deprived areas as the majority of pharmacies provide, or would be willing to provide this service.

There are no gaps in the provision of specialist medicines services, and many other pharmacies are willing to provide the service if needed.

There are no gaps in the *Sharpend* scheme for safe disposal of diabetic sharps with more pharmacies willing to provide the service if required.

Services for drug users – needle exchange and supervised consumption - have adequate coverage in the areas where the service is needed. More pharmacies have stated that they are willing to provide this service if commissioned.

Plan B is available from at least 80% of the pharmacies in each locality, (62 out of 75 pharmacies across Northumberland) and all GP practices. Known teenage pregnancy “hotspots” are well served. Community pharmacies which are open at the weekends are seen to offer a valuable service. The service is considered to be adequate in each locality.

Stop smoking services are available from more than half of pharmacies across Northumberland. When considered with other providers of stop smoking services, coverage across Northumberland is adequate. Pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

Community pharmacists continue to provide flu vaccine to target groups. More pharmacists have undergone training and this will help Northumberland reach more of the target at risk population.

It is recognised both locally and nationally, that community pharmacies could make a significant contribution to the clinical management of patients, especially in rural locations and those, predominantly elderly patients with long term conditions needing multiple drugs to manage them.

Public Health England envisages community pharmacy delivering key national priorities through the community based network of healthy living pharmacies.

Unlike many other healthcare professions, there is no particular shortage of pharmacists and there are two schools of pharmacy in the north east. Pharmacists have always been trained in the diagnosis and management of a wide variety of conditions but their training increasingly lends itself to assuming this role in the context of more complex illness, a role which historically has been viewed more as the province of medical and nursing professionals. There is therefore an opportunity to utilise the professional pharmacy workforce to support the delivery and sustainability of community services. If community pharmacy is to deliver the clinical services envisaged in the Murray report, then more community pharmacists will need to train to become independent prescribers and study for clinical diplomas.

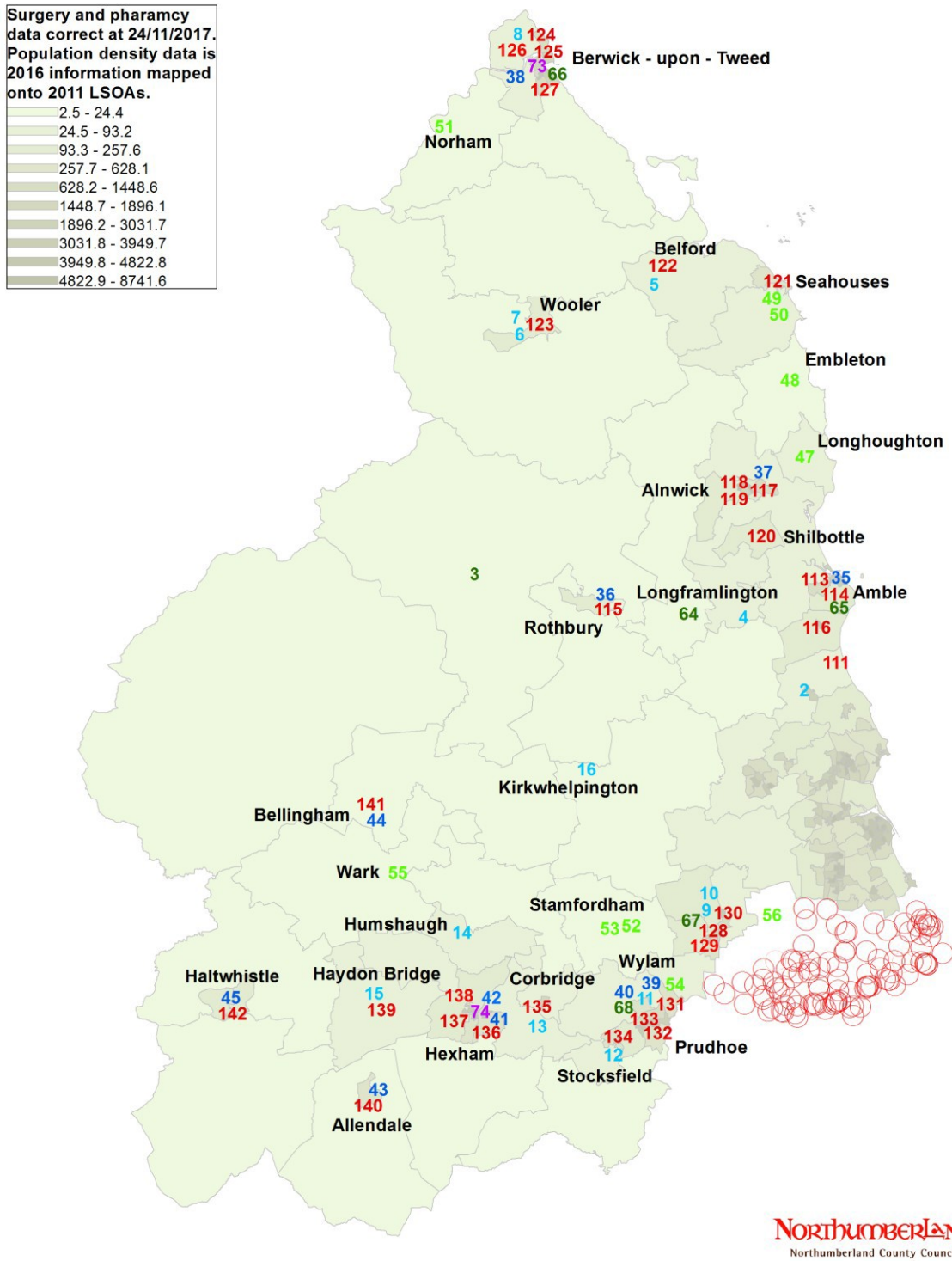
**Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. The Council considers that the network of extended hour pharmacies are essential to meet patients' needs by widening access to pharmaceutical services outside core hours when other pharmacies are closed. There is scope to consider some pharmacy mergers in market towns. Extension of GP opening hours in service hubs may lead to some gaps in service provision, which could be met by existing providers.**

**Further consideration needs to be given to the provision of pharmacy advice and support to patients who are physically unable to pick up their prescriptions, such as housebound, patients in residential care and people with mobility issues.**

**The Health and Wellbeing Board would welcome the development of more clinical services being delivered through community pharmacies**

# Appendix 1: Maps of essential pharmaceutical services

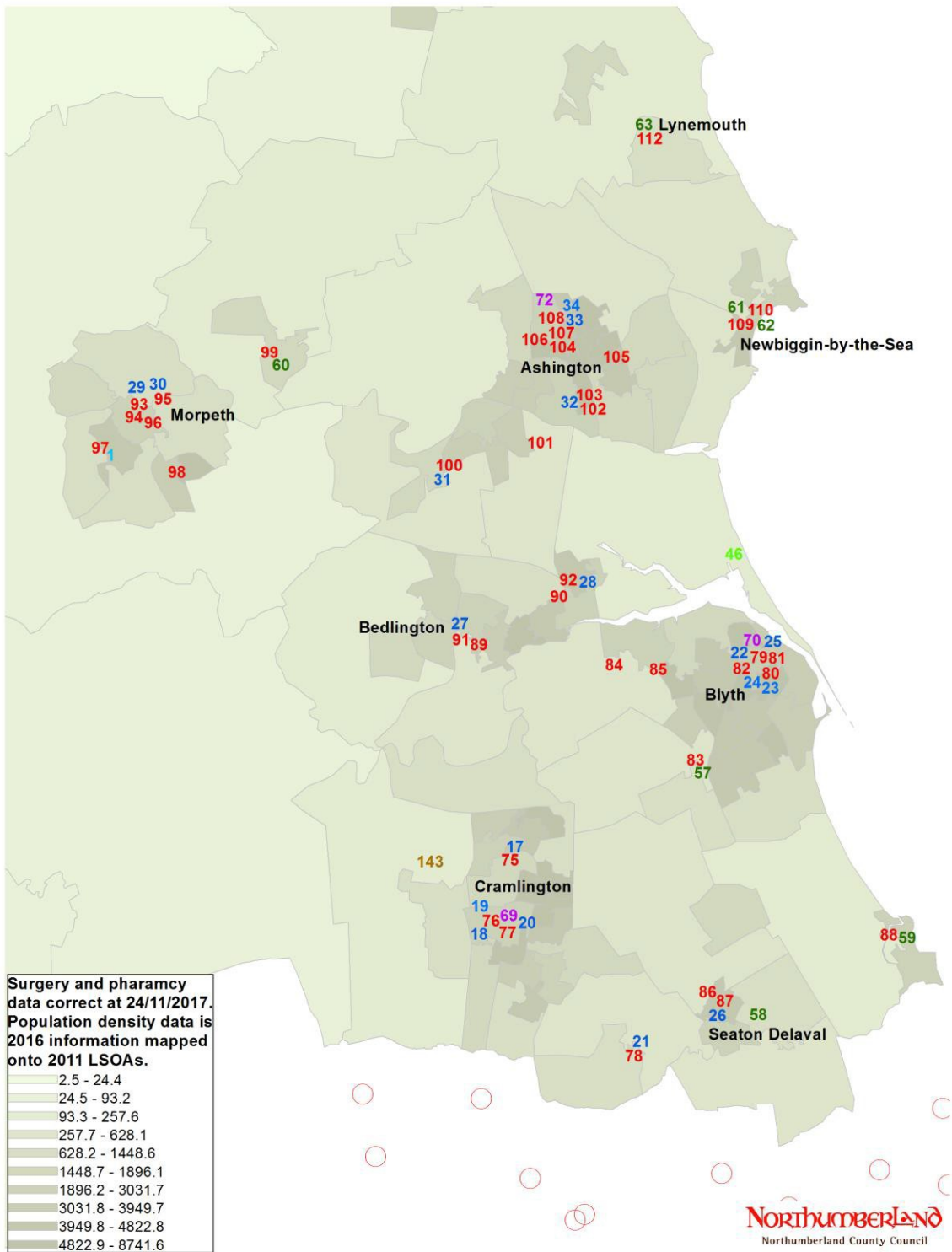
Map 4. GP practices and pharmacies in Northumberland



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**Map 4a. GP practices and pharmacies in South East Northumberland**



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Number	Category	Details
1	Dispensing surgeries	Gas House Lane Surgery, Morpeth NHS Centre, The Mount, Morpeth, NE61 2JX
2	Dispensing surgeries	Widdrington Surgery, Grange Road, Widdrington, NE61 5LX
3	Branch surgery	Harbottle Surgery, The Village Hall, Harbottle, NE65 7DQ Branch surgery for Rothbury Practice
4	Dispensing surgeries	Middle Farm Surgery, 51 Main Street, Felton, NE65 9PR
5	Dispensing surgeries	Belford Medical Group, Croft Field, Belford, NE70 7ER
6	Dispensing surgeries	Glendale Surgery, Cheviot Primary Care Centre, Padgepool Place, Wooler, NE71 6BL
7	Dispensing surgeries	Cheviot Medical Group, Cheviot Primary Care Centre, Padgepool Place, Wooler, NE71 6BL
8	Dispensing surgeries	Union Brae & Norham Practice, Union Brae Surgery, Tweedmouth, Berwick-Upon-Tweed, TD15 2HB
9	Dispensing surgeries	Ponteland Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
10	Dispensing surgeries	White Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
11	Dispensing surgeries	Riversdale Surgery, 51 Woodcroft Road, Wylam, NE41 8DH
12	Dispensing surgeries	Branch End Surgery, Main Road, Stocksfield, NE43 7LL
13	Dispensing surgeries	Corbridge Medical Group, Corbridge Health Centre, Newcastle Road, Corbridge, NE45 5LG
14	Dispensing surgeries	Humshaugh & Wark Medical Group, The Surgery, Humshaugh, NE46 4BU
15	Dispensing surgeries	Haydon Bridge & Allendale Practice, North Bank, Haydon Bridge, NE47 6LA
16	Dispensing surgeries	Scots Gap Medical Group, The Surgery, Scots Gap, NE61 4EG
17	Surgery	Brockwell Medical Group, Brockwell Centre, Northumbrian Road, Cramlington, NE23 1XZ
18	Surgery	Cramlington Medical Group, The Health Centre, Forum Way, Cramlington, NE23 6QN

<b>Number</b>	<b>Category</b>	<b>Details</b>
19	Surgery	Forum Family Practice, The Health Centre, Forum Way, Cramlington, NE23 6QN
20	Surgery	Village Surgery, Dudley Lane, Cramlington, NE23 6US
21	Surgery	Netherfield House Surgery, Station Road, Seghill, NE23 7EF
22	Surgery	Marine Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE24 1DX
23	Surgery	Railway Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE24 1DX
24	Surgery	Collingwood Medical Group, The Health Centre, Thoroton Street, Blyth, NE24 1DX
25	Surgery	Railway Medical Group, Gatacre Street, Blyth, NE24 1HD
26	Surgery	Elsdon Avenue Surgery, Elsdon Avenue, Seaton Delaval, NE25 0BW
27	Surgery	Bedlingtonshire Medical Group, Glebe Road, Bedlington, NE22 6JX
28	Surgery	Gables Medical Group, 26 St Johns Road, Bedlington, NE22 7DU
29	Surgery	Wellway Medical Group, Wellway, Morpeth, NE61 1BJ
30	Surgery	Greystoke Surgery, Morpeth NHS Centre, Morpeth, NE61 1JX
31	Surgery	Guide Post Medical Group, North Parade, Guide Post, NE62 5RA
32	Surgery	Seaton Park Medical Group, Seaton Hirst Primary Care Centre, Norham Road, Ashington, NE63 0NG
33	Surgery	Laburnum Medical Group, 14 Laburnum Terrace, Ashington, NE63 0XX
34	Surgery	Lintonville Medical Group, Lintonville Terrace, Ashington, NE63 9UT
35	Surgery	Coquet Medical Group, Amble Health Centre, Percy Drive, Amble, NE65 0HD
36	Surgery	Rothbury Practice, 3 Market Place, Rothbury, NE65 7UW
37	Surgery	Alnwick Medical Group, Infirmary Close, Alnwick, NE66 2NL
38	Surgery	Well Close Medical Group, Well Close Square, Berwick-Upon-Tweed, TD15 1LL

Number	Category	Details
39	Surgery	Adderlane Surgery, 16a Adderlane Road, West Wylam, NE42 5HR
40	Surgery	Prudhoe Medical Group, Kepwell Bank Top, Prudhoe, NE42 5PW
41	Surgery	Sele Medical Practice, Hexham Primary Care Centre, Corbridge Road, Hexham, NE46 1QJ
42	Surgery	Burn Brae Medical Group, Hexham Primary Care Centre, Corbridge Road, Hexham, NE46 1QJ
43	Surgery	Allendale Medical Practice, Allendale Health Centre, Shilburn Road, Allendale, NE47 9LG
44	Surgery	Bellingham Practice, Health Centre, Bellingham, NE48 2HE
45	Surgery	Haltwhistle Medical Group, Greencroft Avenue, Haltwhistle, NE49 9AP
46	Dispensing branches	Cambois Surgery temp closure from 2rd July 2017 Branch surgery of Gables Medical Group, Bedlington, NE22 7DU
47	Dispensing branches	Longhoughton Branch, 4-6 Portal Place NE66 3JN Branch surgery of Alnwick Medical Group, Alnwick, NE66 2NL
48	Dispensing branches	Embleton Branch Westview Embleton NE66 3XZ Branch surgery Alnwick Medical Group, Alnwick, NE66 2NL
49	Dispensing branches	Seahouses Surgery, James St. NE66 7XZ Branch surgery of Alnwick Medical Group, Alnwick, NE66 2NL
50	Dispensing branches	Seahouses Surgery, James St. NE66 7XZ Branch of Belford Medical Group, Belford, NE70 7ER
51	Dispensing branches	Norham Surgery, 3 Pedwell Way, Norham TD15 2LD Branch of Union Brae Practice, Tweedmouth, TD15 2HB
52	Dispensing branches	Stamfordham Surgery, 16, Grange Rd NE18 0PF Branch of Scots Gap Medical Group, NE61 4EG
53	Dispensing branches	Stamfordham Surgery 12 Grange Road NE18 0PF Branch of White Medical Group, Ponteland, NE20 9SD
54	Dispensing branches	Wylam Surgery, Jackson Road NE41 8EL Branch of White Medical Group, Ponteland, NE20 9SD
55	Dispensing branches	Wark Surgery, Wark NE48 3LS Branch of Humshaugh & Wark Medical Group, NE46 4BU
56	Dispensing branches	Dinnington Surgery Main Road NE13 7JW (note Newcastle area) Branch of Ponteland Medical Group, NE20 9SD
57	Branch Surgery	61, Newcastle Rd Newsham Blyth NE24 4AW Branch of Railway Medical Group, Blyth H Centre, NE24 1DX
58	Branch Surgery	Seaton Delaval Branch, Westbourne Way NE25 0BE Branch of Brockwell Medical Group, Cramlington, NE23 1XZ

Number	Category	Details
59	Branch Surgery	Seaton Sluice Branch, Collywell Bay Road NE26 4QZ Branch of Brockwell Medical Group, Cramlington, NE23 1XZ
60	Branch Surgery	Pegswood Branch, West View NE61 6TB Branch of Wellway Medical Group, Morpeth, NE61 1BJ
61	Branch Surgery	Newbiggin Branch, Buteland Terrace NE64 6NS Branch of Wellway Medical Group, Morpeth, NE61 1BJ
62	Branch Surgery	Newbiggin Branch, Buteland Terrace NE64 6NS Branch of Seaton Park Medical Group, Ashington, NE63 0NG
63	Branch Surgery	Lynemouth Branch, Albion Terrace NE61 5TB Branch of Wellway Medical Group, Morpeth, NE61 1BJ
64	Branch Surgery	Longframlington Branch, NE65 8AD Branch of Rothbury Practice, NE65 7UW
65	Branch Surgery	Hadston Branch, South Broomhill, NE65 9SF Branch of Coquet Medical Group, Amble, NE65 0HD
66	Branch Surgery	Tweedmouth Branch, Shielfield Terrace, Tweedmouth, Branch of Well Close Medical Group, TD15 1LL
67	Branch Surgery	Broadway Surgery Branch of Ponteland Medical Group, NE20 9SD
68	Branch Surgery	Oaklands Surgery, Front Street, Prudhoe NE42 5DQ Branch of Riversdale Surgery, Wylam, NE41 8DH
69	100 hour pharmacy	Lloyds Pharmacy in Sainsburys, Manor Walks Shopping Centre, Cramlington, Northumberland, NE23 6RT
70	100 hour pharmacy	Your Local Boots Pharmacy, 60 - 62 Maddison Street, Blyth, Northumberland, NE24 1EY
71	100 hour pharmacy	Central Pharmacy, Lintonville Medical Group, Lintonville Tce, Ashington, Northumberland, NE63 9UT
72	100 hour pharmacy	Asda Pharmacy, Lintonville Terrace, Ashington, Northumberland, NE63 9XG
73	100 hour pharmacy	Tesco Instore Pharmacy, Tweedside Trading Estate, Ord Road, Berwick upon Tweed, Northumberland, TD15 2XB
74	100 hour pharmacy	Tesco Instore Pharmacy, Tynedale Retail Park, Alemouth Road, Hexham, Northumberland, NE46 3PJ
75	Pharmacy	Lloyds Pharmacy, 9 Brockwell Centre, Northumbrian Road, Cramlington, Northumberland, NE23 1XZ
76	Pharmacy	Boots the Chemist, 29-30 Manor Walks, Cramlington, Northumberland, NE23 6QE
77	Pharmacy	Well Pharmacy, Village Surgery, Dudley Lane, Cramlington, Northumberland, NE23 6US
78	Pharmacy	Well Pharmacy, 15 Station Road, Seghill, Northumberland, NE23 7SE

<b>Number</b>	<b>Category</b>	<b>Details</b>
<b>79</b>	Pharmacy	Blyth Healthcare, 30 Bowes Street, Blyth, Northumberland, NE24 1BD
<b>80</b>	Pharmacy	Boots, 31-35 Waterloo Road, Blyth, Northumberland, NE24 1BW
<b>81</b>	Pharmacy	Lloyds Pharmacy, 4 Delaval Terrace, Blyth, Northumberland, NE24 1DJ
<b>82</b>	Pharmacy	Blyth Health Centre Pharmacy, Community Hospital, Thoroton Street, Blyth, Northumberland, NE24 1DX
<b>83</b>	Pharmacy	Your Local Boots Pharmacy, 514 Plessey Road, Newsham, Blyth, Northumberland, NE24 4AA
<b>84</b>	Pharmacy	Asda Pharmacy, Cowpen Road, Blyth, Northumberland, NE24 4LZ
<b>85</b>	Pharmacy	Your Local Boots Pharmacy, 21a Briardale Road, Cowpen, Blyth, Northumberland, NE24 5LA
<b>86</b>	Pharmacy	Well Pharmacy, 38 Astley Road, Seaton Delaval, Northumberland, NE25 0DG
<b>87</b>	Pharmacy	Seaton Valley Co-operative Society Ltd, 19 Avenue Road, Seaton Delaval, Tyne & Wear, NE25 0DS
<b>88</b>	Pharmacy	Your Local Boots Pharmacy, 17 - 19 Beresford Road, Seaton Sluice, Northumberland, NE26 4DR
<b>89</b>	Pharmacy	Lloyds Pharmacy, Leadgate House, Glebe Road, Bedlington, Northumberland, NE22 6JX
<b>90</b>	Pharmacy	Your Local Boots Pharmacy, Bridge House, 6 Station Road, Bedlington, Northumberland, NE22 5HB
<b>91</b>	Pharmacy	Your Local Boots Pharmacy, 28 Front Street, Bedlington, Northumberland, NE22 5UB
<b>92</b>	Pharmacy	Your Local Boots Pharmacy, 1 Station Street, Bedlington Station, Bedlington, Northumberland, NE22 7JN
<b>93</b>	Pharmacy	Morpeth Pharmacy, The Surgery, Wellway, Morpeth, Northumberland, NE61 1BJ
<b>94</b>	Pharmacy	Your Local Boots Pharmacy, 3 Market Place, Morpeth, Northumberland, NE61 1HG
<b>95</b>	Pharmacy	Your Local Boots Pharmacy, Morpeth NHS Centre, The Mount, Morpeth, Northumberland, NE61 1JX
<b>96</b>	Pharmacy	Boots, 41 Bridge Street, Morpeth, Northumberland, NE61 1PE
<b>97</b>	Pharmacy	Health Hut Pharmacy, 2 Abbey Meadows, Kirkhill, Morpeth, Northumberland, NE61 2BD
<b>98</b>	Pharmacy	Your Local Boots Pharmacy, 33 Shields Road, Stobhill, Morpeth, Northumberland, NE61 2SB
<b>99</b>	Pharmacy	Pegswood Pharmacy, Pegswood Health Centre, West View, Pegswood, Northumberland, NE61 6TB

Number	Category	Details
100	Pharmacy	Your Local Boots Pharmacy, 17 The Square, Guide Post, Northumberland, NE62 5DA
101	Pharmacy	New Line Pharmacy, Dereham Terrace, Stakeford, Northumberland, NE62 5UR
102	Pharmacy	Well Pharmacy, Nursery Park Health Centre, Nursery Park Road, Ashington, Northumberland, NE63 0HP
103	Pharmacy	Lloyds Pharmacy, Seaton Hirst Medical Centre, Norham Road, Ashington, Northumberland, NE63 0NG
104	Pharmacy	Cohens Ltd, 8 Laburnum Terrace, Ashington, Northumberland, NE63 0XX
105	Pharmacy	Crescent Pharmacy , 110 Alexandra Road, Ashington, Northumberland, NE63 9LU
106	Pharmacy	Your Local Boots Pharmacy, 28 - 30 Station Road, Ashington, Northumberland, NE63 9UJ
107	Pharmacy	Rowlands Pharmacy, 2-4 Lintonville Terrace, Ashington, Northumberland, NE63 9UN
108	Pharmacy	Superdrug Pharmacy, 1 Station Road, Ashington, Northumberland, NE63 9UZ
109	Pharmacy	Well Pharmacy, 53 Front Street, Newbiggin by the Sea, Northumberland, NE64 6NJ
110	Pharmacy	Well Pharmacy, 1 Cleveland Terrace, Newbiggin by the Sea, Northumberland, NE64 6RF
111	Pharmacy	Widdrington Pharmacy, Widdrington Surgery, Grange Road, Widdrington, Northumberland, NE61 5LX
112	Pharmacy	Lynemouth Pharmacy, 5 West Market Street, Lynemouth, Northumberland, NE61 5TS
113	Pharmacy	Cromie Pharmacy, 158 Percy Street, Amble, Northumberland, NE65 0AG
114	Pharmacy	Your Local Boots Pharmacy, 37 - 39 Queen Street, Amble, Northumberland, NE65 0BX
115	Pharmacy	Your Local Boots Pharmacy, High Street, Rothbury, Northumberland, NE65 7TB
116	Pharmacy	Your Local Boots Pharmacy, The Pharmacy, 6 The Precinct, Hadston, Northumberland, NE65 9YF
117	Pharmacy	Your Local Boots Pharmacy, 10 Paikes Street, Alnwick, Northumberland, NE66 1HX
118	Pharmacy	Boots, 50-52 Bondgate Within, Alnwick, Northumberland, NE66 1JD
119	Pharmacy	Well Pharmacy, Infirmary Drive, Alnwick, Northumberland, NE66 2NS

Number	Category	Details
120	Pharmacy	K-Chem Ltd, 28 Grange Road, Shilbottle, Northumberland, NE66 2XN
121	Pharmacy	Your Local Boots Pharmacy, 30 - 32 Main Street, Seahouses, Northumberland, NE68 7RQ
122	Pharmacy	Belford Pharmacy, 22 West Street, Belford, Northumberland, NE70 7QE
123	Pharmacy	Glendale Pharmacy, 26 High Street, Wooler, Northumberland, NE71 6BY
124	Pharmacy	Boots, 60-68 Marygate, Berwick upon Tweed, Northumberland, TD15 1BN
125	Pharmacy	Castlegate Pharmacy, 15 Castlegate, Berwick upon Tweed, Northumberland, TD15 1JS
126	Pharmacy	Lloyds Pharmacy, 4 Well Close Square, Berwick upon Tweed, Northumberland, TD15 1LL
127	Pharmacy	Lloyds Pharmacy, Union Brae Surgery, Tweedmouth, Berwick upon Tweed, Northumberland, TD15 2HB
128	Pharmacy	Taylor's Pharmacy, Brewery Lane, 25 Main Street, Ponteland, Newcastle upon Tyne, NE20 9NZ
129	Pharmacy	Your Local Boots Pharmacy, 7 Broadway, Darras Hall, Ponteland, Northumberland, NE20 9PW
130	Pharmacy	Parklands Chemist, 14 Merton Way, Ponteland, Newcastle upon Tyne, NE20 9PX
131	Pharmacy	Wylam Pharmacy, Main Street, Wylam, Northumberland, NE41 8AB
132	Pharmacy	Your Local Boots Pharmacy, 48 Front Street, Prudhoe, Northumberland, NE42 5DD
133	Pharmacy	Your Local Boots Pharmacy, 77 Front Street, Prudhoe, Northumberland, NE42 5PU
134	Pharmacy	Your Local Boots Pharmacy, 1 Alexandra Terrace, Stocksfield, Northumberland, NE43 7LA
135	Pharmacy	Your Local Boots Pharmacy, 4 Town Hall Buildings, Corbridge, Northumberland, NE45 5AD
136	Pharmacy	Boots, 7 Fore Street, Hexham, Northumberland, NE46 1LU
137	Pharmacy	Your Local Boots Pharmacy, 1 Cattle Market, Hexham, Northumberland, NE46 1NJ
138	Pharmacy	Lloyds Pharmacy, Hexham General Hospital, Corbridge Road, Hexham, Northumberland, NE46 1QJ
139	Pharmacy	Haydon Bridge Pharmacy, Ground Floor, 5 Church Street, Haydon Bridge, Northumberland, NE47 6JG
140	Pharmacy	Walker (Allendale) Ltd, A, The Pharmacy, 3 Shields Street, Allendale, Northumberland, NE47 9BP



Number	Category	Details
141	Pharmacy	Parkside Pharmacy, Front Street, Bellingham, Northumberland, NE48 2AA
142	Pharmacy	Your Local Boots Pharmacy, Eden House, Westgate, Haltwhistle, Northumberland, NE49 9AF
143	Internet	6, South Nelson Industrial Estate, Cramlington NE23 1WF

# Appendix 2: Maps of rural areas

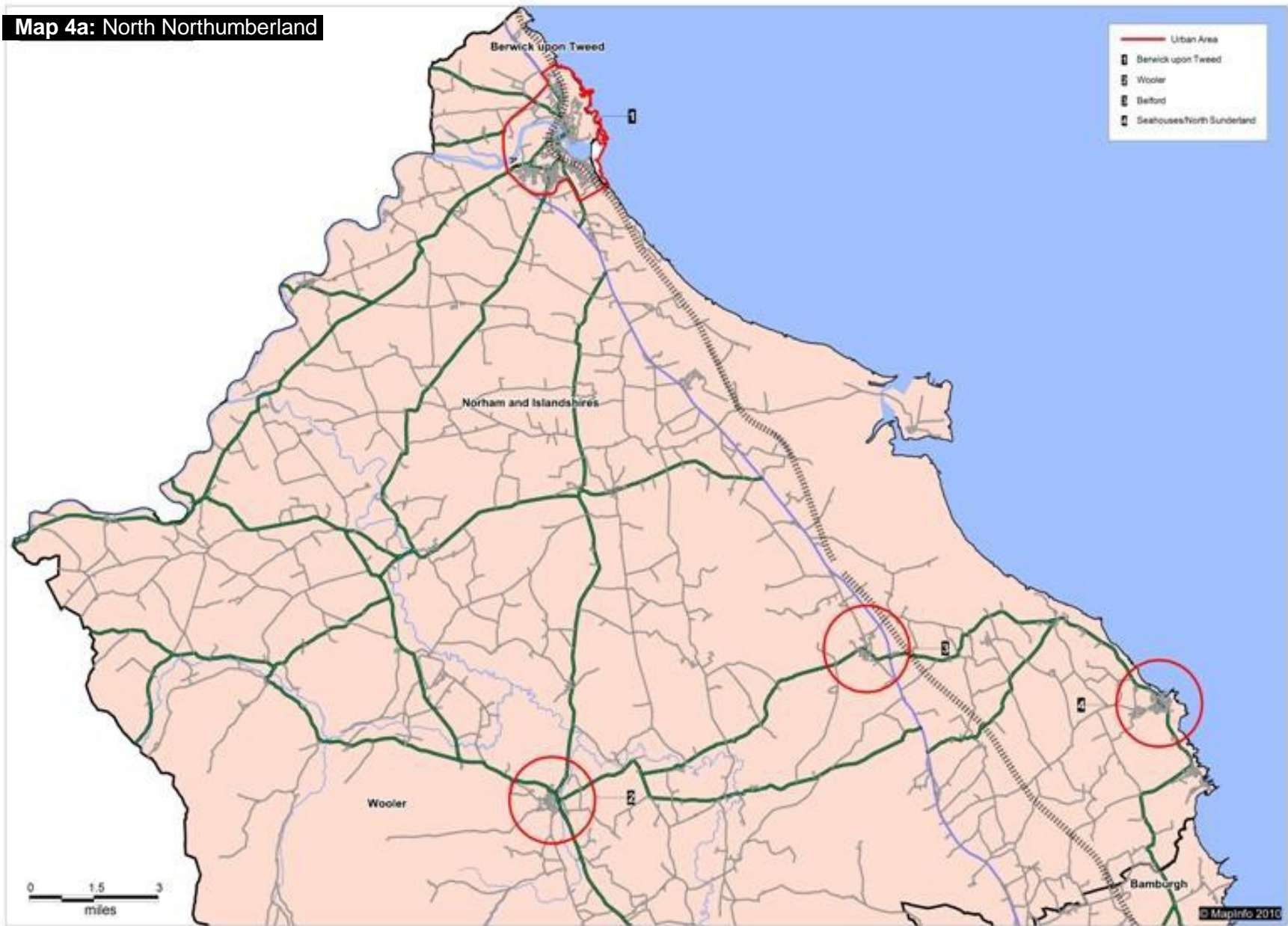
Map 4a: North Northumberland \_\_\_\_\_ p91

Map 4b: Central Northumberland \_\_\_\_\_ p92

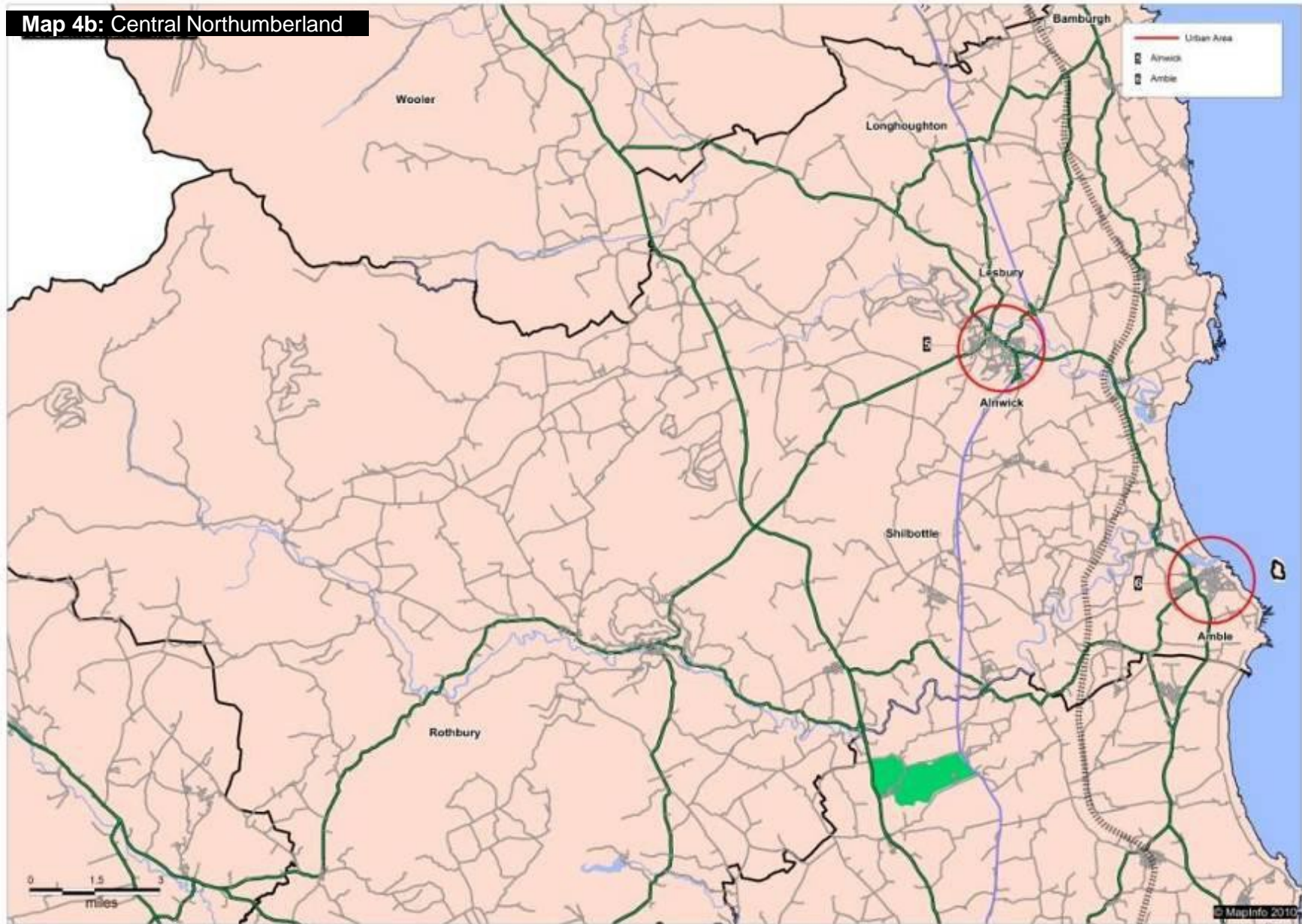
Map 4c: South East Northumberland \_\_\_\_\_ p93

Map 4d: West Northumberland \_\_\_\_\_ p94

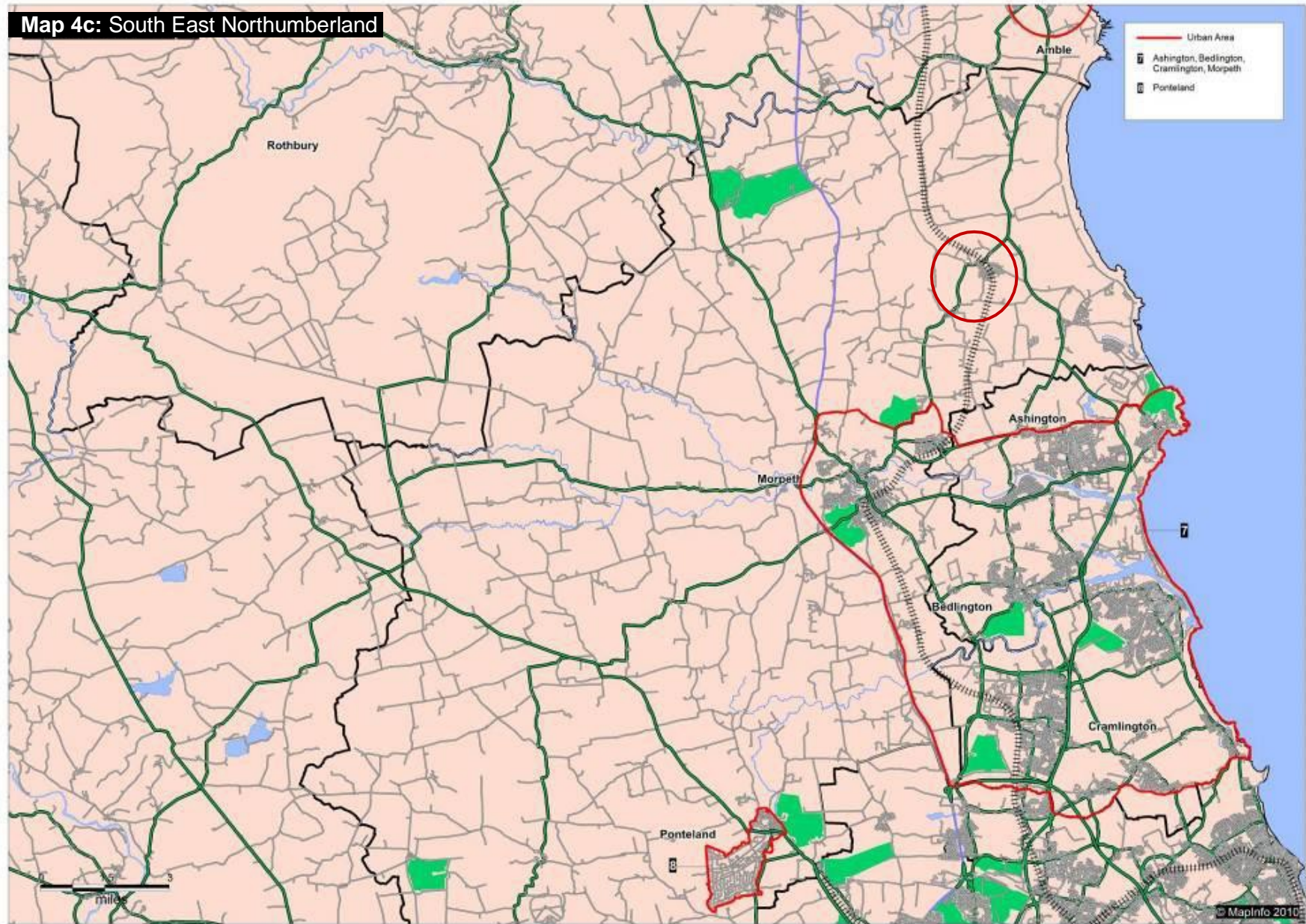
Map 4a: North Northumberland



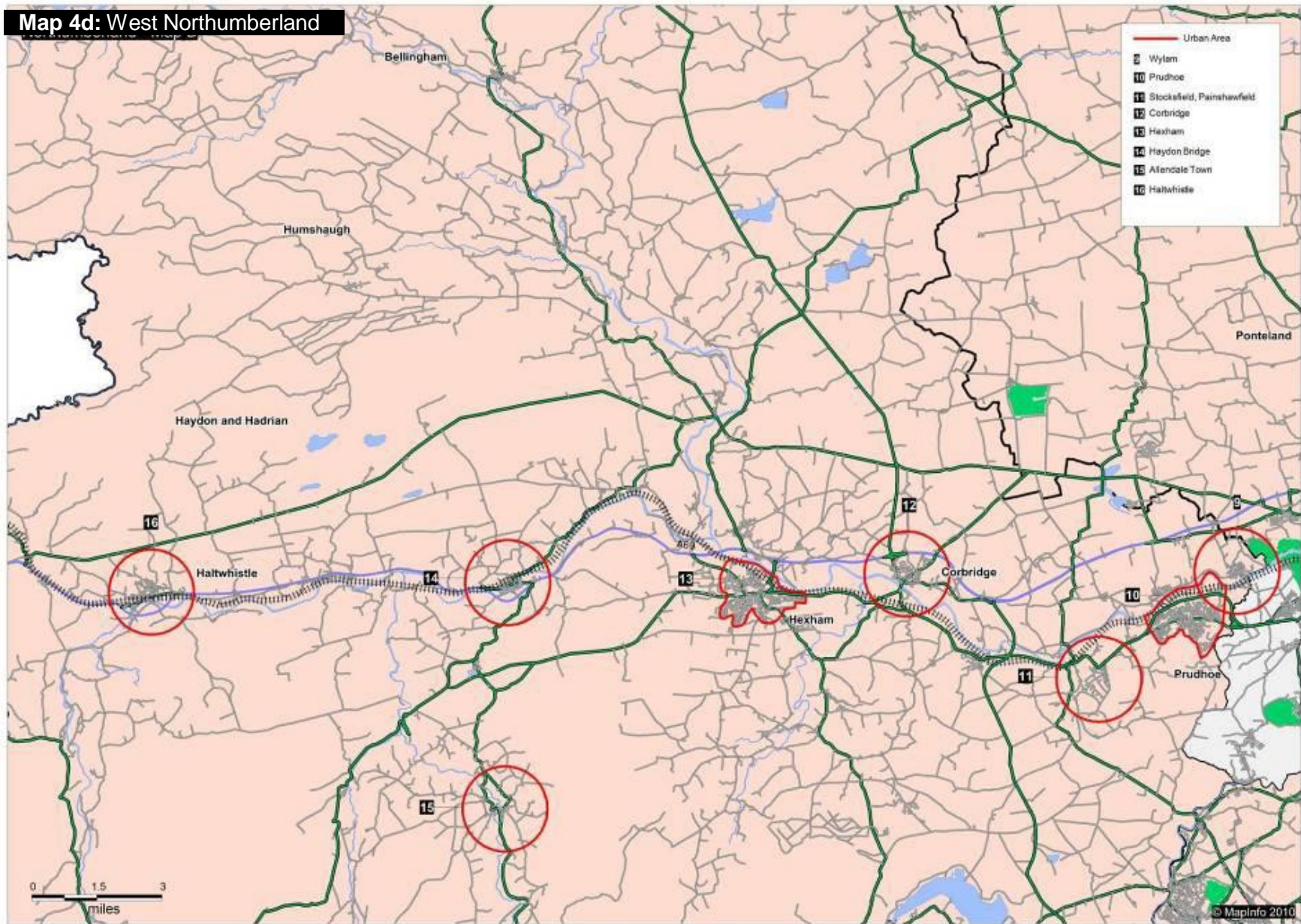
Map 4b: Central Northumberland



Map 4c: South East Northumberland



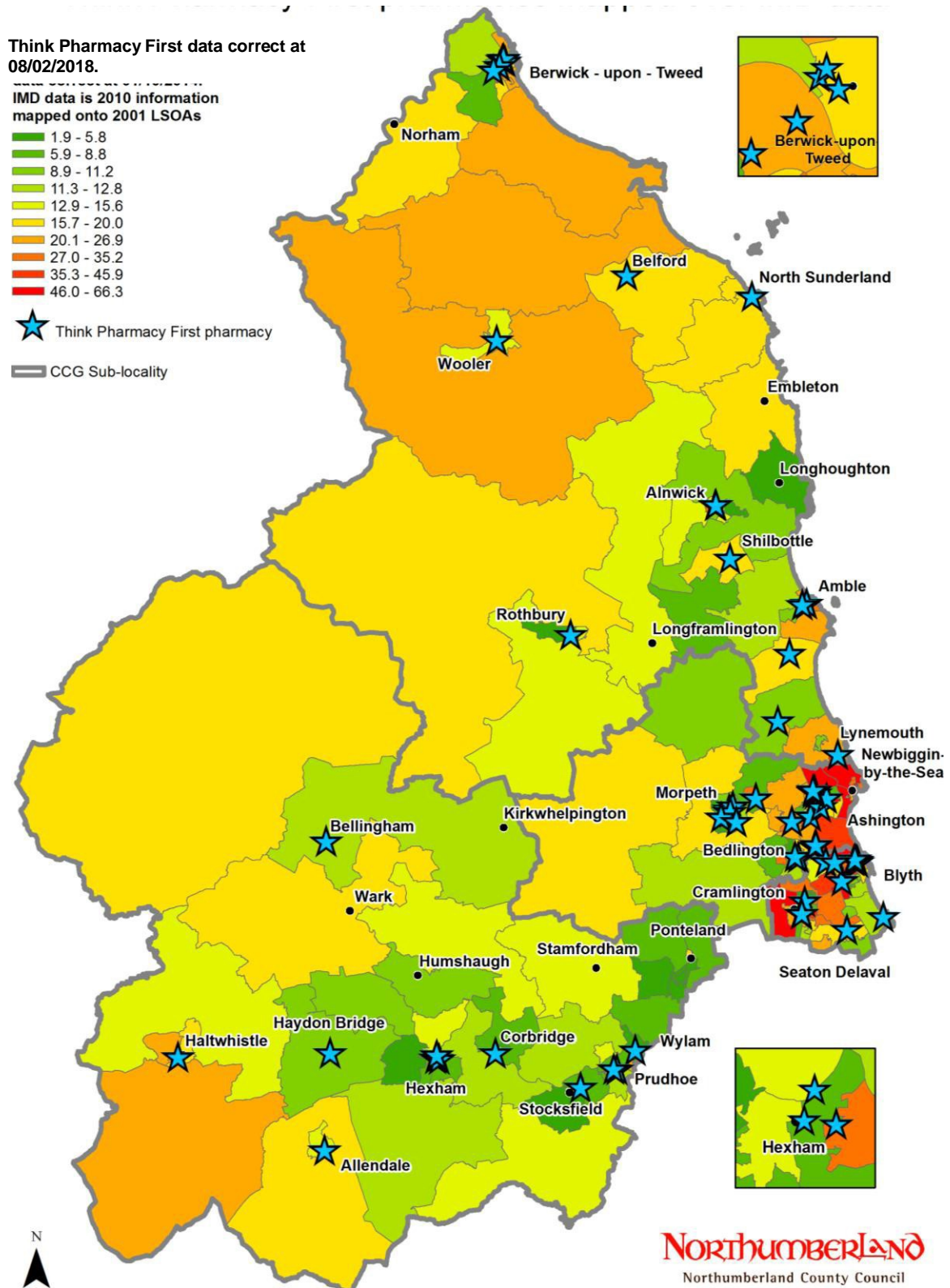
Map 4d: West Northumberland



# Appendix 3: Maps of currently commissioned services

Map 6: <i>Think Pharmacy First</i>	p96
Map 7: On demand access to specialised drugs	p.97
Map 8: <i>Sharpend</i>	p98
Map 9: Needle exchange	p99
Map 10: Supervised opioid consumption	p100
Map 11: Plan B	p101
Map 12: Stop smoking	p102
Map 13: Healthy Living Pharmacies	p103

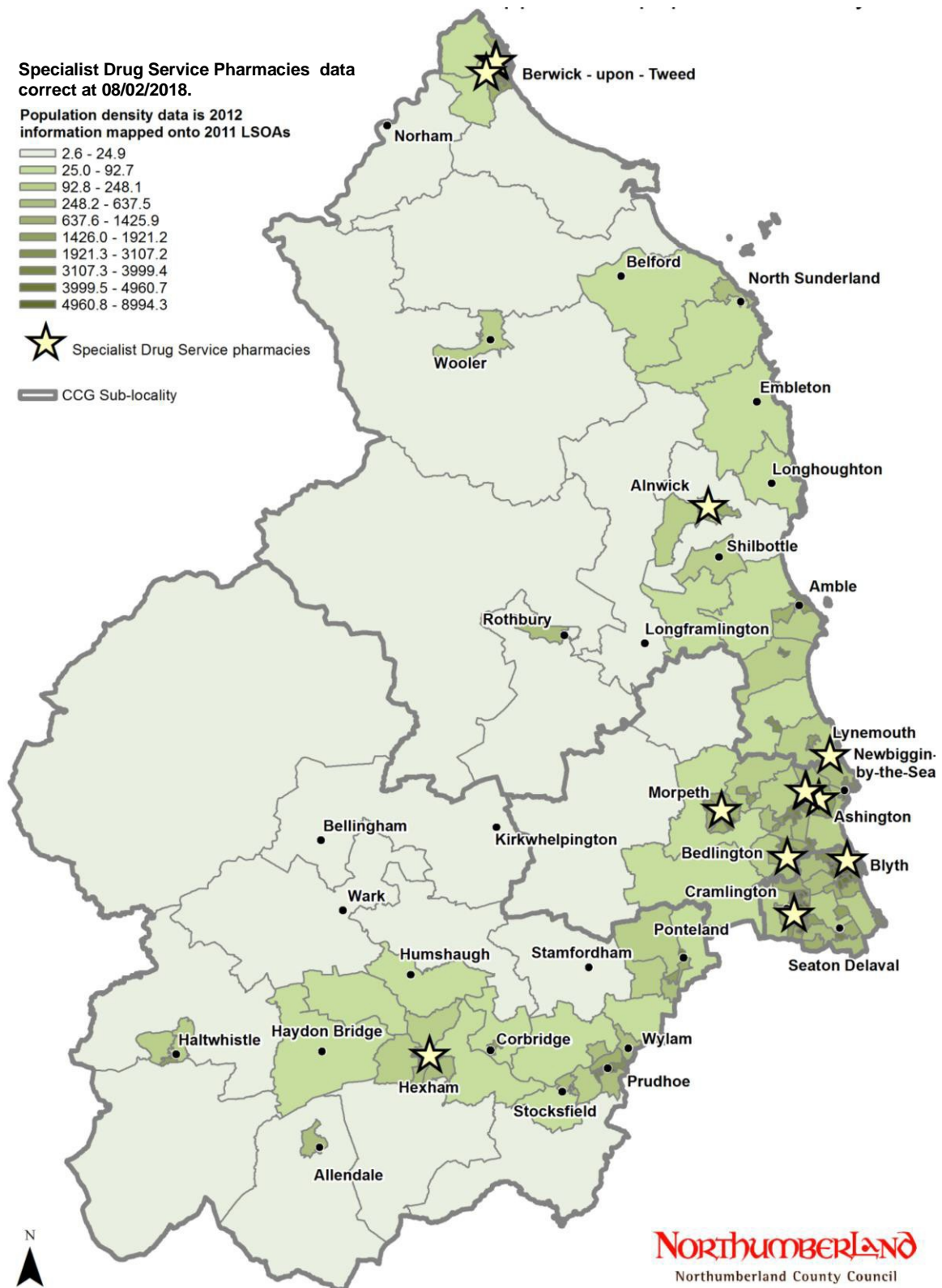
**Map 6:** Northumberland pharmacies providing *Think Pharmacy First*, mapped over IMD by LSOA



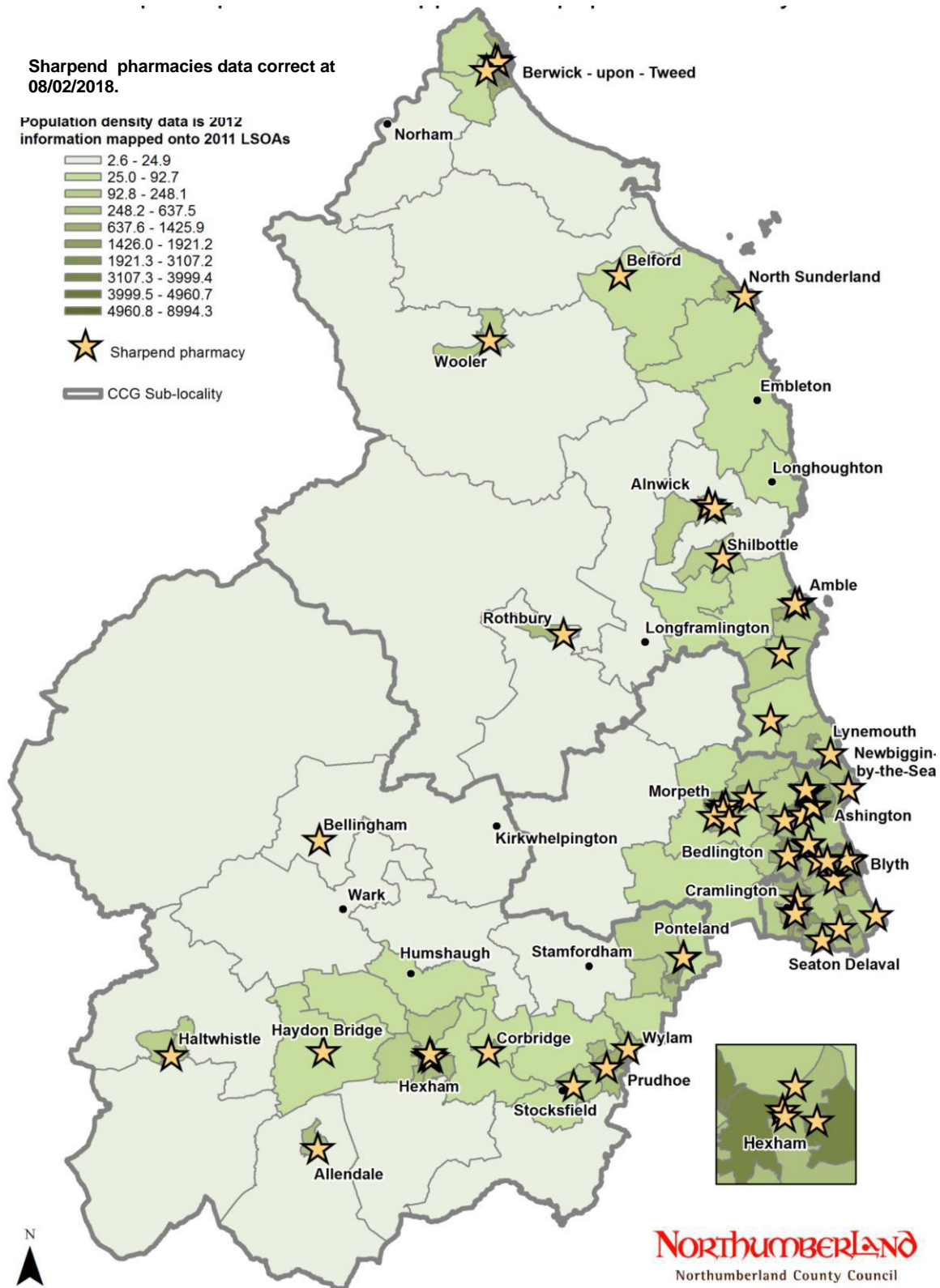
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**Map 7: Northumberland pharmacies providing on demand access to specialised drugs, mapped over population density by LSOA**



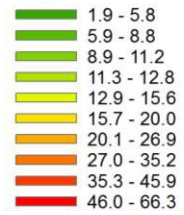
**Map 8:** Northumberland pharmacies providing *Sharpend*, mapped over population density by LSOA



**Map 9: Northumberland pharmacies providing Needle Exchange services, mapped over IMD by LSOA**

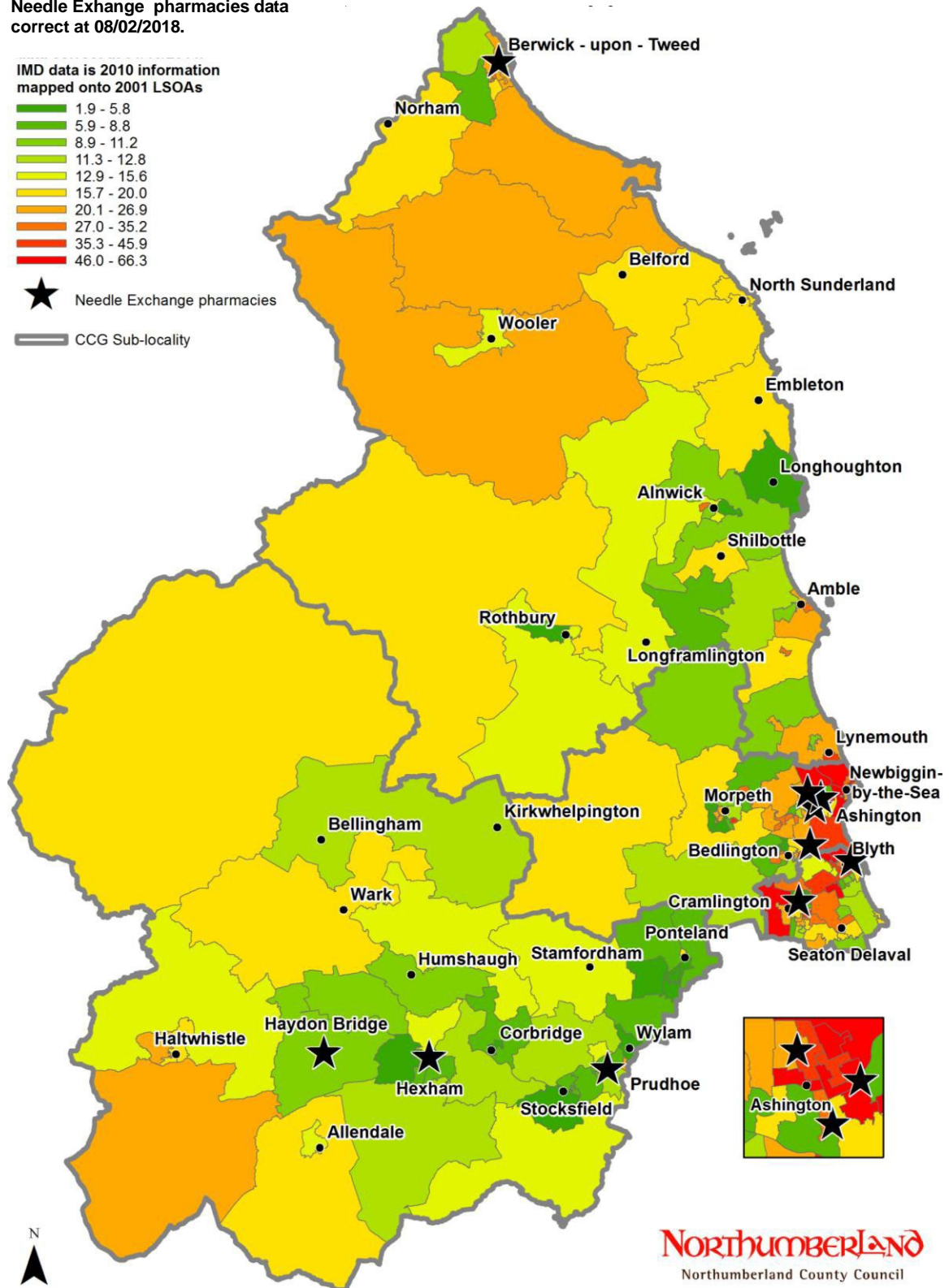
Needle Exchange pharmacies data correct at 08/02/2018.

IMD data is 2010 information mapped onto 2001 LSOAs



★ Needle Exchange pharmacies

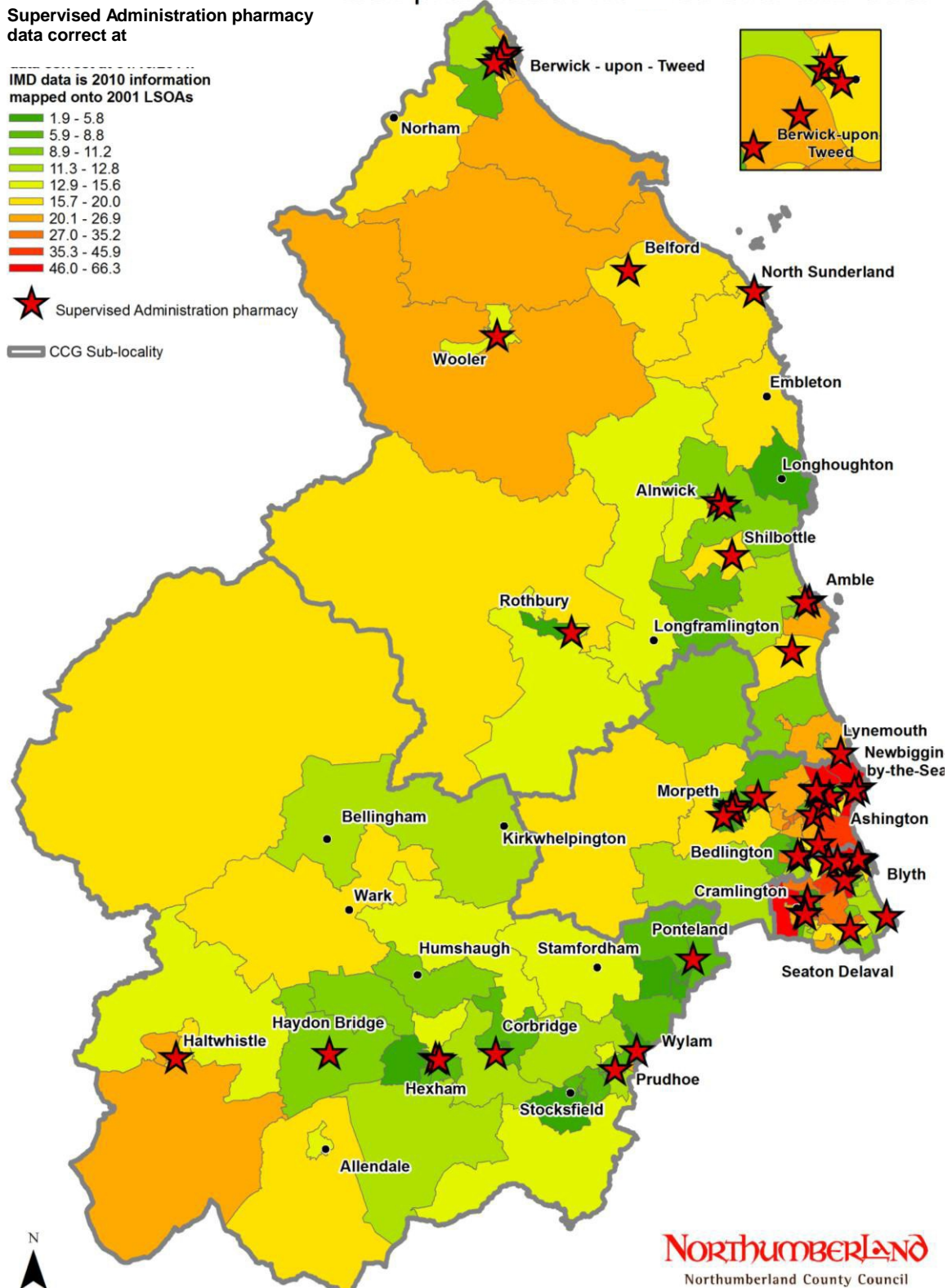
▭ CCG Sub-locality



**NORTHUMBERLAND**  
Northumberland County Council

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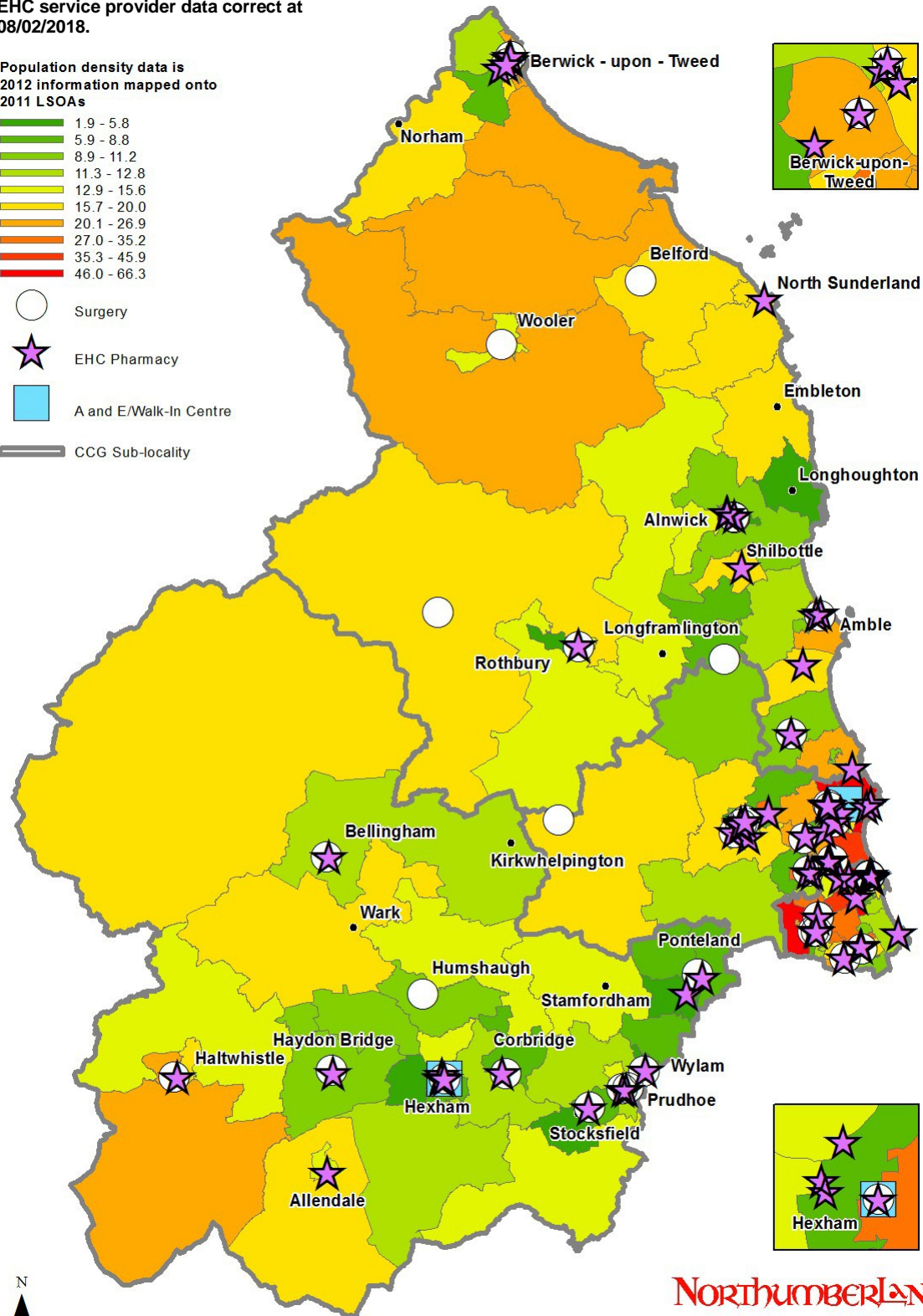
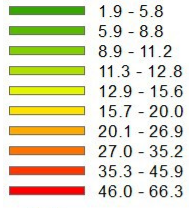
**Map 10:** Northumberland pharmacies providing Supervised Opioid Consumption services, mapped over IMD by LSOA



**Map 11: Northumberland providers of Plan B, mapped over IMD by LSOA**

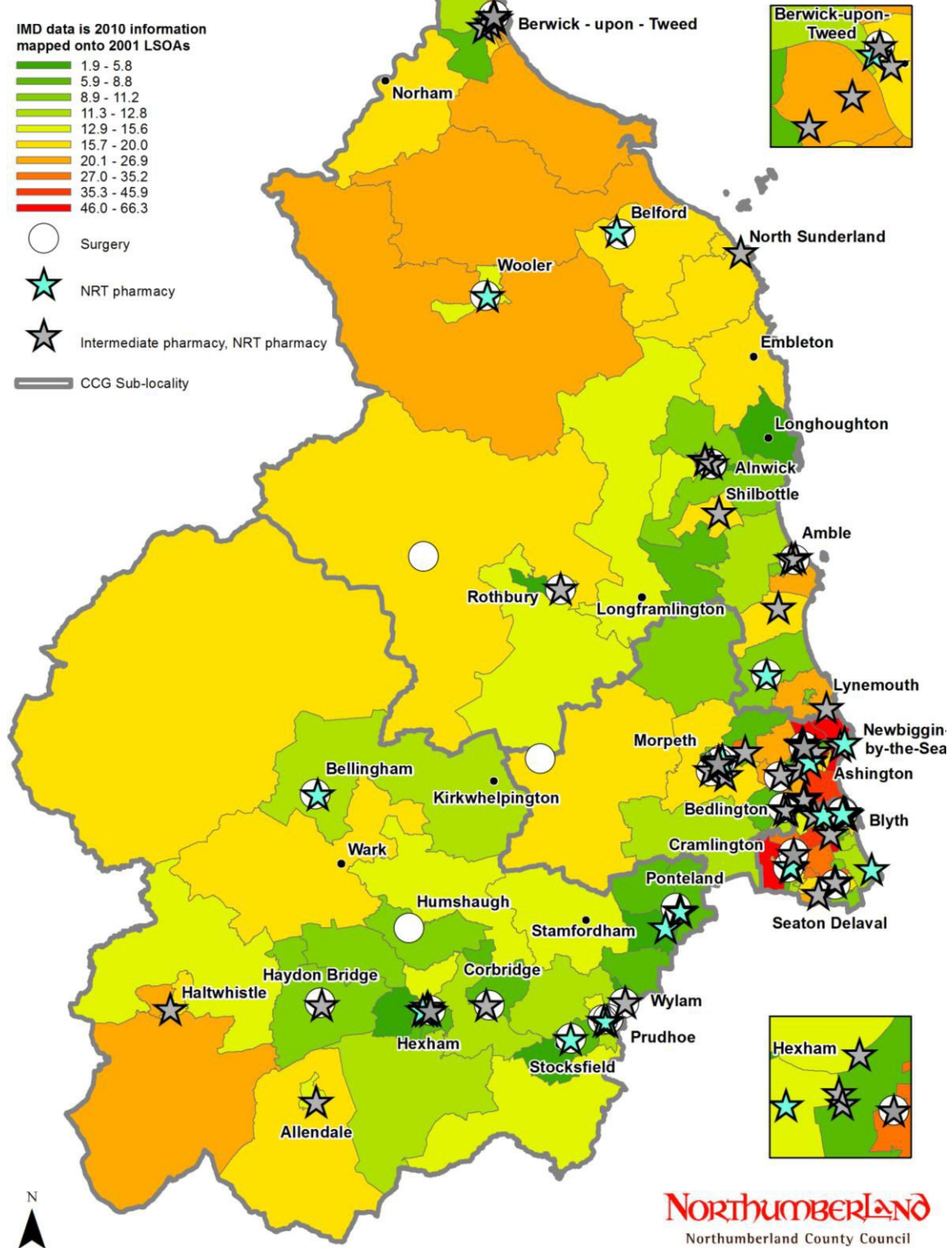
EHC service provider data correct at 08/02/2018.

Population density data is 2012 information mapped onto 2011 LSOAs



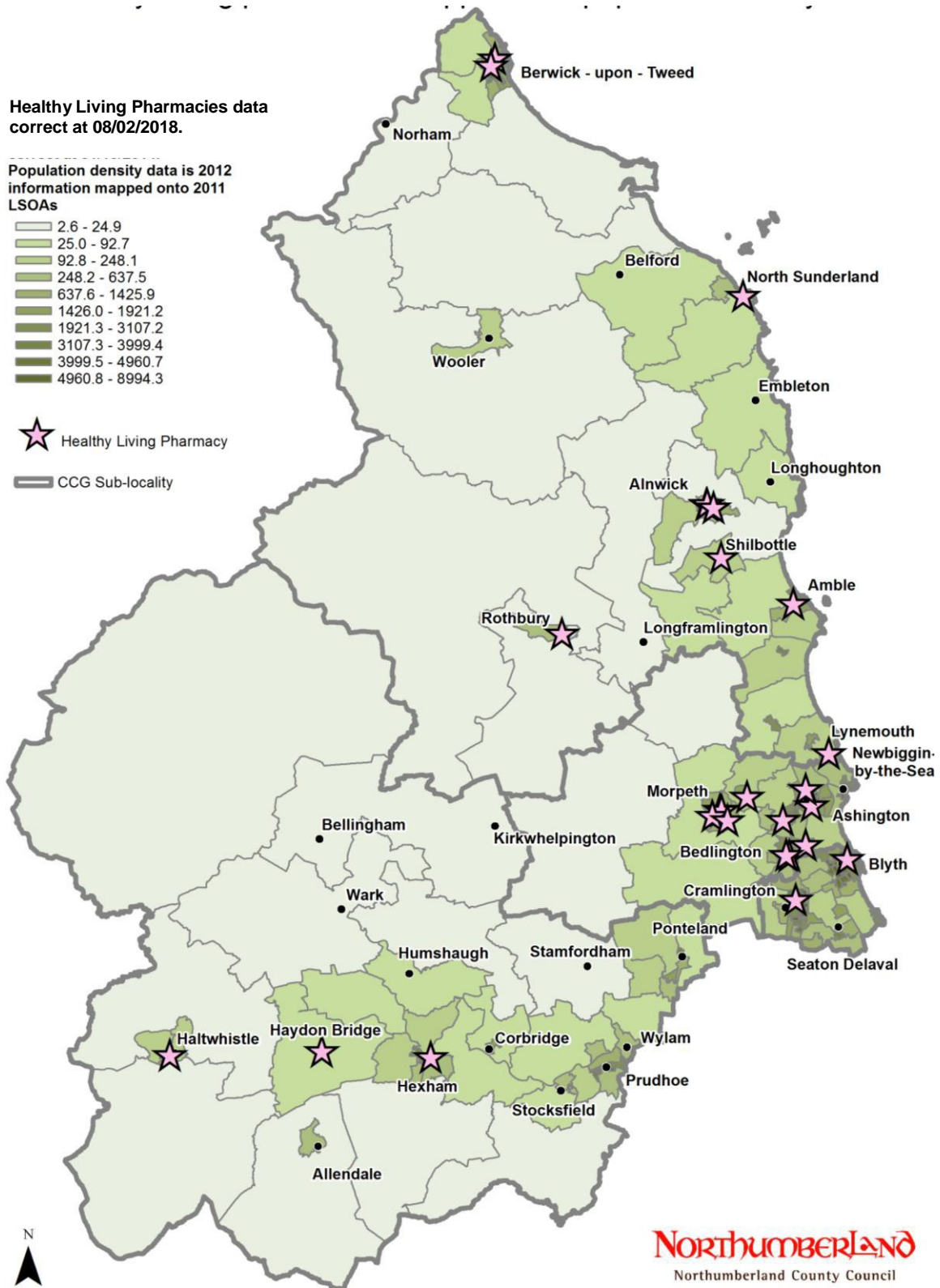
**Map 12: Northumberland providers of Stop Smoking services, mapped over IMD by LSOA**

Stop Smoking service provider data correct at 08/02/2018.



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**Map 13: Healthy Living Pharmacies in Northumberland, mapped over population density by LSOA**



# Appendix 4: Data sources

<b>Public Health England (PHE)</b>	<ul style="list-style-type: none"> <li>- Public Health Outcomes Framework – Premature mortality data; Vaccination data</li> <li>- PHE Health Profiles – Prevalence data for mental health and learning disabilities</li> <li>- National Child Measurement Programme – Childhood obesity data</li> <li>- Disease prevalence models</li> </ul>
<b>NHS</b>	<ul style="list-style-type: none"> <li>- NHS England – Pharmacy opening hours; Pharmacies per population</li> <li>- NHS Business Services Authority – Prescription numbers</li> </ul>
<b>Health and Social Care Information</b>	<ul style="list-style-type: none"> <li>- Quality and Outcomes Framework – Disease prevalence</li> <li>- Number of pharmacies</li> </ul>
<b>Other national data sources</b>	<ul style="list-style-type: none"> <li>- Office for National Statistics – population estimates and projections</li> <li>- Census 2011 – ethnicity data</li> <li>- General Household survey – drinking patterns</li> <li>- National Drug Treatment Monitoring System – prevalence of substance misuse</li> <li>- Active People Survey 6 – adult obesity data</li> </ul>
<b>Northumberland County Council</b>	<ul style="list-style-type: none"> <li>- Core Planning Strategy 2013 – housing data</li> <li>- InfoNet – deprivation data</li> </ul>
<b>Commissioners of services</b>	<ul style="list-style-type: none"> <li>- Public Health – Stop Smoking service provision</li> <li>- Clinical Commissioning Group</li> </ul>
<b>PNA Questionnaire</b>	<p>Sent to all community pharmacies in Northumberland</p>



# Appendix 5: Steering Group

## Steering Group Terms of Reference

1.1 A Pharmacy Needs Assessment needs to be refreshed at least every three years to ensure that it is up to date and reflects the current health needs of the population within the communities where they live and work. As well as defining the health needs of the population, the PNA describes the services currently offered, and outlines any gaps in these services. NHS England then use the document to determine applications for new pharmacies.

1.2 Public health became the responsibility of local government when it transferred from the NHS to councils in April 2013. This means that councils have responsibility for commissioning public health services as part of their duty to take steps to improve the health of people in their area. Some of these services will involve the supply of medicines and appliances using NHS services delivered through community pharmacies.

1.3 The NHS Regulations 2013, effective from 1 April 2013 require each Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA) at minimum once every three years. The last PNA for Northumberland County Council area was developed in 2014 and published in April 2015. Councils have a statutory duty and in their public health role, will be commissioning certain services from pharmacies as well as working with pharmacies locally to support their development as a community resource for public health. Other bodies e.g. Clinical Commissioning Groups and NHS Trusts will also be commissioning services from community pharmacies and their input is therefore an essential component of the next PNA for Northumberland.

1.4 A PNA Steering Group will be set up to oversee the development of the PNA

Membership of the Group shall be:

- Public Health Consultant - Chair
- Pharmacy Consultant – Secretariat
- Clinical Commissioning Group representative
- NHS England Area Team Representative
- Local Pharmaceutical Committee Representative
- LMC/ dispensing doctor representative
- Healthwatch Representative
- Planning Department Representative
- Hospital Representative
- Public Health Intelligence Specialist

- A named deputy can attend where a member of the Group is unable to attend.
- Other members might be co-opted

## Remit and Functions

The primary role of the Steering Group is to oversee the development of a comprehensive, well researched, considered and up to date PNA, which is compliant with the latest guidance. The PNA Steering Group will ensure full involvement from all stakeholders in meeting the following objectives

- Develop an action plan and ensure representation of the full range of stakeholders
- Ensure that the PNA integrates with the Joint Strategic Needs Assessment and supplements commissioning plans
- Ensure a communications plan is developed to keep members of the public and stakeholders updated on progress
- Ensure that PNA links with local and national priorities
- Ensure that the PNA forms the basis on which pharmacy applications are considered (market entry).
- Ensure the PNA reflects future needs of Northumberland's population
- Ensure the PNA informs the nature, location and duration of additional services that community pharmacies and other providers may be commissioned to deliver
- Ensures the PNA complies with relevant legislation

## Frequency of Meetings

The group will meet on a quarterly basis as a task and finish group

- Public Health Consultant - Chair Elizabeth Morgan
- Pharmacy Consultant – Secretariat Anne Everden
- Clinical Commissioning Group representatives  
Alan Bell, Brian Moulder & Susan Turner
- NHS England Area Team Representative - declined invitation
- Local Pharmaceutical Committee Representative Keith Kendall
- LMC/ dispensing doctor representative Jane Lothian
- Healthwatch Representative Cynthia Atkins/Derry Nugent
- Planning Department Representative Jonathan Nicholson
- Hospital Representative David Campbell
- Public Health Intelligence Specialist Ian Humphries

# Appendix 6: Public Consultation Report

The formal consultation on the draft PNA for Northumberland ran from November 29th 2017 until 31st January 2018 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted:

- North of Tyne Local Pharmaceutical Committee
- Northumberland Local Medical Committee
- All persons on the pharmaceutical lists and dispensing doctors lists in Northumberland
- LPS chemists in Northumberland with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- Northumberland Clinical Commissioning Group
- Northumberland Healthwatch
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and NTW Mental Health NHS Foundation Trusts
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Cumbria and North Tyneside.

In addition the following were consulted

- GP practices
- Parish Councils
- Groups representing the housebound, carers and people with disabilities

A public consultation about pharmacy services, organised by the Council's Economic and Inclusion Policy Team, ran concurrently.

Letters were sent to all consultees informing them of the web site address which contains the draft PNA document.

Respondents to the consultation were given the option of completing an online questionnaire or by letter to the Director of Public Health. Eleven written responses were received and four responses were received to the online questionnaire. There was some overlap between the two. Letters were received from three parish councils, one surgery patient participation group, Healthwatch, Northumberland Clinical Commissioning Group, the Local Pharmaceutical Committee, Northumbria Healthcare Trust, NHS England and two pharmacy contractors.

All factual inaccuracies raised by consultees have been corrected in the final document. The most important two corrections were to the closing of the Wansbeck Primary Care Access centre a year ago, and the reduction of opening hours of Morpeth Pharmacy (Wellway) which has closed at 6.30pm since May 2016.

Consideration was given to all issues raised during the consultation. The main issues raised by Parish Councils and the Patient Participation Group, concerned a perceived lack of extended opening hours and availability of medicines for terminal care. The Clinical Commissioning Group will continue to work with local pharmacies in Alnwick to ensure that patients have access to urgently needed medicines prescribed during evening surgeries.

NHS England agreed with the Councils assessment of pharmaceutical need, and that the services currently provided address those needs. They requested that new services which were still NHS pilots should be clearly referred to as pilots.

The LPC considered it inappropriate to state that there would be no detriment to the network if there were pharmacy mergers in market towns, and wished to see the wording in the final document modified, such that the Health and Wellbeing Board would consider applications for pharmacy mergers. The LPC recommended that the PNA should clarify that if additional pharmacy coverage was needed to service extended hours GP hubs, then the CCG should fund extensions to opening hours from the current pharmacy network.

Healthwatch informed us about the closure of Wansbeck Primary Care Access centre, and the opening hours of North Tyneside Urgent Care Centre, as well as raising issues about the attractiveness of the vision of a more clinically focused profession.

One of the contractors informed us of the change to opening hours of Wellway Pharmacy which had occurred in May 2016, but had been missed by NHS England in their Directory of Services. This had been corrected in November 2017. The text of the document has been updated to take this into consideration.

The public consultation about pharmacy services, organised by the Council's Economic and Inclusion Policy Team had three hundred and six responses.

- 78.7% of respondents visited a pharmacy at least once per month
- 94.7% found it easy to access a pharmacy
- 15% did not use the same pharmacy consistently
- 6.6% had used the internet to get their medicines
- 70% used their closest pharmacy – which for 50% of respondents was less than a mile away (8.2% said their closest pharmacy was more than 5 miles away)
- 60% went by car (and sometimes parking was an issue!)

- 32.5% went on foot
- 33% stated that they have needed something when the pharmacy was closed. 51% went to another pharmacy, and 45% waited until the pharmacy was open, 3% went to a walk in centre and 1% went to hospital. (Of 49 respondents, 8 needed pain killers, 8 needed antibiotics and 1 needed insulin)

When asked about improvements which could be made to the services offered by pharmacies the main issues were:

- Lunchtime access to medicines when pharmacist is on lunch break
- Longer opening hours wanted
- Long waits/long queues/lack of privacy
- 48 hour wait to get prescription from doctor to pharmacy

## Appendix 7: Pharmacy Access

### Pharmacies Covered by NHS Access Scheme

#### Blyth Valley

ASDA PHARMACY	COWPEN ROAD	BLYTH
YOUR LOCAL BOOTS PHARMACY	21E BRIARDALE ROAD	COWPEN, BLYTH
YOUR LOCAL BOOTS PHARMACY	17-19 BERESFORD ROAD	SEATON SLUICE
WELL Pharmacy	15 STATION ROAD	SEGHILL
Central		
YOUR LOCAL BOOTS PHARMACY	17 THE SQUARE	GUIDEPOST, CHOPPINGTON
WELLWAY PHARMACY LTD	PEGSWOOD HEALTH CENTRE	WEST VIEW, PEGSWOOD
NEWLIN PHARMACY	DEREHAM TERRACE	STAKEFORD
North		
AP BOOTH	22 WEST STREET	BELFORD
YOUR LOCAL BOOTS PHARMACY	6, The Precinct	Hadston
YOUR LOCAL BOOTS PHARMACY	HIGH STREET	ROTHBURY
YOUR LOCAL BOOTS PHARMACY	32 MAIN STREET	SEAHOUSES
K-CHEM LTD	28 GRANGE ROAD	SHILBOTTLE
WIDDRINGTON PHARMACY	Grange Road	WIDDRINGTON

GLENDAL PHARMACY	26 HIGH STREET	WOOLER
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WALKER A (ALLENDALE)	3 SHIELDS STREET	ALLENDALE
PARKSIDE PHARMACY	FRONT STREET	BELLINGHAM
YOUR LOCAL BOOTS PHARMACY	4 TOWN HALL BUILDINGS	CORBRIDGE
YOUR LOCAL BOOTS PHARMACY	7 THE BROADWAY	DARRAS HALL, Ponteland
YOUR LOCAL BOOTS PHARMACY	1 ALEXANDRA TERRACE	STOCKSFIELD
WYLAM PHARMACY	MAIN STREET	WYLAM

# Appendix 8: Quality Payment Criteria

Contractors passing the gateway criteria will receive a Quality Payment if they meet one or more of the criteria listed in the table below. DH has weighted these based on an assessment of the difficulty of achieving them and the benefit to patients for doing so, with each criterion being designated a number of points.

The total number of points that each contractor can qualify for over the two reviews is 100. Three of the quality criteria, which account for 45 points between them, only need to be met once in the year and therefore can only be claimed for once at one of the two review points. (April 30<sup>th</sup> and November 30<sup>th</sup>). Each point will be worth £64 in the first instance, but this may increase if the £75 million allocated for the scheme is undersubscribed. A pharmacy could therefore have access to between £6,400 and £12,800 if they achieved all the quality points.

Domain	Criteria	Points at any one review point	Total points over the two review points
Patient Safety	Written safety report at premises level available covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.	20	20
Patient Safety	80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.	5	10
Patient Experience	Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page	5	5
Public Health	Healthy Living Pharmacy level 1 (self-assessment)	20	20
Digital	Demonstration of having accessed the Summary Care Record and increase in access since the last	5	10

	review point		
Digital	NHS111 Directory of Services entry up to date at review point	2.5	5
Clinical Effectiveness	Asthma patients dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period are referred to an appropriate health care professional for an asthma review	10	20
Workforce	80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	5	10
	Total Number of points		100



# Appendix 9: Criteria for HLPs

## HLP Level 1 checklist

### Workforce development

Public health needs		Completed
1.	All pharmacy staff have an awareness of the local public health and pharmaceutical needs outlined in the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Health Profiles for their area including where and how to access them.	<input type="checkbox"/>
Health and Wellbeing Ethos		
2.	All pharmacy staff understand the basic principles of health and wellbeing, and that every interaction is an opportunity for a health promoting intervention.	<input type="checkbox"/>
3.	At least <b>one</b> member of pharmacy staff (1 Full Time Equivalent) has completed the training and assessment of the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement and is therefore a Health Champion.	<input type="checkbox"/>
Team leadership		
4.	An individual from the pharmacy team has undergone leadership training internally or through an organisation that maps to/encompasses the following domains: <ul style="list-style-type: none"> <li>• <b>Inspiring a shared purpose</b> – Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation;</li> <li>• <b>Sharing the vision</b> – Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting;</li> <li>• <b>Engaging the team</b> – Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service;</li> <li>• <b>Developing capability</b> – Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development; and</li> <li>• <b>Influencing for results</b> – Deciding how to have a positive impact on other people, building relationships to recognise other people’s passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration.</li> </ul>	<input type="checkbox"/>
5.	There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy.	<input type="checkbox"/>
6.	There is effective leadership within the team that encourages the best use of team members’ skills and creates an environment that supports and mentors other team members.	<input type="checkbox"/>
7.	The leader, jointly with the pharmacy team, has developed an	<input type="checkbox"/>

	action plan on achieving Level 1 HLP.	
<b>Communication</b>		
8.	All pharmacy staff can use NHS choices, the local public health information and pharmaceutical needs information, bearing in mind the findings of e.g. PNAs and JSNAs such as location of services, when providing advice on health issues when appropriate.	<input type="checkbox"/>
9.	The pharmacy team is friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice including respecting people's values and beliefs.	<input type="checkbox"/>
10	The pharmacy team routinely explain who they are, wear a name badge and inform people about the information and/or services on offer.	<input type="checkbox"/>
11	All pharmacy staff receive training on how to approach people to discuss difficult or sensitive public health issues.	<input type="checkbox"/>
12	All pharmacy staff are able to provide brief health and wellbeing advice (2-3 minutes) and have an awareness that the person may need additional support for behavioural change.	<input type="checkbox"/>

<b>Community engagement</b>		<b>Completed</b>
13	The pharmacy team proactively engages with patients and the public in the pharmacy, to offer them advice, support and signposting to other providers of services in the community where applicable.	<input type="checkbox"/>
14	The pharmacy team actively works in collaboration with other community organisations (e.g. schools, care homes, local events, charities) to deliver pharmacy outreach and or services.	<input type="checkbox"/>
15	The pharmacy team is aware of health and wellbeing resources available in the community to direct the public/patients to (e.g. support groups, community exercise groups).	<input type="checkbox"/>
16	The pharmacy encourages local charities and other providers to work with the pharmacy for delivery of key health messages/displays where appropriate.	<input type="checkbox"/>
17	The pharmacy team is aware of appropriate health and social care providers in their community (e.g. specialist clinics, Healthwatch, Smoking Cessation, Drug and Alcohol Services, Health Trainer Service), which Local Authorities could provide information about.	<input type="checkbox"/>
<b>Commissioner engagement</b>		
18	The HLP lead is aware of the local commissioners for public health services, which may include Local Authority, NHS England, Clinical Commissioning Group, etc.	<input type="checkbox"/>
19	The pharmacy team is aware of the commissioner contacts if seeking to submit bids for public health services.	<input type="checkbox"/>

## Environment

<b>Health promoting environment</b>		
20.	It is clear to the public that free, confidential advice on their health	<input type="checkbox"/>

	and wellbeing can be accessed.	
21.	The pharmacy has a dedicated Health Promotion Zone, that: <ul style="list-style-type: none"> <li>• Is clearly marked and accessible;</li> <li>• Has a professional appearance; and</li> <li>• Is appropriately equipped with up-to-date professional health and wellbeing information that meets the local public health needs as suggested in the JSNA/PNA, Annual Report of the Director of Public Health or after discussion with commissioners/public health professionals.</li> </ul>	<input type="checkbox"/>
22.	The health and wellbeing information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated.	<input type="checkbox"/>
23.	All materials should be generic and not promoting a specific brand over another, which can be seen as endorsement or promotional.	<input type="checkbox"/>
24.	The Health Promotion Zone resources should be updated at least every two months to ensure information provided is relevant, up-to-date and appropriate.	<input type="checkbox"/>
25.	Once accredited, the HLP logo is displayed in prominent places.	<input type="checkbox"/>
<b>Data collection</b>		
26.	Procedures are in place to ensure emails are checked regularly and that they are appropriately secure. Internet access enabled for accessing locally and nationally recognised websites.	<input type="checkbox"/>
<b>Sustainability</b>		
27.	The pharmacy contributes to a sustainable environment and this is reflected in the way they operate their business (e.g. using recyclable materials).	<input type="checkbox"/>

# Appendix 10: PNA questionnaire

The questionnaire used to inform this Pharmaceutical Needs Assessment can be found here: .

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## PNA Pharmacy Questionnaire

### Premises details

Name and position of person completing this form

Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Trading name of pharmacy

Address of pharmacy

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Yes  No  Possibly

Is this pharmacy a 100-hour pharmacy?

Yes  No

Is this pharmacy a Distance Selling Pharmacy?

Yes  No



### Opening hours

Please give your core opening hours (40 hours per week or 100 hours per week)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Information on total opening hours will be obtained from NHS England.

Are total opening hours likely to change in the next 12 months? Please briefly describe:

## Access

Does the pharmacy entrance allow for unaided wheelchair access?

Yes  No

## Consultation facilities

Does the pharmacy have a consultation room

Yes  No

If you have answered no to any of the 4 questions above please describe any plans you have to update facilities or explain why you do not plan to:

## IT facilities

Electronic Prescription Service Release 2 enabled

Yes  No

NHSmail (generic pharmacy email) being used

Yes  No

NHS Summary Care Record enabled

Yes  No

Up to date NHS Check entry completion

Yes  No

## Community Pharmacy Quality Payments Scheme

### HLPs

The pharmacy has achieved a previous local HLP Award prior to December 2016

Yes  No

The pharmacy has achieved the local Level 2 HLP Award

Yes  No

The pharmacy has achieved the national Level 1 HLP Award

Yes  No

The pharmacy is working towards the national Level 1 HLP Award

Yes  No

### Healthy Living Champions

How many people in your pharmacy have achieved the Healthy Living Champion qualification from Royal Society of Public Health (Understanding Health Improvement)

Pharmacists

4

Technicians

Counter staff

Others

Total number of wte (whole time equivalents) with RSPH Healthy Living Champion qualification

Total number of staff with Health Advocate qualification - work place health improvement specialist

## Dementia friends

Select the one that applies:

100% of staff patient facing roles are now dementia friends

Yes  No

## Asthma patients

(The pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review).

Select the one that applies:

The pharmacy has achieved this quality payment

Yes  No

## Services

### Advanced services

Does the pharmacy provide the following services?

Medicines Use Review service Average Monthly number

Yes  No  Intending to begin in next 12 months

New Medicine Service Average Monthly number

Yes  No  Intending to begin in next 12 months

Appliance Use Review service Average Monthly number

Yes  No  Intending to begin in next 12 months

Stoma Appliance Customisation service Average Monthly number

Yes  No  Intending to begin in next 12 months

Fu Vaccination Service Annual Number In 2016

Yes  No  Intending to begin in next 12 months

NHS Urgent Medicine Supply Advanced service (i.e. has registered to provide this service)

Yes  No  Intending to begin in next 12 months

## 1. CCG locally commissioned services

Which of the following services does the pharmacy provide, or would be willing to provide in the future (under contract with the CCG)?

Minor ailment service                                  Average number of patients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Palliative care service                                  Average number of patients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Sharp end    Average number of patients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Is there a need for a CCG locally commissioned service in your area that is not listed above?

## 2. Local Authority locally commissioned services

Which of the following services does the pharmacy provide, or would be willing to provide in the future (under contract with the Local Authority or third party provider)?

Level 2 Stop Smoking service                                  Average number of clients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

NRT voucher scheme    Average number of clients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months
-

Supervised consumption service  Average number of clients each month  
V Currently providing  
Willing to provide in the future  
Planning to stop the service in the next 12 months

Needle exchange service  Average number of clients each month  
Currently providing  
Willing to provide in the future  
V Planning to stop the service in the next 12 months

EHC provision  Average number of clients each month  
Currently providing  
Willing to provide in the future  
Planning to stop the service in the next 12 months

C card scheme - including registering clients for the C card  Average number of clients each month  
Currently providing  
Willing to provide in the future  
Planning to stop the service in the next 12 months

C card scheme - provision of condoms only  Average number of clients each month  
Currently providing  
Willing to provide in the future  
Planning to stop the service in the next 12 months

Is there a need for a Local Authority commissioned service in your area that is not listed above?



## Non-commissioned services

Prescription collection from GP Surgery

Average number of clients each month

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Free delivery of dispensed medicines

Average number of clients each month

Please describe any restrictions on this service

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Free MDS service

Average number of clients each month

Please describe any restrictions on this service

- Currently providing  
 Willing to provide in the future  
 Planning to stop the service in the next 12 months

Please describe any planned changes to these services above in the next 12 months:

Please briefly describe any other non-commissioned or private services that the pharmacy either currently offers, or is planning to offer in the next 12 months:

## Capacity To Provide Clinical Services in the future

How many pharmacists in your pharmacy have a prescribing qualification?

How many pharmacists in your pharmacy have a postgraduate clinical qualification e.g. clinical diploma?

How many of your technicians have accreditation as an accuracy checker?

# Appendix 11: GP Extended Access Hubs

Extended Access Cluster	Locality	Practice	Town
Blyth	Blyth Valley	Railway Medical Group	Blyth
	Blyth Valley	Marine Medical Group	Blyth
Cramlington	Blyth Valley	Cramlington Medical Group	Cramlington
	Blyth Valley	Village Surgery	Cramlington
	Blyth Valley	Netherfield House Surgery	Seghill
	Blyth Valley	Forum Family Practice	Cramlington
	Blyth Valley	Eldson Avenue Surgery	Seaton Delaval
	Blyth Valley	Collingwood Medical Group	Blyth
	West	Ponteland Medical Group	Ponteland
	North	Rothbury Practice	Rothbury
NNorth	North	Alnwick Medical Group	Alnwick
	North	Belford Medical Group	Belford
	North	Coquet Medical Group	Amble
	North	Well Close Medical Group	Berwick
	North	Widdrington Surgery	Widdrington
	North	Cheviot Medical Group	Wooler
	North	Glendale Surgery	Wooler
	North	Felton Surgery	Felton
Morpeth (Snorth)	Central	Greystoke Surgery	Morpeth
	Central	Gas House Lane Surgery	Morpeth
Valens	Blyth Valley	Brockwell Medical Group	Cramlington
	Central	Lintonville Medical Group	Ashington
	Central	Wellway Medical Group	Morpeth
Central	Central	Bedlingtonshire Medical Group	Bedlington
	Central	The Gables Medical Group	Bedlington
	Central	Laburnum Medical Group	Ashington
	Central	Guide Post Medical Group	Choppington
	Central	Seaton Park Medical Group	Ashington
Hadrian (West)	West	White Medical Group	Ponteland
	West	Prudhoe Medical Group	Prudhoe
	West	Corbridge Medical Group	Corbridge
	West	Burn Brae Medical Group	Hexham
	West	The Bellingham Practice	Bellingham
	West	The Sele Medical Practice	Hexham
	West	Haltwhistle Medical Group	Haltwhistle
	West	Riversdale Surgery	Wylam
	West	Humshaugh & Wark Medical Group	Humshaugh
	West	Scots Gap Medical Group	Scots Gap
	West	Haydon Bridge & Allendale Medical Practice	Haydon Bridge
	West	Branch End Surgery	Stocksfield
	West	The Adderlane Surgery	Wylam

ADDRESS	TOWN	POST CODE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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BLYTH	Blyth Community Hospital	Blyth	NE24 1DX	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	0800 - 1200
CRAMLINGTON	Village Surgery	Cramlington	NE23 6US	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	0900 - 1600
HADRIAN (West)	Corbridge Health Centre,	Corbridge	NE45 5LG	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	1830 - 2000	0900 - 1700
CENTRAL	Bedlingtonshire, Bedlington	Glebe Road	NE22 6JX	-	-	07:00 - 08:00 1830 - 2000	-	-	-
	Gables	26 St Johns Road	NE22 7DU	0700 - 0800	-	1830 - 2000	-	-	0830 - 1330
	Guidepost Medical Group	North Parade	NE62 5RA	-	-	-	0700 - 0800 1830 - 2000	-	0830 - 1230
	Laburnum	14 Laburum Terrace	NE63 0XX	-	-	-	-	1830 - 2000	-
	Seaton Park	Norham Road	NE63 0NG	1830 - 2000	0700 - 0800 1830 - 2000	-	-	-	-
MORPETH	Morpeth NHS Centre, The Mount	Morpeth	NE61 1JX	Patients can be seen in the North cluster	0700 - 0800	0700 - 0800	-	Patients can be seen in the North cluster	Patients can be seen in the North cluster
		Morpeth	NE61 1JX		1900 - 2000	1900 - 2000	1900 - 2000		
N North	Alnwick Medical Group	Alnwick	NE66 2NR	-	-	-	-	1830 - 2000	0900 - 1300
	Belford (main site)	Belford	NE70 7ER	1830 - 2000	-	-	-	-	-
	Belford (Seahouses)	Seahouses	NE68 7XZ	-	-	-	-	-	-

	Felton	Felton	NE65 9PR	-	-	-	-	-	-
	Glendale	Wooler	NE71 6BL	-	-	-	1830 - 2000	-	-
	Wellclose	Berwick	TD15 1LL	-	-	1830 - 2000	-	-	-
	Widdrington	Widdrington	NE61 5LX	1830 - 2000	-	-	-	-	-
VALENS	Brockwell	Cramlington	NE23 1ZX	-	-	1830 - 2000	1830 - 2000	-	-
	Lintonville	Ashington	NE63 9UT	-	1830 - 2000	-	-	-	0800 - 1200
	Wellway (Lynemouth)	Lynemouth	NE61 5TB	-	-	-	-	-	-
	Wellway (Morpeth)	Morpeth	NE61 1BJ	1830 - 2000	-	-	-	1830 - 2000	-

