

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 (PNA) 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, and its successor organisations, (CCG) work with partners to identify the population's health needs. They each commission services 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 NHS clinical priorities. 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 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 was held from 13th May to July 18th 2022 in line with the guidance on developing PNAs and section 242 of the NHS Act 2006. A report on the consultation will be produced.

Identified health needs

Northumberland is geographically diverse, including large, sparsely populated areas, some affluent market towns and some post-industrial areas. 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 previously by the CCG

and its successor organisations.

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, promoting optimum weight 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

As of 1st January 2022 there were 71 pharmacies, including six 100 hour pharmacies and one internet/distance selling pharmacy. More recently applications have been received for a new appliance contractor in Berwick and a new pharmacy in Cramlington near the emergency care hospital. Access to community pharmacies across Northumberland is adequate Monday to Friday, 9am to 5pm. Weekend and evening services are dependent on 100 hour pharmacies and other pharmacies opening extra (supplementary) hours.

Services currently commissioned from pharmacies in Northumberland include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, disposal of sharps and specialist palliative care drugs

Northumberland Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. The Health and Wellbeing Board 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.

Future provision

The national vision for community pharmacy is to 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 view community pharmacy as motivated, trusted health hubs within their communities.

Changes to the GP extended hours contract beginning 1st October 2022, mean that pharmacy services may need to realign with the requirements of the new GP enhanced service. Pharmacies and Primary Care Networks will need to work together to ensure services are developed in tandem to ensure patient's needs are met.

Public Health will work with the CCG and any successor organisation to ensure that services are commissioned to meet local health needs.

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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 Report¹ envisages a future for community pharmacy which is fully integrated into primary care and that better utilise the clinical and prescribing skills of community pharmacists. The 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*² 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 and its successor organisations strategic commissioning plan and Integrated Care Systems (the successor body to CCGs), focusing on local and regional priorities.

All HWBs must update their PNA at least every three years³, however publication of this document has been delayed due to the COVID pandemic. This document therefore replaces the April 2018 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.

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;

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

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

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

- 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 will reflect Northumberland Clinical Commissioning Group's priorities.

1.2 The regulations and content of a PNA

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁴ (the 2013 Regulations) set out the minimum information that must be contained in a PNA and describe the process that must be followed in its development. In addition, Regulation 9 sets out that the HWB is to have regard to:

- the pharmaceutical services that are **necessary** to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- the **other relevant** pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- **other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

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.

⁴ <https://www.legislation.gov.uk/ukSI/2013/349/contents>

1.3 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 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 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).

There have been four consolidations of pharmacy premises since the last PNA was produced, in Hexham, Alnwick, Morpeth and Bedlington Station. These areas will be scrutinised in more depth during public consultation to ensure pharmacy services are adequate.

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.

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 team. 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 November 2021 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 Local Pharmaceutical Committee (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. The Local Medical Committee were a

source of guidance for the production of the questionnaire for dispensing medical practices.

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 was held from the May 13th 2022 until July 18th 2022 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 CNTW Mental Health NHS Foundation Trusts
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Cumbria and North Tyneside.

In addition the following were also consulted

- GP practices
- Parish Councils

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

“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”.

All factual inaccuracies have been corrected in the final document, and consideration given to all issues raised during the consultation. A copy of the report on the consultation is included in the final document (see Appendix 10). The revised document has been considered for final approval by the HWB.

Following the formal consultation all inaccuracies were corrected in the final document and consideration was given to all issues raised during the consultation. A copy of the report on the formal consultation is provided in Appendix 4.

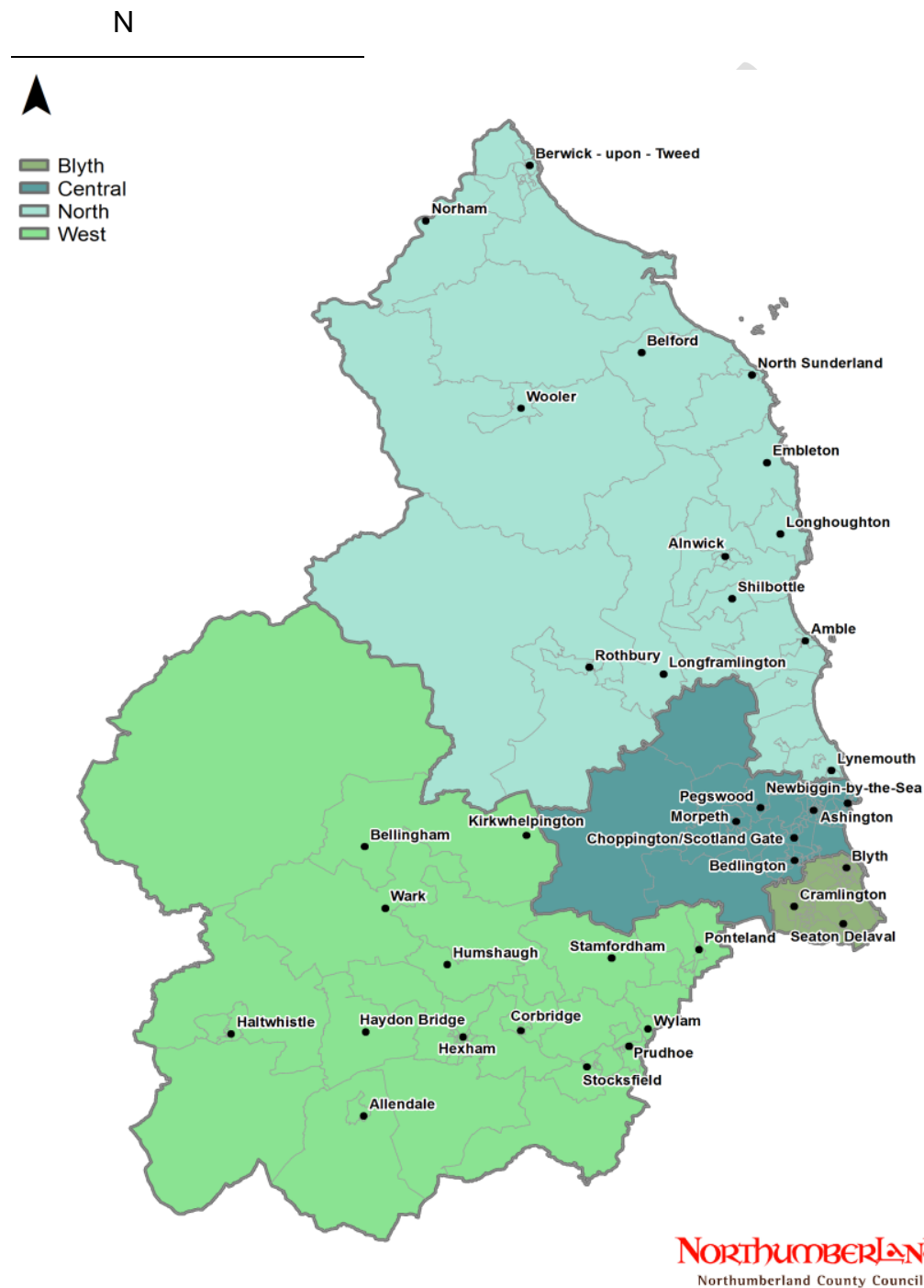
An extensive piece of work was undertaken by Healthwatch Northumberland to gather views of pharmacy service users on the adequacy of services provided in their local area. Healthwatch Northumberland promoted a survey and encouraged engagement from community groups areas in where there have been pharmacy or GP surgery closures, namely Blyth, Morpeth, Alnwick, and Hexham or from communities less often heard. More than 650 responses were received. A copy of the report on the Healthwatch consultation is also available in Appendix 5.

2.5 Identification of localities

The PNA has adopted the four localities based on the Clinical Commissioning Groups which were in existence prior to the formation of primary care networks. Primary Care Networks are group of practices which work together improve patient access to an extended range of services and integrate primary care with a wider health and community services. Local PCNs are detailed in appendix 9, they are not necessarily geographically based).

The localities are geographical and are based on groupings of Middle Layer Super Output Areas (MSOAs)⁵ (see Map 2.1), as at July 2020.

Map 2.1: Northumberland CCG localities mapped over Northumberland LSOAs



⁵ 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:

Demographics

This chapter provides a brief overview of the geographical characteristics of Northumberland and the demographics of the residents of Northumberland, highlighting those demographics which may contribute to greater health needs.

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, which in contrast is an area with high deprivation in 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. Much of the new house building has occurred in these areas to attract families from Tyneside.

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.

3.1 Population profile

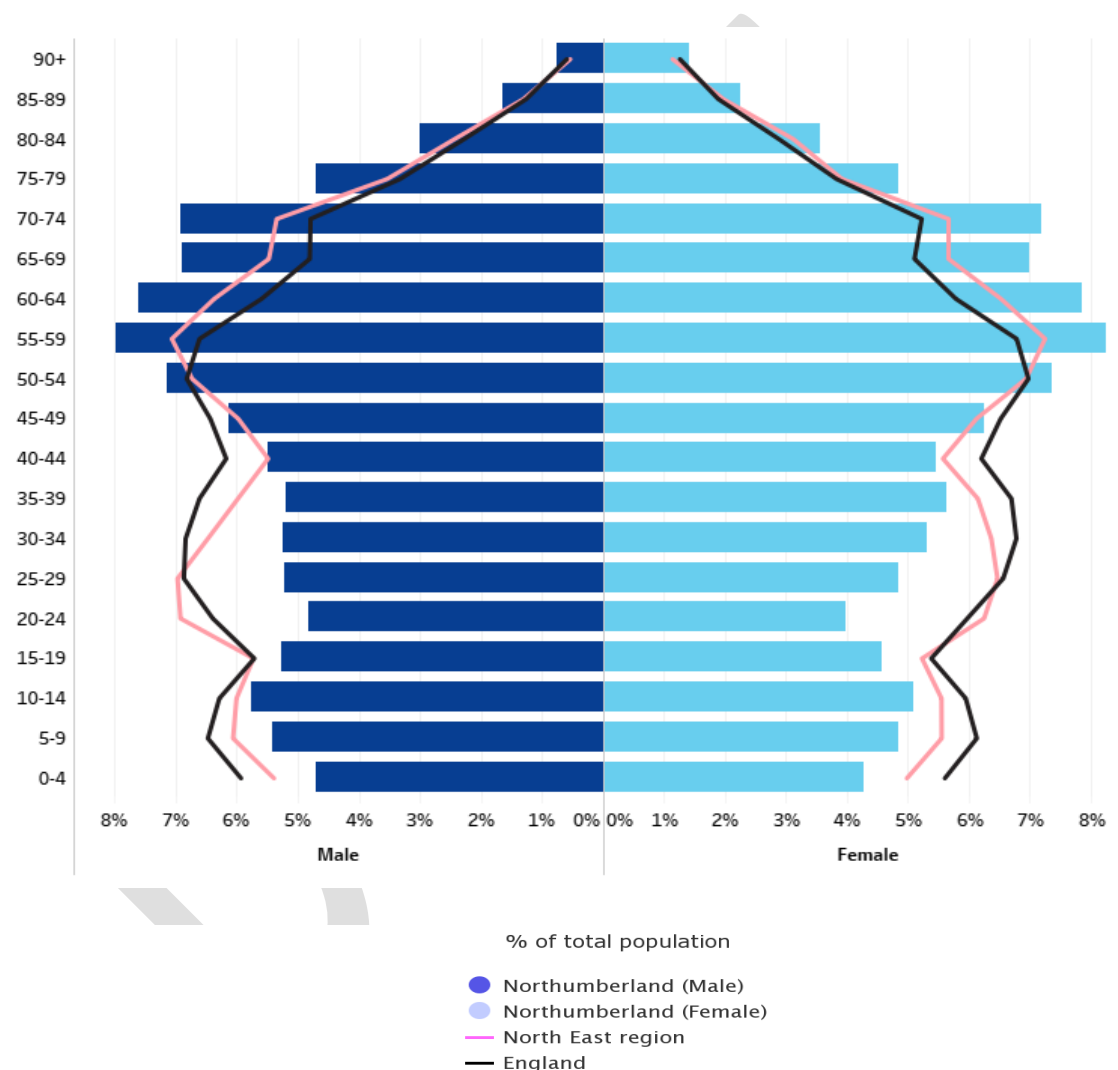
The last official estimate of the Northumberland population was produced by the 2021 Census published in June 2022 with a population estimate of 320,600. Currently 330,000 patients are registered with GPs in Northumberland.

The mid-2019 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 3.1). 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 3.1: Population pyramid of Northumberland compared to England

Data source: ONS mid-2019 population estimates

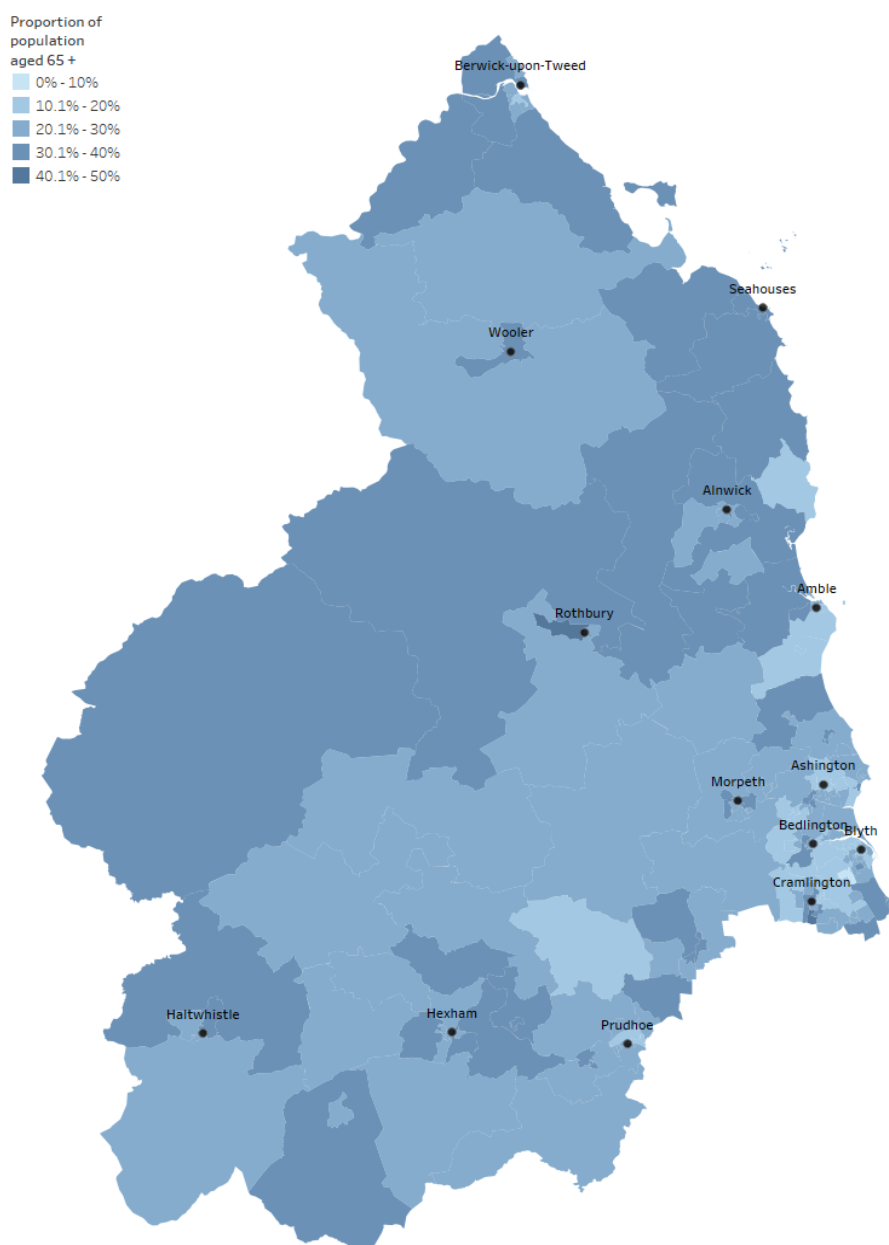


The over 65 population is expected to account for over 30% of the total population in Northumberland by 2035. The rural areas of North Northumberland, West Northumberland and Morpeth already have a high proportion of their population over 65. These dramatic changes in the balance of the population are 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.

Map 3.2: Northumberland mid-2019 population estimates – 65+ population

Data source: ONS population estimates



Data source: ONS Mid-2020 Lower Layer Super Output Area population estimates

To accommodate the increase in household numbers and to attract economically active families into Northumberland, Northumberland County Council has developed 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 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'.

The best information on future additional housing numbers available at present is contained in Table 3.3, which shows the number of homes completed since 2017, and the number of homes which are projected for completion in each of the next 5 years.

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Table 3.3 Housing Plan – completions since 2017 and projected future completions
Source: Northumberland County Council Planning Department December 2021

Northumberland Housing Data			Forecast Future Completions 2021 to 2026 (based on latest DRAFT data)					
Delivery Area	Main Settlements (Parish or Neighbourhood Area-based)	Past Completions (total)	2021-22	2022-23	2023-24	2024-25	2025-26	Future Forecast Completions (total)
South East	Amble (incl. part of Warkworth)	205	44	48	76	74	74	316
	Ashington	550	123	165	86	76	76	526
	Bedlington	212	53	39	30	30	29	181
	Blyth	836	235	186	70	30	30	551
	Cramlington	766	310	217	192	204	153	1,076
	Choppington (Guidepost, Stakeford)	3	0	15	25	25	25	90
	Newbiggin-by-the-Sea	26	5	5	7	3	3	23
	Seaton Valley (Seaton Deleval, Seghill, New Hartley)	98	33	40	40	40	40	193
	Rest of South East Delivery Area	208	97	74	99	99	99	468
	South East sub-total	2,904	900	789	625	581	529	3,424
Central	Morpeth (with Hebron, Hepscott, Mitford, Pegswood)	940	290	273	218	238	191	1,210
	Ponteland	274	92	67	31	8	3	201
	Corbridge	21	30	48	30	30	30	168
	Hexham	96	95	54	25	28	10	212
	Prudhoe	119	60	62	66	39	47	274
	Rest of Central Delivery Area	534	58	69	76	45	3	251
	Central sub-total	1,984	625	573	446	388	284	2,316
North	Berwick-upon-Tweed (with Ord)	92	40	74	144	134	82	474
	Belford	30	16	16	12	4	0	48
	Seahouses / North Sunderland	23	0	0	0	0	10	10
	Wooler	14	37	25	18	13	0	93
	Alnwick (with Denwick)	256	85	116	82	81	69	433
	Rothbury (with Cartington, Thropton, Whitton & Tosson)	74	3	36	48	36	20	143
	Rest of North Delivery Area (excl. Amble)	571	169	140	140	56	23	528
	North sub-total	1,060	350	407	444	324	204	1,729
West	Bellingham	19	0	15	16	0	0	31
	Haltwhistle	1	9	0	0	3	4	16
	Haydon Bridge	111	0	0	4	6	6	16
	Allendale	13	0	0	0	0	0	0
	Rest of West Delivery Area	107	20	10	21	6	0	57
	West sub-total	251	29	25	41	15	10	120
Northumberland Total		6,199	1,904	1,794	1,556	1,308	1,027	7,589

There has been significant development within Blyth, Cramlington and Morpeth within the last 5 years, with further expansion planned in the next 5 years. There have been no additional new surgery premises to serve this increase in households. Due to a national shortage of GPs and other clinical staff, primary care has seen increased pressure on its services.

Alnwick is a small market town which has seen a significant increase in new home completions over the last 5 years, with even more planned over the next 5 years. In the past Alnwick has attracted retirees from more affluent parts of the country, which may result in extra demands on health services as they age and become less able. This will add to the pressures already felt by the one medical practice in Alnwick.

One GP practice closed in 2017 in Blyth, with the patients absorbed by neighbouring practices. There is therefore extreme pressure on the remaining two practices. Cramlington currently has three GP surgeries, but again there has been no increase in clinical staffing to cope with the rising numbers of patients registered with these practices.

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 ethnic minority groups now represent 1.6% of the Northumberland population, compared with 4.7% in the North East and 14.5% nationally.

3.4 Transport

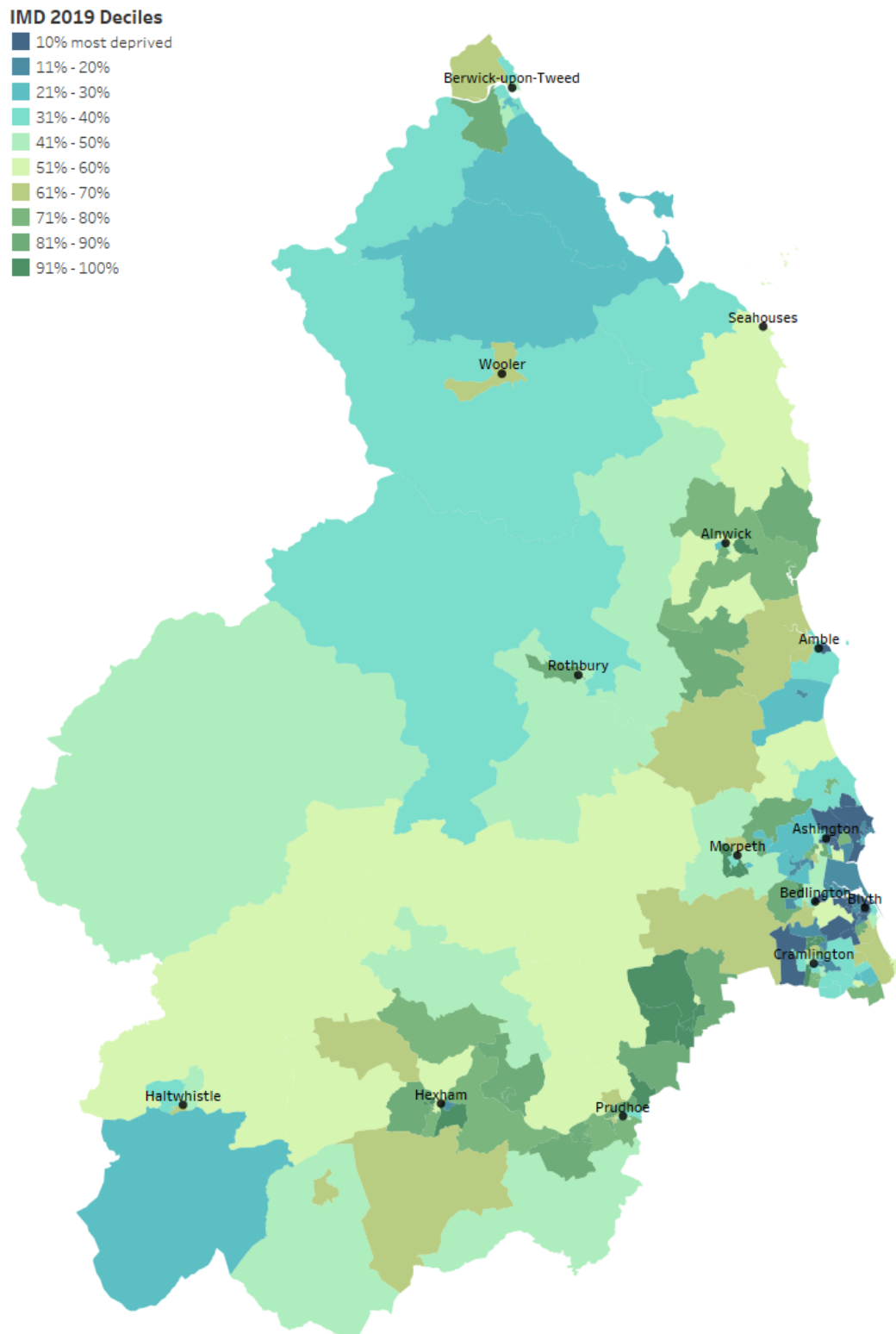
Within Northumberland access to health services can be hampered by transport issues – this is partially because of the problems of rurality, with a very sparsely populated county of more than 2,000 square miles.

The maps in 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 3.4 overleaf).

Map 3.4: Distribution of Index of Multiple Deprivation 2019 in Northumberland
Source: Northumberland InfoNet research report – English Indices of Deprivation 2019



Health Needs Assessment

This chapter provides a brief overview of the health needs of the residents of Northumberland, highlighting 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 NHS five year Strategic Plan.

Local priorities include reducing alcohol related harm, tackling obesity through diet and exercise and promoting good mental health. Further details are available in the Joint Strategic Needs Assessment⁶, which is currently being updated and the Northumberland CCG and its successor organisations Five Year Plan.

Some of the health needs arise from suboptimal lifestyle choices as detailed below:

4.1 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%). 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.

Stop smoking services will continue to play a vital role in reducing the disease burden within Northumberland.

4.2 Alcohol

Alcohol is the second biggest lifestyle risk factor after tobacco use. 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 a 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

⁶ <http://www.northumberland.gov.uk/Default.aspx?page=4279>

recommended maximum intake on at least one day per week⁷. However, alcohol related health harms are often more pronounced in areas of high deprivation, despite consumption often being lower than in more affluent areas. The effects of alcohol are linked to a range of other factors: some individual, such as metabolism or inherited genetic traits; other environmental, such as diet, smoking, access to healthcare or stress. It is partly because the harmful effects of alcohol are linked to these other factors that we see a social gradient in alcohol harms.⁸

There are rising trends in the levels of alcohol related hospital admissions for both men and women in the county. The rate for alcohol-related harm hospital admissions is 799 per 100,000⁹, worse than the average for England. This represents 2421 admissions per year.

The North East currently has the highest rates of alcohol related death in England, and the region saw a 20.5% increase in the rate of deaths between 2019 and 2020¹⁰. Though Northumberland has a rate of alcohol related deaths that is comparable with the national England average, the County actually has among the lowest rates of deaths for both men and women in the North East¹¹.

4.3 Substance misuse

Drug addiction is intrinsically linked to crime and causes significant health and social harms. The estimated cost of addiction to society is almost £20 billion¹². Structured treatment is evidenced as being able to reduce crime, improve health and increase

⁷ Source: General Household survey 2010

⁸ <https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities>

⁹ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132833/pat/6/par/E12000001/ati/401/are/E06000047/yr/1/cid/4/tbm/1>

¹⁰ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthet United Kingdom/registered in 2020#alcohol-specific-deaths-by-english-region>

¹¹ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132832/pat/6/par/E12000001/ati/401/are/E06000047/yr/1/cid/4/tbm/1>

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1043484/From_harm_to_hope_PDF.pdf

the opportunity for people to recover from their addiction and lead a drug free life. For every £1 invested in drug treatment there is a £2.50 benefit to society¹³.

Tables 4.1 and 4.2 show the estimated prevalence of drug misuse in Northumberland and the number of adults in treatment.

Table 4.1: Estimated prevalence rates per 1,000 population aged 15 to 64 (2016/17)

Data source: National Drug Treatment Monitoring System

Opiate or Crack users	Opiate users	Crack users
8.52	6.62	2.65

Table 4.2: Numbers of adults in treatment by substance (2020/21)

Data source: National Drug Treatment Monitoring System

Substance	Number in treatment
Opiate	1027
Non opiate	221
Alcohol	719
Non opiate & Alcohol	143

People who use drugs problematically are at significant risk of early mortality. The North East has the highest rates of drug related deaths in England. In 2020, the region had a rate of 104.6 deaths per million, double the national rate of 52.1 deaths per million.¹⁴ Though Northumberland has one of the lowest rates of drug related

¹³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf

¹⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

deaths in the North East, the county is still above the national average for England – 7.0 per 1,000 population, compared to 5.0 for England.¹⁵

4.4 Promoting Healthy Weight

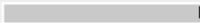













Tackling obesity and helping people achieve or maintain a healthier weight is complex. The causes of obesity exist in the places where we live, work and play, where the food and built environment often makes it difficult to make healthier lifestyle choices.

Obesity is associated with a range of health conditions 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).

In Northumberland 71.6% of adults were classed as overweight or obese¹⁶ (Figure 1 Below). 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 4.3: Percentage of Adults classified as Overweight or Obese – North East Local Authority

Percentage of adults (aged 18+) classified as overweight or obese 2019/20 Proportion - %

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	–	–	62.8		62.6	63.0
North East region	–	–	67.6		66.5	68.8
Sunderland	–	–	73.5		69.1	77.8
Hartlepool	–	–	73.0		68.7	77.3
Redcar and Cleveland	–	–	72.9		68.7	77.0
Middlesbrough	–	–	71.7		67.4	76.1
South Tyneside	–	–	71.6		67.1	75.8
Northumberland	–	–	71.6		67.1	75.7
Gateshead	–	–	70.8		66.4	74.9
Stockton-on-Tees	–	–	67.0		62.5	71.5
North Tyneside	–	–	65.7		61.2	70.2
County Durham	–	–	64.8		60.2	69.4
Darlington	–	–	63.8		59.1	68.4
Newcastle upon Tyne	–	–	60.1		57.8	62.4

Between 2015 and 2020, levels of overweight and obesity in Northumberland have risen by almost 10% whereas national prevalence within the same time period has risen by just over 1.5%. In 2015, 61.4% of Northumberland adults were overweight or obese compared to 71.6% in 2020.

¹⁵ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000001/ati/402/are/E06000057/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

¹⁶ Public Health England (based on Active Lives survey, Sport England)

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.

The majority of children and young people in Northumberland remain a healthy weight. However, this is not the case for every child, and particularly so for those living in our more deprived areas. The latest data from the National Child Measurement Programme (NCMP) identified that almost 14% of Reception aged children were obese (including those with severe obesity). By Year 6, this figure rises to around 25%¹⁷.

4.5 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 rate in Northumberland for 2019 was 16.7 per 1000 women. This is the lowest in the North East, but slightly higher than the average figure for England which is 15.7. Figures have been declining in recent years and have almost halved since 2010. Just under half (46.3%) of all under 18 conceptions result in an abortion in Northumberland, which is below both the regional and national figure¹⁸.

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. Northumberland has a very successful LARCS

¹⁷ NHS Digital, National Child Measurement Programme

¹⁸ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1>

programme in place and currently prescribes LARCS at a rate of 49.2 per 1,000 population, which is higher than both the regional figure (28.9) and the national figure for England (34.6). 19

4.6 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 average²⁰. The COVID pandemic has had an impact on cancer presentations and diagnosis. There have been higher rates of excess death among working age adults during the pandemic and this will be closely monitored over the coming years.

4.7 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.

Hypertension

Data collected to monitor the Quality and Outcomes Framework (QOF) showed hypertension prevalence to be higher than the regional and national average, which may be partially due to better case finding. However, a prevalence model²¹ developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed. This group of patients is being targeted nationally with the new pharmacy based hypertension case finding service.

19 <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000001/ati/402/are/E06000057/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

20 Source: *Public Health Outcomes Framework*

21 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 showed that the prevalence of diagnosed diabetes in Northumberland is higher than the regional and national average. However, a prevalence model²² 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.

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.

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 average²³. 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 model²⁴ 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.

²² Source: *The APHO Diabetes Prevalence Model, Yorkshire & Humber Public Health Observatory, 2010.*
<http://www.yhpho.org.uk/default.aspx?RID=81090>

²³ Source: *Public Health Outcomes Framework*

²⁴ Source: *Modelled estimates of prevalence of COPD for PCOs in England, version 4, Eastern Region Public Health Observatory*

4.9 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 2030²⁵, 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.

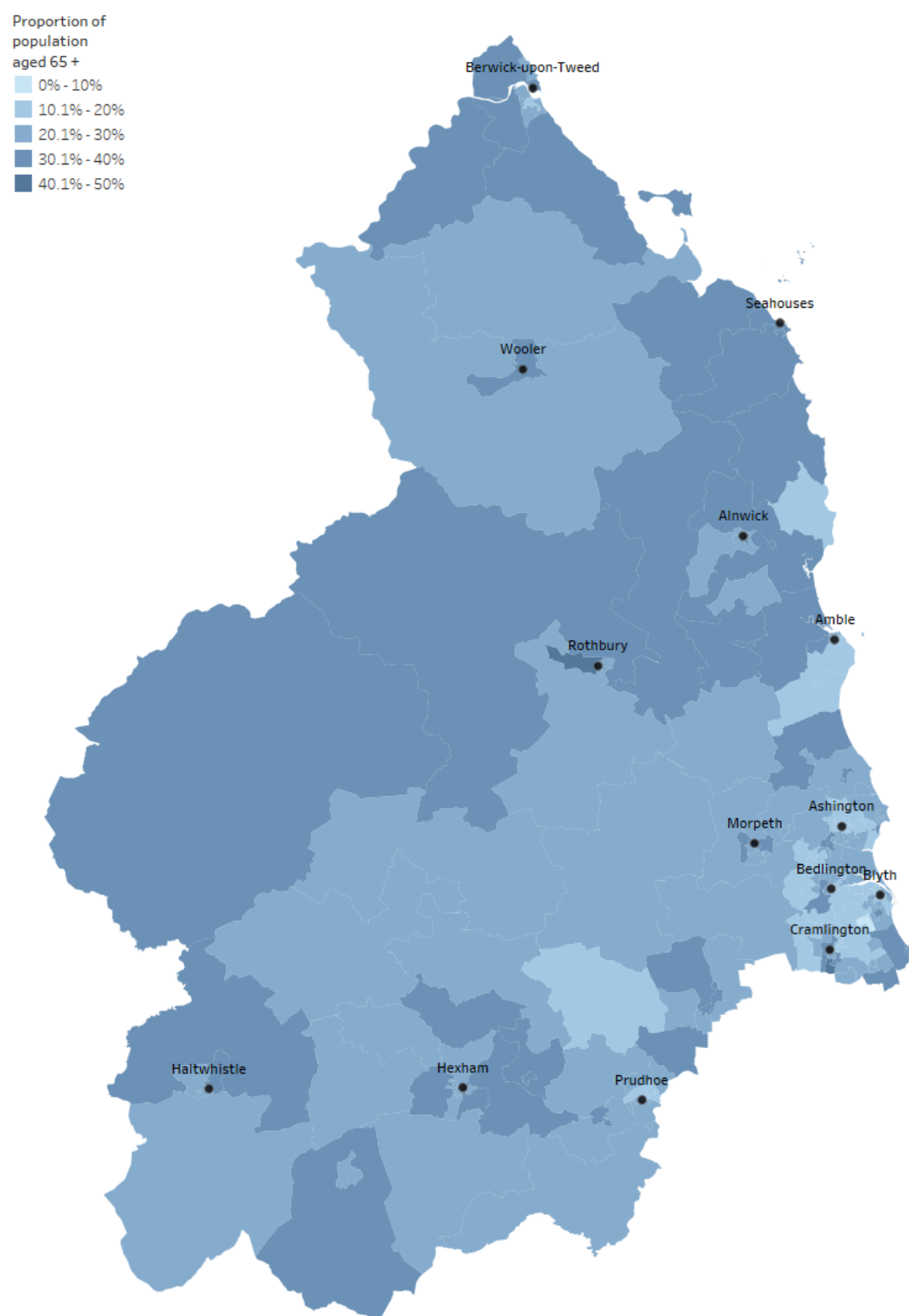
People with dementia require substantial amounts of care, particularly social care. Pharmacists can contribute to the care of those with dementia by reviewing their medication, and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary. The number of patients with dementia is expected to rise as the number of elderly people in Northumberland increases.

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.

²⁵ Source: ONS 2012-based population projections

Map 4.3 Northumberland mid-2020 population estimates – 65+ population
Data source: ONS population estimates



Data source: ONS Mid-2020 Lower Layer Super Output Area population estimates

4.10 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.

4.11 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.²⁶

4.12 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% respectively²⁷.

4.13 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

²⁶ Source: PHE Learning Disabilities profiles

²⁷ Source: Public Health Outcomes Framework

particular needs of this population require consideration given their high incidence of mental health problems and illegal drug issues.

4.14 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.

4.15 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.

Current provision – pharmaceutical services

5.1 Definition of pharmaceutical services

Pharmaceutical services' is a collective term for the range of services commissioned by NHS England and NHS Improvement. (NHSE&I) In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies (Directed services is a collective term for advanced and enhanced services)
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services (Northumberland does not have any LPS contracts).

5.2 Essential 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 for prescriptions which contain more than one month's supply of medicines
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Discharge medicines service.

The discharge medicines service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- Delivery of appliances – delivery of certain appliances to the patient (in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can

5.3 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 NHS Improvement. The specification and payment are agreed nationally.

As of January 2022 Advanced services include:

- new medicines service
- community pharmacy seasonal influenza immunisation
- community pharmacist consultation service
- hypertension case finding service
- community pharmacy hepatitis C antibody testing (until 31st March 2023)
- stop smoking service for patients who started their stop smoking journey in hospital.
- community pharmacy Covid-19 lateral flow device distribution service
- Covid-19 medicines (pandemic) delivery service

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 conditions²⁸:

- Asthma or Chronic Obstructive Pulmonary Disease
- Type 2 diabetes
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's Disease
- Urinary incontinence/retention

²⁸ List correct as at September 2021

- Heart failure
- Acute coronary syndromes (ACS)
- Atrial fibrillation (AF)
- Long term risk of venous thromboembolism/ebolism
- Stroke/ transient ischaemic attack (TIA)
- Coronary Heart disease (CHD)

The seasonal influenza vaccination service is commissioned by NHS England to help meet national targets to immunise the over 65s and the clinically vulnerable 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.

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.

There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

- appliance use reviews, and
- stoma appliance customisation

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. 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.

5.4 Locally commissioned (other NHS) services

Whilst a clinical commissioning group (CCG) or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services. HWBs are asked to make reference to them in their PNAs as 'other NHS services'. It is anticipated that from July 2022 CCGs will be replaced by integrated care boards (ICBs) that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHSE&I expects all

ICBs to have done so. Therefore, from April 2023, some locally commissioned services that are commissioned from pharmacies by CCGs will move to the ICBs and will fall then within the definition of enhanced services (i.e. can be taken into account as a pharmaceutical service for the purposes of the PNA).

Pharmacy services are currently commissioned locally by Public Health Teams, Clinical Commissioning Groups, secondary care providers, through public health contracts, and NHS England.

Public Health currently commissions the following services from community pharmacies in Northumberland:

- Supervised consumption of opiates
- Needle exchange
- Intermediate smoking cessation services
- Pharmacy Direct voucher 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 emergency contraception “Plan B” services from community pharmacies.

Northumberland CCG and its successor organisations 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

The new Integrated Care Board has commissioned additional services from community pharmacies namely

- Walk in emergency supply
- The expanded *Think Pharmacy First* service available to a wider population
- Nitrofurantoin service for urinary tract infections via a patient group direction.

These services will be available from the majority of pharmacies once contracting has been completed. These services are all designed to improve access to services for patients, while relieving pressure from other areas of the NHS.

5.5 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.

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.

5.6 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*²⁹ more than 1.6 kilometres (1 mile) away from a community pharmacy. As of 1st January 2022 sixteen, of Northumberland's general practices (operating from 24 sites) 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 was written, the White Medical Group, based in Ponteland, has closed their branch surgery in Stamfordham (Supplementary Statement No 1). Dispensing patients have their medicines delivered by a local pharmacy in Ponteland. The branch surgery of the White Medical group in Wylam remains open. Riversdale surgery has consolidated its activities in Prudhoe and closed their surgery in Wylam in July 2020.

The Gables medical group in Bedlington has closed its branch surgery in Cambois due to unsuitability of their premises (Supplementary Statement No 7). Patients affected by this closure have their medicines dispensed in the main surgery and are then delivered by the practice.

Ponteland Medical Group has ceased to be a dispensing practice affecting patients using the main surgery in Ponteland and the branch surgery in Dinnington. The three pharmacies in Ponteland have absorbed the majority of the workload associated with this change. Pharmacies in the Newcastle local authority area have picked up most of the dispensing associated with the branch surgery in Dinnington. (Supplementary Statement No 8)

Felton and Widdrington practices have amalgamated and are now known as Northumberland Health. The premises in Felton may be replaced with a new purpose built surgery, but time scales have not been confirmed.

Alnwick Medical Group have started a public consultation regarding the closure of their branch surgery at Longhoughton (which also served family members stationed

²⁹ 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 (FHSAU), to be 'rural in character'.

at RAF Boulmer). The practice has undertaken to deliver medicines to Longhoughton residents from the dispensary at the main surgery.

There have been several practice amalgamations across the County but as these did not affect the number of surgery sites or their opening hours they have not been specifically considered here.

5.7 Distance Selling Pharmacies

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so.

They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises. There is one distance selling pharmacy in Northumberland.

5.8 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.

5.9 Hospital services

NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are within 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.

5.10 Current provision of essential pharmaceutical services

Maps 1 and 1a 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 full time surgeries, part time branch surgeries and “dispensing doctor” premises (full and part time). 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.

There is currently one distance selling pharmacy based in Northumberland and no appliance contractors.

Pharmacy Access Scheme

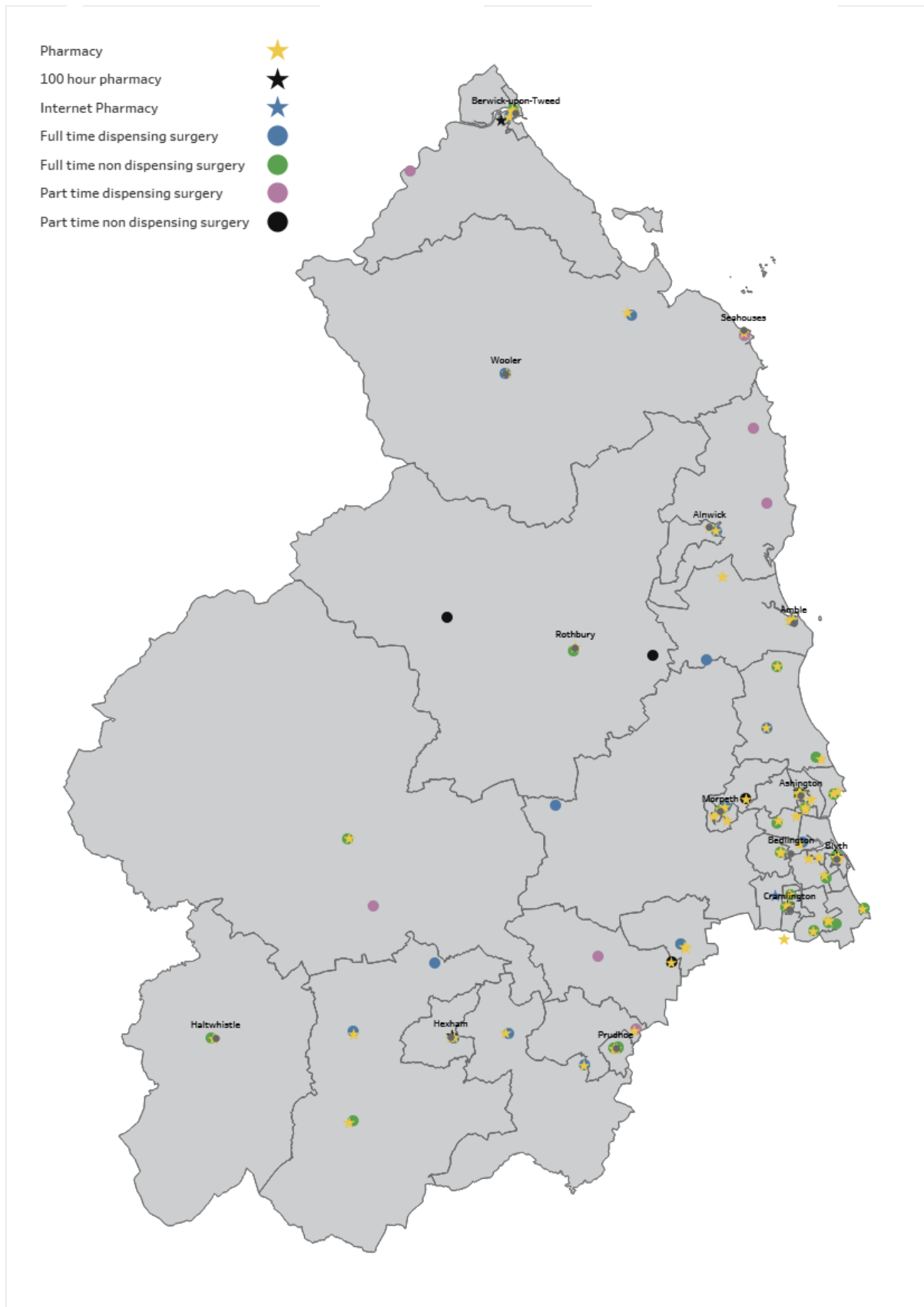
The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. It has been designed to protect the pharmacy network in those areas where patient and public access would be affected if they should close, for example if a population depends on a single pharmacy. The scheme takes isolation and levels of need into account; dispensing doctors and distance selling pharmacies are excluded from the scheme

To qualify for a payment, the pharmacy must,

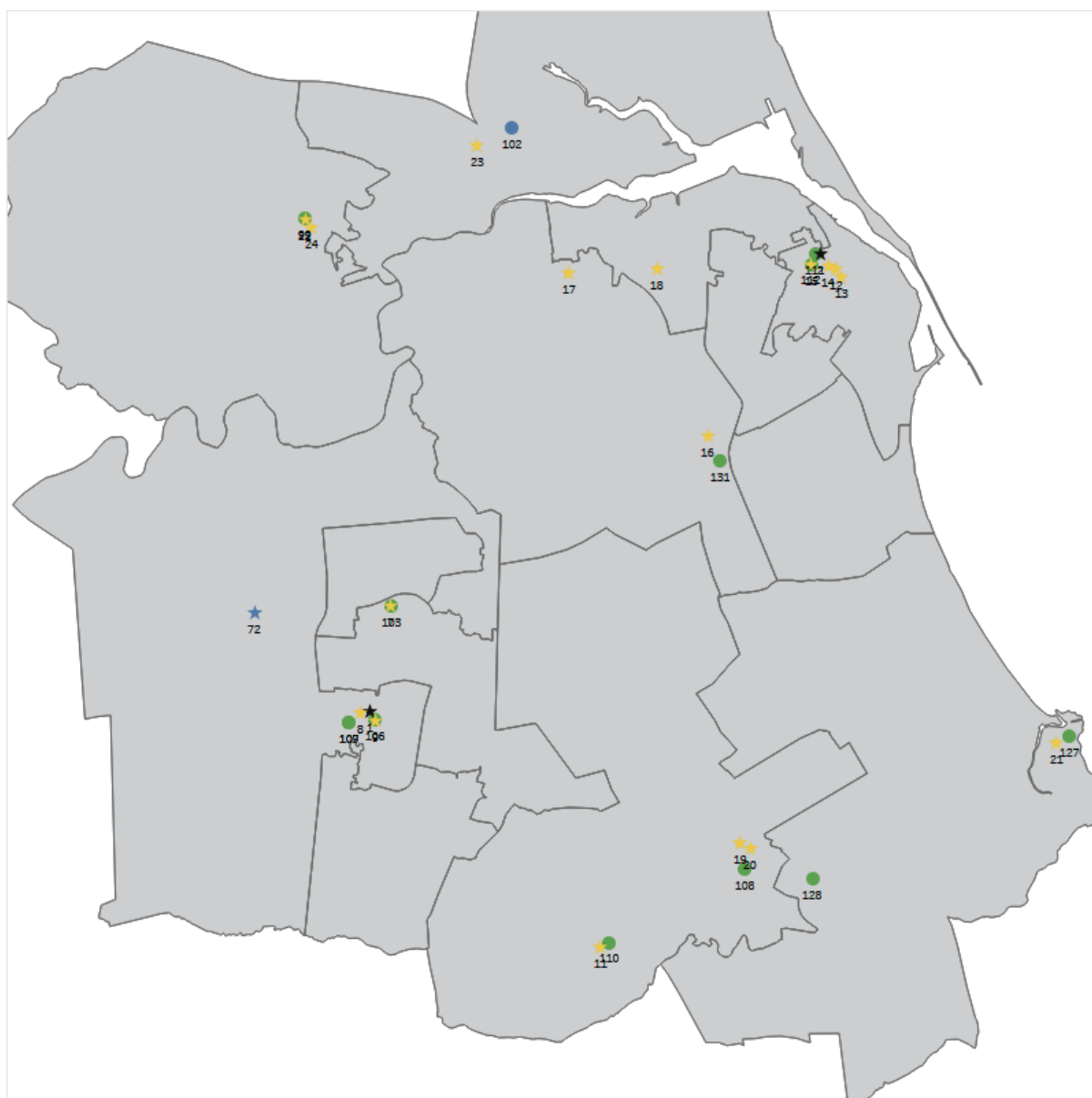
- be more than a mile from the next nearest pharmacy (0.8miles in areas of high deprivation)
- have an annual dispensing volume between 1,200 and 104,789 scripts
- be directly accessible to the public (not have restricted access e.g. beyond airport security).

Currently 19 pharmacies in Northumberland are eligible for pharmacy access payments - 7 in North locality, 5 in West, 3 in Central and 4 in South East Northumberland. (See appendix 6).

Map1: GP practices and pharmacies in Northumberland, January 2022



Map 1a: GP practices and pharmacies in South East Northumberland, January 2022



As of 1st January 2022 there were 71 pharmacies, including six 100 hour pharmacies and one internet/distance selling pharmacy. More recently applications have been received for a new appliance contractor in Berwick and a new pharmacy in Cramlington near the emergency care hospital. Pharmacies are located primarily in areas of higher population density (See Maps 1 and 1a). There is more than one pharmacy in most market towns and in urban areas, allowing patient choice.

Since the last PNA was written in 2018, there have been four pharmacy consolidations; in Bedlington Station, Hexham, Morpeth and Alnwick. Supplementary Statements No 3, 4, 5 and 6). Each application was considered by the Health and Wellbeing board which concluded that there was adequate provision from the

remaining pharmacies. However, this assumption will be tested by Healthwatch during the production of this PNA.

Closure of dispensing branch surgeries, may have affected the provision of adequate dispensing services in rural areas. There have been closures of dispensing branch surgeries at Stamfordham (Supplementary Statement 1) and Cambois (Supplementary statement 7) since the last PNA was produced. The surgery in Felton has closed temporarily, with services being provided in Widdrington surgery, until new premises are built.

Other changes to pharmacy services have mainly been changes to supplementary opening hours, and an increase in use of Internet pharmacy services following the pandemic, although these changes are difficult to quantify.

Table 5.1: Scripts Issued and dispensed within Northumberland

Financial year	Scripts dispensed in Northumberland	% scripts dispensed in Northumberland
2018/2019	8,163,692	97.0%
2019/2020	8,296,600	96.6%
2020/2021	8,168,310	95.6%
.		

From the table above it can be seen that there has been an increase of 1.4% in the percentage of prescriptions dispensed out of area, for 2020/21 this amounts to 114,356. This may be due to an increase in internet pharmacy use during the covid pandemic.

The majority of prescriptions dispensed out of area, are dispensed in Scotland. As the northern border of Northumberland is with Scotland, this cross border migration of prescriptions is to be expected.

Table 5.2: Average number of pharmacies per 100,000 population, October 2021

Sources: ^{\$}Population Estimates Unit, Office for National Statistics (ONS) © Crown copyright; ^{**}Health and Social Care Information Centre³⁰; [†]NHS England

Locality	No. of pharmacies	Population (mid-2021 resident population) ^{\$}	Pharmacies per 100,000 population
South West/Blyth Valley	16	85,299	18.8
Central	22	89,864	24.5
North Northumberland	17	73,049	23.2
West Northumberland	15	75,608	19.8
TOTAL	70*	323,820	21.9
England (2022)	11,636	56,550,138	20.5
North East (2022)	653	2,687,063	24.3

* 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 5.2 shows that Central and North Northumberland are well serviced by community pharmacies, having a similar number of pharmacies per 100,000 population to the North East generally, although above the England average. West Northumberland and the Blyth Valley which includes Cramlington appears to have fewer pharmacies per 100, 000 population. Blyth has 8 pharmacies to serve its nearly 40,000 residents, whereas Cramlington has 4 pharmacies for its approximately 27,500 residents, with significant development planned. (See Table 3.3)

In North and West Northumberland dispensing doctors provide additional capacity for the dispensing of prescriptions, although it is recognised that dispensing doctors cannot provide the full range of services delivered by community pharmacies. West Northumberland and Blyth Valley appear to have fewer pharmacies per 100,000 population than the England average. West Northumberland has five dispensing doctor practices which currently dispense for 16.5% of the locality population.

³⁰<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>

North and West Northumberland have 24 dispensing surgeries (16 full time and 8 part time) which contribute significantly to the dispensing of prescriptions, therefore the actual number of prescriptions which pharmacies need to dispense is lower. Nationally, 7% of prescriptions are dispensed by GP practices; however that figure rises to 10% in Northumberland. 11% of patients in Northumberland are registered as dispensing patients.

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. All practices provide electronic repeat prescriptions, although dispensing practices have in house electronic and repeat prescriptions counted differently, as the prescriptions are not logged on the national electronic spine.

5.11 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. This service has been in place since 2017, and the arrangements as at January 2022 are given in appendix 8.

The new DES (directed enhanced service) for enhanced access across each PCN (Primary Care network) comes in to effect on 1st October 2022. This places responsibility on the PCN to provide appointments between 6.30pm and 8.30pm Monday to Friday, and 9.00am to 5.00pm on Saturdays. The appointments offered should be appropriate for the PCN's population and should be a mix of planned and emergency appointments offered by a range of primary care clinical staff. The number of hours of extra appointments is based on the weighted population of the PCN. The service does not require appointments to be made available on Sundays and Bank Holidays.

Current pharmacy opening hours endeavour to mirror the previous extended surgery hours, although this was not always possible. Most of the hubs for the previous service were served by 100 hour pharmacies. Some of the more rural hubs did not attain this level of service.

Updates to the Primary Care Networks were not available when the draft document went to formal consultation. The list of practices within the current PCNs is given in appendix 8. This list is correct as of 1st August 2022. The service plan has yet to be approved by the Integrated Care Board.

To ensure that pharmacy services are available to complement the change of GP enhanced services, commissioners, PCNs and pharmacies will need to work closely together to ensure that services are aligned to patient need. Practices will be providing services between 8am and 8pm Monday to Friday, and 9am to 5pm on Saturdays. A whole systems approach will be needed to ensure that patients have access to the medicines they need, in a timely manner.

Cramlington (population 29,316) has 4 pharmacies. More than 1,000 homes have been completed since the last PNA and a further 760 are planned in the next few years. Planning approval has been given for the development of a Health and Wellbeing Campus on the site of Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. Building work commenced in May 2022, with an expected completion in autumn 2023. Part of the project involves the relocation of Brockwell Medical centre, currently located on Northumbrian Road, into the ground floor of this new health and education centre. Other community-based health services will be co-located in this facility. Services which can be offered by pharmacy would seem a natural fit within this wellbeing centre. A pharmacy on the site of the emergency hospital could be an important element in redirecting walk-in patients to more appropriate services. The proposed relocation of the GP surgery has undergone a public consultation and has been approved by the CCG Board.

A pharmacy on the site of the Health and Wellbeing Centre would appear logical to the general public and service users.

Cramlington will have a future need, as the population continues to grow, for additional essential, advanced, and locally commissioned pharmacy services between the hours of 9.00am and 20.00 Monday to Saturday and 10.00am to 18.00 on Sunday.



5.12 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. Pharmacies may also offer more than the contractual 40 hours as supplementary hours, a number of pharmacies offer supplementary hours.

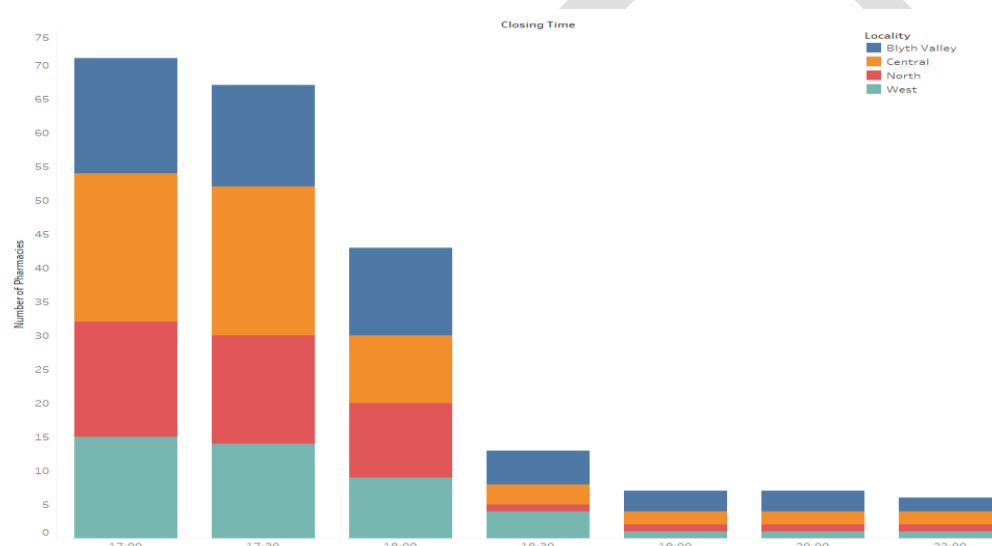
Supplementary hours: These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e. they are additional

to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change.

Figure 5.3 shows, by locality, the numbers of pharmacies open outside Monday to Friday, 9am to 5pm core trading hours. Numbers are for total hours, i.e. including both core and supplementary hours.

Figure 5.3: Monday to Friday Opening Hours in Northumberland (January 2022)

Source: NHS England

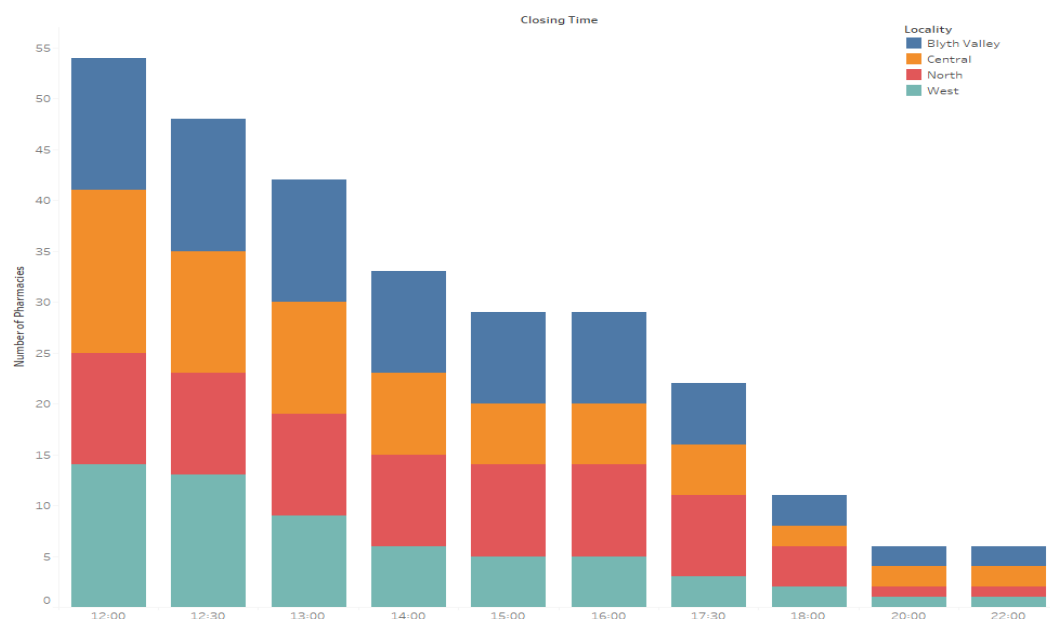


In relation to Figure 5.3, if a pharmacy's hours differed on one day of the week from the other four days this difference is ignored on the chart. Therefore if a pharmacy opens one evening per week to mirror a surgery's late opening this is not reflected in these tables.

The number of hours which pharmacies are open has decreased since 2017, probably due to cost saving measures. The pharmacy contract introduced in 2018 has reduced the profit margins, and pharmacies are closing earlier to reduce losses. Many of the multiples are currently reviewing their opening hours with a view to further cost savings.

Figure 5.4: Saturday Opening Hours in Northumberland (January 2022)

Source: NHS England



79% of pharmacies in Northumberland open for more than the core contract hours. Table 5.5 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services.

Table 5.5: Number of hours of pharmaceutical services available each week
Data source: NHS England

Number of hours	Number in 2017	Percentage	Number 2022	Percentage
Exactly 40	4	5.4%	15	21.2%
More than 40 and up to 45	25	33.8%	30	42.4%
More than 45 and up to 50	17	23.0%	11	15.5%
More than 50 and up to 55	13	17.6%	6	8.5%
More than 55 and up to 60	7	9.5%	2	3.0%
More than 60 but less than 100	4	5.4%	1	1.5%
100 or more	6	8.1%	6	8.5%
TOTAL	75*	100.0%	71*	100.0%

* excludes internet pharmacy

Access to pharmacy services in Blyth Valley

There are two main towns in Blyth valley, Cramlington and Blyth. Both have seen considerable new housing developments over the last 5 years, and more are planned in the next three years. (See Table 3.3 in Chapter 3) There are currently 16 pharmacies in Blyth valley, including two 100 hour pharmacies, one located in a supermarket in Cramlington, and the other in a free standing shop premises in Blyth. Additionally, Blyth has a supermarket pharmacy open until 8pm six days per week and from 10am until 4pm on Sundays. The 100 hour pharmacy in Blyth is open until

8.00pm on a Sunday. Smaller towns in the area have access to pharmacy services until 5.30pm or 6pm during weekday evenings.

Thirteen of the 16 pharmacies are open on Saturdays; albeit that only 8 have Saturday opening as part of their core hours. 10 pharmacies are open on Saturday afternoons and three on Saturday evenings.

On Sundays there are 4 pharmacies open, two in Cramlington and two in Blyth. Three are open between 10am and 4pm, but the 100 hour pharmacy in Blyth is open until 8.00pm.

Currently Blyth Valley has fewer pharmacies per 100,000 patients than the North east average. Blyth has a population of 39,828 and is served by 8 pharmacies. Blyth is adequately served by the current pharmacies.

Cramlington (population 29,316) has 4 pharmacies. More than 1,000 homes have been completed since the last PNA and a further 760 are planned in the next few years. Planning approval has been given for the development of a Health and Wellbeing Campus on the site of Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. Building work will commence in May 2022, with an expected completion in autumn 2023. Part of the project involves the relocation of Brockwell Medical centre, currently located on Northumbrian Road, into the ground floor of this new health and education centre. Other community-based health services will be co-located in this facility. The proposed relocation of the GP surgery is currently undergoing a public consultation, and the plan has also to receive formal sign off from the CCG and its successor organisations Board.

GPs offer extended hours services from the hub at The Village medical centre in Cramlington for practices in Ponteland and Cramlington during weekday evenings, and additionally for practices from further afield at the weekends and bank holidays.

NSECH currently has a triage model to divert appropriate patients to a primary care stream. Patients are seen on site by a primary care professional

A new housing development is under construction at the site next to NSECH, with 192 houses expected to be delivered by 2023. This development will also be separated from the shopping centre facilities in Cramlington by the busy A 189 spine road. (See map in appendix 10)

Cramlington may have a future need, as the population continues to grow, for additional essential, advanced, and locally commissioned pharmacy services between the hours of 9.00am and 20.00 Monday to Saturday and 10.00am to 18.00 on Sunday.

Access to pharmacy services in Central locality

The main towns in Central locality are Morpeth and Ashington. Both towns have seen considerable new housing developments over the past 5 years, and more new builds are projected particularly for Morpeth. See Table 3.3. There are 22 pharmacies in the central locality, all providing services on weekdays until 5.30pm or 6.00pm. The two 100 hour pharmacies are both located in Ashington. There is one dispensing doctor in Central locality.

Ten pharmacies in Central locality have core hours on a Saturday, with sixteen providing some Saturday services. Six pharmacies are open on Saturday afternoon, with two of these remaining open until 10.30pm

Ashington has three pharmacies which open on Sundays, one until 4pm, one until 5pm and one until 8pm, as part of their core hours. Morpeth no longer has a pharmacy required to open on a Sunday, but one town centre pharmacy opens on a Sunday between 10am and 4pm. Morpeth had a 100 hour pharmacy, which closed about 5 years ago because it was not commercially viable. Morpeth has had 1,000 new homes built since the last PNA, with a further 1,200 planned over the next 4 years. It currently has 4 pharmacies with a further pharmacy in nearby Pegswood.

There is adequate pharmacy provision in Central locality, although loss of the supplementary hours in Morpeth on Sundays would lead to a gap in provision.

Access to pharmacies in the North locality

The main towns in the North locality are Berwick and Alnwick, but the area is characterised by its rurality and small coastal settlements. Alnwick has seen the development of about 250 homes over the last 5 years, with a further 250 projected within the next 3 years. This is a significant increase in a relatively isolated community. There are 17 pharmacies in the North locality, and 9 dispensing doctor practices operating from 14 sites. There is one 100 hour pharmacy based in Berwick.

Most of the pharmacies are open until 5.30 or 6.00pm on weekdays. Seven of the 17 pharmacies have core hours on a Saturday, with a further three opening with supplementary hours. Nine are open on Saturday afternoons, but eight do not open at all on a Saturday. The smaller towns of Wooler, Belford, Lynemouth, Amble, Rothbury and Seahouses all have pharmacy services available on both Saturday mornings and Saturday afternoons; Hadston has a Saturday morning service

Berwick has a 100 hour pharmacy open on a Saturday until 10 pm, and a town centre pharmacy open until late afternoon. Both of these pharmacies open on Sunday between 10am and 4pm.

The pharmacy in the town centre of Alnwick is open all day Saturday and provides a Sunday service between 11am and 5pm. The Sunday service is dependent on supplementary hours and could therefore close giving three months notice. The pharmacy located in the entrance lobby of the doctors' surgery does not open at the weekend. As the nearest pharmacies which are open on Sundays are the 100 hour

pharmacies in Berwick and Ashington, and both Alnwick and Amble being tourist destinations, any loss of the Sunday supplementary hours would lead to a gap in service.

There are currently adequate pharmacy services in North locality, albeit that some services are dependent on supplementary hours.

Access to pharmacy services in West locality

West locality has two main towns, Hexham and Ponteland, and several smaller towns along the Tyne valley: Wylam, Prudhoe, Stocksfield, and Corbridge, which are mainly commuter towns for Newcastle and greater Tyneside. West of Hexham are the towns of Haydon Bridge and Haltwhistle, with Bellingham to the North. These are mainly farming communities.

The locality is served by 15 pharmacies and 6 dispensing doctor practices operating from 9 sites. There is one 100 hour pharmacy in Hexham, and several within reach of Ponteland at Kingston Park, Cowgate, Cramlington and the Metro centre. All the pharmacies are open until 5.30 to 6.30pm. Six pharmacies have core hours on a Saturday, with fourteen out of 15 opening for some time on a Saturday. Two pharmacies in Ponteland are open until mid afternoon, with one in Hexham open until 17.00, and the 100 hour pharmacy open until after 10pm.

The only pharmacy open on a Sunday is the 100 hour pharmacy in Hexham, although as described above, communities east of Corbridge, would probably access shopping centres in Newcastle or Gateshead if services were needed on a Sunday.

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 and its successor organisations or integrated care system (ICS) chose to commission this service.

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 Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Northumberland, apart from Cramlington which may have a future need for essential and additional pharmacy services, as the population expands.

Northumberland Health and Wellbeing Board 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 at least one 100 hour pharmacy in each locality and two in Central and South West which are more densely populated areas. If any of these 100hour pharmacies were to close, this would leave a gap in pharmaceutical services.

Services beyond 6pm and at the weekends are dependent on supplementary hours, and the 100 hour pharmacies. Any significant reduction in supplementary hours could lead to gaps in pharmaceutical services, especially in more rural parts of Northumberland. Extension of GP opening hours in service hubs may lead to some gaps in service provision.

If the supplementary Sunday trading hours of the pharmacy in Alnwick were lost, then this would lead to a gap in services in Alnwick.

If the supplementary hours of the town centre pharmacy in Morpeth were reduced, particularly on Saturday and Sunday, then this would lead to a gap in services.

5.13 Current Provision of Advanced /Enhanced 31 Services

All pharmacy contractors were asked to fill in a questionnaire which described the services and facilities they provided. (See appendix 7) Further information was derived from claims data from service commissioners.

1. Consultation rooms

31 Data collected from pharmacy survey which had a response rate of 60 out of 71 pharmacies

A consultation room is essential to provide modern pharmacy services. All pharmacies in Northumberland have a consultation area, only one is not a closed room. 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.

2. Wheelchair access to consultation room

There were 60 responses to this part of the question.

Option	Total	Percent
Wheelchair accessible	53	88.33%
Not wheelchair accessible	7	11.67%
No consultation area (give details below)	0	0.00%
Not Answered	0	0.00%

3. Are there hand washing facilities in the consultation room?

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	35	58.33%
No but available close to the consultation room	18	30.00%
No	7	11.67%
Not Answered	0	0.00%

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.

4. Do patients attending for consultations have access to toilet facilities?

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	9	15.00%

No	51	85.00%
Not Answered	0	0.00%

It is not essential for pharmacies to have toilets available for customers.

5: Do patients attending for consultations have access to language/interpretation facilities?

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	12	20.00%
No	48	80.00%
Not Answered	0	0.00%

It is not essential that patients have access to interpretation services. The need for interpretation services is currently low in Northumberland, however Healthwatch did identify small sections of communities where access to interpretation services would be advantageous. All pharmacies have access to interpretation services through an NHS England contract. It is likely that pharmacies are unaware of the availability of this service.

6. Does your pharmacy provide Community Pharmacy Consultation Service (CPCS)

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	59	98.33%
Intend to begin within the next 12 months	1	1.67%
No - not intending to provide	0	0.00%
Not Answered	0	0.00%

7. Does your pharmacy provide Hypertension Review Scheme (October 2021)

There were 60 responses to this part of the question.

Option	Total	Percent
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Yes	6	10.00%
Intend to begin within the next 12 months	32	53.33%
No - not intending to provide	21	35.00%
Not Answered	1	1.67%

8. Does your pharmacy provide National Smoking Cessation Service (January 2022)

There were 60 responses to this part of the question.

Yes	9	15.00%
Intend to begin within the next 12 months	27	45.00%
No - not intending to provide	24	40.00%
Not Answered	0	0.00%

5.14 Appliance services

Most pharmacies in Northumberland (55 out of 60 who responded) currently supply appliances on prescription. All but three of these pharmacies dispense both dressings and appliances.

9. Does the pharmacy dispense appliances?

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	55	91.67%
No	5	8.33%
Not Answered	0	0.00%

10. If yes, what type of appliance does the pharmacy dispense?

There were 55 responses to this part of the question.

Option	Total	Percent
All types	52	86.67%
All excluding stoma appliances	0	0.00%

All excluding incontinence appliances	0	0.00%
All excluding stoma and incontinence appliances	0	0.00%
Just dressings	3	5.00%
Other	0	0.00%
Not Answered	5	8.33%

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 Tariff³².

Essential services

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

Advanced services

- Stoma Appliance Customisation
- Appliance Use Reviews

11. Does your pharmacy provide Appliance Use Review

There were 59 responses to this part of the question.

Option	Total	Percent
Yes	2	3.33%
Intend to begin within the next 12 months	3	5.00%
No - not intending to provide	54	90.00%
Not Answered	1	1.67%

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.

12. Stoma Appliance customisation service

³² 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.

There were 58 responses to this question

Option	Total	Percent
Yes	2	3.33%
Intend to begin within the next 12 months	3	5.00%
No - not intending to provide	53	88.33%
Not Answered	2	3.33%

District nursing teams and nursing homes in Northumberland use a dressings supply ordering system called ONPOS which ensures stock is delivered to them at several sites across the county in quantities appropriate for patient use and waste minimisation. The Northumbria Tissue Viability service carefully monitors the dressings use to ensure compliance against the locally approved formulary. There is minimal ordering on FP10

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

13. Future Capacity

Recognising that the demand for services is increasing do you have the capacity to manage that increase within your existing premises?

Option	Total	Percent
Yes	57	95.00%
No	2	3.33%
Not Answered	1	1.67%

95% of pharmacies confirmed that they have the capacity to take on extra workload. 13 said that they could make adjustments to the current pharmacy to take on extra workload, and 4 said this would be very difficult. 46 pharmacies thought that they could take on extra workload without increasing staffing levels, however 14 would need more staff.

There would appear to be capacity across Northumberland pharmacies to take on extra workload.

5.15 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.

5.16 Electronic Transfer of Prescriptions (EPS)

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.

Electronic prescriptions can aid services in the out of hours period by enabling the issue of a single EPS which could be sent to a pharmacy which is still open.

Section 6:

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.

6.1 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 and standardise the various schemes operated by CCGs and its successor organisations across the region as the Integrated Care Service takes over responsibility for pharmacy services. This service will be standardised and expanded by the ICS and will dovetail with regional campaigns to encourage resilience and self-care.

It is one of the strategic goals of the CCG and its successor organisations 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
- ovex
- ibuprofen syrup

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

a. Does your pharmacy participate in Think Pharmacy First (minor ailments)

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	58	96.67%
Willing to provide if commissioned	1	1.67%
No - not intending to provide	1	1.67%
Not Answered	0	0.00%

There are no gaps in the provision of this service in deprived areas, because most pharmacies provide the service. All (but one) pharmacies have indicated a willingness to provide the service commissioned by ICS

6.2 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. The pharmacies are the 6 100 hour pharmacies, and additionally Alnwick, Lynemouth and Morpeth. A second pharmacy in Hexham, and Cramlington have been commissioned to provide the service

b. Does your pharmacy participate in On demand availability of specialist drugs service (Palliative care)

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	28	46.67%
Willing to provide if commissioned	28	46.67%
No - not intending to provide	4	6.67%
Not Answered	0	0.00%

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

6.3 Medical sharps collection service

Within Northumberland a service for the safe disposal of sharps is commissioned from community pharmacy. This allows patients who use needles for self-injecting insulin, 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. This service is only for the 1litre yellow boxes for disposal of domestic sharps.

c. Does your pharmacy participate in Sharpend - Safe disposal of sharps

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	50	83.33%

Willing to provide if commissioned	5	8.33%
No - not intending to provide	5	8.33%
Not Answered	0	0.00%

Only five pharmacies stated that they did not intend to provide this service. The distance selling pharmacy cannot provide this service.

Data from pharmacy claims show that 51 pharmacies in Northumberland have claimed payment for provision of this service.

Locality	No of Pharmacies
Blyth & Cramlington	13
Central	13
North	14
West	10

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

6.4 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.

d. Would you be willing to provide an Alcohol brief advice service

There were 60 responses to this part of the question.

Option	Total	Percent
Willing to provide if commissioned	40	66.67%
No - not intending to provide	20	33.33%
Not Answered	0	0.00%

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.

e. Do you provide a needle exchange service

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	14	23.33%
Willing to provide if commissioned	9	15.00%
No - not intending to provide	37	61.67%
Not Answered	0	0.00%

It is interesting to note that some of the pharmacies commissioned to supply this service do not always seem to be aware, because currently 27 pharmacies are commissioned to provide this service.

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 seven pharmacies in Blyth Valley to provide Needle Exchange services, fifteen in Central locality, six in North locality and five in West. Services are commissioned on a need basis in partnership with local pharmacies. There are a few other providers of Needle Exchange services as well as 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.

All pharmacies in Northumberland have provided supervised opiate consumption services at some time, over the past three years.

e. Do you provide Supervised Administrations of opiate substitutes

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	53	88.33%
Willing to provide if commissioned	1	1.67%
No - not intending to provide	6	10.00%
Not Answered	0	0.00%

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, signposting 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 the customer's health needs.

This service was reduced dramatically during the COVID pandemic, when opiate users were prescribed two weeks treatment at a time and were not supervised at all. Many of these clients managed well during the pandemic, and supervision has only been reinstated for clients who have difficulty managing their supply.

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.

6.5 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 in community pharmacy premises.

Intermediate level stop smoking services are provided from pharmacies as well as some GP surgeries and the community.

g. Do you provide an Intermediate stop smoking service

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	17	28.33%
Willing to provide if commissioned	25	41.67%
No - not intending to provide	17	28.33%
Not Answered	1	1.67%

Claims for providing the Intermediate Stop Smoking Service show that it has been affected by the COVID pandemic and the difficulty of providing the service remotely. There are currently gaps in provision due to the geography of Northumberland.

The new national stop smoking service for patients discharged from hospital has a nationally agreed service template and remuneration package. As at January 2022 nine pharmacies in Northumberland have signed up to provide this service.

A new model of service for local clients who do not fit the criteria for the national service is currently being developed. It is hoped that most community pharmacies will deliver the updated service, which will eliminate the current gaps in service provision.

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

h. Do you provide Pharmacy Direct (NRT Voucher) - dispensing only

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	51	85.00%
Willing to provide if commissioned	7	11.67%
No - not intending to provide	2	3.33%
Not Answered	0	0.00%

Claims data shows that all pharmacies in Northumberland have provided the service at some time in the last 3 years. It is important that as many pharmacies as possible provide this service as provision of Pharmacy Direct (NRT) is crucial to the delivery of other parts of the stop smoking service.

When considered with other providers of stop smoking services, coverage across Northumberland is adequate. Pharmacies with longer opening hours could 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.

6.6 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 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 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®) where clinically indicated.

i. Do you provide Plan B - Emergency Hormonal Contraception

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	48	80.00%
Willing to provide if commissioned	12	20.00%
No - not intending to provide	0	0.00%

Not Answered

0

0.00%

Figures from LPC claims data suggest most pharmacies are providing this service. Gaps have been noted in the 100 hour pharmacy in Hexham, some local pharmacies in Cramlington, some very rural pharmacies and some pharmacies located within GP surgeries. There are local alternatives available in Cramlington. If patients wish anonymity, they may choose not to use a local village pharmacy.

However, as the 100 hour pharmacy in Hexham is the only pharmacy open in late evenings and on Sundays this is a gap in service. This gap in service has been highlighted to commissioners, who are reviewing the service need.

When considered with GP surgeries and other services which offer emergency contraception, the current service is adequate except in Hexham. Community pharmacies which are open at the weekends, and outside regular service hours during weekdays, are seen to offer a needed service. A service is needed in Hexham on Sundays because the other two pharmacies in Hexham which do provide the service are closed, the 100 hour pharmacy is the only pharmacy open in West locality on a Sunday.

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.

j. Chlamydia screening as a stand-alone service

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	5	8.33%
Willing to provide if commissioned	37	61.67%
No - not intending to provide	17	28.33%
Not Answered	1	1.67%

LARC service was available in one community pharmacy in a pilot project, however there were concerns that skills would diminish unless the pharmacy provided a minimum number of insertions per year.

6.7 Services commissioned by NHS England

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.

k. Do you participate in the Seasonal influenza vaccination service?

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	56	93.33%
Willing to provide if commissioned	3	5.00%
No - not intending to provide	1	1.67%
Not Answered	0	0.00%

There is huge variation across pharmacies regarding the number of vaccinations done. Closer working between pharmacies and GP surgeries could result in a better service for patients at times which suit them. It could also reduce demand for GP or nurse appointments, while still ensuring national targets for coverage are reached.

Covid-19 vaccination

Currently, NHS England commissions a limited number of pharmacies to administer COVID 19 vaccinations, as well as surgeries and specialist vaccination hubs.

There were 60 responses to this part of the question.

Option	Total	Percent
Providing Currently	7	11.67%
Willing to provide if commissioned	31	51.67%

No - not intending to provide	22	36.67%
Not Answered	0	0.00%

Blood pressure checks

In October 2021, NHS England began to commission a service to find and treat patients with hypertension. The survey asked whether the pharmacy would participate in blood pressure monitoring and was developed before the national service was announced. Figures from NHS England suggest that 18 pharmacies have already signed up to the hypertension service.

There were 60 responses to this part of the question

Option	Total	Percent
Currently Provide	22	36.67%
Intend to begin within next 12 months	14	23.33%
Not intending to provide	24	40.00%
Not Answered	0	0.00%

6.8 Which services would you provide that are not currently commissioned?

Potential Future Services

The opportunity was taken during the survey to gauge likely participation of community pharmacies in a range of services which could be commissioned by public health or the UK Health security agency in the future.

	Willing to provide	Not interested
LARC - Contraceptive Implants	34	26
Pregnancy Testing	6	44
Oral contraception	38	22
Chlamydia Treating and partner notification	34	26

Obesity Management	43	17
Alcohol brief advice	35	17
Stop Smoking +	44	16
Carbon Monoxide monitoring and reviews	39	21
Provision of Naloxone	40	19
Hepatitis B & C testing	26	33
HIV Testing	23	35
Depot Buprenorphine Injection	25	34
HPV Vaccination	36	22
Shingles vaccination	39	20
Pneumococcal vaccine	57	2
Children's nasal flu	45	15
Weight Management Services	27	33

Section 7:

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 7.1: Non-commissioned services identified in the PNA questionnaire

	Currently provide	Intending to provide within 12 months	Not interested
Pregnancy testing	2	4	52
Referral for coils	10	3	44

Referral for further contraception	16	3	37
Blood pressure checks	22	14	24
Blood glucose checks	7	7	45
Blood cholesterol checks	5	6	48
Weight management service	14	13	33
Private flu vaccination	50	6	4
Travel clinic	10	9	40
Compliance Aid Assessment	22	6	23
Erectile dysfunction service	14	8	37
Hair loss service	3	6	49
Melanoma screening	0	3	48
Prescription collection service	57	1	2
Advice/support to care homes	14	4	40
Prescription delivery service			

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 7.1 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 and its successor organisations or the council but may be fulfilling a customer generated demand for non NHS services.

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.

Some pharmacies in Northumberland provide prescription collection services. As electronic prescriptions have become more widely used the need for prescription collection services have diminished, as the prescriptions are sent electronically to the pharmacy which the patient has chosen.

1. Does your pharmacy provide a prescription collection service

There were 60 responses to this question

Option	Total	Percent
Currently Provide	57	95.00%
Intend to begin within next 12 months	1	1.67%
Not intending to provide	2	3.33%
Not Answered	0	0.00%

2. Do you provide a prescription delivery service?

There were 58 responses to this question

Option	Total	Percent
Yes	52	86.67%
No	6	10.00%
Not Answered	2	3.33%

3. Who do you provide this service to?

There were 60 responses to this question

Option	Total	Percent
Prescription delivery to any patient	40	66.67%
Prescription delivery to housebound only	9	15.00%
Prescription delivery within specified distance	3	5.00%

Most pharmacies have the option of a delivery service, although some pharmacies charge patients for the service. All pharmacies said that they provide delivery services free to the housebound and those temporarily housebound due to COVID. Some multiples have a national fee structure for deliveries for non-housebound patients. The rates quoted are £5.00 for a one-off delivery, and an annual fee of £55-£60 for unlimited deliveries for a household. These rates are comparable to the charges made by supermarkets for home deliveries of groceries.

Seven pharmacies stated that there were some restrictions to the distance they were prepared to travel to make deliveries. This varied between 8 and 10 miles in urban areas, but up to 30 miles in rural areas.

Some of the dispensing surgeries provide home deliveries, however some only deliver to shops in remote villages, from where patients can then collect their medicines. None of the dispensing practices charged for delivery.

4: Do you fill dosette boxes or other monitored dosage systems?

There were 60 responses to this part of the question.

Option	Total	Percent
Yes	55	91.67%
No	5	8.33%
Not Answered	0	0.00%

Further analysis showed that the respondents who answered no to the question above were all pharmacies which are part of retail chains. Retail chains often move labour intensive work out of busy branches into pharmacy hubs which specialise in this work. Therefore, all pharmacies will provide patients with monitored dosage systems, albeit some will come from service centres away from the local pharmacy.

No pharmacies charged for this service, although many will only provide the service if requested by a GP or hospital discharge process. Some use their own assessment criteria to make sure that a monitored dosage system is the appropriate intervention for someone having difficulties with their medication.

Some dispensing surgeries provide this service themselves, others refer patients to local pharmacies, who then deliver to patients if they are housebound.

5: Which patients may access this service?

There were 55 responses to this part of the question

Option	Total	Percent
Any patient	19	31.67%
Only those assessed / requested by GP	25	41.67%
Only those assessed / requested by social services	0	0.00%
Only those requested by family	0	0.00%
Other	11	18.33%
Not Answered	5	8.33%

Most patients will have access to these non NHS services. There is still flexibility in the system to ensure that those in most need will not have to pay for delivery. Patients can ensure that they do not pay for this service by using internet pharmacies if their local pharmacy or dispensing doctor cannot deliver.

Wellway pharmacy in Morpeth provides a 24-hour collection point. Dispensed medicines are placed in the machine and patients are texted a unique code number. The patient can then access their prepared medicine even if the pharmacy is closed. This improves access especially for shift workers, and was invaluable during the pandemic for social distancing

Section 8:

Conclusions and Recommendations

Nationally, community pharmacy is being recognised as source of extra capacity as the NHS struggles to keep up with demand. New community pharmacy services are being piloted e.g. oral contraception, antibiotic treatment of urinary tract infections, then rolled out nationally.

The discharge medicines service has quickly moved from being an additional service to an essential service as the benefits to patients have been realised. The new stop smoking service for patients who start their journey in hospital and need to continue their treatment outside hospital will build on some arrangements that have been established over many years and will formalise the role of the community pharmacy in delivering this service.

NHS Health checks in Northumberland have historically been delivered in GP surgeries, but the new hypertension case finding service is based in community pharmacies. This may lead to community pharmacies delivering health checks in future.

The Community pharmacy consultation service (CPCS) provides connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week ARE being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

The growing interdependence between hospital and community pharmacy in the patient journey is particularly important in Northumberland due to its rural nature and poor public transport links. COVID has forced a rethink about how we best deliver health services to patients remotely, which reduces the need for patient journeys and makes best use of scarce resources and reduces the carbon footprint. This will rely on the electronic transfer of prescriptions from hospitals to the national electronic prescription spine, (a project which is being developed by NHSX,) for local community pharmacies to dispense the required medicines. Once developed this

could also be used to support patient flow at discharge if the hospital pharmacy is under significant pressure.

It will, therefore, continue to be important to have readily accessible, community pharmacy buildings within the community offering traditional and new services to their local populations.

As community pharmacists develop their clinical role, it will become increasingly important that community pharmacists are prescribers. This has been recognised in Schools of Pharmacy and future graduates will be prescribers. Plans are also needed to ensure the legacy workforce is not left behind, or the potential of community pharmacists will not be realised. New models may be needed to streamline the dispensing service to free up pharmacists to deliver the clinical roles. Many have already moved to Primary Care Networks where their role is valued as key professionals in managing long term medication issues for patients.

Northumberland has started to develop an Inequalities Plan, including health inequalities. Whilst in the early stages of development, there is senior and political support to tackle inequality across the county. As the plan develops, community pharmacies will be included in discussions at a local level as appropriate. To help pharmacies support this agenda, the Public Health team will work with the LPC and CPPE to deliver training and education which has been identified by community pharmacies as needed.

Recommendations

1. Public Health Commissioners should consider the role community pharmacy as one option for delivery of NHS Health Checks, as community pharmacy becomes more integrated into the Long-Term Condition agenda.
2. Public Health commissioners should strengthen their links with community pharmacy to deliver behaviour change in those who exhibit risky behaviours e.g smoking, unhealthy weight, sexual health, alcohol and drug misuse.
3. Closer links should be developed between the UK Health Security Agency and Community Pharmacy to cement the work community pharmacy has done during the COVID pandemic to deliver surge capacity when needed e.g. COVID services and the flu immunisation service.
4. Develop closer integration between services delivered at the interface between hospital and community pharmacy to ensure patients get the best from their medicines.

5. Health and Wellbeing Board should monitor access to pharmacy services and identify gaps in service when services do not meet public needs.
6. A whole systems approach is needed by Commissioners, LPC and LMC to work with PCNs and community pharmacies to develop plans to ensure that patients can access pharmacy services which are appropriate for the new enhanced access DES. This may involve reinstating rota services, particularly in rural areas which do not have ready access to 100 hour pharmacies.

Conclusions

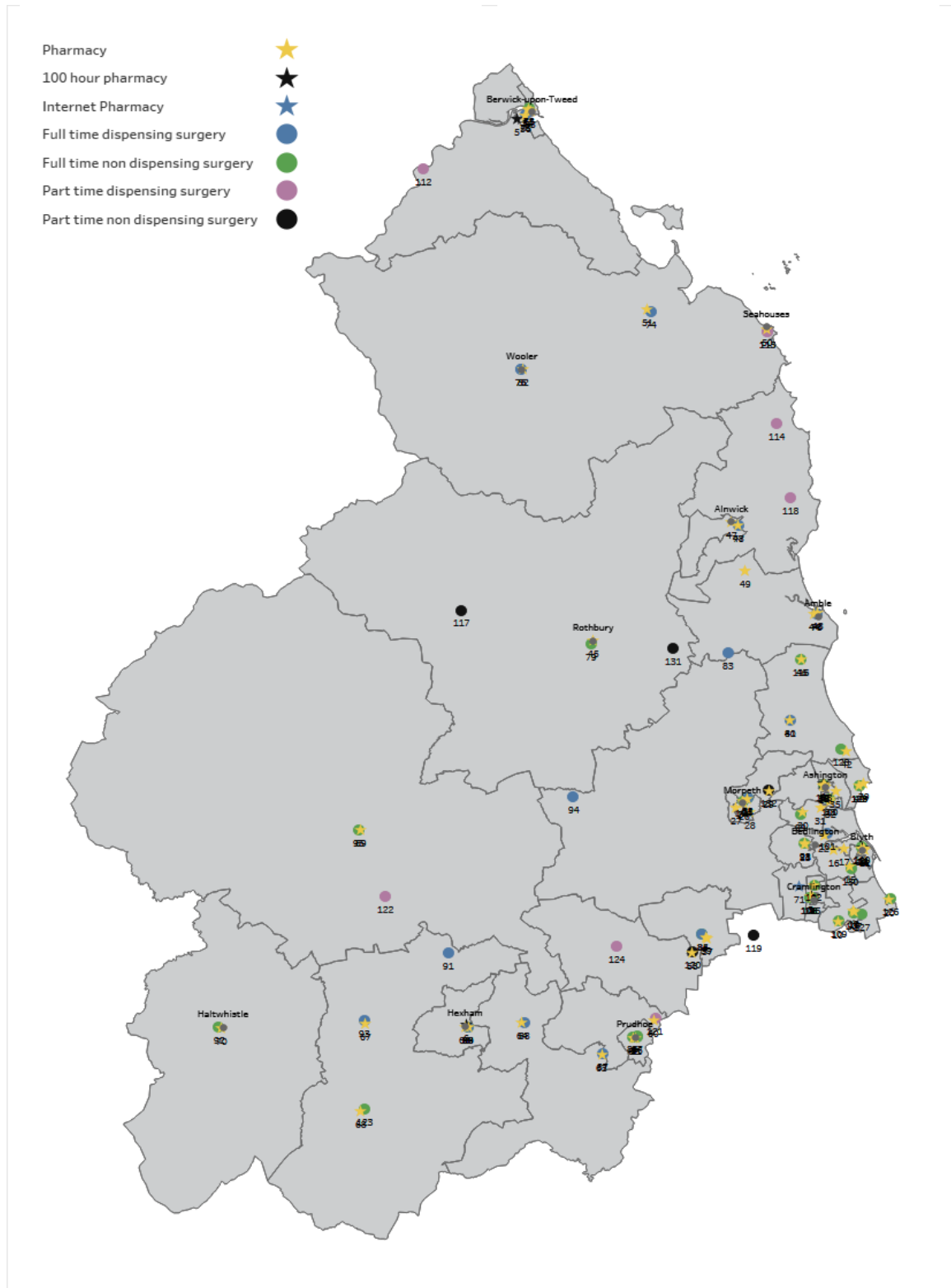
Northumberland Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. Cramlington may have a future need for essential and additional pharmacy services as the population expands. The emergency hospital/Health and Wellbeing campus would be the logical site for additional pharmacy services.

Northumberland Health and Wellbeing Board considers that the network of extended hour pharmacies is essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. Any loss of 100 hour pharmacies would produce a gap in pharmacy services. Loss of supplementary hours especially in Morpeth, Alnwick and smaller towns across Northumberland could lead to a gap in services.

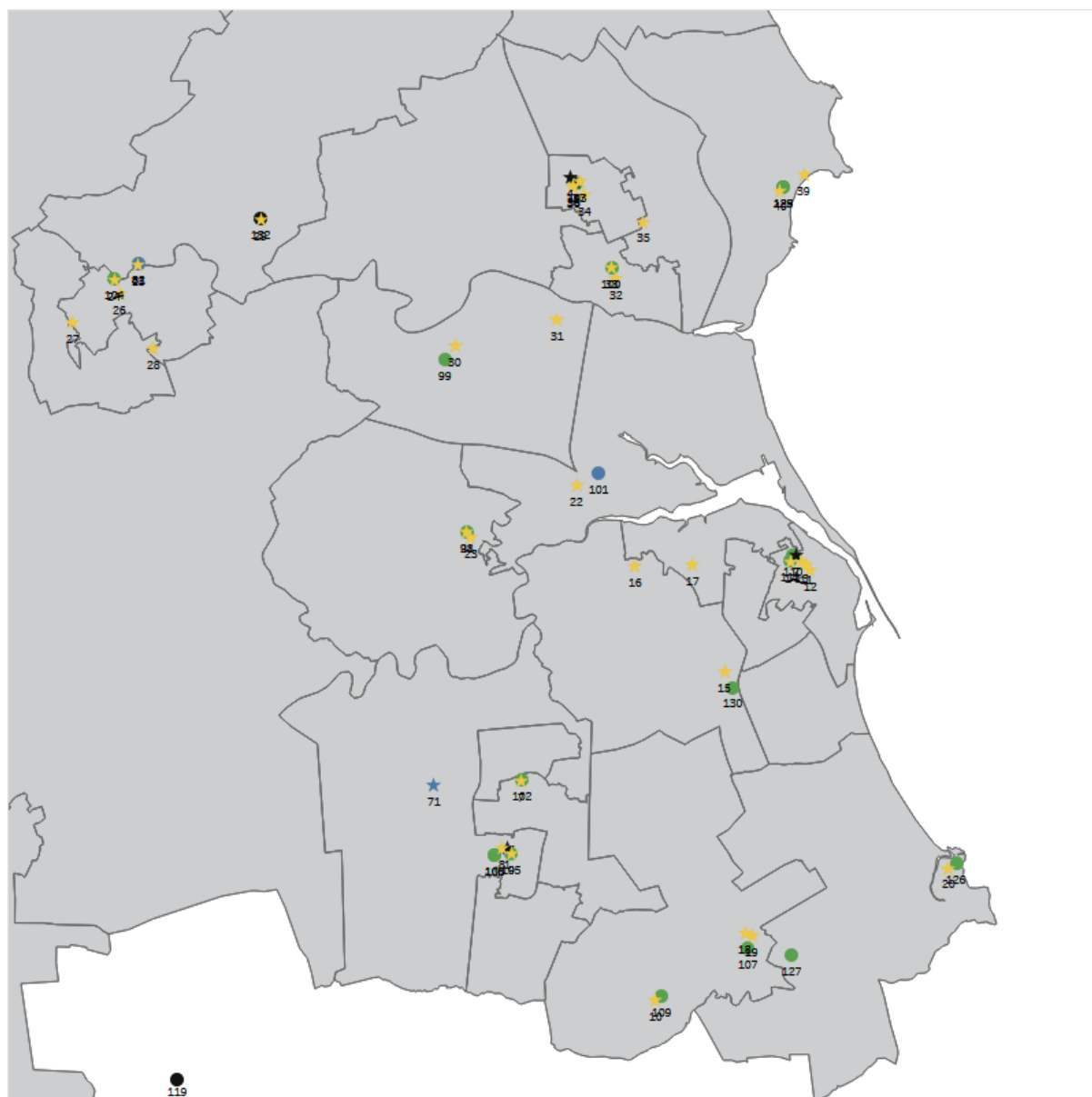
There may be a gap in services when the new GP enhanced access scheme is introduced in October.

DRAFT

Map 1. GP practices and pharmacies in Northumberland

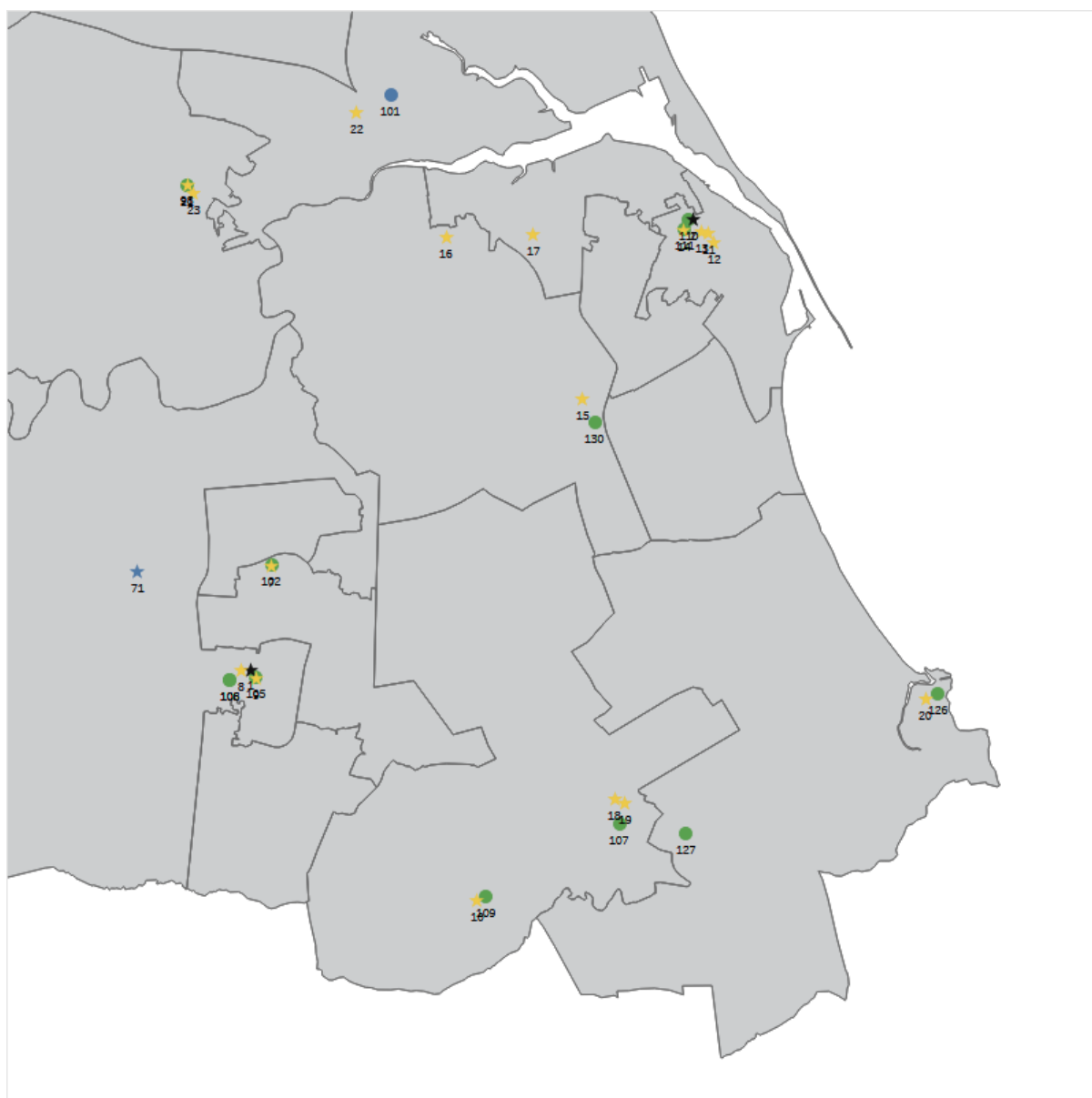


Map 1a. GP practices and pharmacies in South East Northumberland³³

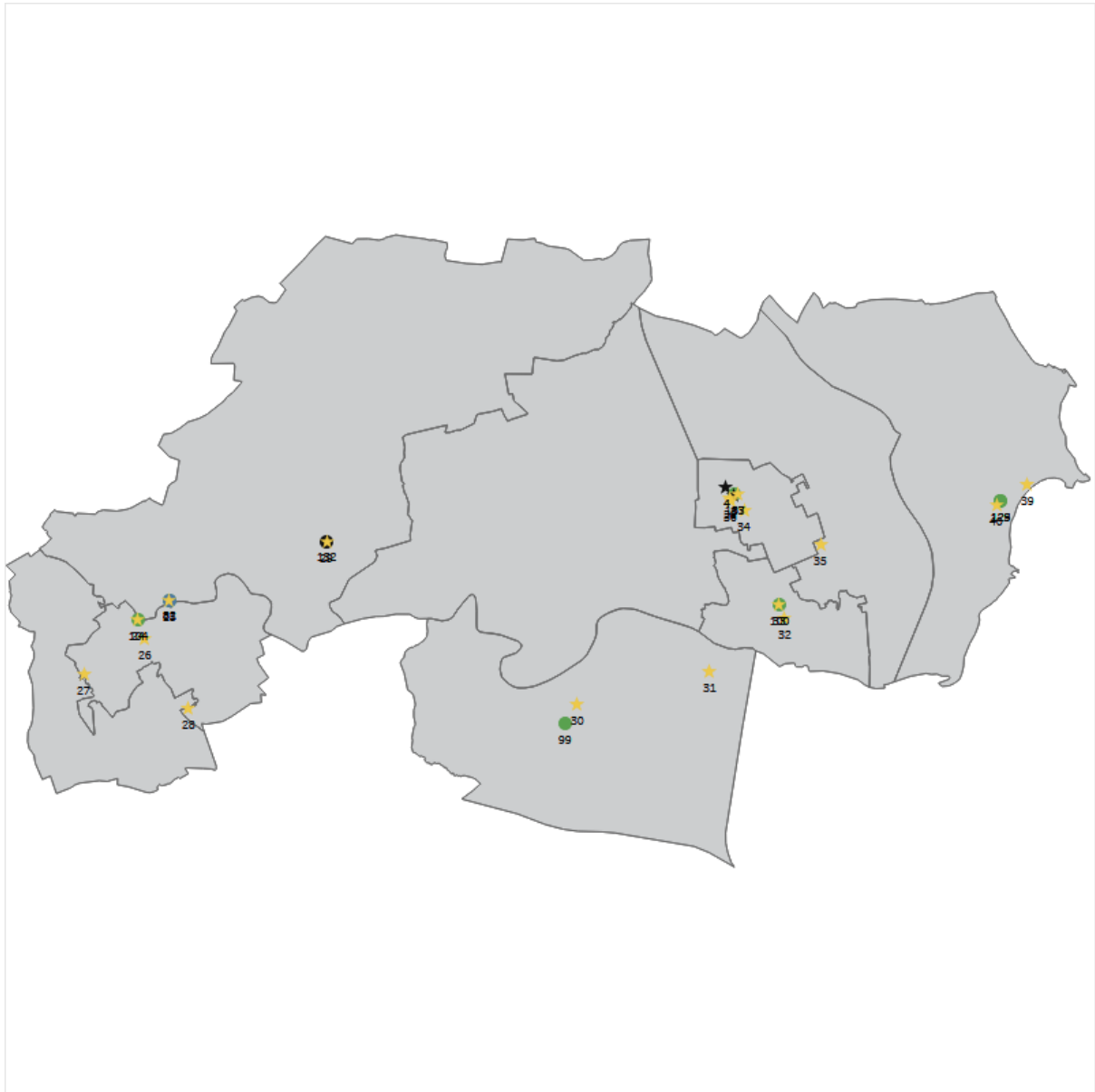


³³ Note these maps are interactive and can be enlarged to see further detail including services provided.

Map 1c. GP practices and pharmacies in Blyth Valley Northumberland



Map 1d. GP practices and pharmacies in Central Northumberland



Pharmacies in Northumberland

1	100 hour pharmacy	Lloyds Pharmacy in Sainsburys, Manor Walks Shopping Centre, Cramlington, Northumberland, NE23 6RT
2	100 hour pharmacy	Your Local Boots Pharmacy, 60 - 62 Maddison Street, Blyth, Northumberland, NE24 1EY
3	100 hour pharmacy	Central Pharmacy, Lintonville Medical Group, Lintonville Tce, Ashington, Northumberland, NE63 9UT
4	100 hour pharmacy	Asda Pharmacy, Lintonville Terrace, Ashington, Northumberland, NE63 9XG
5	100 hour pharmacy	Tesco Instore Pharmacy, Tweedside Trading Estate, Ord Road, Berwick upon Tweed, Northumberland, TD15 2XB
6	100 hour pharmacy	Tesco Instore Pharmacy, Tynedale Retail Park, Alemouth Road, Hexham, Northumberland, NE46 3PJ
7	pharmacy	Lloyds Pharmacy, 9 Brockwell Centre, Northumbrian Road, Cramlington, Northumberland, NE23 1XZ
8	pharmacy	Boots the Chemist, 29-30 Manor Walks, Cramlington, Northumberland, NE23 6QE
9	pharmacy	Well Pharmacy, Village Surgery, Dudley Lane, Cramlington, Northumberland, NE23 6US
10	pharmacy	Well Pharmacy, 15 Station Road, Seghill, Northumberland, NE23 7SE
11	pharmacy	Blyth Healthcare, 30 Bowes Street, Blyth, Northumberland, NE24 1BD
12	pharmacy	Boots, 31-35 Waterloo Road, Blyth, Northumberland, NE24 1BW
13	pharmacy	Lloyds Pharmacy, 4 Delaval Terrace, Blyth, Northumberland, NE24 1DJ
14	pharmacy	Boots Ltd, Community Hospital, Thoroton Street, Blyth, Northumberland, NE24 1DX
15	pharmacy	Your Local Boots Pharmacy, 514 Plessey Road, Newsham, Blyth, Northumberland, NE24 4AA
16	pharmacy	Asda Pharmacy, Cowpen Road, Blyth, Northumberland, NE24 4LZ
17	pharmacy	Eden Pharmacy, 21a Briardale Road, Cowpen, Blyth, Northumberland, NE24 5LA
18	pharmacy	Well Pharmacy, 38 Astley Road, Seaton Delaval, Northumberland, NE25 0DG
19	pharmacy	Seaton Valley Co-operative Society Ltd, 19 Avenue Road, Seaton Delaval, Tyne & Wear, NE25 0DS
20	pharmacy	Your Local Boots Pharmacy, 17 - 19 Beresford Road, Seaton Sluice, Northumberland, NE26 4DR
21	pharmacy	Lloyds Pharmacy, Leadgate House, Glebe Road, Bedlington, Northumberland, NE22 6JX
22	pharmacy	Your Local Boots Pharmacy, Bridge House, 6 Station Road, Bedlington, Northumberland, NE22 5HB
23	pharmacy	Your Local Boots Pharmacy, 28 Front Street, Bedlington, Northumberland, NE22 5UB
24	pharmacy	Morpeth Pharmacy, The Surgery, Wellway, Morpeth, Northumberland, NE61 1BJ

25	pharmacy	Your Local Boots Pharmacy, Morpeth NHS Centre, The Mount, Morpeth, Northumberland, NE61 1JX
26	pharmacy	Boots, 41 Bridge Street, Morpeth, Northumberland, NE61 1PE
27	pharmacy	Health Hut Pharmacy, 2 Abbey Meadows, Kirkhill, Morpeth, Northumberland, NE61 2BD
28	pharmacy	Your Local Boots Pharmacy, 33 Shields Road, Stobhill, Morpeth, Northumberland, NE61 2SB
29	pharmacy	Pegswood Pharmacy, Pegswood Health Centre, West View, Pegswood, Northumberland, NE61 6TB
30	pharmacy	Your Local Boots Pharmacy, 17 The Square, Guide Post, Northumberland, NE62 5DA
31	pharmacy	New Line Pharmacy, Dereham Terrace, Stakeford, Northumberland, NE62 5UR
32	pharmacy	Well Pharmacy, Nursery Park Health Centre, Nursery Park Road, Ashington, Northumberland, NE63 0HP
33	pharmacy	Lloyds Pharmacy, Seaton Hirst Medical Centre, Norham Road, Ashington, Northumberland, NE63 0NG
34	pharmacy	Cohens Ltd, 8 Laburnum Terrace, Ashington, Northumberland, NE63 0XX
35	pharmacy	Crescent Pharmacy , 110 Alexandra Road, Ashington, Northumberland, NE63 9LU
36	pharmacy	Your Local Boots Pharmacy, 28 - 30 Station Road, Ashington, Northumberland, NE63 9UJ
37	pharmacy	Rowlands Pharmacy, 2-4 Lintonville Terrace, Ashington, Northumberland, NE63 9UN
38	pharmacy	Superdrug Pharmacy, 1 Station Road, Ashington, Northumberland, NE63 9UZ
39	pharmacy	Well Pharmacy, 53 Front Street, Newbiggin by the Sea, Northumberland, NE64 6NJ
40	pharmacy	Well Pharmacy, 1 Cleveland Terrace, Newbiggin by the Sea, Northumberland, NE64 6RF
41	pharmacy	Widdrington Pharmacy, Widdrington Surgery, Grange Road, Widdrington, Northumberland, NE61 5LX
42	pharmacy	Lynemouth Pharmacy, 5 West Market Street, Lynemouth, Northumberland, NE61 5TS
43	pharmacy	Cromie Pharmacy, 158 Percy Street, Amble, Northumberland, NE65 0AG
44	pharmacy	Your Local Boots Pharmacy, 37 - 39 Queen Street, Amble, Northumberland, NE65 0BX
45	pharmacy	Your Local Boots Pharmacy, High Street, Rothbury, Northumberland, NE65 7TB
46	pharmacy	Your Local Boots Pharmacy, The Pharmacy, 6 The Precinct, Hadston, Northumberland, NE65 9YF
47	pharmacy	Boots, 50-52 Bondgate Within, Alnwick, Northumberland, NE66 1JD
48	pharmacy	Well Pharmacy, Infirmary Drive, Alnwick, Northumberland, NE66 2NS

49	pharmacy	K-Chem Ltd, 28 Grange Road, Shilbottle, Northumberland, NE66 2XN
50	pharmacy	Your Local Boots Pharmacy, 30 - 32 Main Street, Seahouses, Northumberland, NE68 7RQ
51	pharmacy	Belford Pharmacy, 22 West Street, Belford, Northumberland, NE70 7QE
52	pharmacy	Glendale Pharmacy, 26 High Street, Wooler, Northumberland, NE71 6BY
53	pharmacy	Boots, 60-68 Marygate, Berwick upon Tweed, Northumberland, TD15 1BN
54	pharmacy	Castlegate Pharmacy, 15 Castlegate, Berwick upon Tweed, Northumberland, TD15 1JS
55	pharmacy	Lloyds Pharmacy, 4 Well Close Square, Berwick upon Tweed, Northumberland, TD15 1LL
56	pharmacy	Lloyds Pharmacy, Union Brae Surgery, Tweedmouth, Berwick upon Tweed, Northumberland, TD15 2HB
57	pharmacy	Taylor's Pharmacy, Brewery Lane, 25 Main Street, Ponteland, Newcastle upon Tyne, NE20 9NZ
58	pharmacy	Your Local Boots Pharmacy, 7 Broadway, Darras Hall, Ponteland, Northumberland, NE20 9PW
59	pharmacy	Parklands Chemist, 14 Merton Way, Ponteland, Newcastle upon Tyne, NE20 9PX
60	pharmacy	Wylam Pharmacy, Main Street, Wylam, Northumberland, NE41 8AB
61	pharmacy	Your Local Boots Pharmacy, 48 Front Street, Prudhoe, Northumberland, NE42 5DD
62	pharmacy	Your Local Boots Pharmacy, 77 Front Street, Prudhoe, Northumberland, NE42 5PU
63	pharmacy	Your Local Boots Pharmacy, 1 Alexandra Terrace, Stocksfield, Northumberland, NE43 7LA
64	pharmacy	Your Local Boots Pharmacy, 4 Town Hall Buildings, Corbridge, Northumberland, NE45 5AD
65	pharmacy	Boots, 7 Fore Street, Hexham, Northumberland, NE46 1LU
66	pharmacy	Lloyds Pharmacy, Hexham General Hospital, Corbridge Road, Hexham, Northumberland, NE46 1QJ
67	pharmacy	Haydon Bridge Pharmacy, Ground Floor, 5 Church Street, Haydon Bridge, Northumberland, NE47 6JG
68	pharmacy	Walker (Allendale) Ltd, A, The Pharmacy, 3 Shields Street, Allendale, Northumberland, NE47 9BP
69	pharmacy	Parkside Pharmacy, Front Street, Bellingham, Northumberland, NE48 2AA
70	pharmacy	Your Local Boots Pharmacy, Eden House, Westgate, Haltwhistle, Northumberland, NE49 9AF
71	Internet Pharmacy	6, South Nelson Industrial Estate , Cramlington NE23 1WF

Surgeries in Northumberland

72	General Practice	Full time non dispensing surgery	Well Close Square Surgery Well Close Square Berwick-Upon-Tweed TD15 1LL
73	General Practice	Full time dispensing surgery	Union Brae Tweedmouth Berwick-Upon-Tweed TD15 2HB
74	General Practice	Full time dispensing surgery	Croft Field Belford NE70 7ER
75	General Practice	Full time dispensing surgery	Padgepool Place Wooler NE71 6BL
76	General Practice	Full time dispensing surgery	Cheviot Primary Care Centre Padgepool Place Wooler NE71 6BL
77	General Practice	Full time dispensing surgery	Lower Building Infirmary Close Alnwick NE66 2NL
78	General Practice	Full time dispensing surgery	Amble Health Centre Amble NE65 0HD
79	General Practice	Full time non dispensing surgery	Rothbury Community Hospital Whitton Bank Road Rothbury NE65 7RW
80	General Practice	Full time dispensing surgery	Grange Road Widdrington NE61 5LX
81	General Practice	Full time dispensing surgery	Morpeth NHS Centre The Mount Morpeth NE61 1JX
82	General Practice	Full time non dispensing surgery	Morpeth NHS Centre The Mount Morpeth NE61 1JX
83	General Practice	Full time dispensing surgery	Middle Farm 51 Main Street Felton NE65 9PR
84	General Practice	Full time non dispensing surgery	Ponteland Primary Care Centre Meadowfield Ponteland Newcastle Upon Tyne NE20 9SD
85	General Practice	Full time dispensing surgery	Ponteland Primary Care Centre Meadowfield Ponteland Newcastle Upon Tyne NE20 9SD
86	General Practice	Full time non dispensing surgery	Kepwell Bank Top Prudhoe NE42 5PW
87	General Practice	Full time dispensing surgery	Main Road Stocksfield NE43 7LL
88	General Practice	Full time dispensing surgery	Newcastle Road Corbridge NE45 5LG
89	General Practice	Full time dispensing surgery	Hexham Primary Care Centre Corbridge Road Hexham NE46 1QJ
90	General Practice	Full time non dispensing surgery	Hexham Primary Care Centre Corbridge Road Hexham NE46 1QJ
91	General Practice	Full time dispensing surgery	1 East Lea Humshaugh Hexham NE46 4BU
92	General Practice	Full time non dispensing surgery	Greencroft Avenue Haltwhistle NE49 9AP
93	General Practice	Full time dispensing surgery	North Bank Haydon Bridge Hexham NE47 6LA
94	General Practice	Full time dispensing surgery	Scots Gap Morpeth NE61 4EG
95	General Practice	Full time non dispensing surgery	Bellingham Hexham NE48 2HE
96	General Practice	Full time non dispensing surgery	Front Street Prudhoe NE42 5DQ
97	General Practice	Full time non dispensing surgery	Adderlane Road West Wylam Prudhoe NE42 5HR

98	General Practice	Full time non dispensing surgery	Glebe Road Bedlington NE22 6JX
99	General Practice	Full time non dispensing surgery	North Parade Guidepost Choppington NE62 5RA
100	General Practice	Full time non dispensing surgery	Seaton Hirst Primary Care Centre Norham Road Ashington NE63 0NG
101	General Practice	Full time dispensing surgery	26 St Johns Road Bedlington NE22 7DU
102	General Practice	Full time non dispensing surgery	8 Brockwell Centre Northumbrian Road Cramlington NE23 1XZ
103	General Practice	Full time non dispensing surgery	Lintonville Terrace Ashington NE63 9UT
104	General Practice	Full time non dispensing surgery	Morpeth Surgery Wellway Morpeth NE61 1BJ
105	General Practice	Full time non dispensing surgery	The Village Surgery Dudley Lane Cramlington NE23 6US
106	General Practice	Full time non dispensing surgery	Forum Way Cramlington NE23 6QN
107	General Practice	Full time non dispensing surgery	Elsdon Avenue Seaton Delaval Whitley Bay NE25 0BW
108	General Practice	Full time non dispensing surgery	Forum Way Cramlington NE23 6QN
109	General Practice	Full time non dispensing surgery	Station Road Seghill Cramlington NE23 7EF
110	General Practice	Full time non dispensing surgery	Blyth Health Centre Blyth NE24 1HD
111	General Practice	Full time non dispensing surgery	Blyth Health Centre Thoroton Street Blyth NE24 1DX
112	General Practice	Part time dispensing surgery	3 Pedwell Way Norham Berwick-Upon-Tweed TD15 2LD
113	General Practice	Part time dispensing surgery	James Street Seahouses NE68 7XZ
114	General Practice	Part time dispensing surgery	West View Embleton Alnwick NE66 3XZ
115	General Practice	Part time dispensing surgery	James Street Seahouses NE68 7XZ
116	General Practice	Full time non dispensing surgery	Hadston Road South Broomhill Morpeth NE65 9SF
117	General Practice	Part time non dispensing surgery	Village Hall Harbottle Morpeth NE65 7DG
118	General Practice	Part time dispensing surgery	4-6 Portal Place Longhoughton Alnwick NE66 3JN
119	General Practice	Part time non dispensing surgery	Main Road Dinnington Newcastle Upon Tyne NE13 7JW
120	General Practice	Part time non dispensing surgery	The Broadway Ponteland Newcastle Upon Tyne NE20 9PW
121	General Practice	Part time dispensing surgery	33-37 Jackson Road Wylam NE41 8EL
122	General Practice	Part time dispensing surgery	Wark Hexham NE48 3LS
123	General Practice	Full time non dispensing surgery	Shilburn Road Allendale Hexham NE47 9LG
124	General Practice	Part time dispensing surgery	16 Grange Road Stamfordham Newcastle Upon Tyne NE18 0PF

125	General Practice	Full time non dispensing surgery	Buteland Terrace Newbiggin-by-The-Sea NE64 6NS
126	General Practice	Full time non dispensing surgery	Collywell Bay Road Seaton Sluice Whitley Bay NE26 4QZ
127	General Practice	Full time non dispensing surgery	Westbourne Terrace Seaton Delaval Whitley Bay NE25 0BE
128	General Practice	Full time non dispensing surgery	Albion Terrace Lynemouth Morpeth NE61 5TB
129	General Practice	Full time non dispensing surgery	Butland Terrace Newbiggin-by-The-Sea NE64 6NS
130	General Practice	Full time non dispensing surgery	61 Newcastle Road Newsham Blyth NE24 4AW
131	General Practice	Part time non dispensing surgery	Longframlington Morpeth NE65 8AD
132	General Practice	Part time non dispensing surgery	West View Pegswood Morpeth NE61 6TB

Appendix 2: Maps of rural areas

Map 2a: North Northumberland p84

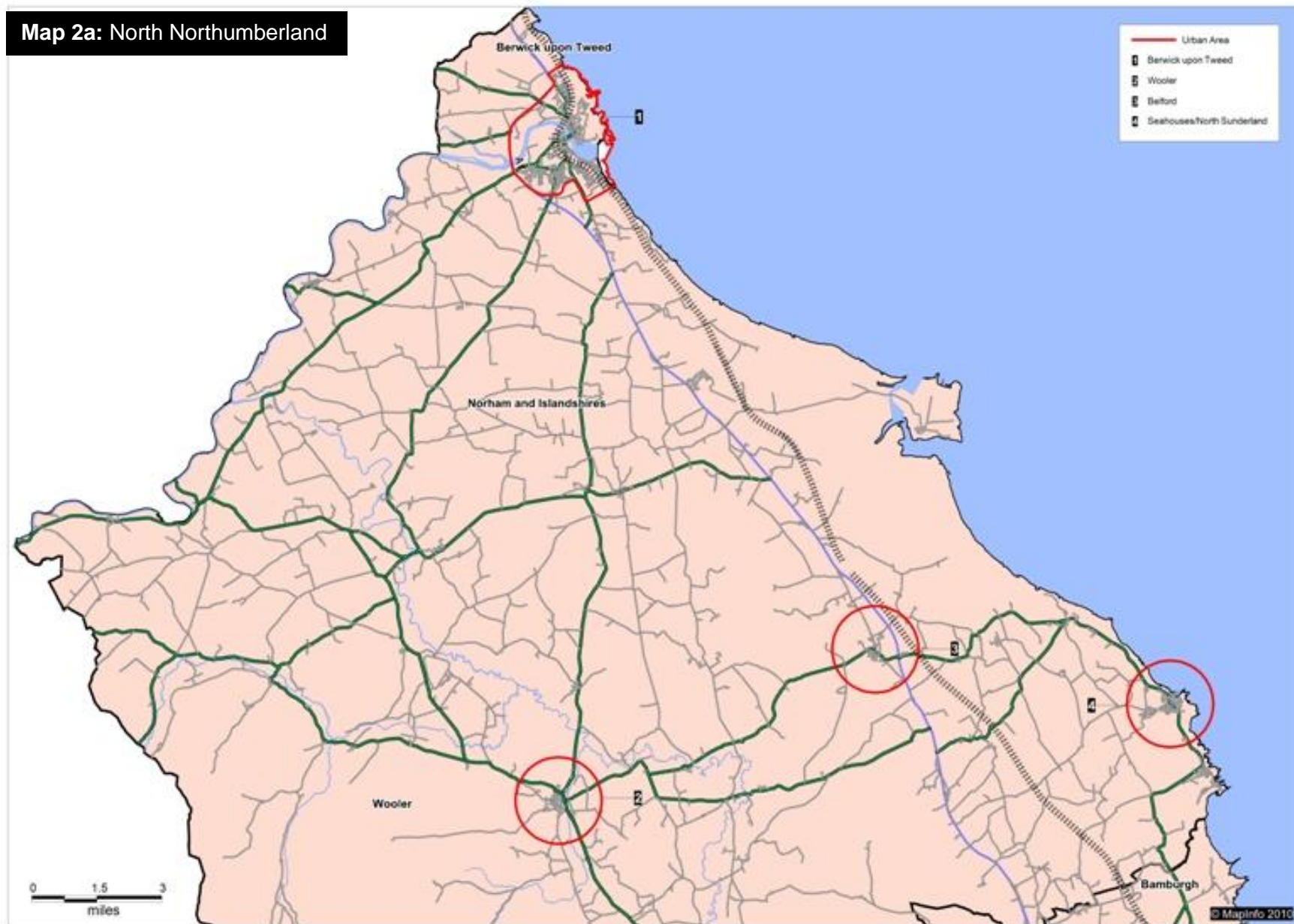
Map 2b: Central Northumberland p85

Map 2c: South East Northumberland p86

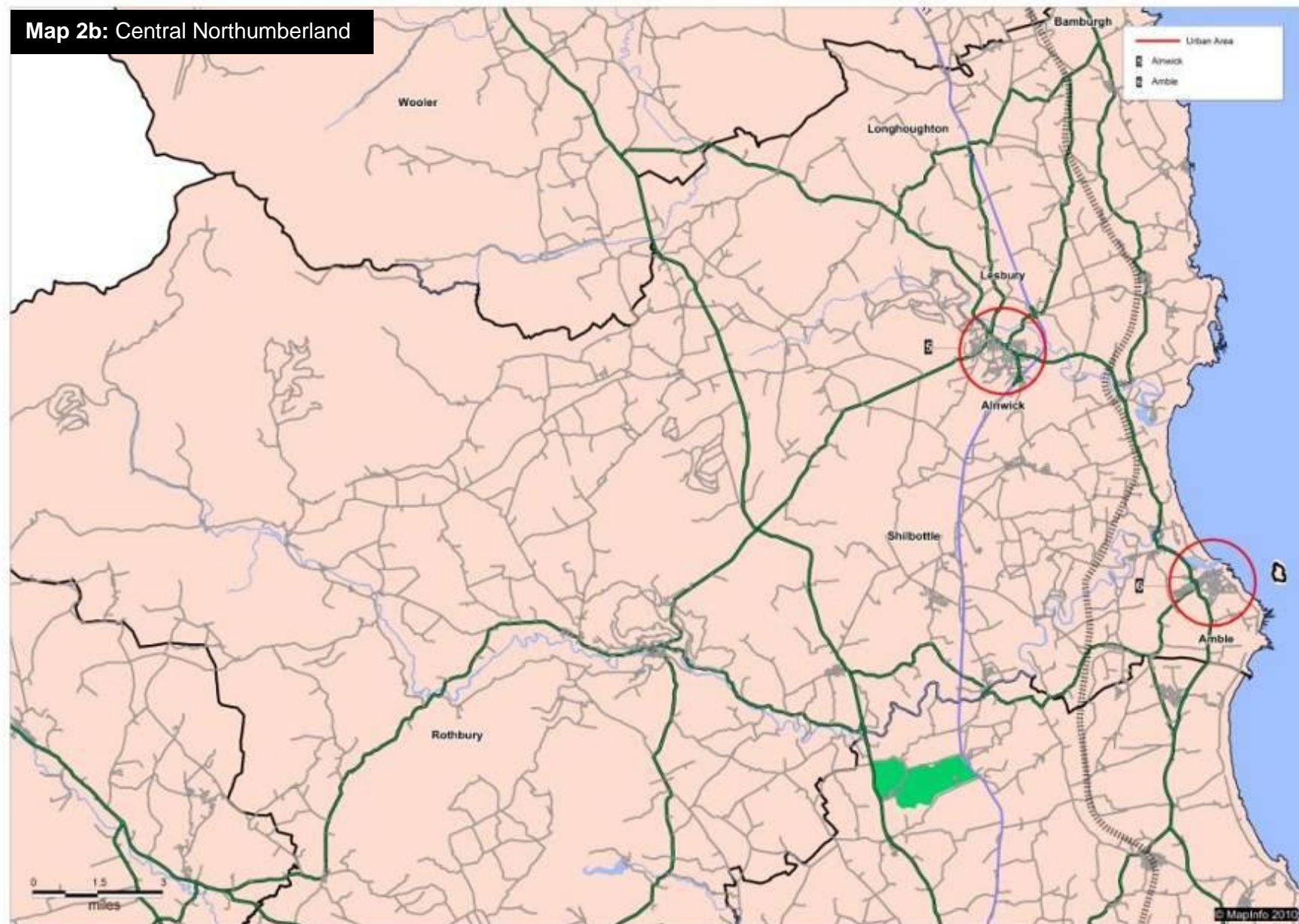
Map 2d: West Northumberland p87

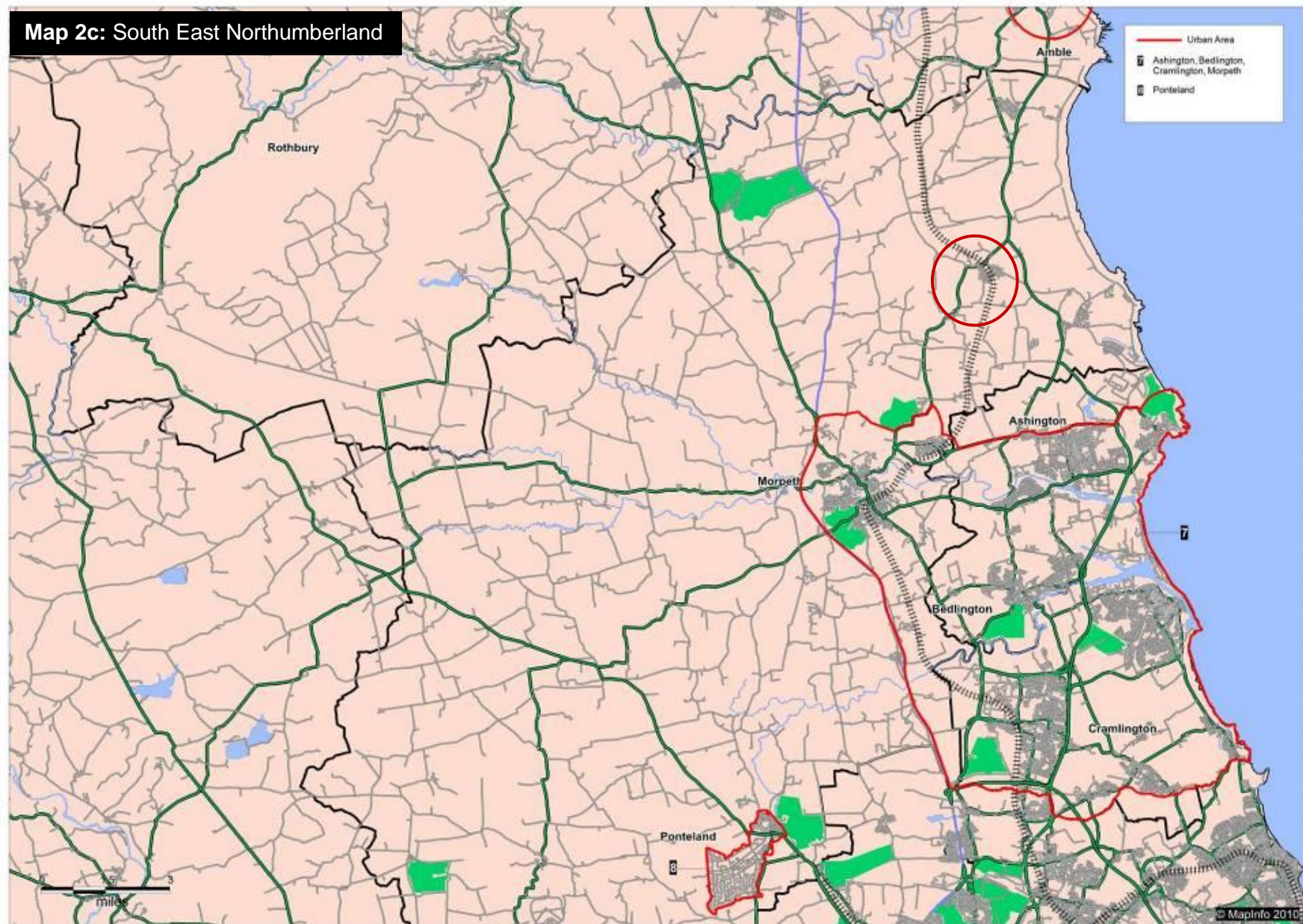
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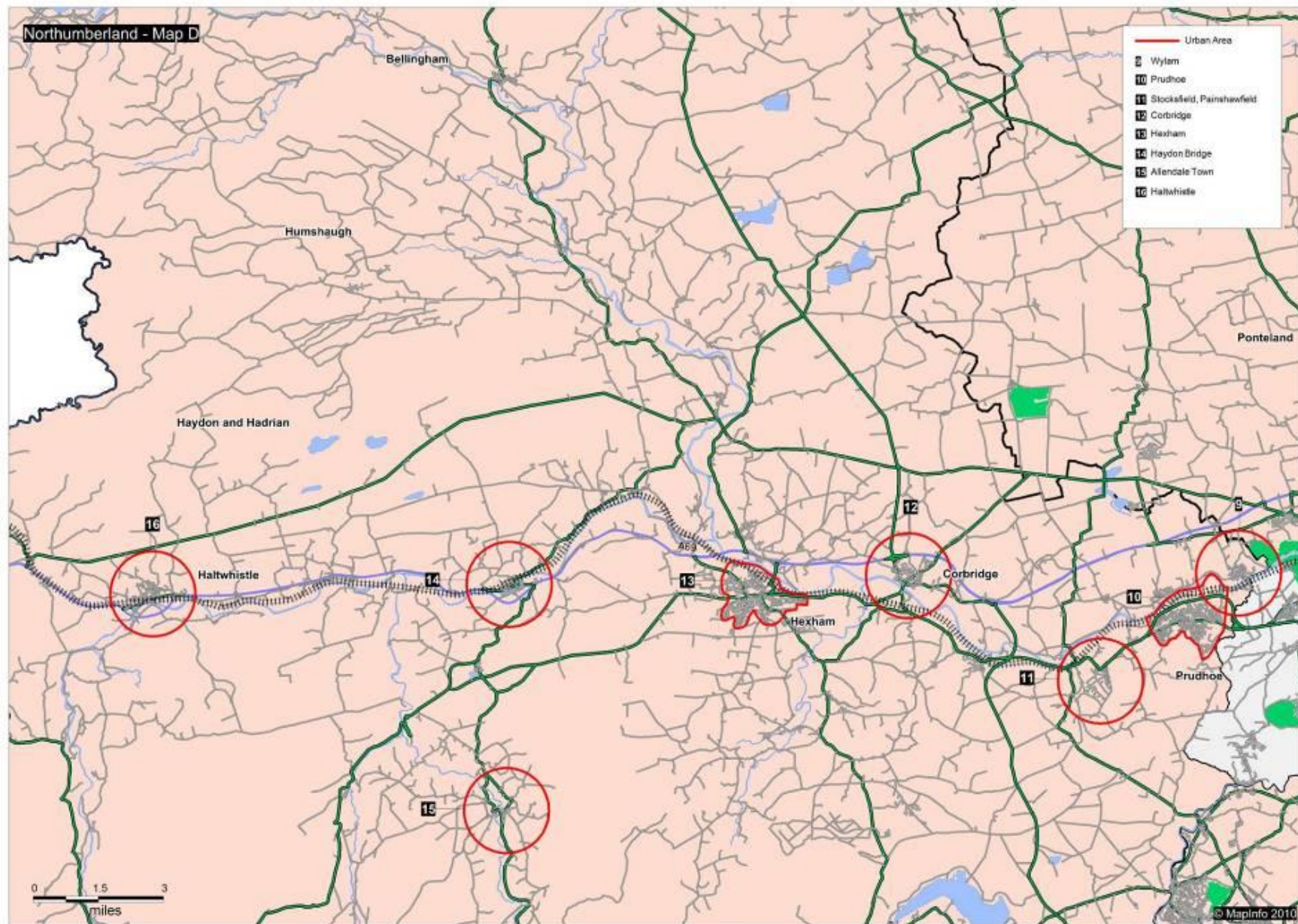
Map 2a: North Northumberland



Map 2b: Central Northumberland







Appendix 3: Steering Group

Terms of Reference

Background

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 uses 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 2017 and published in April 2018. The production of the 2021 iteration of the PNA was delayed (by statute) until September 2022 due to the COVID pandemic, and its effects on public health and NHS workload

1.4 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

2.0 Membership of the Group shall be:

- Public Health Consultant - Chair
- Pharmacy Consultant – Secretariat
- Clinical Commissioning Group representative

- Local Pharmaceutical Committee Representative
- Local Medical Committee/ dispensing doctor representative
- Healthwatch Representative
- NHS England Representative
- Planning Department Representative
- Hospital Representative
- Public Health Intelligence Specialist/Data analyst

2.1 A named deputy can attend where a member of the Group is unable to attend.

2.3 Other members might be co-opted

3.0 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

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

4.0 Frequency of Meetings

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

- Public Health Consultant - Chair Pam Lee
- Pharmacy Consultant – Secretariat Anne Everden
- Clinical Commissioning Group representatives Pam Phelps /Susan Turner
- Local Pharmaceutical Committee Rep Geraint Morris/Ann Gunning
- LMC/ dispensing doctor representative Jane Lothian
- Healthwatch Representative Derry Nugent
- Planning Department Representative Joan Sanderson/Zoe Charge
- Hospital Representative David Campbell
- Public Health Intelligence Specialist Jonathan Appleby

Appendix 4

Data sources

Public Health England (PHE)	<ul style="list-style-type: none">- Public Health Outcomes Framework – Premature mortality data; Vaccination data- PHE Health Profiles – Prevalence data for mental health and learning disabilities- National Child Measurement Programme – Childhood obesity data- Disease prevalence models
NHS	<ul style="list-style-type: none">- NHS England – Pharmacy opening hours; Pharmacies per population- NECS -NHS Business Services Authority – Prescription numbers
Health and Social Care	<ul style="list-style-type: none">- Quality and Outcomes Framework – Disease prevalence

Information	- Number of pharmacies
Other national data sources	<ul style="list-style-type: none"> - Office for National Statistics – population estimates and projections - Census 2011 – ethnicity data - General Household survey – drinking patterns - National Drug Treatment Monitoring System – prevalence of substance misuse - Active People Survey 6 – adult obesity data
Northumberland County Council	<ul style="list-style-type: none"> - Core Planning Strategy 2021 – housing data - InfoNet – deprivation data
Commissioners of services	<ul style="list-style-type: none"> - Public Health – Stop Smoking service provision - Clinical Commissioning Group - NHS England
PNA Questionnaire	Sent to all community pharmacies in Northumberland

Appendix 5: Consultation report

Report on Formal Consultation for Northumberland PNA

Twelve responses were received to the formal consultation which ran from Friday 13th May 2022 to Monday 18th July 2022, although two of them may have been duplicates.

All factual inaccuracies were corrected, and the final document contains these changes.

All respondents thought that the document explained the purpose of the Pharmacy Needs Assessment and that it described accurately the pharmacy services available across Northumberland.

Four respondents did not think that the PNA adequately reflected local pharmaceutical needs. One respondent felt that surgeries who dispense for patients beyond a one mile radius are not financially compensated for providing these services. Remuneration issues are beyond the scope of the PNA.

One respondent thought that local provision was lacking in the vicinity of the proposed development of a Health and Wellbeing Centre near the NSCH site in Cramlington, and possible new housing developments. Concern was expressed that this could stifle potential models to redirect primary care patients away from the main hospital site. The increased opening hours of general practice at this site was not factored in. Another respondent felt that there were already adequate services in the Cramlington area.

A local councillor felt that the document did not consider future forecasted needs of an increasingly aging population, especially in rural communities with reduced or non-existent public transport options. Limited IT skills and poor broadband connectivity also disadvantage aging rural communities.

One respondent felt that the document needed more emphasis on the provision of clinical services by pharmacists. Pharmacy services not included in the draft document included

- Walk in emergency supply
- The expanded *Think Pharmacy First* service available to a wider population
- Nitrofurantoin service for urinary tract infections via a patient group direction.
- 24 hour collection point at Wellway pharmacy in Morpeth.

These services now feature in the final document.

Currently there is an application for a new appliance contractor in Berwick, and a new pharmacy contract at the proposed Health and Wellbeing Centre in Cramlington.

Suggestions for process improvements included more use of telephone calls to collect pharmacy data, collecting more data from other sources, and minimising the data set to the minimum needed for production of the PNA.

The priorities identified in the formal consultation included

- Tackling Substance Misuse with other agencies
- Improved access for patients in isolated areas
- Clarification of the role of Distance Selling Pharmacies - for example, make it clear that face-to-face consultations are not permitted
- Easy access for patient care.
- More locally enhanced commissioned services for community pharmacy to promote healthy life styles and well-being.
- Improved collaborative working between healthcare professions.
- Medication use and rationalisation reviews
- Opiate, benzodiazepine and gabapentin reduction strategies- where they are prescribed medications
- A commissioned multi-compartment compliance aid service.
- Additional PGDs to increase range of clinical services commissioned through pharmacies.
- Workforce development support. Additional accuracy checking technicians would release pharmacists to provide more clinical services
- For the council to use a fully integrated point of care IT system, eg pharmoutcomes. Easier to use for pharmacy teams, for collecting information, claiming payment and transferring information to GP systems thus preventing duplication of effort.
- Customer (end-user) focus service provision.
- Better collaboration between GP practice and community pharmacy: -
 - regarding time taken to issue and then dispense prescriptions thus ensuring repeat prescription items are adequately stocked to avoid medication interruptions;
 - to ensure clarity and consistency of communication with patients.

Report of Healthwatch Pharmacy User Survey

Healthwatch conducted a pharmacy user survey for members of the public between March and May 2022. The questions asked in the survey are given at the end of this report. Healthwatch was asked to target in particular, those areas where there had been pharmacy closures within the last three years, namely Alnwick, Hexham and Morpeth. They were also asked to target an area where there had been a GP surgery closure (Blyth) as this may have caused a greater dependency on pharmacy services.

The survey had an excellent response rate with 665 responses received from members of the public, either directly to the council website or via paper copies circulated at focus groups and other meetings arranged by Healthwatch.

Most patients who participated in the survey visited a pharmacy at least once every three months.

Option	Total	Percent
At least once a week	85	12.78%
At least once a month	426	64.06%
At least once every three months	98	14.74%
At least once every six months	11	1.65%
Others	44	6.8%

We asked if COVID had changed the way they used pharmacies with the majority (75%) saying they used the pharmacy about the same amount. A further 10% said they now relied on home deliveries and 1% had moved to internet pharmacies. 7% of participants said that they used pharmacies more frequently.

When asked if they used the same pharmacy almost 90% of respondents said they always or usually used the same pharmacy.

Option	Total	Percent
Always	358	53.83%
Usually	237	35.64%
No	60	9.02%
Not Answered	10	1.50%

When asked how they got to their usual pharmacy the majority walked or went by car.

Option	Total	Percent
On foot	293	44.06%
Public transport	31	4.66%
Car or taxi	367	55.19%
Other (please specify)	15	2.26%
Not Answered	11	1.65%

When asked how easy it was to get to their usual pharmacy

Option	Total	Percent
Very Easy	237	35.64%
Easy	171	25.71%
Difficult	70	10.53%
Very Difficult	155	23.31%
Don't Know	8	1.20%
Not Answered	24	3.61%

Only 25% of respondents said that it was easy to get to their usual pharmacy by public transport.

When asked to describe their usual pharmacy the majority described it as a High Street pharmacy.

Option	Total	Percent
High street pharmacy	466	70.08%
Pharmacy in supermarket	53	7.97%
Pharmacy in doctors' surgery	97	14.59%
Internet pharmacy	5	0.75%
Other (please specify)	55	8.27%
Not Answered	18	2.71%

25% of respondents considered themselves to have a disability. Of those who answered the question about wheelchair access, 34% said that there was adequate wheelchair access and 19% said that access was not adequate. 30% of respondents also said that parking for those with disabilities was inadequate.

When asked about provisions made for those with sensory impairments, 18% of respondents considered that their needs were catered for, and 17% considered that their needs were not addressed by pharmacies. Similar response rates were given for those suffering mental health issues and those with learning difficulties.

When asked about the availability of interpretation services, most respondents did not know if these were available. All pharmacies have access to interpretation services through an NHS England contract.

Option	Total	Percent
Yes	24	3.61%
No	57	8.57%
Don't know	568	85.41%
Not Answered	16	2.41%

When asked if there was a pharmacy nearer to them that they did not use, 25% of respondents did not use their nearest pharmacy. Reasons for not using their nearest pharmacy included the following

Option	Total	Percent
Usual pharmacy more convenient		25.8%
Issues with service		25.8%
Closer to GP practice		12.5%
Issues with parking/transport		9.0%
Issues with opening hours		6.5%
Prefer to use an independent pharmacy		8.3%
Other issues		12.6%

When asked which day of the week they usually visited a pharmacy, 78% responded that it varied. Of those who did use a pharmacy on a particular day, Thursday, Friday and Saturday were the most popular.

Most respondents were happy with the opening hours of their usual pharmacy, although 8% were dissatisfied or very dissatisfied. Some did make the point that although were happy with the opening hours because they were retired. They noted that opening hours might be an issue for people who worked during the day.

Although 30% of respondents had needed something when their usual pharmacy was closed, two thirds waited until the pharmacy was open and one third went to another pharmacy. (Nobody went to a walk in centre, and only one person said they went to a hospital.)

About 50% of respondents were over 65, however that does mean that 50% were of working age. The respondents were 66% female, and 99% identified as white. This final figure suggests further work should be considered to ascertain the views and experiences of a more diverse range of communities. Provision of interpretation support should be explored further too.

Appendix 6: Pharmacy Access

Pharmacies Covered by NHS Access Scheme

Blyth Valley

ASDA PHARMACY	COWPEN ROAD	BLYTH
YOUR LOCAL BOOTS PHARMACY	17-19 BERESFORD ROAD	SEATON SLUICE
LLOYDS	MARKET ST	DUDLEY
WELL Pharmacy	15 STATION ROAD	SEGHILL
Central		
NEWLINE PHARMACY	110 ALEXANDRA TR	ASHINGTON
WELLWAY PHARMACY LTD	PEGSWOOD HEALTH CENTRE	WEST VIEW, PEGSWOOD
NEWLINE 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

West

WALKER A (ALLENDALE)	3 SHIELDS STREET	ALLENDALE
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 7: PNA questionnaires

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



PNA
Questionnaire.pdf



Public
Questionnaire.pdf



Dispensing Doctors
Survey.pdf

Appendix 8: GP Extended Access Rota



Appendix 1.pdf

Northumberland Primary Care Networks 28th July 2022.



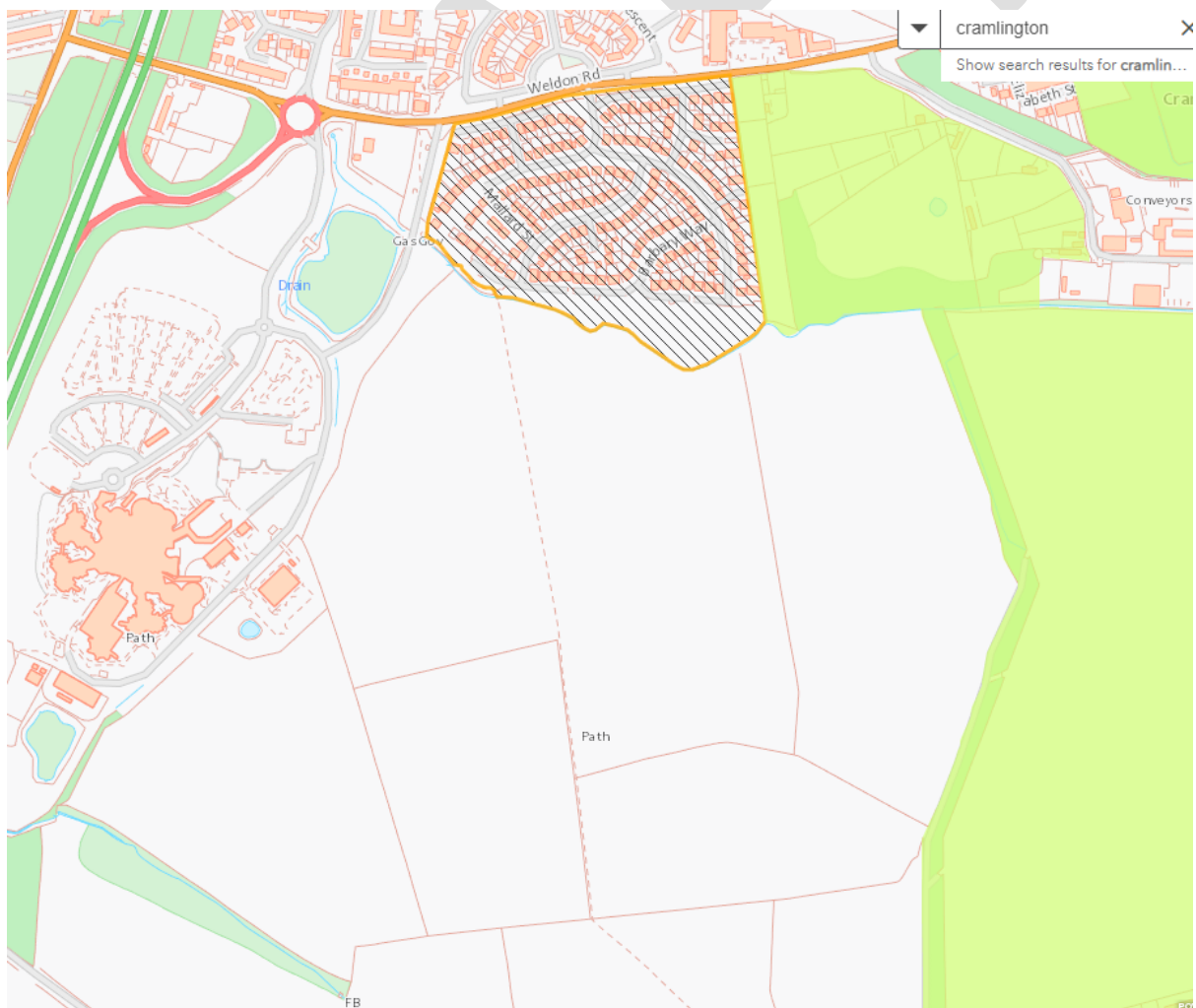
Northumberland
PCNs 28th July 2022.

Appendix 9: Primary Care Networks in Northumberland



PCN List.docx

Appendix 10: Building Plans for Cramlington hospital site



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