Health & Wellbeing Board

North Tyneside Council
6 March 2018

A meeting of the Health & Wellbeing Board will be held:-

on **Thursday 15 March 2018**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, NE27 0BY**

at **2.00pm**

Agenda Item **Page(s)**

1. **Apologies for Absence**

   To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

   To receive a report on the appointment of Substitute Members.

   Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer named below must be notified prior to the commencement of the meeting.

Continued overleaf

Members of the public are welcome to attend this meeting and receive information about it.

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Further information can be obtained from Michael Robson (0191 643 5359) or by email: democraticsupport@northtyneside.gov.uk

Item		Page(s)
3.	**To Receive any Declarations of Interest and Dispensations** Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda. Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest. Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.	
4.	**Minutes** To confirm the minutes of the meeting held on 11 January 2018.	4
5.	**Pharmaceutical Needs Assessment 2018/21** To approve the Pharmaceutical Needs Assessment 2018-21.	8
6.	**Special Educational Needs and Disabilities (SEND) Support Services in North Tyneside** To receive a presentation from John Thompson, the Council's Senior Manager SEND, arising from a peer review of SEND support services in North Tyneside and covering the associated governance arrangements, reporting mechanisms and inspection framework.	-
7.	**Director of Public Health Annual Report 2016/17** To receive a presentation from the Wendy Burke, the Director of Public Health, in relation to her Annual Report.	-
8.	**Director of Public Health Assurance Report 2016/17** To receive an overview of the health protection system in North Tyneside and to be that the current arrangements for health protection are robust and equipped to meet the needs of the population.	106
9.	**Health & Wellbeing Board Work Plan 2018/19** To receive an update on the development of the Board's work plan for the year ahead.	134

Members of the Health and Wellbeing Board:-
Councillor Margaret Hall (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Gary Bell
Councillor Tommy Mulvenna
Councillor Karen Clark
Wendy Burke, Director of Public Health
Jacqui Old, Head of Health, Education, Care and Safeguarding
John Matthews, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Peter Kenrick, Healthwatch North Tyneside
Jenny McAteer, Healthwatch North Tyneside
Christine Keen, NHS England
Louise Robson, Newcastle Hospitals NHS Foundation Trust
David Evans, Northumbria Healthcare NHS Foundation Trust
Gary O'Hare, Northumberland, Tyne & Wear NHS Foundation Trust
Hugo Minney, TyneHealth
Craig Armstrong, North East Ambulance Service
John Pratt, Tyne & Wear Fire & Rescue Service
Alma Caldwell, Age UK
Andy Watson, North Tyne Pharmaceutical Committee
Richard Burrows, North Tyneside Safeguarding Children Board
Dean Titterton, Voluntary and Community Sector Chief Officer Group

Health and Wellbeing Board

11 January 2018

Present: Councillor M Hall (Chair)
Councillors K Clark, M A Green and T Mulvenna
W Burke, North Tyneside Council
J Old, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
J Jollands, Northumberland, Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
C Armstrong, North East Ambulance Service
H Minney, TyneHealth
J Pratt, Tyne & Wear Fire & Rescue Service
R Burrows, Safeguarding Children Board
A Watson, North of Tyne Pharmaceutical Committee

Also Present
Members of the Adult Social Care, Health & Wellbeing Sub-Committee
H Hudson, S Woodhouse, M Taylor and M Robson, North Tyneside Council
S Rundle, North Tyneside Clinical Commissioning Group
A Richardson, Northumbria Healthcare NHS Trust

HW28/01/18 Apologies

Apologies for absence were received from Councillor G Bell (North Tyneside Council), L Young Murphy and A Paradis (North Tyneside CCG), J Stonebridge (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust), A Caldwell (Age UK North Tyneside) and D Titterton (Voluntary & Community Sector).

HW29/01/18 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:
J Jollands for G O'Hare (Northumberland, Tyne & Wear NHS Trust)
N Bruce for L Robson (Newcastle Hospitals Trust)

HW30/01/18 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW31/01/18 Minutes

Resolved that the minutes of the meeting held on 16 November 2017 be confirmed and signed by the Chair.

HW32/01/18 North Tyneside Joint Health & Wellbeing Strategy 2013-2023 and Development of the Health & Wellbeing Board Work Plan 2018-2020

The Board were presented with proposals to review the Joint Health & Wellbeing Strategy 2013-2023 and to determine the Board's work plan for 2018-2020.

The Board had responsibility to prepare a Joint Health and Wellbeing Strategy to improve the health and wellbeing of the local community and reduce inequalities for all ages, based on a continuous process of strategic assessment and planning. The North Tyneside strategy had been published in 2013. During 2017 the Board had decided to review the strategy. This had involved two events with a range of stakeholders from across the health and social care sectors. A task and finish group had been established to reflect on the outcomes from the events, review the strategy and develop a work plan for the Board.

The process had drawn the following conclusions about the current strategy:

- The policy context had changed since 2013 and there were new and significant policy drivers.
- The health and social care needs of the population had not changed significantly but the Joint Strategic Needs Assessment had been updated.
- The vision and the values of the strategy were broad enough to remain relevant.
- The objectives were broad enough to remain current but there were too many objectives that were similar and they were not 'SMART' (specific, measurable, attainable, realistic, timescales).
- There were no specific deliverable actions and measures.
- There was no responsibility and accountability for delivering aspects of the strategy.
- There should be a clear focus on prevention with action across the life course.
- Emotional and mental wellbeing should be a priority.
- Governance arrangements should be leaner and the Integration Board was no longer required.

The Board were presented with a review of the strategy which highlighted the progress made to date and reflected on the strategic context and key system drivers to be faced now and over the next 5 years. The review proposed five refreshed strategic goals that would support the delivery of the vision set out in the strategy:

- To focus on outcomes for the population in terms of measurable improvements in health and wellbeing.
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough.
- To shift investment to focus on evidence based prevention and early intervention wherever possible.
- To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed.
- To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money.

The Board were also presented with a work plan for the Board covering the period 2018-2020. It contained nine challenging objectives to support delivery of the strategic goals set out in the strategy. These objectives were deemed sufficiently challenging to support meaningful change and impact, were measurable and could only be successfully achieved through true partnership working by Board members and their respective organisations. The nine objectives were:

- To tackle childhood accidents
- To reduce the use of tobacco across the life course
- To tackle obesity across the life course
- To improve the mental health and emotional resilience of the of North Tyneside population
- An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)
- To reduce alcohol misuse
- Comprehensive support for people with dementia
- Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
- To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.

It was proposed that an accountable body would be responsible for each of nine objectives set in the work plan. The plan identified an existing partnership board to take responsibility for delivery of 7 of the 9 objectives. As there was no existing appropriate body to take responsibility for the two remaining objectives, relating to carers needs and social isolation, it was proposed that a new board be established for this purpose. It was acknowledged that this new board would have to involve the community and voluntary sector in recognition of its increasing role in providing services to tackle social isolation. It would also be important to involve carers in the work of the board but their expectations would have to be carefully managed in the light of the current financial pressures.

Members of the Board expressed their support for the work plan and the objectives contained within it as it provided a shared agenda for all partners to continue to focus their work on those areas considered to be priorities.

A forward plan for Board meetings would be prepared to ensure that progress made in delivering the actions associated with each objective were proportionately and routinely monitored by the Board and any issues could be escalated to any Board meeting.

Resolved that (1) the review of the Joint Health and Wellbeing Strategy 2013-23 be approved;
(2) the Health and Wellbeing Board Work Plan for 2018-2020 be approved; and
(3) relevant accountable bodies be tasked with the responsibility to report and deliver on the nine objectives set out in the work plan.

HW33/01/18 Health, Wellbeing and Social Care Commissioning Intentions 2018/19

The Board received a joint presentation from officers of the Council and North Tyneside Clinical Commissioning Group (CCG) in relation to their commissioning intentions for health, social care and wellbeing in 2018/19. The Board had a duty to consider whether the commissioning intentions took proper account of the Joint Health & Wellbeing Strategy and Joint Strategic Needs Assessment and it was able to give its opinion to the CCG and Council if it so wished.

In order to avoid duplication, the intentions were presented and considered jointly with the Council's Adult Social Care, Health & Wellbeing Sub-Committee (see minute ASCHW53/01/18).

The Board were presented with contextual data and details of the current drivers for the Council and CCG in terms of commissioning health, social care and wellbeing services. These included an analysis of the health needs of the population, the policy direction contained within the Northumberland, Tyne and Wear and North Durham Sustainable Transformation Plan, those services and issues where progress had been good and those where improvement was required, continuing financial pressures and increasing demands on services.

Within this context, officers provided an overview of the Council and CCG's priorities for 2018/19 in relation to adult social care, children and young people, public health and the NHS locally. These were presented with reference to how they contributed towards the five refreshed strategic goals contained within the Joint Health and Wellbeing Strategy.

The Council and CCG's commissioning intentions and budget proposals were subject to ongoing consultation and review and some specific service changes may require further consultation throughout the year. The Council's detailed service plans were also due to be subject to further examination by the Council's relevant scrutiny sub-committees in due course.

In examining the commissioning intentions members of the Board, together with members of the Adult Social Care, Health & Wellbeing Sub-Committee, discussed the following key points:

- The possibility of producing a guide on social prescribing services and for the guide to be made available to all councillors.
- As the commissioning intentions were framed in the context of financial constraints, clarification was sought on whether any services would not be procured going forward. It was explained that rather than stopping services the main aim was to look at how services could be re-designed to be more efficient and effective. It would be important to continue investing in and retaining early preventative services as they offered the biggest cost benefit.
- There was potential for the Tyne and Wear Fire and Rescue Service to signpost and promote the 'My Care North Tyneside' service through its preventative programmes in the community.
- To date there had been a soft launch of 'My Care' but plans were in place to promote it further. It was suggested that details of the 'My Care' service be reported to the Board at an appropriate time to monitor its progress.
- The annual planning guidance issued to the CCG had been delayed and so there were potentially further changes to the commissioning intentions. The Board asked that any such further changes be fed back.
- A key objective of the Joint Health and Wellbeing Strategy was to engage with and listen to local communities. In light of this the Board stressed that all partners should reflect this in its commissioning intentions.
- Reference was made to gaps in mental health services for adults and older people identified by Healthwatch North Tyneside but not addressed in the presentation. The Board heard that Healthwatch wished to support further work in this area in conjunction with the CCG and the Council and report the outcomes to the Board. In response officers explained that the presentation had been focussed on the specific services to be commissioned over the next year and so there were many other services which would continue to be delivered as usual during this this period.

Resolved that the Health, Wellbeing and Social Care Commissioning Intentions for 2018/19 be noted.

North Tyneside
Health & Wellbeing Board Report
Date: 15 March 2018

ITEM 5

Title: Pharmaceutical Needs Assessment 2018/21

Report from :	**North Tyneside Council and NHS North Tyneside CCG**	
Responsible officer:	Wendy Burke, Director of Public Health, North Tyneside Council	Tel 0191 643 2104
	Lesley Young-Murphy, Executive Director of Nursing and Chief Operating Officer, NHS North Tyneside CCG	Tel 0191 293 1140
Report author(s):	Christine Jordan, Senior Manager Public Health, North Tyneside Council	Tel: 0191 643 2880
	Steve Rundle, Head of Planning & Commissioning, NHS North Tyneside CCG	Tel: 0191 2931158
	Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support	Tel: 0191 217 2778

1. Purpose:

To provide the Health and Wellbeing Board (HWB) with the final draft version of the Pharmaceutical Needs Assessment (PNA), 2018-2021.

2. Recommendation:

The Board is recommended to approve the final draft version of the PNA and publish it by the 1st April 2018.

3. Policy Framework:

There is a statutory duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to undertake a PNA. On 1st April 2013, Health and Wellbeing Boards of every local authority in England were required to develop a PNA for the first time and ensure that it was published by 1st April 2015. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing the PNAs. PNAs must be completely reviewed at least every three years. The current PNA has been reviewed, updated and a refreshed draft has been produced. This document has then undergone a statutory formal consultation process, and further updates have been made. Following approval by the Health and Wellbeing Board the final version will be published by 1st April 2018.

The development of a PNA is a separate duty to that of developing a Joint Strategic Needs Assessment. PNAs inform commissioning decisions by local authorities, NHS England and by NHS Clinical Commissioning Groups (CCGs).

The purpose of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside.NHS England uses the PNA to determine applications to open new pharmacies in the Local Authority area.

- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

4. Information:

At previous meetings of the HWB on 16th March 2017 and the 16th November 2017 it was agreed that the 2015 version of the PNA would be reviewed and updated, the refreshed draft consulted on and the final version published by 1st April 2018 and the process would be jointly led by North Tyneside Council and NHS North Tyneside Clinical Commissioning Group.

Following the consultation the final draft of the PNA has been prepared and the Health and Wellbeing Board is required to sign it off and then publish it on the Council website to meet the deadline of 1st April 2018.

4.1 Formal consultation on the PNA

A steering group with representatives from NHS North Tyneside CCG, NHS North of England Commissioning Support, NHS England, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside, North Tyneside Council (Public Health and Planning Department) and Elected Members has overseen the development of the PNA.

A 60 days consultation period with stakeholders and members of the public was carried out in line with the guidance on developing PNAs and section 242 of the National Health Service Act (2006), which stipulates the need for the NHS to involve the public and patients in decision making. The formal consultation period commenced on the 20th November 2017 and lasted for 60 days until the 18th January 2018.

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

- North of Tyne Local Pharmaceutical Committee (LPC)
- Newcastle and North Tyneside Local Medical Committee (LMC)
- All persons on the pharmaceutical lists
- All GP practices
- NHS North Tyneside Clinical Commissioning Group (CCG)
- Tyne Health Ltd - GP Federation
- Healthwatch North Tyneside
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Northumberland, Tyne and Wear NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Northumberland and South Tyneside
- VODA (Voluntary Organisations Development Agency)
- NHS North Tyneside Clinical Commissioning Group Patient Forum
- North Tyneside Council Residents' Panel

Following the consultation a final draft of the PNA has been prepared which takes into account the feedback comments received from the consultation.

5. Decision options:

The Board may either:

a) approve the PNA for publication on 1st April 2018; or
b) approve the PNA subject to any amendments specified by the Board.

6. Reasons for recommendations

The Board is recommended to agree option a) as the final version of the refreshed PNA which meets the statutory requirements since it has been prepared on the basis of extensive consultation with key stakeholders.

7. Appendices:

Appendix A – North Tyneside Pharmaceutical Needs Assessment

8. Contact officers:

Christine Jordan, Senior Manager Public Health and Wellbeing (Adults),
Tel: 0191 643 2880
Steve Rundle, Head of Planning & Commissioning, NHS North Tyneside CCG,
Tel: 0191 2931158
Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support, Tel: 0191 217 2778

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- Pharmaceutical Needs Assessment: Information Pack for Local Authority Health and Wellbeing Boards (DH, 2013).
- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013).

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The development of the PNA has been managed through existing resources within North Tyneside Council, NHS North Tyneside CCG and NHS North of England Commissioning Support.

11 Legal

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this report.

12 Consultation/community engagement

The PNA must be developed in consultation with a range of stakeholders in keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013).

The consultation period commenced on 20th November 2017 and the draft PNA was placed on the Council website for 60 days in keeping with the requirement of the Regulations:

"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".

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The PNA identifies the health needs of the local population including issues around access to services, inequities in health experience and other inequalities experienced by specific groups in the population.

15 Risk management

If the PNA is not published by 1st April 2018, statutory obligations are failed to be achieved.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

North Tyneside

Pharmaceutical Needs Assessment

April 2018 – March 2021

Published by North Tyneside Health and Wellbeing Board

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Summary

The Health Act (2009)(1) introduced a legal requirement for all Primary Care Organisations (PCOs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. The Health and Social Care Act (2012)(2) transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013(3) (the "2013 Regulations") sets out the legislative basis for developing the PNAs.

The aim of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside.NHS England (NHSE) uses the PNA to determine applications to open new pharmacies in the Local Authority area.
- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

As part of the development of the refreshed PNA, an assessment of current pharmaceutical provision in North Tyneside was undertaken in August 2017, via an online questionnaire which was made available to all community pharmacy contractors across North Tyneside. The results of the survey identified the current provision of commissioned community pharmaceutical services.

In addition, Healthwatch North Tyneside (HWNT)(4) led a public engagement exercise during the period June 2017 to August 2017 in order to gather people's experience of using local community pharmacy services. Overall the survey results identified that community pharmacies perform well and are delivering to a high standard.

The PNA was subject to a statutory formal consultation process with stakeholders and members of the public in line with the guidance on developing PNAs and Section 242 of the National Health Service Act (2006)(5), which stipulates the need to involve HWBs in scrutinising health services. The consultation ran from 20 November 2017 for 60 days until 18 January 2018.

North Tyneside has 52 community pharmacies to serve its 203,307(data source 1) population. This equates to 25.7 per 100,000 population, which is more than the England (20.8 per 100,000 population) and North East (23.4 per 100,000 population) average. The distribution of community pharmacies is not even across the four localities. There is a higher ratio of community pharmacies per 100,000 population in the more deprived Central locality. This gives additional patient choice, and extra capacity to provide enhanced services.

North Tyneside appears to be well serviced by community pharmacies Monday to Friday between 9.00am and 5.30pm. Weekend and evening provision is limited and dependant on supplementary hours and the 100-hour community pharmacy (Tesco, Chirton).

On weekday evenings, there are no services in the South West locality after 6.30pm or in the Coast locality after 8.00pm.

Many community pharmacies in town centres are open on Saturday afternoons thus providing access for working residents, although it is recognised that this does rely on the supplementary hours provided by community pharmacies and the 100-hour community pharmacy.

Due to the restrictions of Sunday opening hours, access to pharmaceutical services is available only between 10.00am and 5.00pm. There are no services in the South West locality on Sundays. However, there are three community pharmacies in Newcastle and two in North Tyneside which are accessible (less than 2.15 miles) to residents in the South West locality on Sundays.

After considering all the elements of the PNA, North Tyneside HWB concludes that there is adequate provision of NHS pharmaceutical services across North Tyneside although it recognises that there is some variability between localities.

Overall community pharmacies in the borough perform well in patient experience and deliver services to a high standard.

Acknowledgements

The writing group for the PNA, consisting of representatives from Public Health (North Tyneside Council), NHS North Tyneside Clinical Commissioning Group (NHS NTCCG) and NHS North of England Commissioning Support (NHS NECS) would like to thank the following for their contribution to the production of the PNA.

- Representatives on the PNA Steering Group (See Appendix 4)
- North of Tyne Local Pharmaceutical Committee (LPC)
- Commissioning Leads, North Tyneside Council
- Planning Officers, North Tyneside Council
- NHS North Tyneside Clinical Commissioning Group
- NHS North of England Commissioning Support
- Healthwatch North Tyneside
- Analytical support from Policy, Performance and Research team, North Tyneside Council for producing the maps and graphs
- Formatting support from Lydia Mein, Administrator, Medicines Optimisation, (NHS NECS)
- Proofreading support from Oonagh Mallon and Helen Maxwell, North Tyneside Council

Abbreviations

APPG	All Party Pharmacy Group
A&E	Accident and Emergency Department
BME	Black and Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CMO	Chief Medical Officer
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CPRS	Community Pharmacy Referral Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DFLE	Disability Free Life Expectancy
DH	Department of Health
EHC	Emergency Hormonal Contraception
eRD	electronic Repeat Dispensing
ETP	Electronic Transfer of Prescriptions
GP	General Practitioner
GPhC	General Pharmaceutical Council
HWB	Health and Wellbeing Board
HWNT	Healthwatch North Tyneside
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual and Transgender
LAPE	Local Authority Profile for England
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MDS	Monitored Dosage Systems
MECC	Making Every Contact Count
MUR	Medicines Use Review
NDUC	Northern Doctors Urgent Care
NHCFT	Northumbria Healthcare NHS Foundation Trust
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NHS NTCCG	NHS North Tyneside Clinical Commissioning Group
NTRP	North Tyneside Recovery Partnership
ONS	Office of National Statistics
PCO	Primary Care Organisation
PHE	Public Health England
PhIF	Pharmacy Integration Fund
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment

PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral Vascular Disease
QOF	Quality and Outcomes Framework
RSPH	Royal Society of Public Health
SHLAA	Strategic Housing Land Availability Assessment
SHMA	Strategic Housing Market Assessment
SOA	Super Output Area
SRE	Sex and Relationship Education
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
VODA	Voluntary Organisations Development Agency

Section 1: Introduction

The White Paper *Pharmacy in England: Building on strengths, delivering the future* (6) was published by the Department of Health (DH) in April 2008, and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the future.

These personalised 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 (JSNA) and strategic commissioning plans, focusing on local priorities.

The Health Act (2009)(1) introduced a legal requirement for all PCOs to publish an updated PNA by 1 February 2011. The Health and Social Care Act (2012)(2) transferred the responsibility for developing and updating PNAs to HWBs who must produce a refreshed PNA by 1 April 2018(2) & (3).

The PNA is a strategic commissioning document which will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry. To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these community pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a community pharmacy service could be commissioned to meet that need.

From 1 December 2016, The Government began the introduction of a package of reforms for the Community Pharmacy Contractual Framework (CPCF) set out in Community pharmacy in 2016/17 and beyond(7). The measures set out comprise:

- a revised funding settlement
- changes to remuneration for services
- establishment and activity fees
- support for community pharmacies sparsely spread where patients depend on them most
- a quality payment scheme
- a national urgent medicines supply service
- changes to reimbursement for dispensed items
- changes to market entry to facilitate the consolidation of community pharmacies
- modernising the service through digital NHS services
- the intention to explore new terms of service for distance-selling pharmacies in recognition of their different service offering.

NHS Foundation Trusts and private hospitals do not provide pharmaceutical services as defined for the purposes of the PNA, although hospitals accessed by North Tyneside patients work closely with community pharmacists to ensure that discharged patients get the most from their medicines. NHS Foundation Trusts can electronically-refer patients being discharged from hospital directly to a nominated community pharmacy to provide advanced services which are complementary to the discharge process provided by the hospitals.

1.1. What is a Pharmaceutical Needs Assessment?

A 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 strategic plans, while taking account of financial constraints.

The PNA will be used to:

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

The PNA is not a stand-alone document. It is aligned with the JSNA and a range of strategic plans, including the NHS Five Year Forward View(8 & 9).

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

1.2. Market Entry

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

Under the 2013 Regulations,(3) a person who wishes to provide NHS pharmaceutical services must generally apply to NHSE 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 provided that they provide:

- 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)(1) replaced the "control of entry" test with a new test requiring PCOs to have statements of pharmaceutical needs. The Health and Social Care Act (2012)(2) transferred the responsibility for producing the PNA to HWBs of local councils. NHSE will use the PNA to determine applications to open new community pharmacies in that local council area.

It is essential that local councils are keenly aware of community pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned to support more effective patient care.

From 1 April 2013, pharmaceutical lists are maintained by NHSE and so applications for new, additional or relocated premises must be made to the local NHSE Area Team. Most routine applications for a new community pharmacy will be assessed against the PNA for the area, prepared by the HWB. On 5 December 2016, as part of the reforms set out in Community pharmacy in 2016/17 and beyond, amendments to the 2013(7). Regulations came into force which facilitates community pharmacy business consolidations from two sites on to a single existing site. Importantly, a new community pharmacy is prevented from stepping in straight away if a chain closes a branch, or two community pharmacy businesses merge and one closes. This protects two community pharmacies that choose to consolidate on a single existing site and this does not create a gap in provision. NHSE will notify the Chair of the HWB in relation to any applications to consolidate two pharmacies. The Board will make a statement or representation back to NHSE within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision based on the information held within the PNA. NHSE will then convene a panel to consider the application and any statement or representation.

Decisions to merge community pharmacy services onto a single site are for community pharmacy contractors to make based on local patient needs and business factors. For some contractors the amendments will be welcome in allowing them to streamline their businesses and this change will reduce the number of community pharmacy clusters.

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. Identification of Health Need

Population health needs across the borough are identified by the JSNA.(8) The Joint Health and Wellbeing Strategy(11) is underpinned by the JSNA, 2015 and sets out the priorities for health and wellbeing in North Tyneside.

In this PNA, health needs in North Tyneside which can be addressed by community pharmacies are considered in more detail. This includes those health needs that can be met through the core contract with NHSE for services such as dispensing of prescriptions, treatment of minor ailments and medicines advice and other health needs that can be met through commissioned services, where community pharmacy might be one of a range of providers.

2.2. Assessment of Current Pharmaceutical Provision

In August 2017, an online questionnaire was made available to all community pharmacy contractors across North Tyneside. The questionnaire was developed by Public Health, North Tyneside Council and the LPC was consulted before the questionnaire was released to ensure buy in by contractors. All contractors responded to the questionnaire. This identified the current provision of community pharmaceutical services in North Tyneside.

Information was also gathered from a number of other sources e.g. NHSE, Commissioners, NHS Choices, etc. Information and data sources used in the development of the PNA are listed in Appendix 3 and Appendix 6

2.2.1. Public Engagement

During the period June 2017 to August 2017, HWNT gathered people's experience of using local community pharmacy services, through an online and printed survey, HWNT engagement events and online feedback centre.(4) A total of 389 responses were received of which 70% were female and 24% were male. 71% of respondents were over 50 years of age. This sample size may not necessarily be representative of the population in totality but does provide a good picture on the views of the population.

Overall there was a sense that community pharmacies perform well in patient experience. People described a range of services that community pharmacies were delivering to a high standard.

The results included a high level of awareness of and satisfaction with services received from community pharmacies.

Of the services provided, the ones with the highest levels of awareness were:

- dispensing medicines (81%)
- electronic Repeat Dispensing (eRD) (62%)

The services with the lowest levels of awareness were sexual health testing (56%) and effective treatment of asthma (48%).

Respondents described a range of good practice which community pharmacies were delivering to a high standard in relation to customer service, sound knowledge and advice (42%), speed of service (42%) and availability of stock (12%).

When asked about negative experiences, only 10% of respondents identified areas for improvement, these were customer service, waiting times, stock levels and opening times.

The findings have been used in developing the PNA. The full report can be found on the Healthwatch website at www.healthwatchnorthtyneside.co.uk

2.3. Consultation

The formal consultation on the draft PNA for North Tyneside ran from 20 November 2017 to 18 January 2018 in line with the guidance on developing PNAs and Section 242 of the National Health Service Act, 2006(5), which stipulates the need to involve HWBs in scrutinising health services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) (3) the following stakeholders were consulted:

- North of Tyne LPC
- Newcastle and North Tyneside Local Medical Committee(LMC)
- all persons on the pharmaceutical lists
- all North Tyneside GP practices
- NHS North Tyneside Clinical Commissioning Group (NHS NTCCG)
- TyneHealth Ltd - GP Federation
- HWNT
- Northumbria Healthcare NHS Foundation Trust (NHCFT), Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Northumberland, Tyne and Wear NHS Foundation Trust
- NHSE
- Neighbouring HWBs in Newcastle, Northumberland and South Tyneside

- VODA (Voluntary Organisations Development Agency)
- NHS NTCCG Patient Forum
- North Tyneside Council Residents' Panel

An email with a link to a response form was sent to all consultees informing them of the website address which contained the draft PNA document. At the HWB meeting on 16 November 2017 the Board considered that:

"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".(12)

The draft document was updated to reflect comments received from consultees during the consultation period. The revised document was then considered and signed off by the HWB at its 15 March 2018 meeting.

Section 3: Identified Health Needs

This chapter provides a brief overview of the health needs of the residents of North Tyneside, highlighting in particular those which may be amenable to intervention by services delivered through community pharmacies. Further details are available in the JSNA (2015).(8) The key messages from the JSNA (2015) are as follows:

- The population of North Tyneside is projected to grow by 6.8% by 2030 with an increasingly ageing population.
- The borough of North Tyneside as a whole is now one of the least deprived areas in the North East of England. However, stark inequalities persist within the borough in relation to income, unemployment, health and educational attainment.
- The economic downturn and the current welfare reforms are impacting on the income of residents with the inevitable consequences for their health and wellbeing.
- The principal cause of premature death in North Tyneside is cancer, followed by circulatory disease.
- People are living longer with the average life expectancy for North Tyneside being 80 years in 2011-13. (77.7 years for males and 82.4 for females).
- The gap in life expectancy within the borough is wide (10.5 years for males and 10.2 years for females) in 2011-13. The life expectancy of males and females in North Tyneside is significantly lower than England. The life expectancy gap for males has reduced, but the gap for females has widened slightly.
- Smoking is the major contributor to cancer and Cardiovascular Disease (CVD) mortality and morbidity and accounts for half the gap in life expectancy between the most and least affluent groups.
- Poor mental health and wellbeing in parts of the borough are inextricably linked to socio economic deprivation and vulnerability.
- Alcohol is the second biggest lifestyle health risk factor after tobacco use. Alcohol misuse is a major problem within North Tyneside in terms of the health, social and economic consequences which affect a wide cross section of the borough at a considerable cost.
- 1 in 5 children and young people live in poverty in North Tyneside. Vulnerable children and young people in the borough suffer from poorer outcomes socially, educationally, economically and educationally.
- The number of people aged 85 and over is projected to increase in North Tyneside by 45% by the year 2030 creating additional demand for social care, housing support, and health services.
- Long Term Conditions and dementia will be among our biggest challenges going forward.
- The proportion of people with a disability is also likely to increase with an ageing population creating additional demands for service provision. There were 1,772 falls in over 65s in 2014.

- 1 in 5 children and young people live in poverty in North Tyneside. Vulnerable children and young people in the borough suffer from poorer outcomes socially, educationally, economically and educationally.(data source 2)

3.1. North Tyneside Characteristics

North Tyneside is one of five metropolitan districts within the Tyne and Wear conurbation, with an area of 82 square kilometres. It has the North Sea to the east, the River Tyne to the south, and Newcastle City to the west. Northumberland County forms the northern boundary. The borough is bisected east/west by the A19 and north/south by the A1058 Coast Road. The Coast Road provides a direct route through to Newcastle city centre, whilst the A19 goes north to join with the A1 in Northumberland and south through the Tyne Tunnel to provide a route through the North East region to North Yorkshire.

Clinical Commissioning Groups (CCGs) are groupings of GP practices rather than groupings of geographical areas. In North Tyneside the CCG covers a similar footprint to the Local Authority. The NHS NTCCG GP registered list size is 216,792 which is 6.6% greater than the Local Authority population.

For the purpose of this report North Tyneside population will be based on the data in Office for National Statistics (ONS) Health data is based on GP registered list size in the Quality and Outcomes Framework (QOF).

3.2. Population Profile

The last official estimate of North Tyneside's population was produced by the ONS for mid-2016 and showed that North Tyneside had a population of 203,307 (Table 1).

Table 1: Mid-2016 population estimate, North Tyneside

	Population			Percentages of Total	
	Female	Male	Combined	Female	Male
North Tyneside	105,037	98,270	203,307	52%	48%
North East	1,342,491	1,294,357	2,636,848	51%	49%
England	27,967,147	27,300,920	55,268,067	51%	49%

Source: ONS Mid-2016 Population Estimates

The population of North Tyneside is projected to grow by 6.8% by 2030 with an increasingly ageing population. Population projections indicate the number of persons aged 65 years and over will increase by 33%, from 39,838 in 2016 to 52,100 in 2030. The number of people over 85 is projected to increase by 45% between

2016 and 2030 to 7,600. An increase of 1.9% is also forecast in the number of children and young people (0-19) in the borough by the year 2030, with the biggest increase in the 4-19 age group which is expected to rise by 3.6% by 2030.(data source 1).

3.3. Ethnicity

Culture and ethnicity may influence health beliefs and behaviours, and may therefore impact on health and wellbeing. Based upon the 2011 Census, Black and Minority Ethnic (BME) groups account for 4.6% of North Tyneside's population (when mixed/multiple white ethnic minority groups are included). This population represented 2.7% of the population in the 2001 census. This compares to 6% in the North East and 19.1% nationally. The largest minority ethnic group in North Tyneside is the Asian/Asian British group, constituting 1.8% of the resident population.(data source 3).

3.4. Housing

3.4.1. Context

Historically there has been a significant shortfall in the rate of house building across the country, with actual completions in England currently around half the level that is needed. In response North Tyneside Council's goal is that, by 2032 the objectively assessed need for housing in the borough will be met through enabling the delivery of a range of homes that reflect the diversity of the population.

3.4.2. New Housing Development

The recently adopted North Tyneside Local Plan (July 2017) (13) considers a range of development issues including housing need over the next fifteen years. The Local Plan will provide a full replacement to the Unitary Development Plan (adopted in 2002) and gives the authority greater control over local decisions on future development, to plan for the predicted growth in population and the delivery of the supporting infrastructure.

The scale of housing provision and its distribution is designed to meet the needs of the future and existing community and to support the economic growth of North Tyneside. The process of Local Plan consultation provided much of the evidence to inform the selection of site allocations across the borough. The overall range of sites will provide for the creation of a mix of housing types across the market to meet the needs of the whole population.

The average delivery of housing over the last 5 years has been 548 homes per year (gross numbers of housing). (data source 4). Over the Local Plan (13) period (2011-12 to

2031-32) the agreed housing requirement will be provided through a phased approach, to deliver an average of 790 new homes per annum over the plan period (Table 2). This equates to 16,593 homes, but considering additional homes built since 2011 and those granted planning permission up to 31 March 2016 there was an outstanding gross housing requirement of 9,771.

Table 2: Current forecast housing delivery

	Phase 1 2011/12 –15/16	Phase 2 2016/17 – 20/21	Phase 3 2021/22 – 25/26	Phase 4 2026/27 – 30/31	Phase 5 2031/32	Total 2011/12 – 31/32
Total Identified Delivery to 2032	-	5,063	5,933	2,855	330	14,180
Total Delivery over the Plan Period (2011/12 to 2031/32)	2,170	5,063	6,026	2,900	335	16,350*

Source: North Tyneside Strategic Housing Land Availability Assessment 2016, Addendum Scenarios A to G, December 2016(data source 4)

** Anticipated delivery includes a discount of 5% for allocated and permitted supply that may not come forward.*

The Local Plan identifies two significant growth areas at Killingworth Moor and Murton Gap that are critical in delivering the borough's growth requirements.

The vision for development of these sites has been expressed in a Concept Framework that will help guide their future master planning. The vision is for “Walkable, connected village neighbourhoods, within a green, natural environment”. The forecast delivery of the sites is listed in Table 3 however the Masterplan for each site is not yet agreed and planning permission has not yet been granted. It is anticipated that building on each site will not commence until the beginning of 2019.

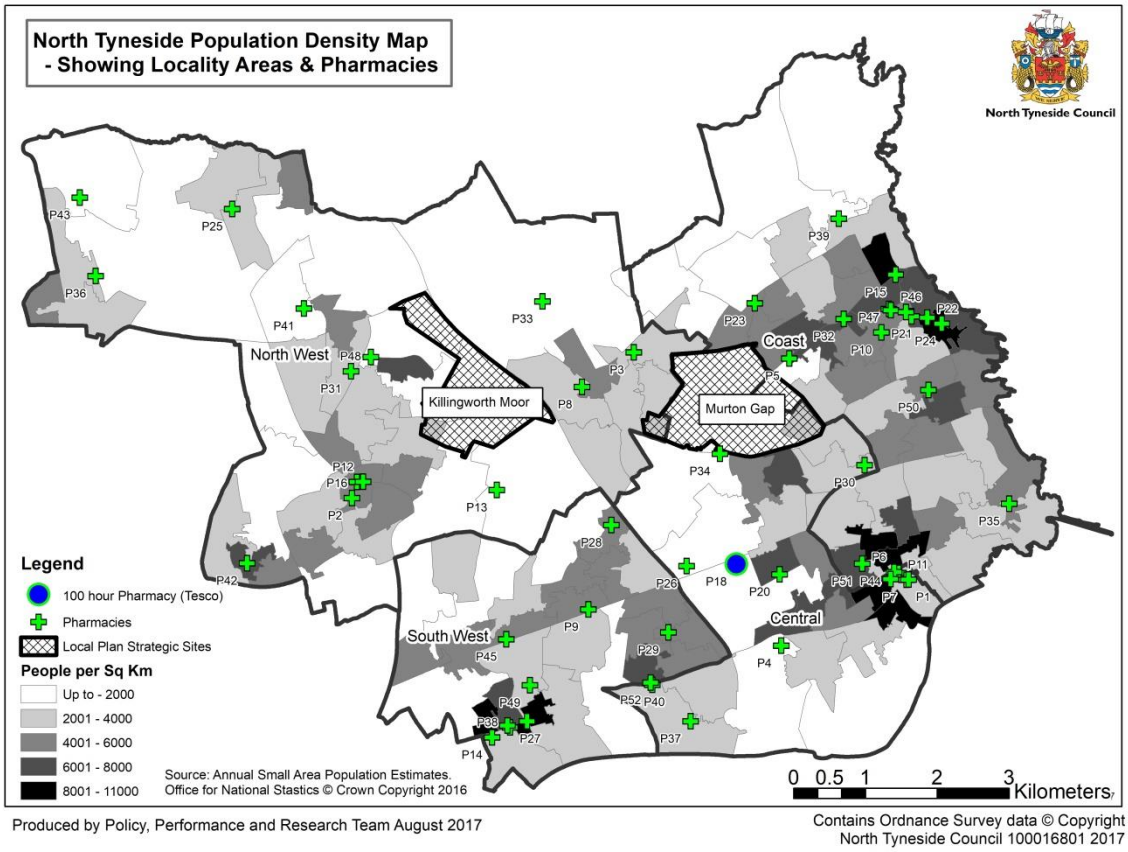
Table 3: Forecast Housing Delivery

Period	Forecast Delivery				
	2016-2021	2021-2026	2026-2032	2032 +	Total
Killingworth Moor	680	690	530	100	2,000
Murton Gap	818	735	1,232	215	3,000

Source: North Tyneside Strategic Housing Land Availability Assessment 2016/17(data source 4)

The map below shows the current population density and the spread of community pharmacies with the two strategic sites highlighted.

Map 1: Population density in relation to community pharmacies and Killingworth Moor and Murton Gap Local Plan Development Sites



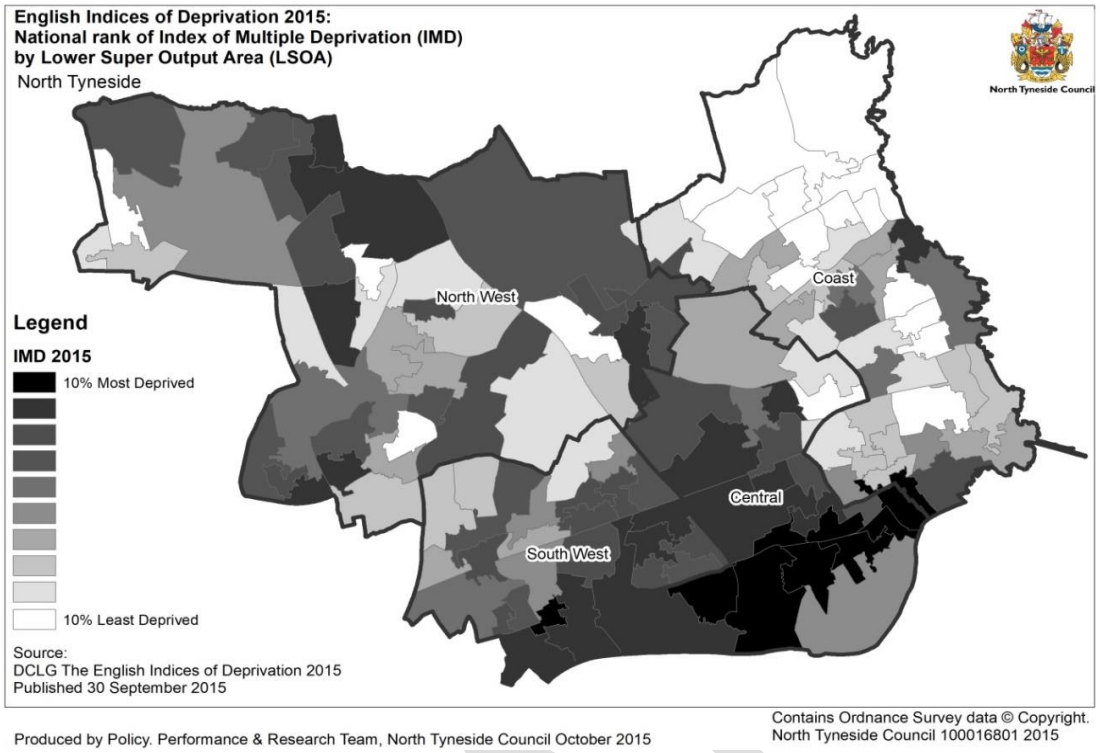
3.5. Deprivation

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.

Although the borough of North Tyneside is now one of the least deprived in the North East, stark inequalities persist within the borough. The Index of Multiple Deprivation (IMD) (2015) provides an overall deprivation score for lower layer Super Output Areas (SOAs) (Map 3).

The population of North Tyneside is growing and by 2030 the number of residents will have increased by 6% compared to 10% nationally.(data source 5). Life expectancy has been increasing at all ages and especially in older people in the population. There are estimated to be a total of 80,772 residents aged 50 years or older in North Tyneside. The borough also has higher rates of premature mortality than England. The all cause male mortality rate under 75 years in North Tyneside was 293.2 per 100,000 population in 2013-15, compared to 232 per 100,000 for England. A woman can expect to live 62 years in good health at birth (compared to 64 years in England) compared to 61 years for a man (60 years in England) in North Tyneside.

Map 2: Index of Multiple Deprivation for SOAs in North Tyneside



3.6. Lifestyle Risk Factors

3.6.1. Smoking

Smoking remains the greatest contributor to premature death and disease across North Tyneside. The smoking prevalence in North Tyneside is 16.4% which is statistically similar to the England average of 15% in 2016-17 however the outcomes for the population are poor.(data source 6). It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. Smoking attributable mortality is 558 per 100,000 in North Tyneside and significantly worse than the England rate of 283.5 per 100,000.(data source 6). Smoking is a major factor in deaths from many other forms of cancer and circulatory disease

3.6.2. Alcohol

Alcohol is the second biggest lifestyle risk factor after tobacco use and is a major problem within North Tyneside in terms of health, social and economic consequences which affect a wide cross section of the borough at a considerable cost. It is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.(data source 7) In North Tyneside the cost to the NHS and healthcare is estimated to be £16.2m and overall £74.2m (2015-16).(data source 8)

Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. In January 2016 the Chief Medical Officer (CMO) issued revised guidance on alcohol consumption.(data source 9) The new guidelines advise that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week. The ONS defines binge drinking is defined as drinking more than 6 units of alcohol (women) or more than 8 units of alcohol (men) on their heaviest drinking day in the last week.(data source10)

In the period 2011 to 2014 the percentage of adults in North Tyneside drinking over 14 units per week was 23.5%, this was the second lowest percentage in the North East (30.3%) and was also lower than the England figure of 25.7% (52nd lowest area) and that North Tyneside has the second lowest rate in the North East for binge drinking at 18.7% which is lower than the North East average of 22.9% but higher than the England average of 16.5%.(data source 10)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. In 2015-16, 1,914 (945 per 100,000 population) people who had an alcohol-related primary diagnosis or a secondary diagnosis which was an alcohol-related external cause were admitted to hospital. This is worse than the North East rate (852 per 100,000 population) and significantly worse than the England rate which is 647 per 100,000 population.(data source 11)

3.6.3. Drug misuse

Drug addiction leads to significant crime, health and social costs. Evidence based drug treatment reduces these and delivers real savings, particularly in crime costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease (data source 12) (Table 4).

Table 4: Prevalence estimates of opiate and crack users 2014-15

Prevalence estimates (aged from 15-64)	Local number	Rate per 1000	North East Number	Rate per 1000	National number	Rate per 1000
Opiate or Crack (OCU)	1,108	8.5	17,675	10.44	300,783	8.57
Opiate	934	7.16	15,414	9.11	257,476	7.33
Crack	344	2.64	6,331	3.74	182,828	5.21

Source: Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use - Public Health England (PHE) (data source 13)

When engaged in treatment, people use less illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

Table 5 shows the proportion of adults in North Tyneside in 2015-16 who were in treatment for three or more months (the measure for effective treatment engagement).

Table 5: Percentage of Adults effectively engaged in treatment 2015-16

Adults Effectively engaged in treatment	Local number 2015/16	Growth from 2014/15	Proportion of treatment population	National number 2015/16	Growth from 2014/15	Proportion of treatment population
Opiate	554	-1.6%	96%	141,281	-2.2%	95.3%
Non opiate	158	22%	92.4%	22,773	2.8%	87.3%
Alcohol & Non Opiate	172	20%	89.6%	25,176	-0.5%	88.2%

Source: National Drug Treatment Monitoring System (data source 14)

3.6.4. Excess Weight

Excess weight describes the population that is classified as overweight or obese. Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI).

In adults, a BMI of 25kg/m² to 29.9kg/m² means that the person is considered to be overweight, a BMI of 30kg/m² or higher means that the person is considered to be obese.

The National Institute for Health and Clinical Excellence (NICE) (14) recommends the use of BMI in conjunction with waist circumference as the method of measuring overweight and obesity and determining health risks.

The main source of the data on excess weight is the Active People Survey, 2013-15 (data source 15) and includes people who are overweight and obese (Table 6).

Table 6: Percentage of adults classified as overweight or obese 2013 – 15

	Percentage
North Tyneside	66.9%
North East	68.6%
England	64.8%

Source: Active People Survey, 2013-15 (data source 15)

The health benefits of a physically active lifestyle are well documented and there is a large amount of evidence to suggest that regular activity is related to a reduced incidence of many chronic conditions. Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss. In North Tyneside 53.6% of adults (57% England average) were classified as inactive (fewer than 30 minutes physical activity a week).(data source 15)

Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death. 52.1% of adults (52.3% England average) ate the recommended 5 or more portions of fruit and vegetables a day in 2015.(data source 16 & 17) Obesity is associated with a range of health problems including Type 2 Diabetes, CVD 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.(15)

3.6.5. 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 (BME) groups. The lesbian, gay, bisexual and transgender (LGBT) community in North Tyneside is estimated to account for between 3,340 to 4,175 adults, or 2.0% to 2.5% of the 16+ population.(data source 18)

According to PHE in 2016 North Tyneside was ranked 72 out of 326 for new Sexually Transmitted Infection (STI) diagnoses rates (excluding Chlamydia) (where 1 is the highest) and was ranked 6 out of 12 regionally.(data source 19)

Chlamydia, the most common STI especially amongst young people, is easy to detect and treat. Of those young people tested in North Tyneside, 9.3% tested positive for Chlamydia in 2016. The rate in the North East for the same period was 9.3% and 8.5% in England (Table 7).

Table 7: Diagnosis of Chlamydia in young people 2016

	% 15-24 yr. olds screened	% of tests positive	Diagnostic rate per 100,000 of target group
North Tyneside	27.7%	9.3%	2,562
North East	19.7%	9.3%	1,836
England	20.7%	8.5%	1,882

Source: CTAD 2017 (data source 20)

3.6.6. Teenage Conceptions

The ONS (2015) figures show the under-18 conception rate in North Tyneside as 24.9 per 1,000 girls. This is lower than the rate for the North East (28.0 per 1,000) and higher than England (20.8 per 1,000) (Table 8).(data source 21)

Since 1998 North Tyneside has seen a decrease of 57.4% in the under-18 conception rate, this is greater than both the North East (a decrease of 50.4%) and England (a decrease of 55.4%).

Table 8: Under-18 Teenage Conception Rate 2015

	Conception rate per 1,000 women in age group 2015	Conception rate per 1,000 women in age group % change 1998 to 2015
North Tyneside	24.9	-57.4
North East	28.0	-50.4
England	20.8	-55.4

Source: ONS Conception Statistics, England and Wales 2015 (data source 21)

Areas where under-18 conception rates are at least 60 per 1,000 girls aged 15-17 are identified as teenage pregnancy 'hotspots'. ONS aggregated conceptions data for the years 2013-2015 show that there are no identified teenage pregnancy 'hotspots' in North Tyneside.

3.7. Long Term Conditions

3.7.1. Coronary Heart Disease (CHD)

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 such as diabetes and hypertension, and is more prevalent in lower socio-economic and minority ethnic groups.(data source 23)

CHD prevalence, as recorded for the monitoring of the QOF, the system for measuring quality of service in General Practice, is higher than national average (Table 9).

Table 9: Recorded disease prevalence of CHD 2015-16

	Number	Percentage
North Tyneside CCG	9,324	4.30%
North East	116,881	4.28%
England	1,839,330	3.20%

Source: Monitoring data on Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence, NHS (data source 22)

3.7.2. Hypertension

Data collected to monitor the QOF shows hypertension prevalence to be higher than the national average (Table 10). However, a prevalence hypertension model (data source 24) developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed.

Table 10: Recorded disease prevalence of hypertension 2015-16

	Number	Percentage
North Tyneside CCG	33,420	15.40%
North East	426,005	15.59%
England	7,949,274	13.81%

Source: Monitoring data on Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence, NHS Digital © Crown copyright. (data source 22)

3.7.3. 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. (data source 25).

Preventing Type 2 diabetes, the most common form, requires prevention activities to tackle obesity and lifestyle choices about diet and physical activity (Table 11).

Table 11: Recorded disease prevalence of diabetes mellitus 2015-16

	Number	Percentage
North Tyneside CCG	12,509	7.07%
North East	153,283	6.87%
England	3,033,529	6.55%

Source: Monitoring data on Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence, NHS Digital © Crown copyright. (data source 22)

Diabetes can remain undiagnosed for many years; people who are undiagnosed will not receive the routine care and monitoring required to optimise their 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. Community pharmacists could help identify those who may be undiagnosed diabetics

3.7.4. 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. It is estimated that there are significant numbers of people with COPD who remain undiagnosed. Awareness raising and testing for COPD needs to be carried out in local communities where individuals are most at risk so that those testing positive can receive the appropriate treatment (Table 12).

Table 12: Recorded disease prevalence of COPD 2015-16

	Number	Percentage
North Tyneside CCG	5,424	2.50%
North East	77,358	2.83%
England	1,066,471	1.85%

Source: Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence 2015-16, NHS Digital © Crown copyright(data source 22)

3.8. 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 the borough cancer remains a significant cause of premature death (death under 75 years) and health inequalities. The recorded (diagnosed) prevalence for cancer is higher for North Tyneside than the north east and England average as follows: (Table 13).

Table 13: Recorded disease prevalence of cancer 2015-16

	Number	Percentage
North Tyneside CCG	6,061	2.79%
North East	70,802	2.59%
England	1,392,577	2.42%

Source: Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence(data source 22)

In 2015, 661 people of all ages died from cancer, accounting for about 30% of all deaths in the borough a significantly higher percentage than the England average (27.4%).The under-75 mortality rate from cancer in North Tyneside (170 per 100,000 population) is significantly worse than both the Regional (163 per 100,000 population) and National (139 per 100,000 population) figures for 2013-15.

(data source 26)

The rate of deaths from lung cancer in North Tyneside is 87.1 per 100,000 (2013-15 PHE) and remains significantly higher than both regional and national figures of 83.6 and 58.7 respectively.(data source 27)

Cancer is therefore a major contributor to health inequalities in North Tyneside, with premature deaths from cancer accounting for a significant proportion of the gap in life expectancy between North Tyneside and the national average.

3.8.1. Cancer Screening

There are three cancer screening programmes:

- NHS bowel cancer screening programme
- NHS breast screening programme (women only)
- NHS cervical screening programme (women only)

The cervical cancer screening programme plays an important part in preventing cervical cancer. Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. (20)

(data source 28)

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. (20) (data source 28).

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.(20) (data source 28)

Table 14 shows the percentage coverage of eligible people for cancer screening programmes in North Tyneside.

Table 14: Percentage Coverage of Cancer Screening Programmes as at 31 March 2016

	Cervical Cancer (25-64 years)	Breast Cancer (53-70 years)	Bowel Cancer (60-74 years)
National Target	80%	70%	60%
North Tyneside CCG	77.5%	77.0%	59.1%
North East CCGs	75.2%	77.3%	59.4%
England	72.7%	75.5%	57.9%

Source: Public Health Outcomes Framework, PHE, June 2017 Table 14 shows (data source 28)
% of eligible women screened adequately within the previous 3 years on 31st March 2016 (Breast)
% of eligible women screened adequately within the previous 3.5 or 5.5 years (according to age - 3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31st March 2016 (Cervical)
% of people eligible for bowel screening who were screened within the previous 2½ years on 31 March 2016

There is continuing evidence that people from the most deprived areas are accessing screening the least. (20). This is replicated in North Tyneside, with GP practices within the least affluent areas having lower screening coverage rates. North Tyneside has generally good coverage and uptake within the screening programmes. However more work needs to be done at a local level to understand what is driving low uptake in some GP practices and also to address the inequalities in uptake across the borough.

3.9. Older People

Many of the people whose lives are substantially affected by long-term illness or disability are in their 80s or 90s and have age-related conditions such as osteoarthritis, visual or sensory impairment or Alzheimer's disease. However, 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 North Tyneside aged 65 years and over will increase by 33% from 39,838 in 2016 to 53,100 in 2030. The number of people aged 85 and over is projected to increase by 45% by the year 2030, (data source 1) 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. Community 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 North Tyneside increases. According to the 2015-16 QOF data, there are 1,957 people recorded by North Tyneside GP practices as having dementia (Table 15).

Table 15: Recorded disease prevalence of dementia 2015-16

	Number	Percentage
North Tyneside CCG	1,957	0.90%
North East	24,349	0.89%
England	436,805	0.76%

Source: Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence, NHS Digital © Crown copyright. (data source 22)

An ageing population will be associated with more harm as a result of falls. As the population ages the proportion of people with a disability is also likely to increase creating additional demands for service provision.

3.10. Mental Health

Poor mental health and wellbeing in parts of the borough 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.(data source 29) The excess under-75 mortality rate in adults with serious mental illness in 2011-12 was 1,697 in North Tyneside compared to an England average of 1,275.(data source 30) (Table 16).

Table 16: Recorded disease prevalence of mental health and neurology group 2015-16

	Number	Percentage
North Tyneside CCG	1,858	0.86%
North East	25,047	0.92%
England	518,320	0.90%

Source: Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence, NHS Digital © Crown copyright.

In terms of suicide North Tyneside has a higher rate than the England average. The age-standardised suicide rate for North Tyneside was 12.8 in 2014-16 (per 100,000) compared with 9.9 for England in the same period. (data source 31)

3.11. People with Learning Disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently. They are caused by something affecting how the brain develops. Learning disabilities can be mild, moderate or severe.

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. (data source 32) There are 1,124 adults (0.66% of the adult population) with learning disabilities aged over 18 years known to GP practices in North Tyneside. Currently around 53% of these people have had a health check.

(data source 33)

3.12. Immunisation

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

North Tyneside compares favourably with both the North East and England with regard to immunisation rates for children (data source 34) However, it falls just below the national target for >65s receiving flu vaccination (72.3% against a national target of 75%), and well below the national target for at risk groups (50% against a national target of 75%). It is worth noting that this target was not achieved nationally (England achievement in 2016-17 was 48.6%).(data source 35)

Community pharmacies make a significant contribution to the seasonal 'flu immunisation campaign and continued support for this remains critical in protecting the population.

3.13. Holiday Makers and Travellers

North Tyneside attracts a significant number of holiday makers and weekend visitors. Whilst in the borough their health needs are provided for by the provision of support for self-care by community pharmacy, advice from NHS 111 and first response services such as A&E, Urgent Care Centre at North Tyneside General Hospital and the Walk in Centre at Battle Hill. There are a small number of travellers who sometimes stay in North Tyneside.

In the 12 months to August 2017, 105 of all Think Pharmacy First (TPF) supplies made were for people whose home address is outside the borough. (data source 36)

Section 4: Current Provision – Community Pharmaceutical Services

4.1. Definition of Community Pharmaceutical Services

The CPCF is made up of three different service types:

- Essential services and clinical governance which are provided by all community pharmacy contractors and are commissioned by NHSE, the CPCF contract holder.
- Advanced services which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHSE.
- Locally commissioned services[1]commissioned by Local Authorities, CCGs and NHSE in response to the needs of the local population.

4.2. Community Pharmacy Opening Hours

NHSE is responsible for administering opening hours for community pharmacies.

A community pharmacy normally has 40 core contractual hours (or 100 for those that were opened under the former exemption from the control of entry test). This cannot be amended without the consent of NHSE.

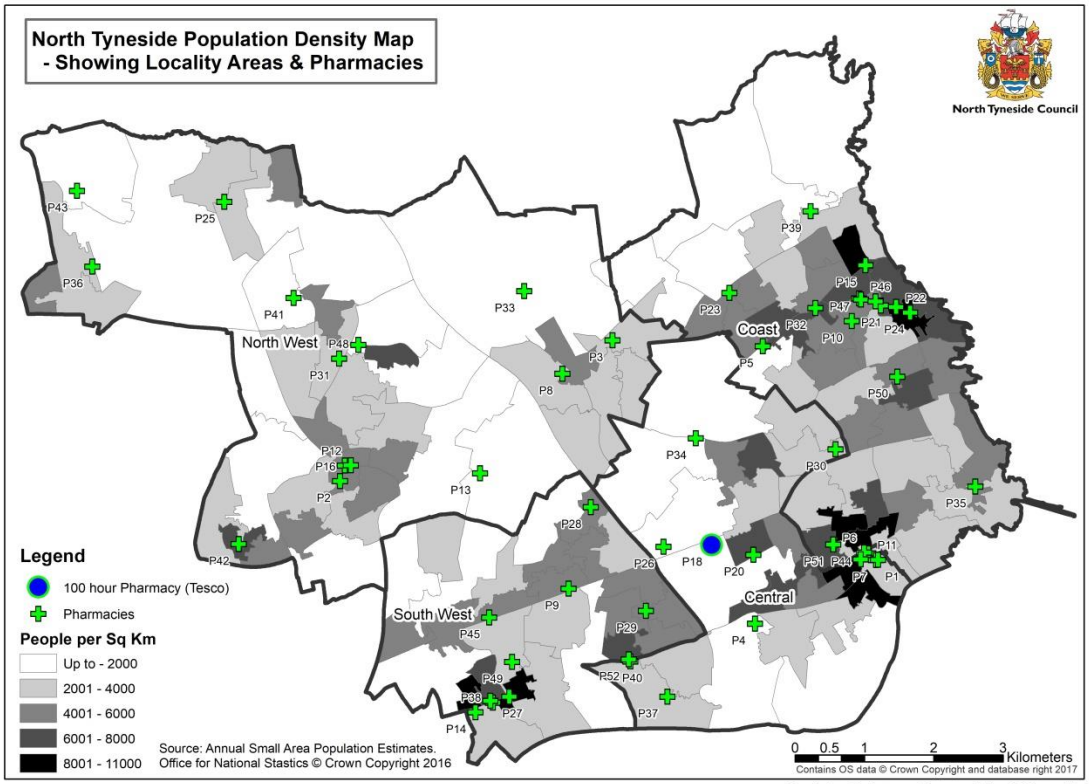
Alongside the 40 core contractual hours a community pharmacy may open for additional supplementary hours. The supplementary hours can be amended by the community pharmacy subject to giving 90 days' notice of the intended change (or less if NHS England consents).

A community pharmacy may also have more than 40 core contractual hours where it has made an application based on that higher number, and NHSE has agreed that application, and in this case, the community pharmacy cannot amend these hours without the consent of NHSE.

There are 52 community pharmacies in North Tyneside (Map 3).

[1] Note: only services commissioned by the contract holder (NHSE) can be referred to as Enhanced Services

Map 3: North Tyneside population and current community pharmacy provision by locality



More than 94% of community pharmacies in North Tyneside open for more than the 40 core contractual hours. Table 17 illustrates how important supplementary hours are to the provision of good access to community pharmaceutical services, particularly on weekday evenings and at weekends.

Table 17: Number of hours of community pharmaceutical services available per week

Number of hours community pharmacy is open	Community pharmacies	
	Number	Percent
Exactly 40 hrs	3	5.6%
More than 40 and up to 45 hrs	12	22.6%
More than 45 and up to 50 hrs	17	32.0%
More than 50 and up to 55 hrs	12	22.6%
More than 55 and up to 60 hrs	3	5.6%
More than 60 but less than 65 hrs	2	4.0%
More than 65 but less than 100 hrs	3	5.6%
100 hrs or more	1	2.0%
TOTAL	52	

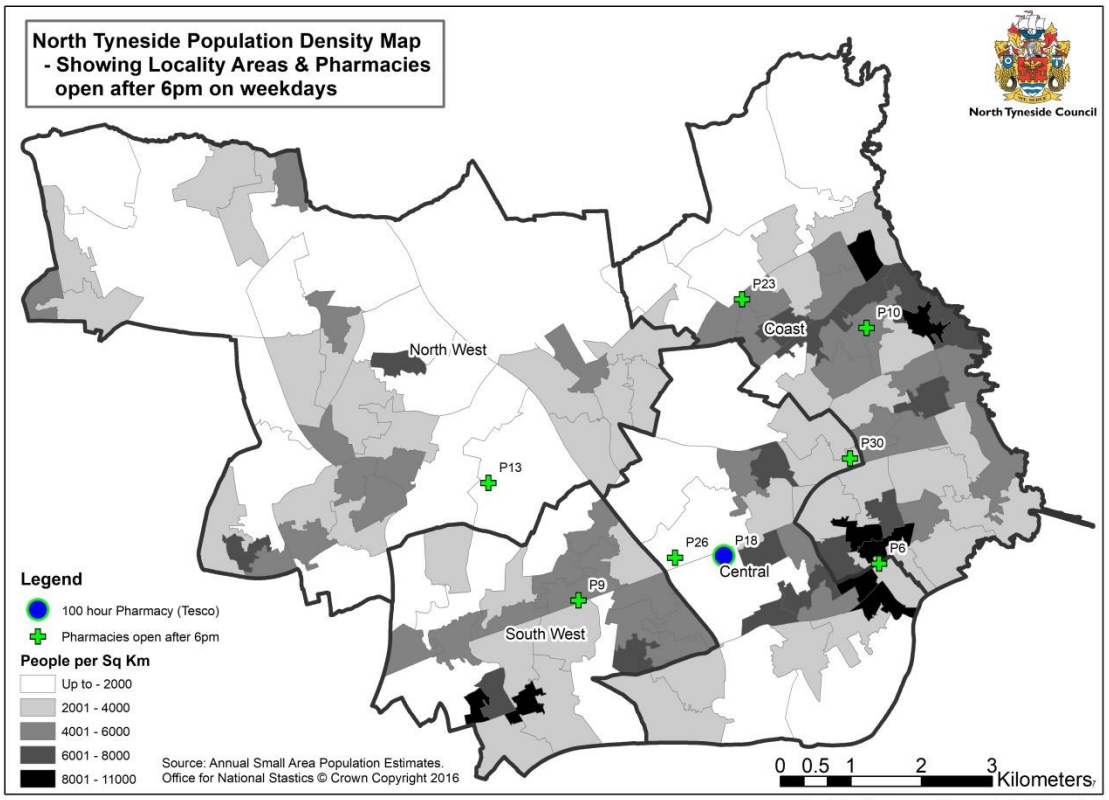
Source: NHS England

4.2.1. Weekday Opening

All community pharmacies are open between 9.00am and 5.00pm Monday to Friday. Most stay open until at least 5.30pm or 6.00pm. This extensive provision during the week provides choice and capacity to provide essential, advanced and locally commissioned services.

On weekday evenings, there are no services in the South West locality after 7.00pm or in the Coast locality after 8.00pm (Map 4).

Map 4: Community pharmacies in North Tyneside open after 6pm on weekdays



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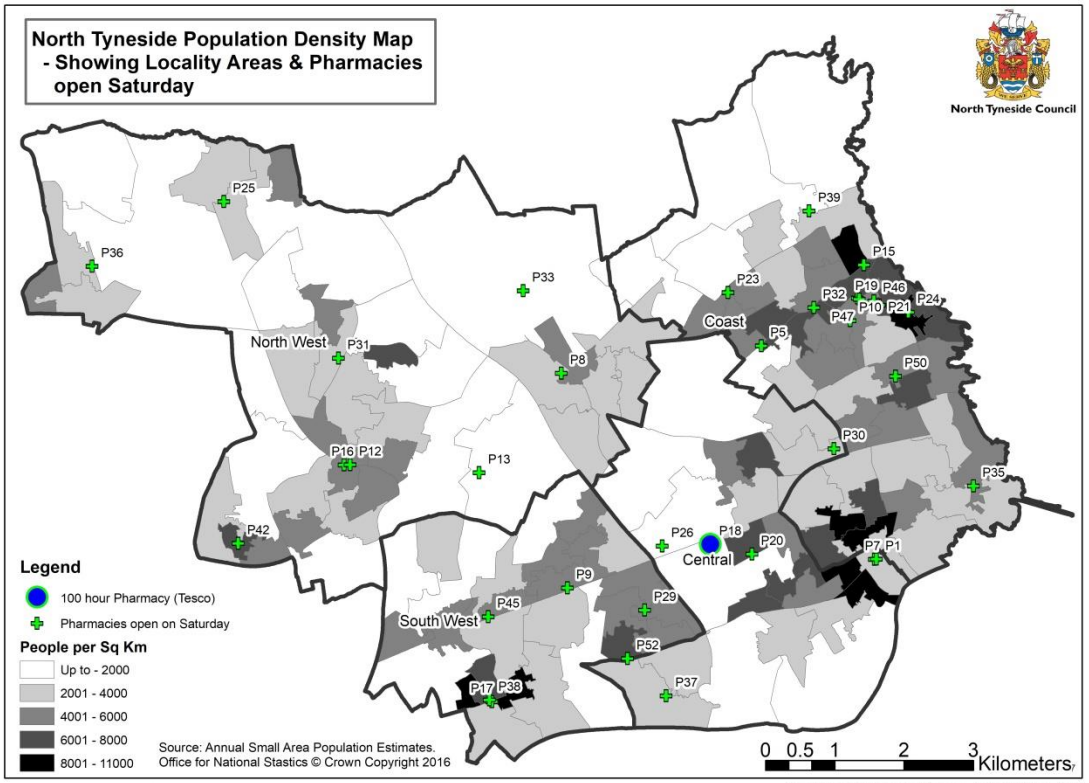
4.2.1. Community Pharmacies Open on Saturdays

Many community pharmacies in town centres are open on Saturday afternoons providing access for working residents, although it is recognised that this does rely on the supplementary hours provided by community pharmacies and the 100-hour community pharmacy (Map 5).

Map 5: Community pharmacies in North Tyneside open on Saturdays



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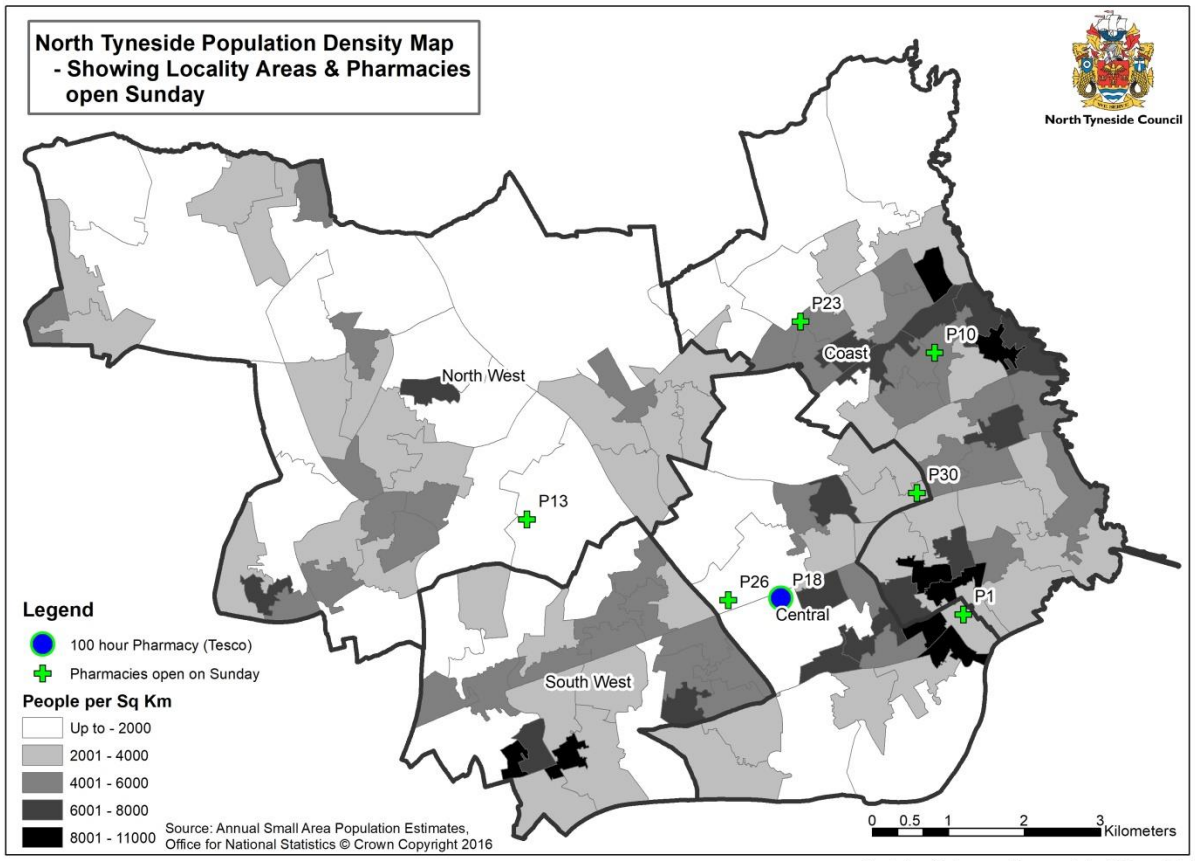
4.2.2. Community Pharmacies Open on Sundays

Due to the restrictions on Sunday opening hours in supermarkets and large shops, access to pharmaceutical services is only available in each location for six hours between the hours of 10.00am and 5.00pm on Sundays. There are no services in the South West on Sundays, although community pharmacy services are available at Boots, Silverlink Retail Park until 5.00pm, and until 4.00pm at Boots, Bedford Street North Shields, Tesco Norham Road, Chirton and at the other large supermarkets. Services are also available at three community pharmacies in Newcastle, less than 1.8 miles from Wallsend, on Sundays. Sunday opening at Battle Hill Pharmacy has been trialled but is not commercially viable (Map 6).

Map 6: Community pharmacies open on Sundays



Seven community pharmacies within North Tyneside are open on Sundays. The 100-hour community pharmacy (Tesco), Boots at the Silverlink Retail Park and the supermarket pharmacies provide improved access to community pharmaceutical services in the evenings and at weekends. However, it should be noted that the extra hours provided by the 100-hour community pharmacy are not supplementary, and are guaranteed as a core part of the contract. It is noted there are also 100 hour and extended hour community pharmacies in Northumberland and Newcastle that patients in North Tyneside can access.

4.2.3. People's Experiences of Accessing Community Pharmacies

The majority (61%) of people use a community pharmacy at least once every month. When visiting the community pharmacy 48% of people agreed that they would always use the same community pharmacy with 37% stating that they would usually use the same community pharmacy. Just under 15% said they do not always use the same community pharmacy (4)

When asked if they found it easy to access community pharmacy services, 94% of the respondents stated yes. Those who did not find community pharmacy services easy to access said that this was often to do with their mobility or the community pharmacy's opening times.

"Closing times are a bit tight when I have to collect prescription and I work until 6pm"

"I work full time this pharmacy is closed on Saturday"

When asked what could be improved by their community pharmacy 14 people mentioned opening hours. This was especially in relation to opening hours over lunchtimes and the weekend.

"Open at more accessible hours"

"Not close for lunch"

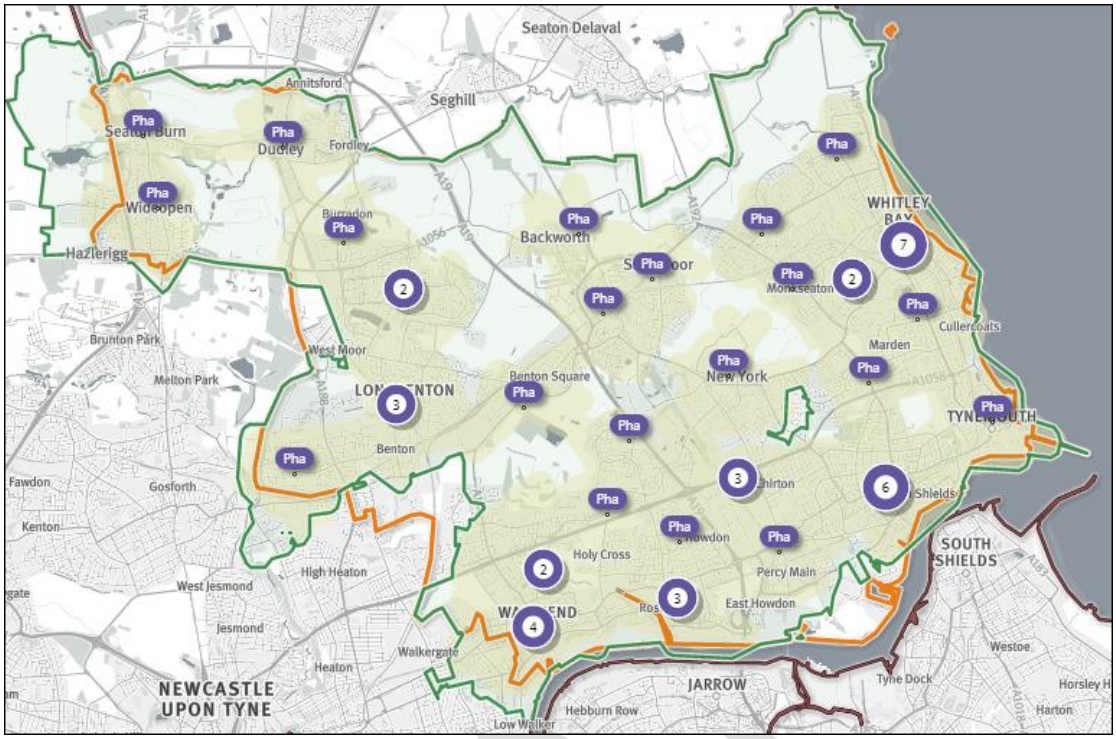
"Open Saturday pm"

As we didn't receive feedback about all community pharmacies and the response rate varies significantly, it is not possible to look at patterns of satisfaction across the borough or by provider. However, we looked at the patterns of feedback we received for each community pharmacy to identify any where there were patterns of good practice in order to acknowledge their contributions and identify community pharmacies who could share best practice with others.

People used community pharmacies throughout the day but most commonly between 12-5pm. However, it is important to note that this may reflect community pharmacy opening hours and not necessarily indicate when people would prefer to use their community pharmacy.

50% of respondents stated they travel to their community pharmacy by foot and 49% stated that they travel by car, with only 10% of people travelling by public transport. Map 7 shows that 96% of the population in North Tyneside have access to a community pharmacy within a 15-minute walk and there is good access in deprived areas. (16).

Map 7: Access to a community pharmacy within a 15 minute walk



Source: Shape Atlas

NB: The orange line shows the North Tyneside boundary and the green line shows the 'included population' i.e. those within a 15 minute walk. The green area near New York is where there is a proportion of the population that are not within a 15 minute walk. Pharmacies are shown on the map as Pha. (Where there are more than one pharmacy in a small geographical area, they are represented by the number of pharmacies in the area).

4.3. Community Pharmacy Access Scheme (PhAS)

From 1 December 2016 to 31 March 2018, as part of the two year final funding package, set out in Community pharmacy in 2016/17 and beyond,(7) the Department of Health (DH) confirmed the introduction of a community Pharmacy Access Scheme (PhAS) to support community pharmacies sparsely spread where patients depend on them most.

The aim is to ensure a baseline level of patient access to NHS community pharmacy services is protected in areas where there are fewer community pharmacies with higher health needs. The PhAS community pharmacies in the borough are shown in Table 18.

Table 18: The PhAS community pharmacies in North Tyneside

Trading Name	Address	Postcode
Newline Pharmacy Ltd	Church Road, Backworth	NE27 0JE
Boots	Silverlink Retail Park, North Shields	NE28 9ND
Davison Chemist Ltd	Burradon	NE12 5UT
Hadrian Pharmacy	Hadrian Park Shopping Centre, Wallsend	NE28 9UY
Asda Pharmacy	Benton	NE12 9SJ
New York Pharmacy	New York	NE29 8EA
Your Local Boots Pharmacy	Tynemouth	NE30 4LX
Lloyds Pharmacy	Dudley	NE23 7HR

4.4. The Community Pharmacy Quality Payments Scheme

From 1 December 2016 until 31 March 2018, as one of the reforms set out in Community pharmacy in 2016/17 and beyond,(7) the Community Pharmacy Quality Payments Scheme has been introduced and forms part of the CPCF.

The scheme encourages a range of activities to widen their role beyond dispensing to improving the quality of health care for patients while at the same time helping to ease demand on other areas of the health system.

51 out of 52 community pharmacies are working towards the quality payment; the only community pharmacy that is not does not have a consultation room and is therefore excluded from the scheme.

All these community pharmacies in the borough have met the four gateway criteria:

- Provision of at least one specified Advanced Service.
- Have their NHS Choices entry up to date.
- Have the ability for staff to send and receive NHS mail.
- Ongoing utilisation of the Electronic Prescription Service.

All the 51 community pharmacies are progressing with the scheme and working towards the following development targets:

- More effective treatment of asthma - referring asthma patients who have been dispensed too many short-acting reliever inhalers without any preventer inhaler for an asthma review.
- Better care for people with dementia - as part of the drive to ensure 80% of all community pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends training.

- Increased support for healthy living ensuring there is a Royal Society of Public Health (RSPH) trained health champion in every community pharmacy, and each community pharmacy obtains the Healthy Living Pharmacy (HLP) Level 1 status.

Table 19 shows progress against the Quality Payments Scheme.

Table 19: Quality Payments Scheme progress

Locality	Number of community pharmacies	Count of Advanced Services	Count of Level 1 HLP Award	Count of Dementia friends	Count of Asthma Patients
Central	13	13	13	13	13
Coast	15	15	15	15	15
North West	14	14	14	14	14
South West*	9	9	9	9	9

Sources: Data from PSNE Ltd. PharmOutcomes data Sept. 2017 (data source 37)

** Excludes the community pharmacy not included in the Quality Payments Scheme*

The North of Tyne LPC is currently supporting the development of the HLP scheme in community pharmacies across the borough. The HLP concept was initially developed in Portsmouth and set out to recognise the significant role community pharmacies could play in helping reduce health inequalities by delivering consistent, high quality health and wellbeing services, promoting health and providing proactive health advice. The HLP quality mark soon became recognisable to the public and the success of the introduction in Portsmouth led to the roll out of the scheme across the country, which gained national support from both the Pharmaceutical Services Negotiating Committee (PSNC) and the DH.

There are three levels of HLPs:

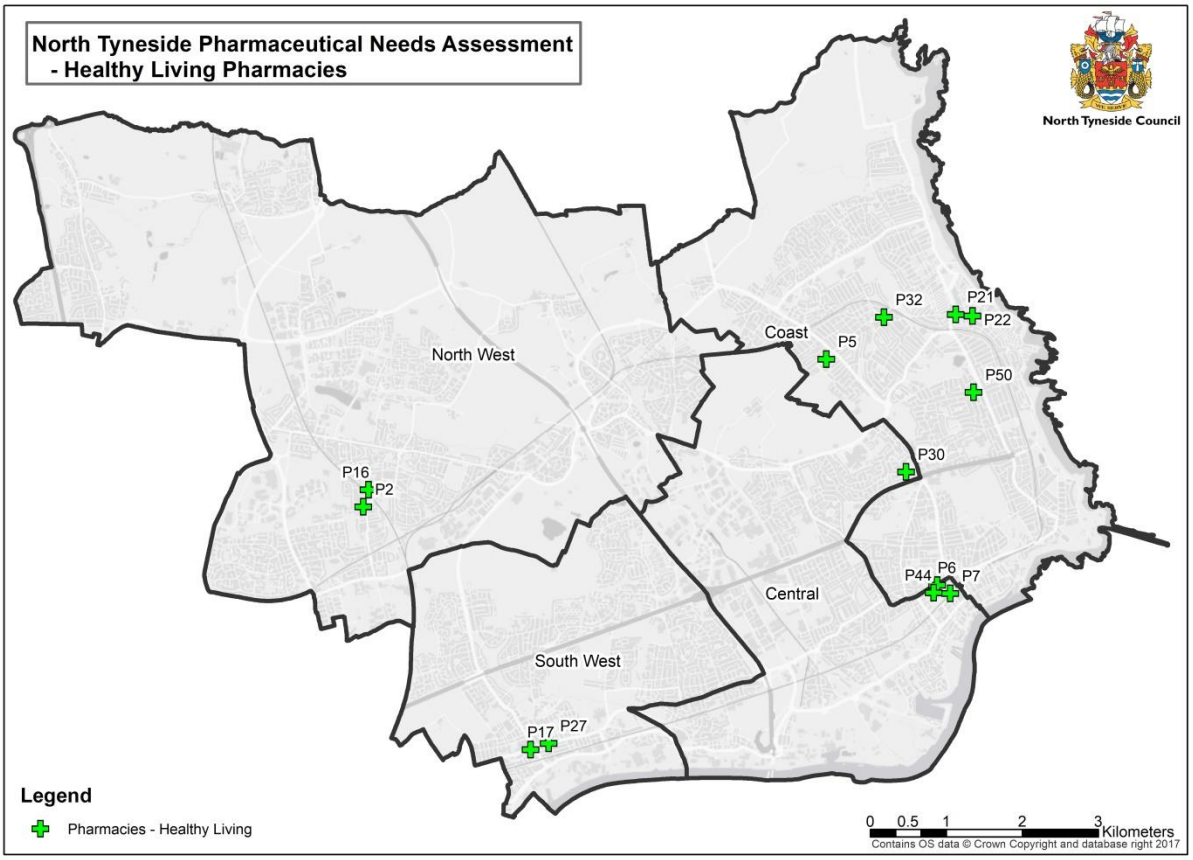
- Level 1- Promotion
- Level 2- Prevention
- Level 3- Protection

Levels 2 and 3 still require national standardisation. Therefore, at this stage, North Tyneside is working towards community pharmacies achieving their HLP Level 1 accreditation. To become a Level 1 HLP, community pharmacies are required to deliver a range of health and wellbeing services to a high quality. There are defined quality criteria requirements that are linked to local health needs, and community pharmacies must provide evidence to show how they are meeting these criteria.

Community pharmacists may wish to use the MECC (Making Every Contact Count) approach, designed to help professionals deliver brief interventions during every day interactions with patients, to support them in making positive changes to their wellbeing and lifestyle.

The HLP scheme was launched in North Tyneside in February 2014. All 52 community pharmacies in the borough were invited to attend an evening seminar and application packs were posted out to the community pharmacies that were unable to attend. Thirteen community pharmacies signed up to work towards obtaining their Level 1 status in the first wave (Map 8).

Map 8: Location of Healthy Living Pharmacies in North Tyneside.



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A key component of becoming an HLP is having a community pharmacy team that proactively promotes health and wellbeing and offers brief advice on a range of health issues such as smoking, sexual health, healthy eating and alcohol. Each community pharmacy was required to nominate two potential champions to undertake the RSPH Level 2 award in understanding health inequalities. Community pharmacy managers are also required to develop specialist leadership skills as part of the HLP scheme to gain or update their skills on how to motivate their team to proactively provide healthy living advice.

North Tyneside is now engaged in the self-accreditation process for community pharmacies achieving their HLP status via the RSPH accreditation criteria set out in the quality payment scheme for community pharmacies. 36 community pharmacies have claimed HLP status as part of the Quality Payment Scheme in 2017/8.

4.5. Essential Services

The CPCF requires every community pharmacy to open for 40 core contractual hours per week.

All community pharmacies provide a minimum level of essential services that are commissioned by NHSE and the specification and funding is agreed nationally. The essential services comprise:

1. Dispensing medicines.
2. Repeat Dispensing/ eRD
3. Disposal of unwanted medicines.
4. Public Health (Promotion of Healthy Lifestyles).
5. Signposting.
6. Support for self-care.
7. Clinical governance.

4.5.1. Dispensing Medicines

Community pharmacies are contracted to supply medicines and appliances ordered on NHS prescriptions. They are required to maintain appropriate records of all supplies made.

The community pharmacies must ensure patients receive ordered medicines and appliances safely by:

- the community pharmacy performing appropriate legal, clinical and accuracy checks
- the community pharmacy having safe systems of operation, in line with clinical governance requirements
- the community pharmacy having systems in place to guarantee the integrity of products supplied
- the community pharmacy maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- the community pharmacy maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively community pharmacies provide:

- information and advice to the patient on the safe use of their medicine or appliance
- when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

Prescriptions can be transferred electronically from the GP's electronic clinical system to electronic dispensing systems in the patient's nominated community pharmacy via a secure N3 internet link. Eventually the Electronic Transfer of

Prescriptions (ETP) will significantly reduce the need for paper prescriptions and eventually they may cease to be legal prescriptions. ETP improves the efficiency, security of transfer and reimbursement of prescriptions from GP surgery to the community pharmacy, or Dispensing Appliance Contractor (DAC), nominated by the patient and onto NHS Business Services for payment. All practices in North Tyneside are enabled and use ETP except Whitley Bay Health Centre. All 52 community pharmacies are enabled to receive ETP.

Some patients may choose to have appliances supplied by a DAC. Although no DACs are located within North Tyneside, these products are usually delivered to the patient's home as part of the contractual arrangements and so distance to the dispenser is not an impediment to service.

In the HWNT survey(4) community pharmacy staff were praised largely for their ability to work efficiently and deliver services in a timely manner by 38 people.

"Deals with the dispensing of my prescription promptly and efficiently"

"They are really quick at getting the medicine to you when you need it"

However, almost as many respondents that praised the speed of service said that this was an area for improvement. This relates to waits to be served, waiting times for prescriptions to be filled in the community pharmacy, lack of accurate information about length of wait and where dispensing is not possible due to the absence of the community pharmacist (e.g. on lunch).

"*Often stood a long time waiting"*

"There seems to be a lot of people dispensing but very few serving, long waits"

People described varied experiences of the availability of stock at their community pharmacy in other parts of the survey, when asked if their community pharmacy usually had their prescribed medication in stock 89% answered 'yes'.

Stock shortages have been subject to a report by the All Party Pharmacy Group (APPG), and are a national issue. In 2016, based on a survey in North Tyneside involving community pharmacy, NHS NTCCG and NHS NECS Medicines Optimisation, the APPG wrote to the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care, to call for action in reducing harm to patients caused by medicine shortages.

Commenting on the finding, Sir Kevin Barron MP, Chair of the APPG said:

"The All-Party Pharmacy Group is seeking to meet with the Minister and representatives of NHS England and the MHRA to discuss these findings in more detail and agree the actions needed to improve the situation for patients and healthcare professionals alike"

However, shortages continue unabated and cause considerable inconvenience and safety risks for patients and additional work load for community pharmacies and GP practices.

A number of respondents described difficulties in accessing their medication due to lack of stock. (4) For example, this was in relation to accessing larger quantities of medication to receive their full prescription in one trip.

"Sometimes a return visit is required when items are out of stock" "[What could be improved?] Be able to supply my full prescription"

4.5.2. Repeat Dispensing Service/electronic Repeat Dispensing (eRD)

All community pharmacies are contracted to provide the essential repeat dispensing to increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber. The service helps to minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient and reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions. In the borough, all community pharmacies have the capability to deliver the eRD service.

4.5.3. Disposal of Unwanted Medicines

Community pharmacies play an important role in public health safety through the acceptance of unwanted medicines from households and individuals which require safe disposal in line with relevant waste management legislation.

4.5.4. Public Health (Promotion of Healthy Lifestyles)

Community pharmacies are contracted to provide opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- have diabetes
- be at risk of coronary heart disease, especially those with high blood pressure
- smoke
- be overweight.

They are also contracted to pro-actively participate in national/local campaigns, and to promote public health messages to general community pharmacy visitors during specific targeted campaign periods.

The service is intended to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

The service is to be targeted to the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

Each community pharmacy needs to pro-actively take part in and contribute to national campaigns for patients and general community pharmacy visitors during the campaign period, including giving advice to people on the campaign issues.

4.5.5. Signposting

Community pharmacies are contracted to signpost people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the community pharmacy to other health and social care providers or support organisations who may be able to assist them.

4.5.6. Support for Self-Care

Community pharmacies are contracted to provide advice and support by community pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families as an essential service.

Advice on the treatment of self-limiting minor ailments and long-term conditions, including general information and advice on how to manage illness is to be provided as well as advice on the appropriate use of the wide range of non-prescription Over the Counter medicines (OTC) which can be used in the self-care of minor illness and long-term conditions.

Community pharmacies have an extended range of OTC medicines, compared to other retail outlets, which that are specifically licensed for sale from pharmacies only.

Community pharmacy staff can make healthy lifestyle interventions opportunistically when appropriate and receive self-care referrals from NHS 111 and other health care professionals, and signpost patients to other health and social care providers.

Targeted support for patients and their families in receipt of a means tested benefit is provided by the CCG commissioned Enhanced Service Think Pharmacy First service (Section 4.8.1).

4.5.7. Clinical Governance

Clinical governance is the framework through which community pharmacies are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care should flourish.

All community pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This includes use of standard operating procedures, recording, reporting and learning from adverse incidents, participation in continuing professional development and clinical audit and assessing patient satisfaction. The five themes of clinical governance are outlined in Table 20.

Table 20: The Five Themes of Clinical Governance

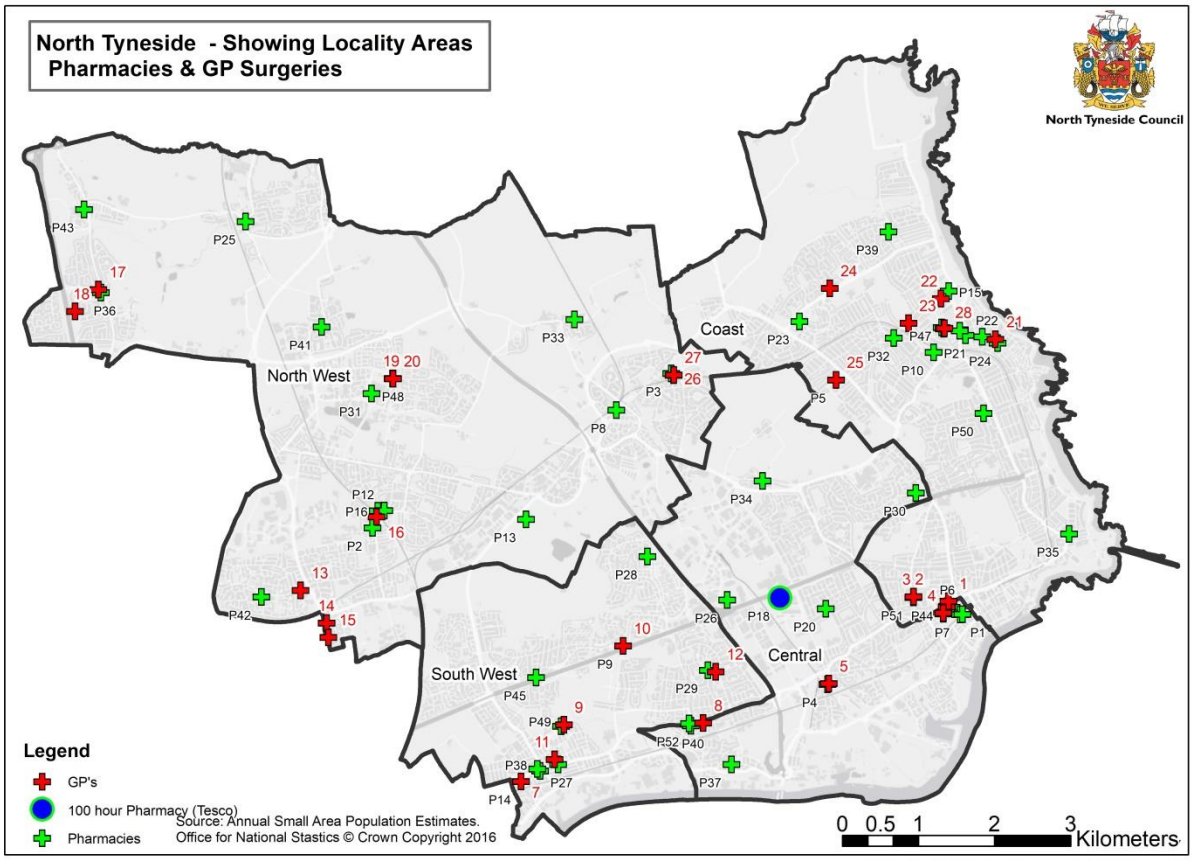
The 5 Themes of Clinical Governance	The Contractual Component
(i) Leadership, strategy and planning	Identifiable clinical governance lead
(ii) Public and patient involvement	1) Patient and public involvement
(iii) Processes for quality improvement	2) Clinical audit 3) Risk management 4) Clinical effectiveness programmes
(iv) Staff focus	5) Staffing and staff management 6) Education, training and CPD
(v) Use of information	7) Use of information to support clinical governance and health care delivery

Community pharmacies are required to make reasonable adjustment for patients who have disabilities which ensure that they can take their medicines as instructed by the prescriber. This will sometimes require the use of Monitored Dosage Systems (MDS) to help patients take complicated medicine regimens and may include use of reminder charts, large print labels, easy open packs, etc.

4.5.8. Current Provision of Essential Pharmaceutical Services

Map 9 identifies the current provision of essential pharmaceutical services via community pharmacies within the borough.

Map 9: Current provision of essential pharmaceutical services via community pharmacies



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The key to the map is given in Appendix 1

Community pharmacies are located primarily in areas of higher population density, close to GP surgeries or in local shopping areas. North Tyneside has one 100-hour community pharmacy, Tesco, Chirton Road which is situated in North Shields. There is also a community pharmacy at the Silverlink Retail Park and five additional supermarket pharmacies offering extended hours opening.

Table 21 shows the number of community pharmacies per 100,000 population. North Tyneside as a whole is well served by community pharmacies, having significantly more community pharmacies per 100,000 population than the England and North East average. However, the distribution of community pharmacies is not even across the four localities, ranging from 22.4 in North West locality to 37.4 in Central locality. However, this relative surfeit of community pharmacies gives additional patient choice, and capacity to provide all pharmaceutical services to the growing elderly and young population.

Table 21: Number of community pharmacies per 100,000 population by locality

Localities	No. of community pharmacies (Aug 2017)	Population (mid-2015 resident population)[1]	Community pharmacies per 100,000 population
Central	13	34,723	37.4
Coast	15	64,648	23.2
North West	14	62,592	22.4
South West	10	40,531	24.7
TOTAL	52	202,494	25.7
North East (2013)	616[3]	2,624,621	23.4
England (2017)	12,023[2]	54,786,327	21.9

Source: [1] 2015 Midyear population estimates, Office for National Statistics (ONS) © Crown copyright.(data source 1)
[2] NHS Business Service Authority, Oct 2017.
[3] NHS England North (Cumbria and North East)

Table 22 shows the average number of prescription items dispensed per community pharmacy from prescribers located in North Tyneside. These figures do not take into account prescriptions issued by dentists.

Table 22: Average number of prescription items dispensed per community pharmacy from prescribers located in North Tyneside

Locality	Number of community pharmacies in North Tyneside	Number of Prescription items dispensed by community pharmacies*	% of all items dispensed	Average number dispensed per community pharmacy
Central	13	1,246,763	27.8%	95,905
Coast	15	881,759	19.7%	58,784
North West	14	860,822	19.2%	61,487
South West	10	1,039,175	23.2%	103,918
Other**		45,8031	10.2%	

Source: ePACT.net (NHSBSA) accessed October 2017

* Practices have been assigned to a locality based on the location of the main surgery. Branch surgeries may be in other localities or outside North Tyneside
**Prescriptions issued by NHS North Tyneside CCG GP practices dispensed by non-North Tyneside community pharmacies or by dispensing appliance contractors

There is clear evidence from the HWNT survey that a number of services were well used within community pharmacies.(4) Dispensing of Medicines was the most used service (81% of respondents) followed by repeat or eRD (62%) and general advice

about medicine (60%). Disposing of old/ unwanted medication has been used by 47% of respondents and medication review had been used by 37% of respondents.

4.5.9. People's Experiences of Accessing Community Pharmacy

Overall there was a sense that community pharmacies in the borough perform well in patient experience. People described a range of services that community pharmacies were delivering to a high standard.

"Local, well-stocked and efficient!"

18% of respondents to a survey stated that their community pharmacy could not improve.

"Speaking personally there is nothing further this particular pharmacy could do to improve what already is first class"

"I am totally satisfied with the service I receive"

The main trends in people's experience of good practice were primarily in relation to quality customer service, sound knowledge and advice, speed of service and availability of stock.

Other respondents identified areas that needed further improvement – including customer service, waiting times, stock levels and opening hours.

96% of survey respondents feel that community pharmacy staff were polite and helpful when visiting their community pharmacy. Staff were largely praised as being 'friendly', 'personal', 'polite' and 'helpful' when respondents described what worked well within their community pharmacy.

"They know me by name and are always polite helpful and caring"

"Tries to get meds I can take e.g. white pills as I am allergic to pink ones, communication very good"

"They are very kind and helpful"

Quality customer service was valued highly by respondents but not always consistently received between community pharmacies. However, of those in the minority who had experienced poor customer service when using their community pharmacy often indicated that this linked to staff availability and resources, rather than staff attitude (although this was noted by a limited number of respondents). This was evident when respondents were asked how their community pharmacy could improve:

"More staff"

"Staff need more time"

"Get rid of the automated phone system"

Staff's ability and knowledge to provide sound information and advice is

highly valued by local people. This was highlighted as positively experienced by respondents

"For general health advice, he offers sound help and recommends generic products where these are suitable"

"Great advice on products and medical information"

When asked if they felt comfortable talking to their community pharmacist and receiving advice 78% of respondents told us that they did. However, it was often when people required more specialist advice that they did not feel comfortable discussing this with the community pharmacist and chose to consult the GP instead.

4.6. Advanced Services

In addition to the Essential Services, there are six Advanced Services within the CPFP, commissioned by NHSE, that community pharmacies can provide once they meet the requirements set out in the Secretary of State Directions.

The requirements include accreditation of the pharmacist providing the service and/or fulfilment of specific requirements in regard to premises. The advanced service's specification and funding is agreed nationally.

Advanced services currently include:

1. Medicines Use Reviews (MURs) and prescription intervention
2. Appliance Use Review (AUR)
3. Stoma Appliance Customisation Service (SAC)
4. New Medicine Service (NMS)
5. Seasonal Influenza Service
6. NHS Urgent Medicine Supply Advanced Service (NUMSAS) - pilot[2]

The provision of the advanced services across the borough is shown in Table 23.

[2] At the time of publication, NUMSAS was only a pilot service running until September 2018.

Table 23: Analysis of community pharmacy questionnaire indicates current advanced service provision

CPCF Advanced Service	Number providing service	Percentage of all community pharmacies
Medicines Use Review Service (MURs)	52	100%
Appliance Use Review Service (AURs)	5	9.6%
Stoma Appliance Customisation Service (SAC)	1	1.9%
New Medicine Service (NMS)	52	100%
Seasonal Influenza Service	44	84.6%
NHS Urgent Repeat Medicine Supply Advanced Service (NUMSAS[2])	25	48.1%

Source: Pharmacy survey Aug 2017(data source 38)

4.6.1. Medicines Use Review Service

Medicines Use Reviews (MURs) aim to improve patient knowledge and use of their medicines by:

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

MURs are usually conducted in the community pharmacy consultation rooms. Each community pharmacy will be paid for up to 400 MURs per year and at least 70%[3] of the reviews must be with patients who fall into one of the national target groups to provide support for people with long term conditions, namely:

- High risk medicines
- Patients recently discharged from hospital with changes to their medicines while they were in hospital
- Patients with respiratory conditions.
- Patients at risk of or diagnosed with CVD and prescribed one or more medicines for one or more CVD/CVD risk conditions

All community pharmacies in the borough are providing MURs.

[3] This service was reviewed and updated nationally in September 2014

4.6.2. Appliance Use Review Service

The Appliance Use Review (AUR) Service is intended to help patients make best use of specified appliances, in the same way as the MUR review helps make best use of medicines by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- advising the patient on the safe and appropriate storage of the appliance
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The service can be provided by community pharmacies that normally provide stoma appliances in the normal course of their business subject to specific conditions being satisfied.

Training for pharmacists to perform this service is difficult to access, and therefore when provided in a community pharmacy it tends to be undertaken by trained appliance specialist DACs. AURs can be carried out by a pharmacist or a specialist nurse in the community pharmacy, at the patient's home, or locally in GP practices.

Five community pharmacies in the borough are providing AURs, whilst six intend to provide it in the near future.

4.6.3. Stoma Appliance Customisation Service

Stoma Appliance Customisation (SAC) Service makes sure that stoma products are customised to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing avoidable waste. The service can be provided by community pharmacies that normally provide stoma appliances in the normal course of their business subject to specific conditions being satisfied. Extra training and specialisation is required to provide this service, and therefore the service is usually provided by DACs.

One community pharmacy is providing the SAC service, whilst five intend to provide it in the near future.

4.6.4. New Medicines Service

The New Medicines Service (NMS) aims to help patients who have long term conditions get the most benefit possible from newly prescribed medicines through the promotion of good adherence to their medication regimens. It is known that poor adherence to medicines can and does result in costly complications and hospital admissions. The service targets new medicines which have been started for the following conditions:

- Asthma or COPD
- Type 2 diabetes
- Antiplatelet or anticoagulant therapy
- Hypertension

All community pharmacies in the borough provide NMS.

4.6.5. Seasonal Influenza Vaccination

This advanced service aims to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

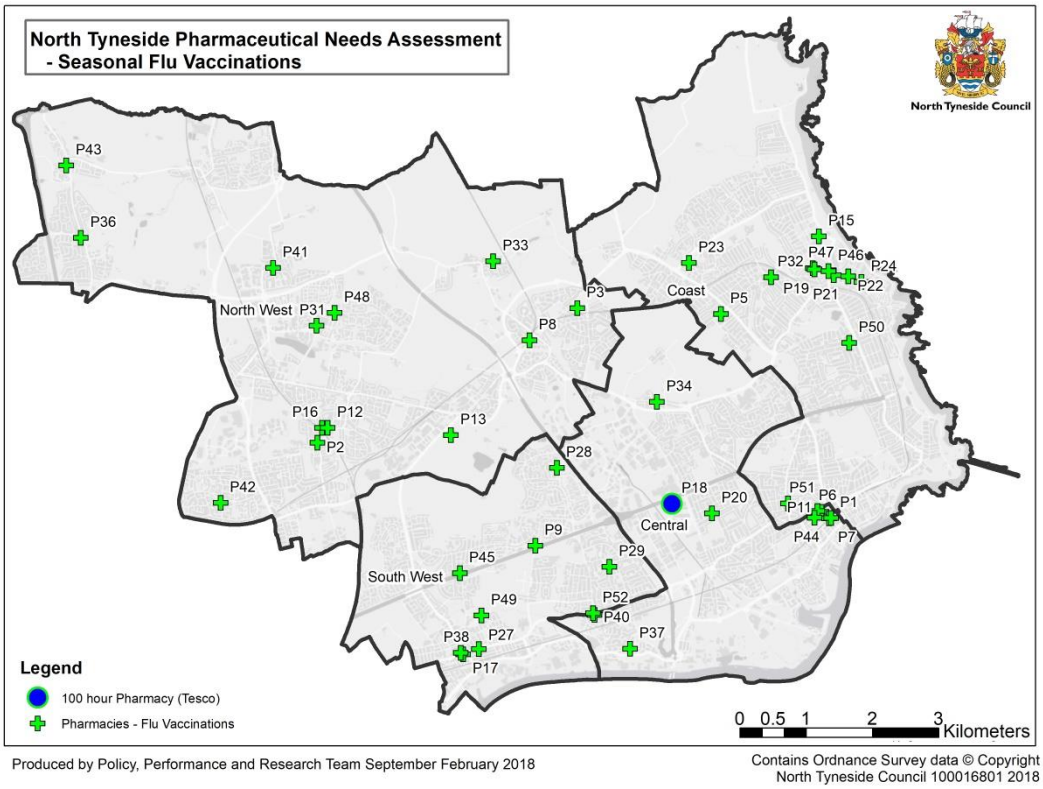
The seasonal influenza (flu) vaccination service is effective from 1 September and runs to 31 March but focus should be given to vaccinating eligible patients between 1 September and 31 January each year. The service offers eligible patients the opportunity of receiving a flu vaccination at the community pharmacy in line with *Immunisation against infectious disease* (The Green Book) (Map 10). The cost is met by the NHS. The vaccine is administered by a competent appropriately trained pharmacist under the authority of the NHSE Patient Group Direction (PGD).

In order to provide the service, community pharmacies must have a consultation room and must comply with a number of minimum requirements as well as meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises.

Whilst vaccinations will usually be carried out on the community pharmacy premises in the consultation room there is a facility that allows for patients in a long-stay care home or a long-stay residential facility to be vaccinated away from the community pharmacy premises.

NHSE recently announced that they are to provide free flu vaccination for hundreds of thousands of care home workers, to boost the uptake of flu vaccinations.

Map 10: Location of seasonal influenza services



Source: *Pharmacy Survey Aug, 2017 (data source 38)*

This Advanced Service complements vaccinations provided as a private service that has been in place for much longer to patients who do not qualify for NHS vaccinations.

Table 24: Influenza vaccinations provided in 2016-17 by locality

Locality	Total number of community pharmacies	Pharmacies providing vaccination service	% of total vaccinations	Number of vaccinations
Central	13	11	31.8%	1,319
Coast	15	13	20.5%	849
North West	14	7	23.0%	953
South West	10	9	24.7%	1,026
Total	**52**	**40**	**100.0%**	**4,147**

Source: National flu data 2016-17 (data source 35)

In the 2016-17 flu season 44 community pharmacies provided the advanced flu vaccination service and vaccinated 4,147 patients (Table 24). From 2015-16 to 2016-17 there has been a 10% increase in community pharmacies delivering the service in the borough. More community pharmacists are willing to provide the flu vaccine service in the future should NHSE choose to increase provision.

It is anticipated more community pharmacies will provide the service in subsequent years.

4.6.6. NHS Urgent Repeat Medicine Supply Advanced Service

The NHS Urgent Medicine Supply Advanced Service (NUMSAS^2) is a pilot of a national Advanced Service as part of the CPCF, one of the reforms included in Community pharmacy in 2016/17 and beyond.(7) The service is managed by NHS 111 to fulfil requests for urgent medicine supply to reduce demand on the rest of the urgent care system, helping to resolve problems leading to patients running out of their medicines, as well as increase patients' awareness of eRD.

25 community pharmacies in the borough are providing the NUMSAS^2, whilst all intend to provide the service in the near future.

4.7. Locally Commissioned Services

Since April 2013, community pharmacy services have been commissioned locally by Public Health in Local Authorities, CCGs and NHSE.

Service reviews have been undertaken and new service specifications developed for those services commissioned by North Tyneside Council Public Health (NTC PH).

In September 2016, NHS NTCCG re-commissioned the services it has responsibility for from PSNE Ltd. on behalf of community pharmacies in the borough.

NHS NTCCG commissions the following services from community pharmacies:

1. Think Pharmacy First: minor ailments scheme supporting self-care
2. Specialist drug access service, the demand for which may be urgent and/or unpredictable, for example palliative care, tuberculosis and bacterial meningitis treatments.

NTC PH commissions the following services from community pharmacies:

1. Supervised consumption of methadone / buprenorphine
2. Stop smoking
3. Emergency Hormonal Contraception (EHC), National Chlamydia Screening Programme and Condom Card (C-Card) which is commissioned from NHCFT which sub-contracts delivery to community pharmacies
4. Pharmacy based needle exchange. This service is commissioned from North Tyneside Recovery Partnership (NTRP), which sub-contracts delivery from selected community pharmacies who work with their own needle exchange hub.

A summary of the current provision of locally commissioned services is provided in Appendix 2.

4.8. NHS North Tyneside CCG Locally Commissioned Services

4.8.1. Think Pharmacy First

The scheme is targeted to patients, and their families in receipt of a means-tested benefit and those over 60 years of age, to improve access and choice by promoting self-care through the community pharmacy, including the provision of advice and where appropriate medicines provided at NHS expense, without the need to visit the GP practice. The service operates a referral system from and to local medical practices and other primary care providers. The service supports the Choose Well campaign, by encouraging patients to use community pharmacies as a first choice as opposed to other services such as Walk-in-Centres or A&E Departments.

This service is used most frequently in the North West locality (34.9% of all items supplied) and least at the Coast (8.6%) (Table 25)

Table 25: Percentage of Think Pharmacy First items supplied by community pharmacies in the last 12 months to August 2017 by locality

Locality	% items supplied	Actual number supplied
Central	28.2%	4,599
Coast	8.6%	1,400
North West	34.9%	5,681
South West	28.3%	4,614

Source: PSNE Ltd. PharmOutcomes data Sept. 2017

Table 26: The actions patients would have taken if they had not accessed Think Pharmacy First

Alternate action	Number of items	Overall %
Visit GP	10,493	64.4%
Bought it themselves	4,474	27.5%
Not received treatment	532	3.3%
Visit walk in centre	493	3.0%
Call out of hours service	40	0.2%
Visit A & E / hospital	88	0.5%
Other	174	1.1%

Source: PSNE Ltd. PharmOutcomes data Sept. 2017

The majority of patients (64.4%) would have visited their doctor if they had not accessed the Think Pharmacy First service. This may have saved in excess of 10,000 GP appointments (Table 26).

Only 7% stated they would have accessed an alternate provider of first response such as A&E or Walk in Centre.

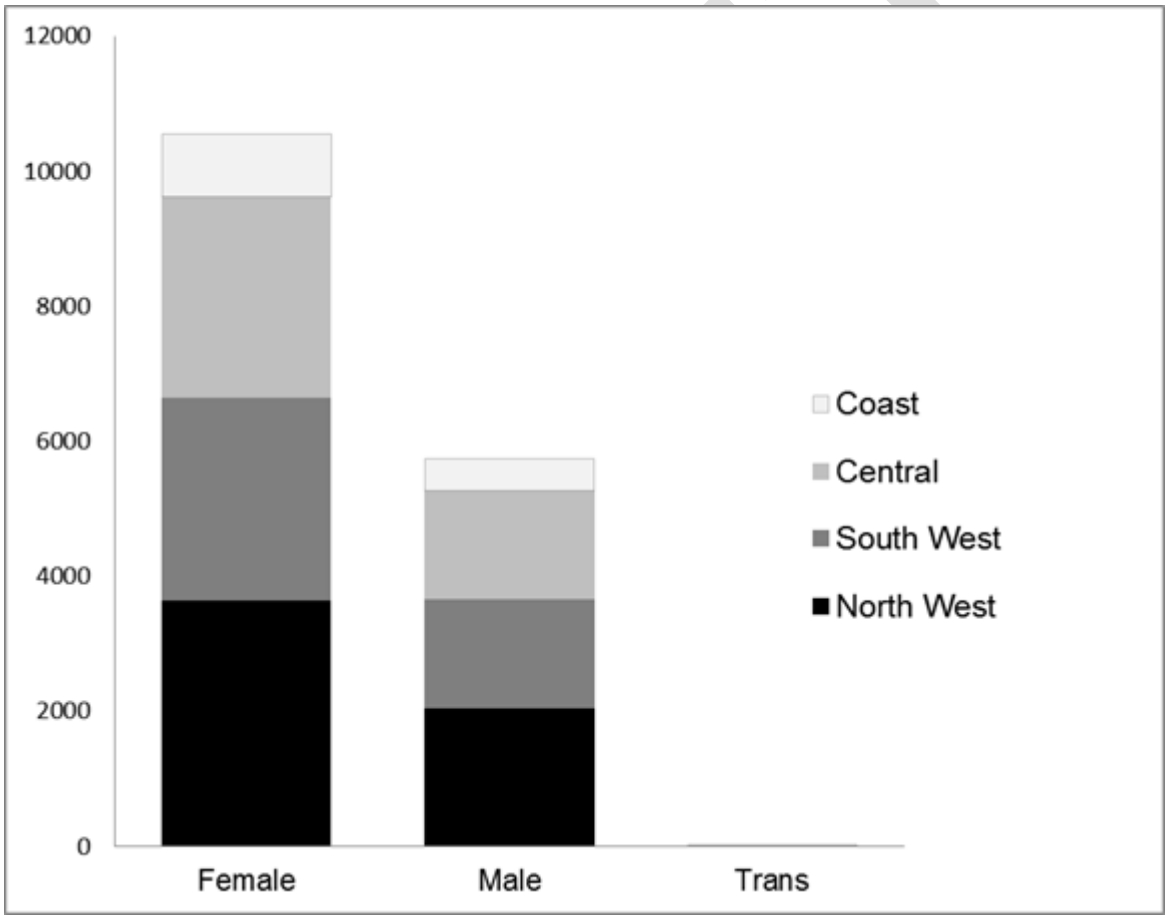
However, patients who pay for prescriptions would find that many of the medicines recommended by the scheme cost less to buy than a prescription fee.

More females access Think Pharmacy First in each locality within the borough (Figure 1).

Across the borough, the service is used by more people over 18 years of age than under 18 years of age. (Figure 2)

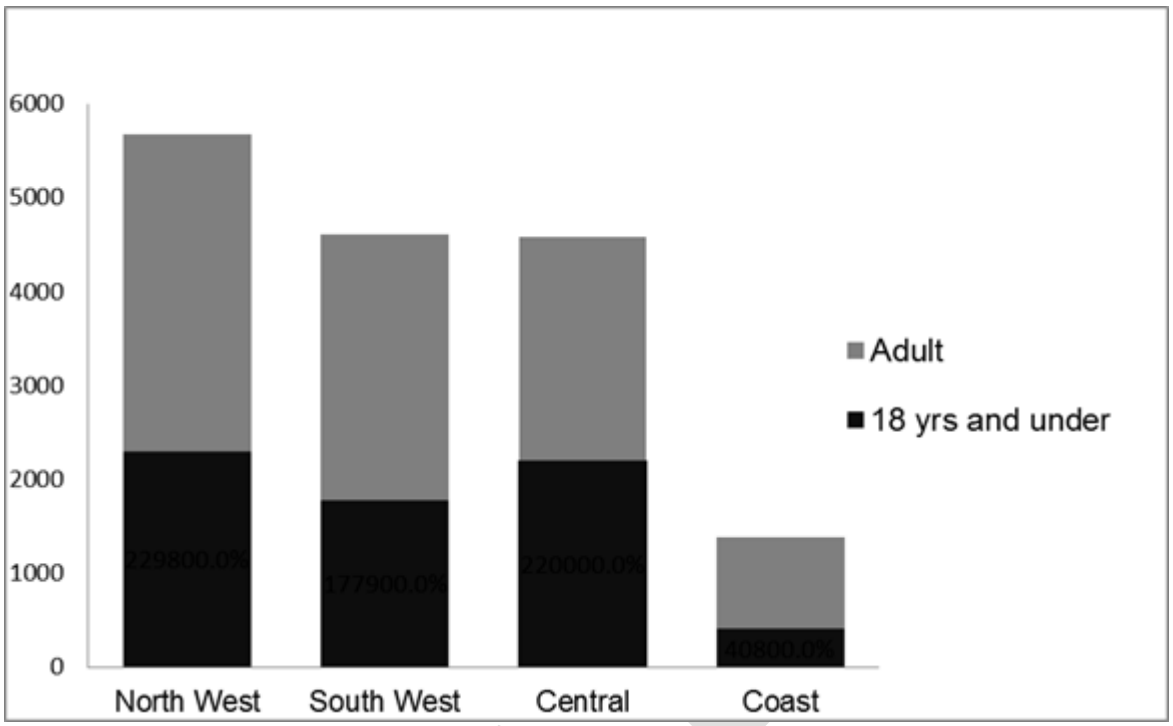
Use for children is broken down by age in Figure 3. This shows the service provides more support for younger children, particularly 6 years and under.

Figure 1: Gender profile of patients accessing Think Pharmacy First by locality



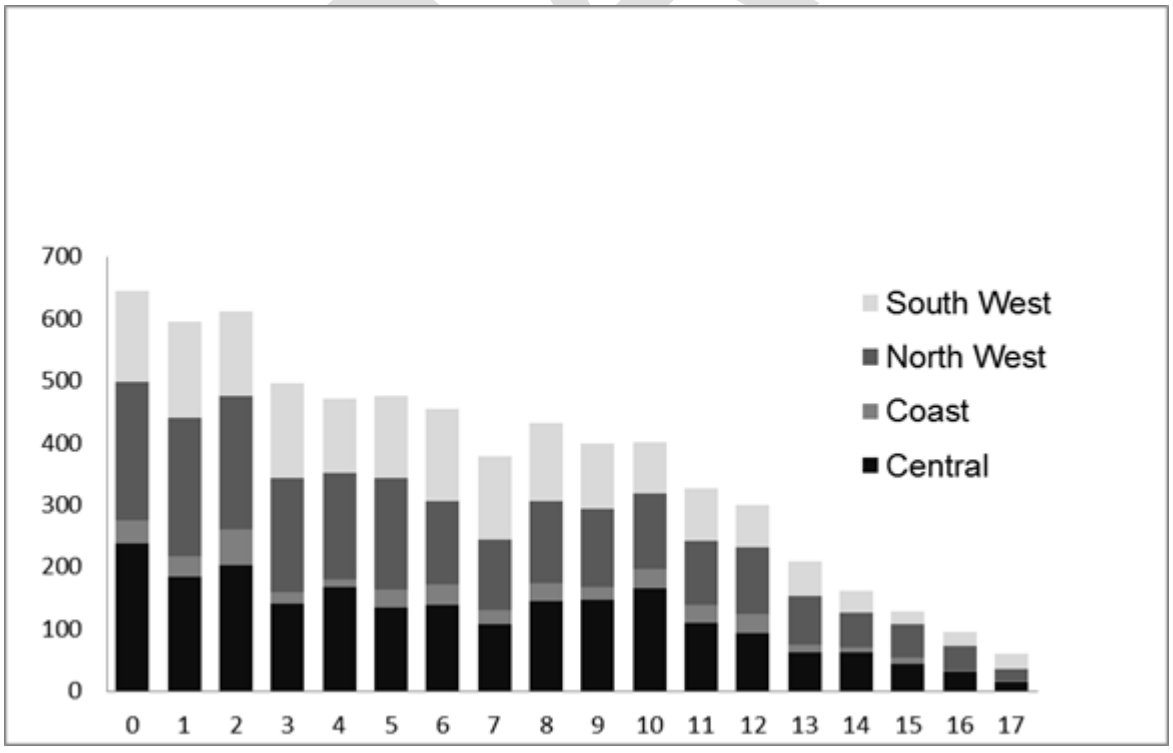
Source: PSNE Ltd. PharmOutcomes data Sept. 2017

Figure 2: Proportion of patients accessing Think Pharmacy First by age by locality



Source: PSNE Ltd. PharmOutcomes data Sept. 2017

Figure 3: Proportion of patients accessing Think Pharmacy First under 18 years of age by locality



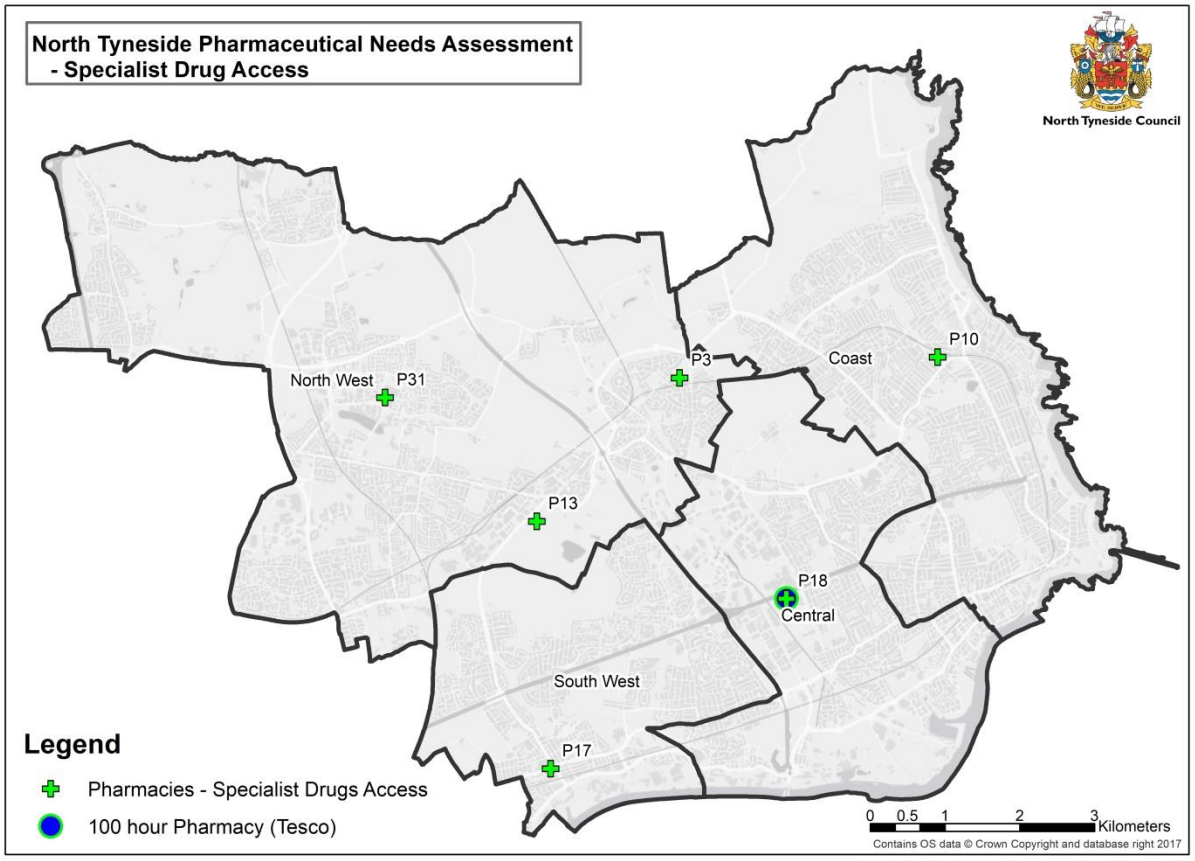
Source: PSNE Ltd. PharmOutcomes data Sept. 2017

In May 2017, the North East & Cumbria Prescribing Forum communicated advice to patients and prescribers regarding the provision of medication specifically for the short term management of hay fever and analgesia. The Forum advised CCGs not to provide these medications on prescription for adult patients as they are widely available to purchase from community pharmacies and supermarkets, in quantities suitable for managing acute symptoms.

4.8.2. Specialist Drug Access Service

Some medicines may not routinely be stocked in community pharmacies because they are prescribed infrequently or are required urgently and a level of stock needs to be maintained in the community. To ensure that patients and professionals can access these drugs e.g. for treatment in palliative care, tuberculosis and bacterial meningitis treatments, a few community pharmacies are commissioned to maintain a specific stock level in readiness. Currently six community pharmacies are commissioned to provide this service across North Tyneside (Map 11). They have been chosen because of their extended opening hours and good parking facilities. Community pharmacies providing this service average two prescriptions per month.

Map 11: Locations of community pharmacies providing specialist drug access service



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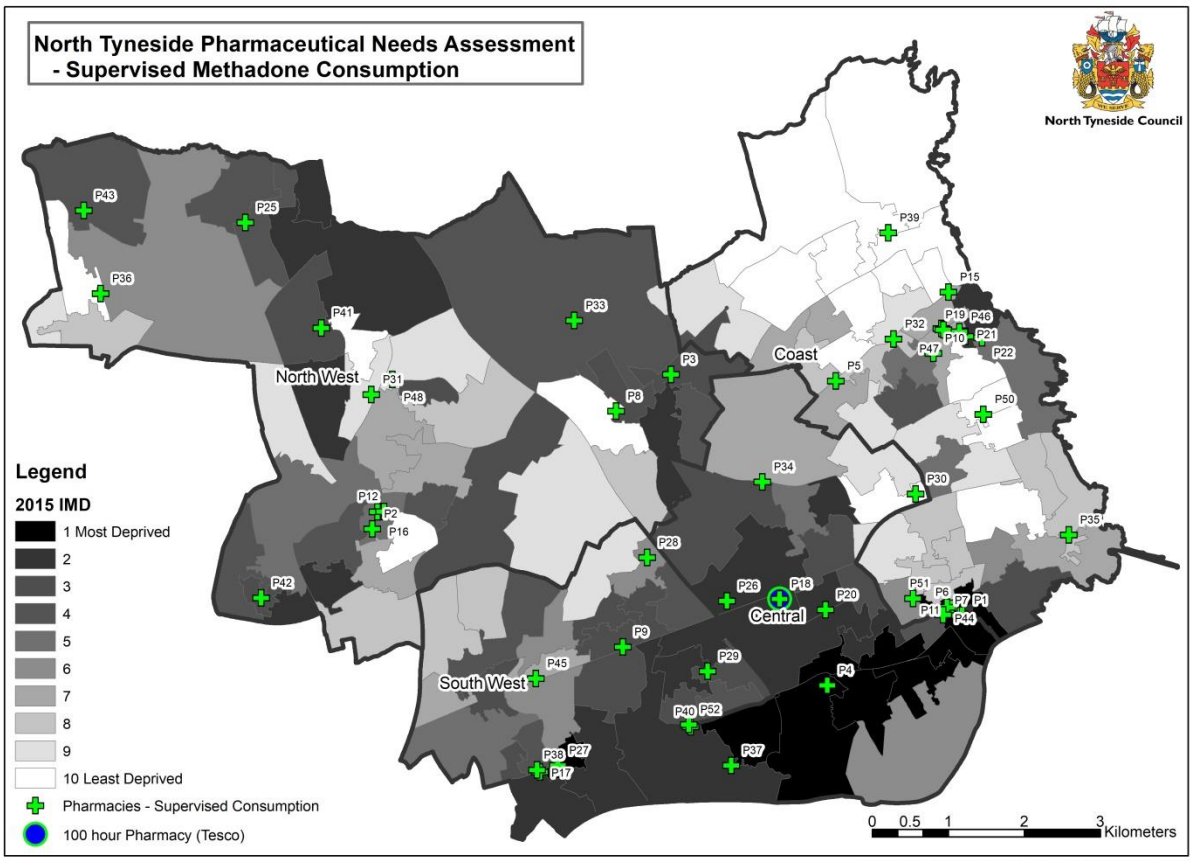
4.9. North Tyneside Council Public Health Locally Commissioned Services

4.9.1. Supervised Consumption of Methadone

Substance misuse services prescribe an opiate substitute for those individuals who have made the decision to reduce their illegal opiate use, tailoring the dose to the individual's needs. The community pharmacist then supervises the patient's consumption. This reduces the potential of overdose, methadone being traded on the street or the medicine accidently being taken by children in the home. The daily interaction with the client allows the community pharmacist to provide support and positive health messages.

Supervised consumption of methadone and buprenorphine has been commissioned from 46 of the 52 community pharmacies (Map 12). Map 12 also shows the link to deprivation, in that the community pharmacies providing the service tend to be in the more deprived areas.

Map 12: Location of community pharmacies providing Supervised Methadone Consumption

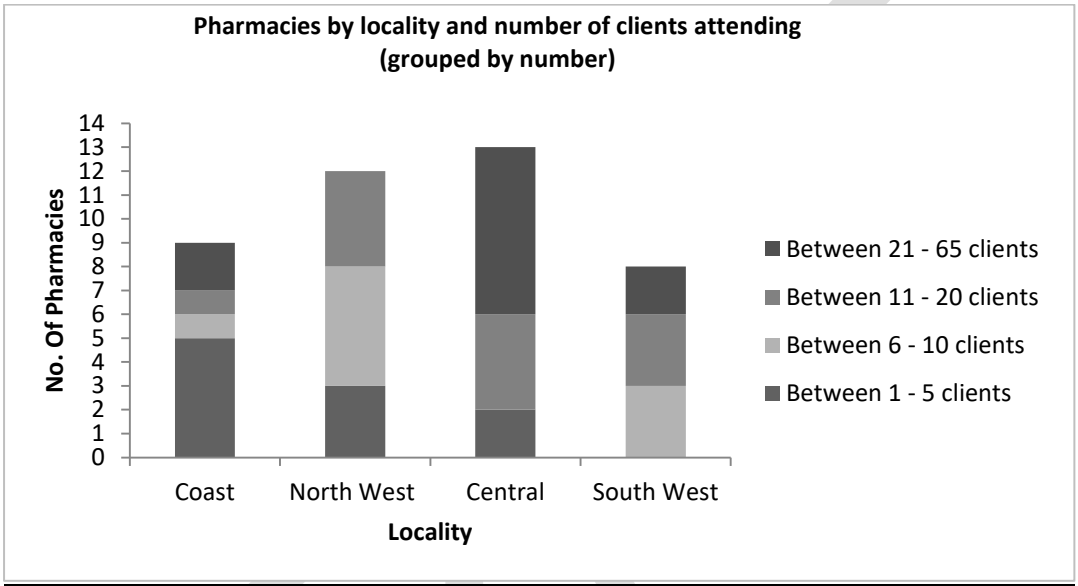


One community pharmacy (Fairmans,Wallsend) accounted for just under one-third of all attendances in North Tyneside. This is expected to be due to its close proximity to NTRP.

Five of the 46 community pharmacies had no registered patients in 2016-17. Four of these community pharmacies were based in the Coast locality and one in the North West.

Figure 4 shows the remaining distribution across the four localities.

Figure 4: Distribution of clients accessing supervised consumption of methadone services 2016-17



Source: PharmOutcomes Claims system accessed Sept 2017

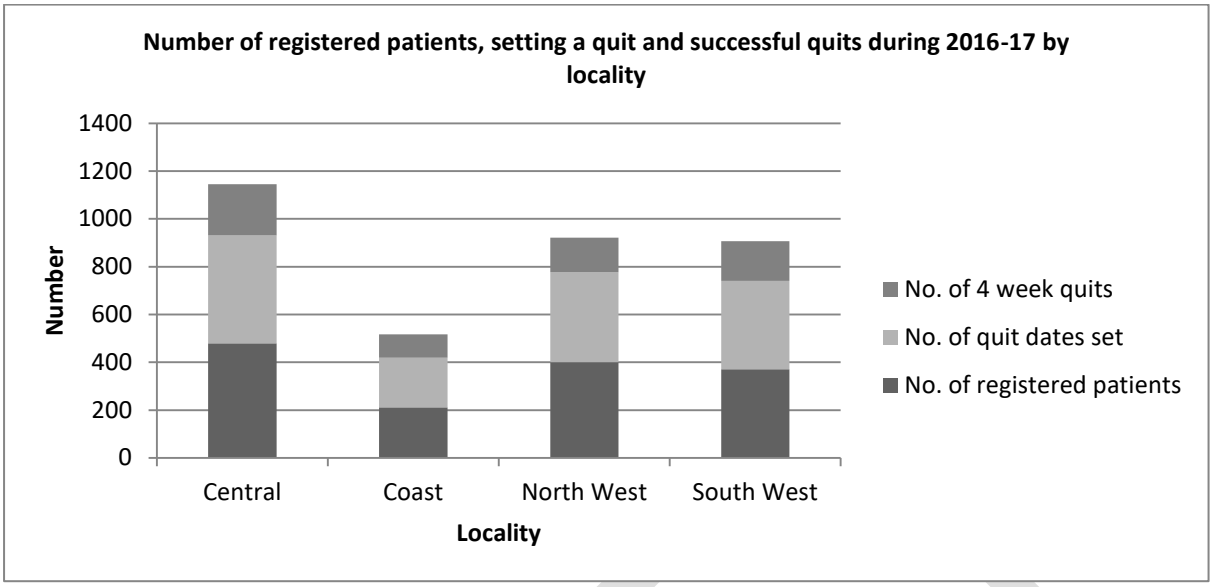
4.9.2. Stop Smoking

Community pharmacies delivering stop smoking services must meet the minimum requirement to deliver the full range of services i.e. Stop Smoking Behavioural Support, the supply of Nicotine Replacement Therapy through a voucher scheme and the supply of Varenicline® under a PGD.

As at 1 October 2017, there are 26 community pharmacies in North Tyneside delivering stop smoking services (Map 13). One community pharmacy based in Newcastle also provides stop smoking services, and serves those residents of North Tyneside living close to the border and/or some individuals who are not residents of North Tyneside but are registered with a North Tyneside GP practice. This pharmacy had a total of 16 North Tyneside-registered patients accessing their stop smoking service; all 16 set a quit date but only four successfully quitted.

Within North Tyneside (excluding the Newcastle pharmacy figures), there were a total of 1,479 registered patients of which 1,405 set a quit date and 624 patients successfully quit.(data source 39). A breakdown by locality is shown in Figure 5.

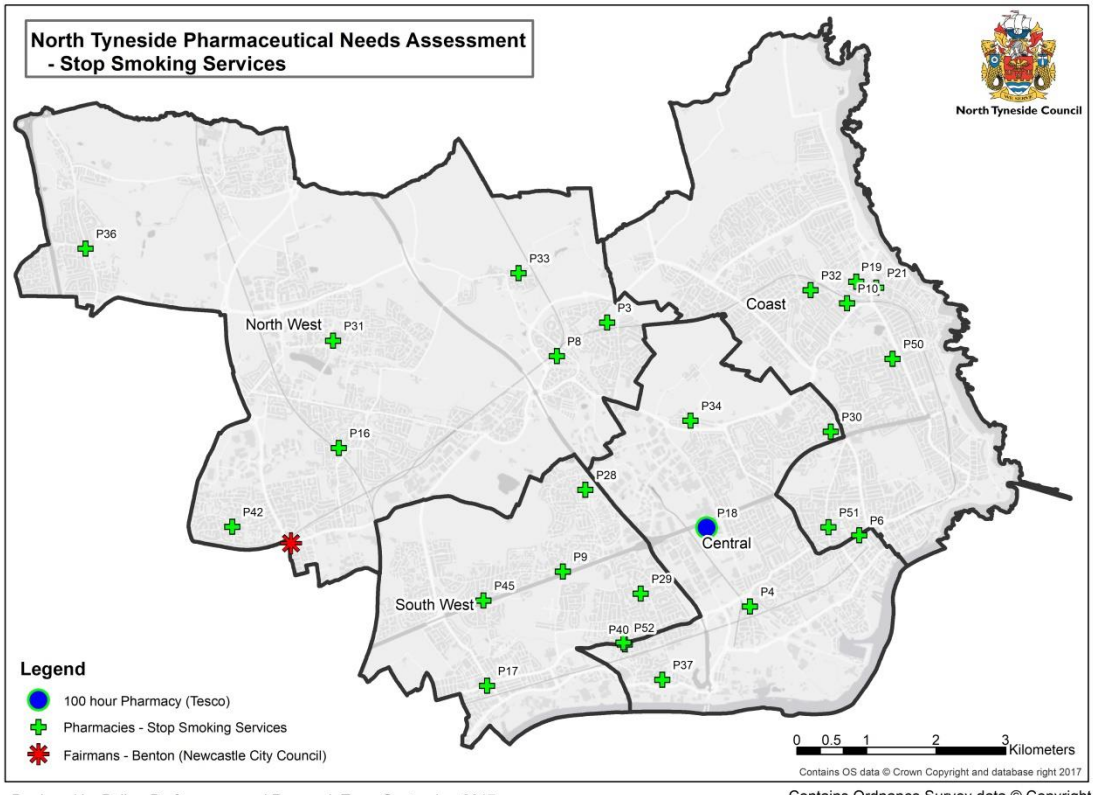
Figure 5: Distribution of patients accessing community pharmacies for stop smoking services 2016-17



Source: PharmOutcomes Claims system, September 2017.

Community pharmacies with longer opening hours have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

Map 13: Community pharmacies which provide Stop Smoking Services



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4.9.3. Sexual Health

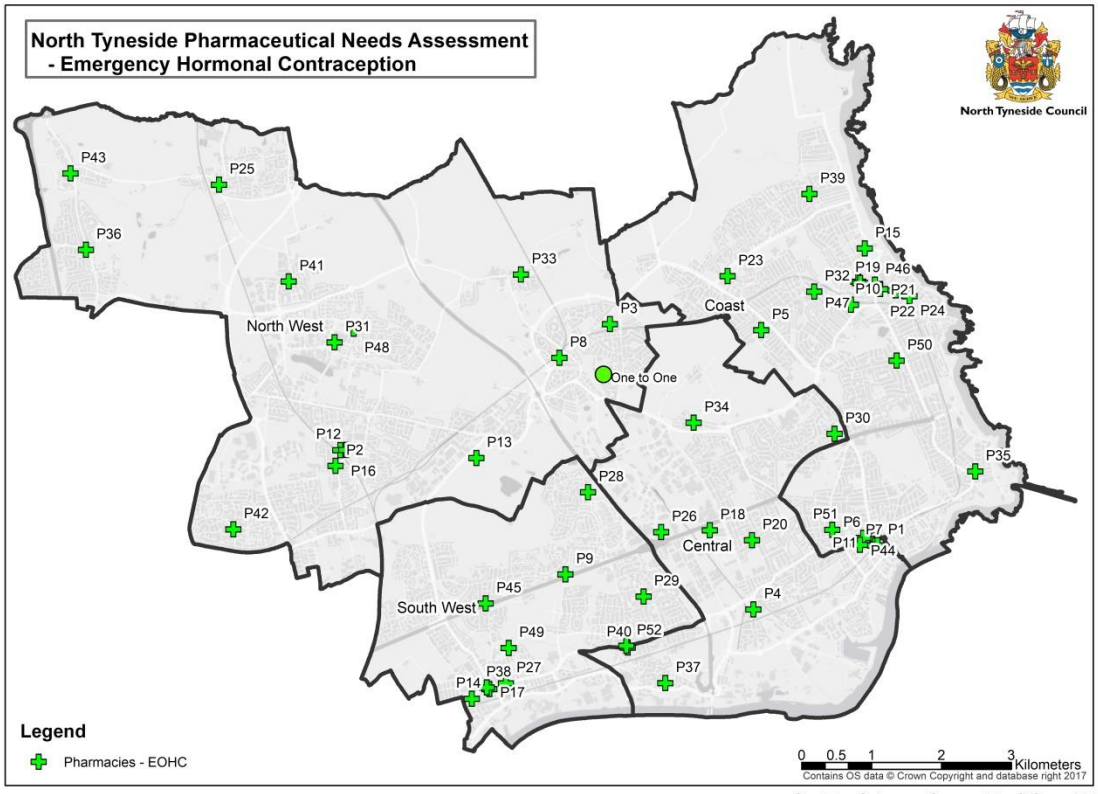
In 2015 North Tyneside Council commissioned an integrated Sexual Health Service from NHCFT which included the requirement for them to establish sub-contractual arrangements with community pharmacies for the provision of:

- Emergency Hormonal Contraception (EHC) as per PGD for Levonelle® and ellaOne®;
- free dual testing kits for 15-24 years olds as part of the National Chlamydia Screening Programme;
- free condoms to 15-24 year olds (C-card scheme).

These services which are provided within community pharmacies form an integral part of the local sexual health pathway.

All community pharmacies with consultation rooms could provide sexual health services, however community pharmacies wishing to do so are subject to an accreditation process which consists of a self-assessment against core standards, declaration of qualifications, agreement to deliver service policies/procedures and a commitment to actively participate in training. 49 community pharmacies are accredited (Map 14).

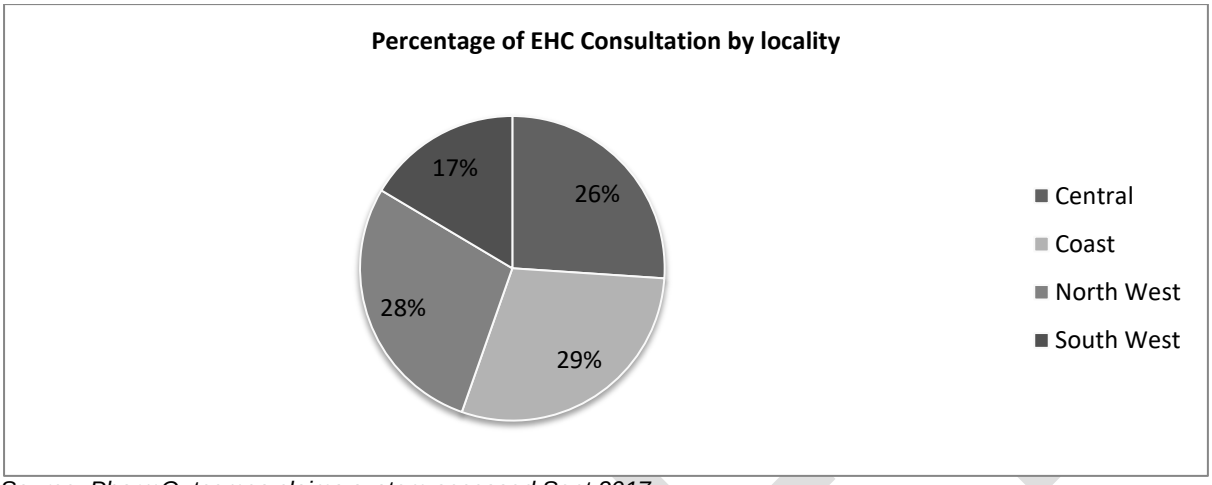
Map 14: Location of Community Pharmacies delivering Sexual Health Services



4.9.3.1. Emergency Hormonal Contraception (EHC)

There were 1,282 EHC consultations in 2016-17. Figure 5 shows the percentage of EHC consultations by locality in 2016-17.

Figure 6: Percentage of EHC consultations by locality 2016-17



Source: PharmOutcomes claims system accessed Sept 2017

57% of all EHC consultations took place in the Coast and North West areas.

The community pharmacies with the highest number of EHC consultations are distributed across each of the locality areas and this is shown in Table 27.

Table 27: Community pharmacies with highest number of EHC consultations

Community pharmacy	Locality
Boots Bedford Street, North Shields	Central
ASDA Supermarket	North West
Fairmans Wallsend	South West
Boots Park View Shopping Centre, Whitley Bay	Coast
Boots Forest Hall	North West

Source: PharmOutcomes claims system accessed Sept 2017

4.9.3.2. National Chlamydia Screening Programme

All pharmacists providing EHC are expected to discuss screening for STIs during a consultation. Postal Chlamydia screening kits are provided to community pharmacies to give to those women aged 15 to 24 years who present for EHC.

In North Tyneside in 2016, 5,826 Chlamydia tests for 15-24 year olds were carried out by community pharmacies and the integrated sexual health service .

4.9.3.3. Condoms and Condom-Card (C-card) Scheme

A C-card scheme is the primary form of condom distribution in North Tyneside. The scheme provides registered young people with a C-card (a paper or credit-card style card) which entitles them to free condoms. Registration includes providing the young person with sexual health advice and specific instruction around the correct use of condoms.

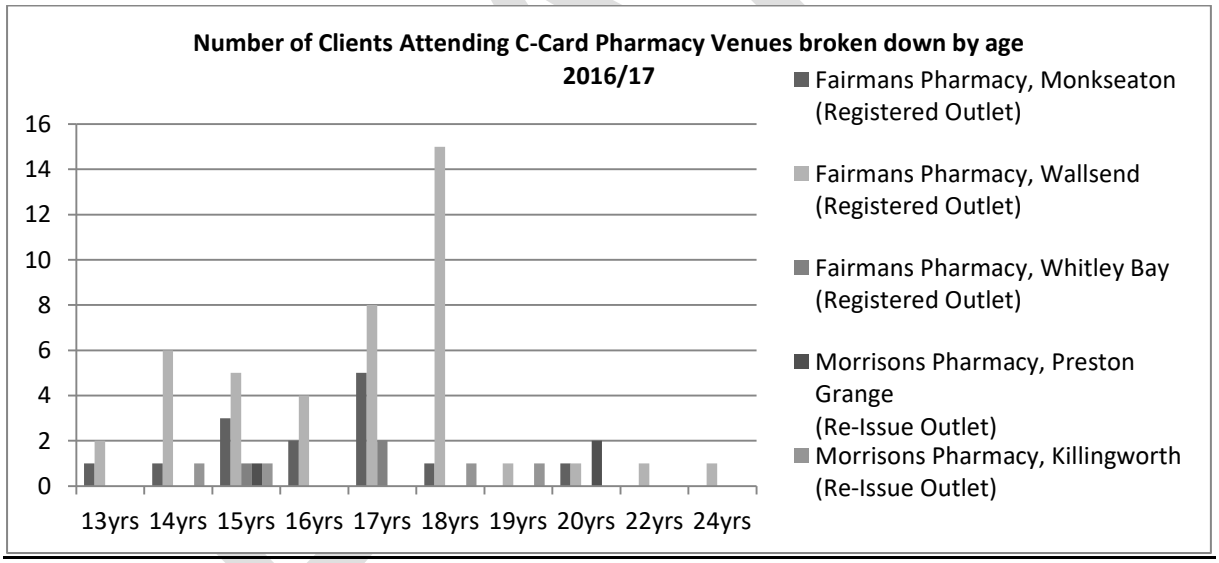
NHCFT is the lead agency in coordinating the delivery of the C-card scheme in North Tyneside and ensuring that it is in line with guidelines produced by PHE and Brook, 2014. The core age group for eligibility to the scheme is 14–25 years but other ages are catered for.

In total there are 40 C-card venues in North Tyneside, five of which are community pharmacies.

Of the 468 individuals who attended a C-card venue in 2016-17, 68 (14.5%) used a community pharmacy.

Figure 6 shows the number of clients attending C-card pharmacy venues during 2016-17.

Figure 7: Number of clients attending C-card Pharmacy Venues 2016-17



Source: Northumbria Healthcare NHS Foundation Trust – Minimum Data Set March, 2017

4.9.4. Alcohol and Drug Misuse Services

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

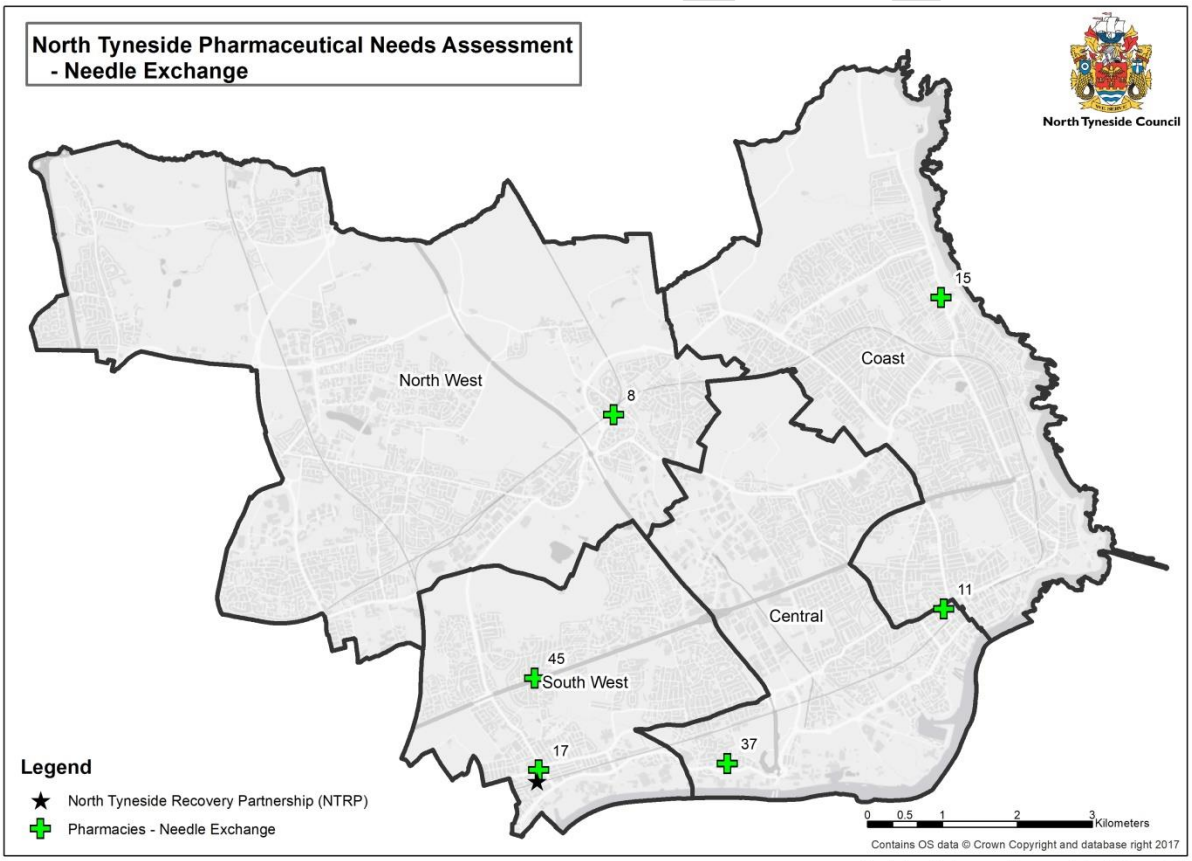
- reducing illicit and other harmful drug and alcohol use
- increasing the numbers of people in treatment recovering from dependence on drug and/or alcohol

4.9.4.1. Needle Exchange

This service is provided by NTRP, which is commissioned by North Tyneside Council to provide drug and alcohol services. Currently needle exchange services are provided at NTRP's main treatment service facility based at Atkinson Terrace, Wallsend and six community pharmacies spread throughout the borough (Map 15).

A key aim of this service is to reduce the harm to individuals from injecting drugs by offering sterile equipment such as needles and syringes to prevent the transmission of blood borne viruses and other infections caused by sharing injecting equipment. The service offers a range of services including harm minimisation, safer injecting techniques, advice for access to sexual health, general wellbeing, tetanus advice and access to drug and alcohol treatment.

Map 15: Needle exchange locations



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4.10. Distance Selling and Internet Pharmacies

Currently there are no distance selling or internet pharmacies registered in North Tyneside. 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 North Tyneside residents currently use these services.

4.11. Information Technology

One of the reforms for the CPCF set out in Community pharmacy in 2016/17 and beyond (7) is the modernisation of the service through digital NHS services.

Table 28 summarises information technology capability by locality.

Table 28: Information Technology capability

Locality	Number of community pharmacies	IT facilities	EPS / eRD enabled	Use NHSmail	Use NHS SCR	Updated NHS Choices
Central	13	13	13	10	13	13
Coast	15	15	12	8	15	15
North West	14	14	12	9	14	14
South West	10	10	6	8	10	10

Source: PSNE Ltd PharmOutcomes data Sept. 2017

In the borough all community pharmacies are enabled to and use dispensing systems that support the electronic transfer of prescriptions.

The majority of community pharmacies (41 out of 52) have Information Technology (IT) capability in their consultation room that facilitates the provision of the Advanced Services such as NMS, MUR and NUMSAS[2].

35 out of 52 community pharmacies have access to NHS mail that facilitates the safe and secure transfer of sensitive information.

To facilitate patient specific interactions, all community pharmacies have access to Summary Care Records; this is invaluable in the provision of NUMSAS[2].

4.12. Community Pharmacy Facilities

4.12.1. Consultation Rooms

A consultation room is essential to provide Advanced Services (e.g. MURs) and many locally commissioned services. Standards for consultation rooms are specified in the service specification for MURs.(17) They include:

- clear designation as an area for confidential consultations
- distinct from the general public areas of the community 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.

The majority of community pharmacies (51 out of 52) in North Tyneside have a consultation area which is an enclosed room that provides a confidential environment for the community pharmacist to talk with patients. (Table 29).

The majority of community pharmacies (37 out of 51) have hand washing facilities in or close to the consultation room. Note: it is not a requirement to have hand washing facilities but an added benefit to potentially facilitate the service offering.

Table 29: Availability of unaided wheelchair access to the community pharmacy and hand washing facilities

Locality	Number of pharmacies	Unaided Wheelchair Access	Hand washing facilities
Central	13	13	11
Coast	15	13	12
North West	14	12	12
South West	10	8	2

Source: PSNE Ltd PharmOutcomes data Sept. 2017

4.13. Non NHS Contracted Services Provided by Community Pharmacies

Community pharmacies in the borough provide a range of services which are neither part of the core contract with the NHS, nor commissioned by North Tyneside Council, NHS NTCCG or NHSE. These services are often very valuable for special patient groups e.g. the housebound, but are provided at the discretion of and expense of the contractor. The types of service included are prescription collection and delivery as well as travel clinics.

The services offered are not reimbursed by the NHS, the decision to provide a given service is not strategically aligned with the strategic priorities of the CCG nor the council but a commercial decision by individual contractors.

The additional offerings attract custom as an added benefit to generate customer goodwill and loyalty as community pharmacies are remunerated on the volume of prescriptions dispensed rather than on an allocated capitation system such as a patient list that operates for General Medical Practices.

Section 5: General Medical Services

5.1. Hours of Provision of General Medical Services

GPs are required to provide services between the core hours of 8.00am to 6.30pm between Monday and Friday.

NHS NTCCG has invested in a new scheme to improve access to GP appointments during afternoons, early evenings and weekends. The scheme began on 1 September 2017 and offers appointments in four localities across the borough so that patients can see a GP close to home. The localities are based at the existing GP surgeries at Battle Hill, the Oxford Centre, Shiremoor Resource Centre, and North Shields' practices.

Community pharmacy opening hours are not always required to mirror these extended surgery hours, as most appointments are pre-booked and the need for immediate provision of medicines is rare.

Additionally, Battle Hill Walk-in Centre operates Monday to Sunday 8.00am – 8.00pm. This service is GP led and patients requiring medicines are given an FP10 (ordinary) prescription.

Northern Doctors Urgent Care (NDUC) provides home and centre visits between 6.30pm and 8.00am five days a week, and 24-hour access at weekends and bank holidays. Patients requiring urgent medication are issued with one week's supply of medication.

Section 6: Future Provision

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. To date, their clinical knowledge and expertise in the use of medicines has been underutilised within community pharmacy. These skills must be harnessed to ensure that patients have the same level of pharmaceutical care in the community as they currently receive within hospital settings. This would make a step change in the long-term conditions agenda.

In July 2015, as part of the NHS Five Year Forward View,(9) a new three year initiative to fund, recruit and employ clinical pharmacists in GP surgeries was launched by NHSE.

The benefits patients can expect include extra help to manage long-term conditions, specific advice for those with multiple medications and better access to health checks.

The scheme is to focus on areas of greatest need where GPs are under greatest pressure, and aims to build on the success of GP practices already employing pharmacists in patient-facing roles. The roll out of the clinical pharmacists in General Practice commenced from April 2017. Practices in North Tyneside are continuing to explore options to take part in the second wave of this initiative.

6.1. The Pharmacy Integration Fund

The PhIF has been created through the community pharmacy review that was led by the DH, as part of the package of proposals under consideration to transform the way pharmacy and community pharmacy services are commissioned from 2016-17 and beyond. (7)

The PhIF is the responsibility of NHSE and is separate to any negotiations related to the CPCF. It will be used to validate and inform any future reform of the CPCF going forward.

The key areas for the operational delivery of the Five Year Forward View (9 & 10) will be used as the guiding principles for deployment of the fund i.e:

- Improving care and quality
- Improving health and wellbeing
- Closing the finance and efficiency gap

The PhIF will be used to commission and evaluate activities that bring about clinical pharmacy integration within the NHS and the community. This will include the delivery of medicines optimisation and the improvement of health and wellbeing,

both through community pharmacies and elsewhere in primary care as part of an integrated patient pathway and for the general public.

The PhIF will be an important means of driving transformation of the pharmacy sector. It will aim to shift the balance of funding from dispensing activity towards clinical activity, putting pharmacists' skills, as well as those of other pharmacy professionals and their teams, to better use.

6.2. Key Developments

PHE is developing a "value proposition" to inform the local commissioning of community pharmacy services by local authorities and NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and wellbeing to inform the future local commissioning of services for public health services from community pharmacy.

The Community Pharmacy Referral Service (CPRS) is a one year pilot service, funded by the PhIF, commencing 4 December 2017, which will enable NHS 111 to refer set groups of low acuity patients directly to community pharmacies within the borough that sign up to deliver the service.

The CPRS will increase capacity and relieve pressure on existing urgent care services and deliver care closer to home in the community.

Community pharmacy is perfectly placed to support at the lower end of the acuity spectrum and this is both desirable to the NHS and beneficial to patients across the system.

The CPRS service will provide resilience, cost-effective quality care for patients and the NHS and support self-care.

6.3. Care Homes

In September 2016, NHSE published The Framework for Enhanced Health in Care Homes (18) describing an Enhanced Health in Care Homes (EHCH) care model.

The PhIF care homes task and finish group, jointly chaired by the Royal Pharmaceutical Society and NHSE, is using the EHCH model to identify how to develop integrated clinical pharmacy models to support care home residents. The following areas have been identified for development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned.
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

The intention is to develop the new models of integrated clinical pharmacy for people looked after in their own homes delivered by community pharmacy.

6.4. The Murray Report

In December 2016 the Murray Report(19) was published. The report points the way to a more clinical future for community pharmacists and pharmacy technicians which will help patients to benefit from their expertise as clinical healthcare professionals.

The report concluded Sustainability and Transformation Partnerships (STPs) may be able to provide the broader, whole-health economy oversight that would enable the system to unlock the potential of community pharmacy.

The Murray Report recommended:

- Services:
  - Full use of the eRD service
  - The MUR service should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways
  - Minor ailment schemes should be locally commissioned across the whole of England
  - Consideration should be given to smoking cessation services becoming an element of a national contract
- New models of care
  - Existing Vanguard programs and resources should be used, in conjunction with the PhIF, to develop the evidence base for community pharmacists within new models of care specifically including:
    - Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes
    - Case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression
    - Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing

A significant element includes overcoming barriers presented by the current complexities in the commissioning landscape that can in part be seen in the current provision of enhanced services.

6.5. Independent Prescribing and Workforce Skills

Independent prescribing by pharmacists has been available for a number of years and yet its potential has not been realised or exploited, particularly in the community sector. Independent prescribing by pharmacists can make a great contribution to a convenient and integrated pathway approach to patient care that makes full use of the clinical skills and expertise of the pharmacist in implementing the principles of medicines optimisation.

The lack of take-up of independent prescribing reflects the tension between the current volume-driven community pharmacy contract and enhanced prescribing role and the lack of integration of community pharmacists into primary care to allow them to support an integrated patient care pathway.

There will need to be alternative ways to overcome this apparent conflict while at the same time enhancing the incentives for more rapid uptake and these should be explored as part of the future work programme.

It is noted there is one community pharmacist working in the borough that is a qualified Independent Prescriber (IP) but there are no services commissioned locally that make use of this qualification.

6.6. Referral to Community Pharmacy on Discharge

The LPC has worked closely with local hospital pharmacies to develop systems that target those patients which would get maximum benefit from the NMS and MURs following discharge from hospital.

Community pharmacies provide a convenient and less formal environment for people to access readily available professional advice and help to deal with everyday health concerns and problems. The role of community pharmacies in promoting self-care will become even more important as the healthcare budget becomes stretched.

The Pharmacy White Paper, 2008,(6) quoted a study showing that 84% of adults visit a community pharmacy at least once a year. Community pharmacies in North Tyneside are accessible and offer extended opening times (late into the evenings or at weekends) to suit patients and customers. Furthermore, community pharmacies now have dedicated consultation areas specifically designed for private discussion.

Community pharmacists have an important role to play in promoting the safe and effective use of medicines, in reducing inappropriate hospital admissions and ensuring that integrated care supports patients as they move between hospital and the community. Community pharmacists can also use their expertise to tackle problems related to adverse effects and poor use of medicines, as well as ensure the safe disposal of unwanted medicines.(6)

- Between one third and one half of medicines prescribed for long term conditions are thought not to be taken as recommended.
- Between 4% and 5% of hospital admissions are thought to be due to preventable medicines related problems.
- Many GP consultations which involve minor ailments could be dealt with by community pharmacists.
- Community pharmacies could have a role in promoting healthy lifestyles, encouraging the responsible use of alcohol, and obesity management.
- As modelling suggests many people suffering from CHD and diabetes have not yet been identified by general practice teams, community pharmacies could have a role in reaching those who do not routinely visit their GP.
- Community pharmacies could have a role in reduction of waste, as unused medicines account for at least 1% of the primary care drug budget.

Community pharmacies in North Tyneside are ideally placed and have the potential to make a significant contribution to the delivery of healthcare across the borough.

There may be opportunities for community pharmacies to provide other services that are being delivered by other providers, but are not currently reaching all the target population.

New services commissioned by NHSE will help make better use of community pharmacies by making emergency supply of medicines more readily available, as will NHS 111 recommending community pharmacies as part of their algorithms.

Section 7: Conclusions

Community pharmacies provide a significant number of services across North Tyneside. Feedback from the HWNT public engagement exercise identified that community pharmacies are well thought of by residents and provide valued services to the population of North Tyneside.

7.1. Access to services

The current provision of community pharmacies per 100,000 head of population in North Tyneside is 25.7, which exceeds the England and North East average. The provision of community pharmacies in North Tyneside ranges from 22.4 to 37.4 per 100,000 population.

Taking into account the variation in the provision of the number of pharmacies per 100,000 head of population between the four localities (North West, Coast, Central and South West) of the borough, there appears to be adequate provision of essential, advanced and locally commissioned pharmaceutical services, with no significant gaps.

Access to community pharmacies across North Tyneside is very good during the 40 core contractual hours they are contracted to open and many community pharmacies in the town centres are open on Saturday afternoons, providing extended access for residents who work Monday to Friday. These hours are additional to the 40 core contractual hours, and are referred to as supplementary hours; these hours appear to meet the needs of patients.

Community pharmacies are only open between 10.00am and 5.00pm on Sundays due to opening hour restrictions. There are no community pharmacy services available in the South West locality on a Sunday; however access is available nearby at Silverlink Retail Park and Tesco Norham Road, Chirton. Sunday services are also available at three community pharmacies in Newcastle, less than 1.8 miles from Wallsend.

The majority of community pharmacies in North Tyneside are either self-accredited as HLPs as part of the Community Pharmacy Quality Payments Scheme or are working towards accreditation. The HLPs help to improve the health of the local population and reduce health inequalities, by promoting health and wellbeing and contributing to the management of long term conditions.

7.2. Use of services

Many of the additional services are commissioned to divert people away from inappropriate use of general practice and hospital services. HWNT reported that awareness and uptake of commissioned services is variable. Commissioners of additional services should consider how to promote awareness and uptake in order to maximise the role and contribution of community pharmacy within the health care system and deliver better outcomes for residents.

In particular this should focus on improving awareness of and access to:

- Adult flu vaccination
- Promotion of healthy lifestyles
- Information about self-care
- Signposting
- Think Pharmacy First
- Private consultation
- Asthma management
- Sexual health testing
- Telephone advice

Community pharmacies are commissioned by NHSE to provide flu vaccines, and from 2015-16 to 2016-17 there has been a 10% increase in community pharmacies delivering the service in the borough. However more community pharmacists are willing to provide the flu vaccine service in the future should NHSE choose to increase provision.

There are no gaps in provision of the Think Pharmacy First scheme as all community pharmacies in North Tyneside provide this service.

There are no gaps in the provision of specialist drug access services. However when surveyed an additional number of community pharmacies reported that they are willing to provide the service.

Services for drug users i.e. needle exchange and supervised consumption of methadone have adequate coverage in the areas of greatest need. There may be some opportunities to widen the needle exchange component to further promote harm reduction should funding become available. An additional number of community pharmacies when surveyed reported that they are willing to provide this service.

Stop smoking services are available from more than half of community pharmacies across North Tyneside which appears to provide adequate access. Community pharmacies with longer opening hours have the opportunity to provide the service to the working age population who may not be able to access services during normal working hours.

The provision of EHC forms an integral part of the local sexual health pathway and is available from all community pharmacies with the exception of one in the South West locality. The provision of EHC in each locality is considered to be sufficient.

7.3. Quality of services

Overall, community pharmacies in the borough appear to perform well in terms of patient experience and deliver services to a high standard.

The HWNT report suggests that the PNA should address how the quality of service provided by community pharmacies is monitored and improved across North Tyneside, including indicators relating to patient experience and how local people will be engaged in this process on an ongoing basis. In particular it suggested that this should focus on stock levels and waiting times; aspects of the essential part of the CPCF.

However, these elements are outside the remit of the PNA as the quality of essential service delivery is the responsibility of NHSE as the commissioner, and the community pharmacies as providers. The HWNT report and the PNA have been shared with NHSE.

7.4. Medicine shortages

HWNT reported there could be an overall impact on the health of residents unable to get their prescription dispensed within reasonable timescales. The health consequences of any delay in obtaining medicines could result in increased demand on other health services. It should be noted that what is considered reasonable was not defined within the report and may vary according to patient demographics, health condition and the specific medicine. This issue is a national issue, and outside the remit of the PNA, although the HWNT report has been shared with NHSE.

7.5. Housing developments

Major strategic housing developments are planned at Killingworth Moor and Murton Gap over the next fifteen years with 16,593 additional homes being built. Despite these major developments there is currently no need to increase community pharmacy provision above the current level, as the development timetable means significant increases in demand are unlikely to occur within the timescales of this PNA.

The overall conclusion of this PNA is that given the relative surfeit of community pharmacies and the range of services on offer it is anticipated that the pharmaceutical needs of residents of North Tyneside can be met within existing service provision for the period 2018- 2021.

Appendix 1: Key of GP Practices and Community Pharmacies

GP Practices

	Ref	Practice	Branch	Address	Postcode
Coast	1	Spring Terrace Health Centre		Spring Terrace, North Shields	NE29 0HQ
	2	Collingwood Surgery		Hawkeys Lane, North Shields	NE29 0SF
	3	Appleby Surgery		Hawkeys Lane North Shields	NE29 0SF
	6.1	Priory Medical Group	Tynemouth Surgery	Percy Street, Tynemouth	NE30 4HD
	21	Whitley Road Health Centre		Whitley Road Whitley Bay	NE26 2ND
	22	49 Marine Avenue		49 Marine Avenue, Whitley Bay	NE26 1NA
	23	Marine Avenue Medical Centre		Marine Avenue, Whitley Bay	NE26 3LW
	24	Beaumont Park		Hepscott Drive, Whitley Bay	NE25 9XJ
	25	Monkseaton Medical Centre		Cauldwell Avenue, Monkseaton	NE25 9PH
	28	Park Parade Surgery		69 Park Parade, Whitley Bay	NE26 1DV
Central	2.1	Collingwood Surgery	Jubilee Park Surgery	Nelson Health Centre, Cecil Street, North Shields	NE29 0DZ
	2.2	Collingwood Surgery	New York Surgery	Brookland Terrace, New York, North Shields	NE29 8EA
	4	Nelson Medical Group		Cecil Street, North Shields, Tyne and Wear	NE29 0SF
	5	Redburn Park Medical Centre		15 Station Road, Percy Main North Shields	NE29 6HT
	6	Priory Medical Group		19 Albion Road, North Shields	NE29 0HT
	8	Bewicke Medical Centre		51 Tynemouth Road Wallsend	NE28 0AD
South West	6.2	Priory Medical Group	Hadrian Park Surgery	Addington Drive, Wallsend	NE28 9UX
	7	Portugal Place		Portugal Place, Wallsend	NE28 6RZ
	9	Village Green Surgery		The Green, Wallsend	NE28 6BB
	10	Battle Hill Health Centre		Battle Hill Health Centre, Belmont Close, Wallsend	NE28 9D
	11	Park Road Medical Practice		93 Park Road Wallsend	NE28 7LP
	12	Garden Park Surgery		Denbigh Avenue Howdon Wallsend	NE28 0PP
North West	12.1	Garden Park Surgery	White Swan Surgery	White Swan Centre, Citadel East, Killingworth	NE12 6SS
	13	West Farm Surgery		31 West Farm Avenue	NE12 8LS
	14	Lane End Surgery		2 Manor Walk	NE7 7XX
	15	Swarland Avenue Surgery		2 Swarland Avenue Benton	NE7 7TD
	16	Forest Hall Medical Centre		Station Road, Forest Hall	NE12 6BQ
	17	Wideopen Medical Centre		Great North Road Wideopen	NE13 6LN
	17.1	Wideopen Medical Centre	Dudley Surgery	Market Street, Dudley	NE23 7HR
	18	Woodlands Park Medical Centre		Canterbury Way, Woodlands Park, Wideopen	NE13 6JL
	19	Wellspring Medical Practice		Killingworth Health Centre Citadel East Killingworth	NE12 6HS
	20	Mallard Medical Practice		Killingworth Health Centre, Citadel East Killingworth	NE12 6HS
	26	Bridge Medical Practice		Shiremoor Resource Centre, Earsdon Road, Shiremoor	NE27 0HJ
	27	Northumberland Park Medical Group		Shiremoor Resource Centre, Earsdon Road, Shiremoor	NE27 0HJ

Community Pharmacies

KEY	LOCALITY	ODS CODE	NAME	KEY	LOCALITY	ODS CODE	NAME
P1	Central	FA552	Boots UK Limited	P27	South West	FN666	Lloyds Pharmacy Limited
P2	North West	FAF11	Lloyds Pharmacy Limited	P28	South West	FNG81	Norchem Healthcare Limited
P3	North West	FAH39	Seaton Healthcare Limited	P29	South West	FNK57	Bestway National Chemists Limited
P4	Central	FAQ67	Gill & Schofield Pharmaceutical Chemists Ltd	P30	Central	FPC71	Wm Morrison Supermarkets Plc
P5	Coast	FC800	Lloyds Pharmacy Limited	P31	North West	FPG08	Wm Morrison Supermarkets Plc
P6	Central	FCA21	Lloyds Pharmacy Limited	P32	Coast	FPV06	Fairmans Chemist Limited
P7	Central	FCE92	Lloyds Pharmacy Limited	P33	North West	FQ652	Newline Pharmacy Limited
						FQ653	
P8	North West	FCH04	AKS Healthcare Limited	P34	Central	FQN29	G Whitfield Limited
P9	Central	FD576	Lloyds Pharmacy Limited	P35	Coast	FQP86	Boots UK Limited
P10	Coast	FEG71	Wm Morrison Supermarkets Plc	P36	North West	FR698	Davison (Chemist) Limited
P11	Central	FFA56	Boots UK Limited	P37	Central	FT006	Newline Pharmacy Limited
P12	North West	FFQ42	Boots UK Limited	P38	South West	FTF19	Boots UK Limited
P13	North West	FGN62	Asda Stores Ltd	P39	Coast	FTJ64	Boots UK Limited
P14	South West	FH208	Ashchem Limited	P40	Central	FTK50	Ashchem Limited
P15	Coast	FJ796	Boots UK Limited	P41	North West	FTK96	Davison (Chemist) Limited
P16	North West	FJA62	Halls Pharmacy (North East) Ltd	P42	North West	FTP20	Boots UK Limited
P17	South West	FKK14	Fairmans Chemist Limited	P43	North West	FVL68	Davison (Chemist) Limited
P18	Central	FL037	Tesco Stores Limited	P44	Central	FWC26	Boots UK Limited
P19	Coast	FLE40	Sharief Healthcare Ltd	P45	South West	FWH07	Newline Pharmacy Limited

KEY	LOCALITY	ODS CODE	NAME	KEY	LOCALITY	ODS CODE	NAME
P20	Central	FMJ02	Bestway National Chemists Limited	P46	Coast	FX048	Boots UK Limited
P21	Coast	FMK84	Fairmans Chemist Limited	P47	Coast	FX179	Boots UK Limited
P22	Coast	FMP79	SKP Chopra Ltd	P48	North West	FX233	Boots UK Limited
P23	Coast	FMT44	Lloyds Pharmacy Limited	P49	South West	FX325	Bestway National Chemists Limited
P24	Coast	FMX65	Boots UK Limited	P50	Coast	FXJ21	D & C Fenwick Ltd
P25	North West	FN025	Lloyds Pharmacy Limited	P51	Coast	FXN15	Lloyds Pharmacy Limited
P26	Central	FN104	Boots UK Limited	P52	South West	FXP81	Ashchem Limited

Appendix 2: Overview of Commissioned Services

Community Pharmacies

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Stop Smoking	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
North West	Davison (Chemist) Ltd (Burradon)	NE12 5UT	Y	Y			Y			
North West	Boots (Killingworth)	NE12 6HS	Y	Y			Y		Y	
North West	Morrisons Pharmacy (Killingworth)	NE12 6YT	Y	Y	Y		Y	Y	Y	
North West	Boots (Forest Hall)	NE12 7AR	Y	Y	Y		Y			Y
North West	Halls Pharmacy (Forest Hall)	NE12 7AR	Y	Y			Y		Y	
North West	Lloyds Pharmacy (Forest Hall)	NE12 7HS	Y	Y			Y		Y	Y
North West	Boots (Longbenton)	NE12 8GA	Y	Y	Y		Y		Y	
North West	Davison (Chemist) Ltd (Seaton Burn)	NE13 6EN		Y			Y		Y	
North West	Davison (Chemist) Ltd (Wideopen)	NE13 6LH	Y	Y	Y		Y			
North West	Lloyds Pharmacy (Dudley)	NE23 7HR	Y	Y			Y		Y	
Coast	Fairmans Pharmacy (Monkseaton)	NE25 8AN	Y	Y	Y		Y		Y	Y
Coast	Morrison Pharmacy (Whitley Bay)	NE25 8HJ	Y	Y	Y		Y	Y	Y	

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Coast	Lloyds Pharmacy in Sainsbury's	NE25 9EX	Y				Y			
Coast	Lloyds Pharmacy (West Monkseaton)	NE25 9PH	Y	Y			Y		Y	Y
North West	Asda Pharmacy (Whitley Road)	NE12 9SJ	Y				Y	Y	Y	
Coast	Boots (Park View Shopping Centre)	NE26 1DJ	Y	Y			Y		Y	
Coast	Boots (1 Park Road)	NE26 1LT	Y	Y		Y	Y		Y	
Coast	Boots (154 Whitley Road)	NE26 2NA	Y				Y		Y	
Coast	Fairmans Pharmacy (Whitley Bay)	NE26 2SN	Y	Y	Y		Y		Y	Y
Coast	Billy's Pharmacy (Whitley Bay)	NE26 2SY	Y	Y			Y		Y	Y
Coast	Boots (Claremont Crescent)	NE26 3HL	Y	Y			Y		Y	
Coast	Whitley Bay Pharmacy	NE26 3QL	Y	Y	Y		Y		Y	
Coast	Boots (95 Park View)	NE26 3RJ	Y	Y			Y		Y	
North West	Seaton Pharmacy (Shiremoor)	NE27 0HJ	Y	Y	Y		Y	Y	Y	
North West	Newline Backworth Pharmacy (Backworth)	NE27 0JE	Y	Y	Y		Y			
North West	Shiremoor Pharmacy (Northumberland Park)	NE27 0SJ	Y	Y	Y	Y	Y			
Central	Morrison Pharmacy (Preston Grange)	NE29 9QR	Y	Y	Y		Y		Y	Y

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
South West	Well Pharmacy (High Howdon - Windsor Drive)	NE28 0PS	Y	Y	Y		Y		Y	
Central	Newline Willington Quay Pharmacy (Willington Quay)	NE28 6NB	Y	Y	Y	Y	Y		Y	
South West	Portugal Place Pharmacy (Wallsend)	NE28 6RZ					Y			
South West	Well Pharmacy (Wallsend - Crow Bank)	NE28 7BD	Y				Y		Y	
South West	Ashchem (Burn Terrace)	NE28 7BJ	Y	Y	Y		Y		Y	
South West	Lloyds Pharmacy (Wallsend)	NE28 7RH	Y	Y			Y		Y	Y
South West	Fairmans Pharmacy (Wallsend)	NE28 8HU	Y	Y	Y	Y	Y	Y	Y	Y
South West	Boots (6 The Forum)	NE28 8JR	Y	Y			Y		Y	
South West	Lloyds Pharmacy (Battle Hill)	NE28 9DX	Y	Y	Y		Y		Y	
South West	Newline Coast Road Pharmacy (Coast Road)	NE28 9HP	Y	Y	Y	Y	Y		Y	
Central	Boots (Silverlink)	NE28 9NT	Y	Y			Y			
South West	Norchem Healthcare Ltd T/A Hadrian Pharmacy	NE28 9UY	Y	Y	Y		Y		Y	
Central	Ashchem (Tynemouth Road)	NE28 0AA	Y	Y	Y		Y		Y	
Central	Boots (Nile Street)	NE29 0AZ	Y	Y		Y	Y		Y	

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Central	Boots (Nelson Health Centre)	NE29 0DZ	Y	Y			Y		Y	Y
Central	Lloyds Pharmacy (Albion Road)	NE29 0HT	Y	Y	Y		Y		Y	Y
Coast	Lloyds Pharmacy (Hawkeys Lane)	NE29 0SF		Y	Y		Y		Y	
Central	Boots (Bedford Street)	NE29 0SZ	Y	Y			Y		Y	
Central	Gill & Schofield (Chambers)	NE29 6HN	Y	Y	Y		Y		Y	
Central	Lloyds Pharmacy (Bedford Street)	NE29 6QF	Y	Y			Y		Y	Y
Central	Tesco Instore Pharmacy (North Shields)* 100 hours	NE29 7UJ	Y	Y	Y		Y	Y	Y	
Central	G Whitfield New York Pharmacy (New York)	NE29 8EA	Y	Y	Y		Y		Y	
Central	Well Pharmacy (North Shields - Verne Road)	NE29 9LT	Y	Y			Y		Y	
Coast	D and C Fenwick Ltd (Farringdon Road)	NE30 3ER	Y	Y	Y		Y		Y	Y
Coast	Boots (Tynemouth)	NE30 4LX	Y	Y			Y		Y	

Other Providers

Area	Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vaccs.	Healthy Living Pharmacy
Central	A & E Department Rake Lane Hospital	NE29 8NH								
South West	Walk in Centre - Battle Hill Health Centre	NE28 9DX								
North West	One to One Centre Shiremoor	NE27 0PR	Y							
South West	Needle Exchange - Harm Reduction Service	NE28 6SS				Y				
Newcastle	Fairmans Pharmacy (Benton)	NE7 7EE			Y					

Appendix 3: Sources of information used in the preparation of the PNA

- Information supplied by NHSE regarding community pharmacy opening hours
- Information supplied by Local Pharmaceutical Committee PharmOutcomes information system.
- Information supplied by commissioners of services – NHS NTCCG, Public Health (North Tyneside Council), Northumbria Healthcare NHS Foundation Trust
- Information on prescription numbers provided by NHS Business Services Authority
- The main Public Health England data sources:
    - NHS Outcomes Framework (NHS Digital)
    - Quality and Outcomes Framework 2015-16
    - Public Health Profiles (PHE)
    - Public Health Outcomes Framework (PHE)
    - Office for National Statistics (ONS)
- Information supplied by Healthwatch North Tyneside and NHS Choices

Appendix 4: Members of Steering Group

Heidi Douglas	Public Health Consultant, North Tyneside Council (Chair)
Wendy Burke	Director of Public Health, North Tyneside Council
Christine Jordan	Public Health Senior Manager, North Tyneside Council
Steve Rundle	Head of Planning & Commissioning, NHS North Tyneside Clinical Commissioning Group
Neil Frankland	Medicines Optimisation Pharmacist, NHS North of England Commissioning Support
Peter Slegg	Planning Officer North Tyneside Council
Muriel Green (Cllr)	North Tyneside Council
Craig Anderson	Policy and Performance Manager, North Tyneside Council
Oonagh Mallon	Commissioning Manager, North Tyneside Council
Ann Gunning	Community Pharmacy Development Lead North of Tyne Local Pharmaceutical Committee
Stephen Blackman	Chief Officer, North of Tyne Local Pharmaceutical Committee
Jenny McAteer	Director, Healthwatch North Tyneside
Ahcene Djabri	Business Manager North Region (Cumbria and North East), NHS England

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North Tyneside
Health & Wellbeing Board Report
Date: 15th March 2018

ITEM 8

Title: Director of Public Health Assurance Report 2016/17

Report from : North Tyneside Council – Public Health

Report Author: Heidi Douglas (Tel 0191 643 2120)

Relevant Partnership Board:

1. Purpose:

Present an overview of the health protection system and outcomes for North Tyneside as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

2. Recommendation(s):

The Board is recommended to:-

a) Note the report;
b) Endorse the areas that require improvement; and
c) Agree that the report provides assurance that the local health protection arrangements are robust and work well.

3. Policy Framework

This item relates to the health and wellbeing priorities as outlined in the Joint Health and Wellbeing Strategy 2013-23 with particular relevance to:

- **Addressing Premature Mortality to Reduce the Life Expectancy Gap**: Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough
- **Improving Healthy Life Expectancy:** Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough
- **Reducing Avoidable Hospital and Care Home Admissions:** Focusing on interventions in primary care, community and hospital settings to improve self-management, personalised support and independence

4. Information:

Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

The Director of Public Health (DPH) employed by North Tyneside Council, is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

North Tyneside has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning this framework is outlined in Appendix 2.

An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good. However there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however there is a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination 93.1% in 16/17 compared to 98.6% in 15/16 and the WHO target of >95% population coverage is not being achieved.

- There has been a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination. Although North Tyneside achieves a higher coverage compared to England uptake of the HPV vaccine and booster is under the 90% standard.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement.

- The formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland will provide strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population is being fully implemented in North Tyneside.

- Improving and monitoring air quality in North Tyneside will bring together public health, environmental health and transport in the creation of a local air quality improvement plan.

5. Decision options:

The Board may:-

a) Note the report
   And
b) Endorse the areas that require improvement
   And
c) Agree that the report provides assurance that the local health protection arrangements are robust and work well.

6. Reasons for recommended option:

The recommended option is that the Board endorses all of the above decision options and agrees that the health protection arrangements in North Tyneside are robust equipped to meet the needs of the population.

7. Appendices:

Appendix 1: Health Protection Annual Assurance Report 2018
Appendix 2: Framework for Health Protection Arrangements
Appendix 3: Immunisation Schedule UK 2017

8. Contact officers:

Heidi Douglas: Consultant in Public Health North Tyneside Council Tel: 0191 643 2120

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- Public Health Outcomes Framework: available at PHE Fingertips
- Local Authority Assurance Report: section 7a Services 2017
- Cumbria and the North East Seasonal influenza vaccination report 2016/17
- PHE: Protecting the population of the North East from communicable disease and other hazards. Annual Report 2016/17
- PHE: Spotlight on sexually transmitted infections in the North East 2016 data
- PHE: HIV and AIDS in the North East 2017 Surveillance Report
- Antimicrobial Resistance (AMR) Local indicators North Tyneside: available at PHE Fingertips
- North Tyneside Council: 2017 Air Quality Annual Status Report.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no direct financial and resource implications arising from this report.

11 Legal

There are no legal implications arising directly from this report

12 Consultation/community engagement

There has been no consultation or community engagement

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

A key priority emerging from this report is to reduce the variation of uptake for the cancer screening programmes in North Tyneside. Certain groups are less likely to engage in screening and this includes:

- Socioeconomically deprived communities
- Black and Ethnic Minority Communities
- People with Learning Disabilities
  And;
- Younger women (cervical cancer screening)

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside through the earlier identification of cancer, which will enable quicker access to treatment and improved survivorship.

15 Risk management

There is a risk to reputation for the Local Authority, the CCG and the NHS acute trusts; both regionally and nationally if North Tyneside does not protect the population from existing and emerging health protection threats.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

Appendix 1

Health Protection Assurance Report

Executive Summary

1. North Tyneside has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning this framework is outlined in appendix 2.

2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good. However there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however there is a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination 93.1% in 16/17 compared to 98.6% in 15/16[1] and the WHO target of >95% population coverage is not being achieved.

- There has been a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination. Although North Tyneside achieves a higher coverage compared to England uptake of the HPV vaccine and booster is under the 90% standard[2].

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement.

- The formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland will provide strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population[3] is implemented in North Tyneside.

- Improving and monitoring air quality in North Tyneside will bring together public health, environmental health and transport.

Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for North Tyneside Council[4]. The DPH, on behalf of the

Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Guidance suggests that, through their DPH, Health and Wellbeing Boards will wish to be assured that acute and longer term health protection arrangements properly meet the health needs of the local population[5]. Accordingly, this report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in North Tyneside

Background

4. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

   This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:

   - National programmes for screening and immunisation which may be routine or targeted;

   - Management of environmental hazards including those relating to air pollution and food;

   - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;

   - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAIs);

   - Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).

5. The DPH employed by North Tyneside Council, is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

Health protection a multi-agency function

6. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), Public Health England (PHE) and providers. The responsibility for the provision of the health protection function is spread across the following organisations:

7. North Tyneside Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of

the local population[4]. This leadership role relates mainly to functions for which the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.

8. Screening and Immunisation Teams (SITs) employed by PHE and are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.

9. PHE brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as a number of other responsibilities relating to surveillance and planning.

10. NHS North Tyneside CCG commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.

11. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, PHE, NHSE, Emergency Services and NHS Foundation Trusts. All of these agencies are represented on the Local Health Resilience Partnership (LHRP) and the Local Resilience Forum (LRF).

Screening

12. Screening is a strategy used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

13. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
    - Cancer screening programmes (breast, bowel and cervical)
    - Diabetic Retinopathy
    - Abdominal Aortic Aneurysm (AAA)
    - Antenatal and newborn screening programme

14. The most recent data for the adult screening programmes are for 2016/17[6], with the exception of the diabetic eye screening programme. The data for the ante-natal and newborn screening programme is for 2015/16[1]. In these circumstances, assurance for North Tyneside is limited to the overall assurance we have in respect of the programme or the period for which we do have data.

15. There are two key indicators that can be used as measures of assurances that can be used alongside the national uptake of screening programmes, these are:

- National baseline indicators based upon the 2016-17 Public Health Function agreements
- Clinical standards that are required to ensure patients safety and control disease.

16. Uptake of the AAA and cancer screening programmes in North Tyneside continues to be either similar or above the national average. The table below present's coverage for all of the adult screening programmes and highlights the variation at a GP practice level of uptake. The only programme operating below the national standard is cervical cancer screening.

17. Data for the Diabetic Eye Screening Programme is unavailable at a North Tyneside level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake exceeds 80%. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 1: Adult Screening Programme Coverage 2016/17[1,6]

Screening Programme	National Standard	% Coverage (2016/17)		North Tyneside Range (GP)	
		England	North Tyneside	Highest	Lowest
Cervical Cancer (25-64 years)	80%	72.0%	76.6%	85.6%	70.4%
Breast Cancer (50-70 years)	70%	72.5%	75.5%	83.8%	56.8%
Bowel Cancer (60-69 years)	NA	57.4%	58.5%	66.7%	47.8%
AAA (men 65 years)	75%	80.9%	79.9%	NA	NA
Diabetic eye screening*	80%	83%	82.9%*	NA	NA

*North of Tyne and Gateshead diabetic eye screening programme data (2015/16)

18. The Antenatal and Newborn screening programme covers six areas:
    - Fetal anomaly
    - Sickle cell and thalassemia
    - Infectious diseases in pregnancy
    - Newborn infant physical examination
    - Newborn hearing screening
    - Newborn bloodspot screening

19. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not available at a North Tyneside level and is only available for 2015/16

20. In Northumbria Health Care NHS Foundation Trust 99.6% of eligible babies received the newborn infant physical examination (NIPE) within 72 hours of birth in 2015/16 (England 94.9%). Data was not available for Newcastle upon Tyne Hospitals NHS Foundation Trust.

21. Newborn bloodspot coverage across the North Tyneside CCG area continues to be high at 98.9% for 2015/16 (England 95.6%), although this is below the national standard (99.9%) there has been a slight increase in coverage for Q1-Q3 (16/17).

22. Newborn hearing screening coverage across North of Tyne continues to be high at 99.2% for 2015/16 (England 98.2%).

23. National data for the antenatal and newborn screening programme is only available for 2015/16. However local indicative data is available for April -December 2016 this is presented in table 2 below.

Table 2: Antenatal and newborn screening coverage[1,6]

Screening programme	National Standard	% Coverage (2015/16)		North Tyneside (April – Dec 2016)
		England	North Tyneside	
Infectious Diseases in Pregnancy	95%	99.1	NA	97.9%
Sickle Cell and Thalassaemia	99%	99.1	NA	NA
Newborn Blood Spot Screening	99.9%	95.6	98.4	99.0%
Newborn Hearing Screening	99.5%	98.7	99.5	99.4%
Newborn and Infant Physical Examination Screening	99.5%	94.9	99.6*	99.0%*
				94.6%**

*Data for Northumbria Healthcare NHS FT ** Data for Newcastle upon Tyne Hospitals NHS FT

Immunisation and vaccination

24. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections (a full schedule is attached in appendix 3). In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

25. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators[6].

Routine childhood immunisation programme

26. Uptake in the North Tyneside for the routine childhood programme remains among the highest in England: In 2016/17 coverage for routine childhood immunisation programme in North Tyneside is presented in table 3 below.

Table 3: Coverage routine childhood immunisation programme North Tyneside 2016/17[1,6]

Vaccine and booster programme	**Age cohorts**					
	12 months		**24 months**		**5 years**	
	England	NT	England	NT	England	NT
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	93.4%	97.9%	95.0%*	98.0%*	92.6%	95.7%
Meningitis C**	NA	98.4%	91.6%*	97.4%*		
PVC	93.5%	97.7%	91.5%*	96.9 %*		
Measles, mumps and rubella (MMR)			91.6%	96.6%	87.6%***	93.1%***
Hib/Men C booster			91.6%	96.8%	92.6%*	95.7%*

*Boosters
** 2015/16 data

<90% Coverage | 90% to 95% Coverage | ≥95% Coverage

*** Two doses MMR

27. North Tyneside achieves a coverage rate of >95% for all of the childhood immunisation programmes, with the exception of two doses of MMR at 5 years of age.

28. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

Table 4: HPV and Td/IPV Booster 2016/17[2,8]

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	NT	England	NT
HPV[2]	83.1%	87.4%	85.5%	88.5%
Td/IPV[7]	83.0%	88.4%	81.7%	90.8%

29. All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer. It's usually given to girls in year eight at schools in England with a second dose administered within 6 to 12 months. In North Tyneside the coverage for the full two doses at ages 13-14 years was 88.5% compared to 85.5% in England (2016/17). Whilst coverage in North Tyneside is better than the England rate, coverage rates in North Tyneside are below the national standard of 90%.

30. Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. Nationally many areas give the Td/IVP booster in school year 10. The national plan is to provide the Td/IPV booster in year 9 alongside the final MenC booster. At present data is presented for both year 9 and year 10 to reflect the current system. North Tyneside has a higher coverage rate than England, and at year 10 is reaching the national standard of 90%.

31. Significant changes to the immunisation programme for meningitis were introduced in 2015. The MenACWY immunisation was added to the national immunisation programme in August 2015 in response to the rising number of meningococcal W (MenW) cases in teenagers and young adults. Catch-up campaigns were arranged to reach older teenagers and “freshers” at university.

32. In North Tyneside, from September 2016 up to 31 Aug 2017, 88.6% (83.6% England) of Year 9 students (aged 13-14) received the MenACWY vaccination[8].

33. Additionally, in September 2015 a new vaccine against Meningitis B was offered for new babies born from July 2015 as part of the routine childhood immunisation programme and a catch-up programme has operated for infants born in May and June 2015. Average coverage in North Tyneside at 1 year of age is 97.4% (2017)[1,6].

At risk immunisation programme

34. The at risk immunisation comprises the following:

- Pneumococcal (PPV) vaccine single dose at 65 years
- Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

Table 5: Pneumococcal (PPV) and Shingles immunisation coverage [1,6]

Vaccination	National Standard	England	North Tyneside
PPV (2016/17)	68.8%	69.8%	71.6%
Shingles (70 years old) (2015/16)	NA	54.9%	56.3%

Acceptable range

35. The coverage rate for the adult immunisation programme in North Tyneside is higher or similar to the England rate. Although there is no national standard for shingles vaccine coverage, just over half of 70 year olds received this is 2015/16.

Seasonal flu vaccine programmes

36. In 2016/17 seasonal flu vaccine offered annually to:

- Those aged 65 years and over
- Those aged six months to under 65 in clinical risk groups
- All pregnant women
- All two, three, and four year olds
- All children in school years 1, 2 and 3
- Those in long-stay residential care homes or other long stay care facilities
- Carers
- Frontline health and social care workers

37. Targets for uptake in the adult population were 75% of the eligible population. Ambitions for uptake amongst children were 40-65% of those eligible. The table below presents the data that is available on the seasonal flu vaccine.

Table 6: Seasonal flu Vaccination Coverage North Tyneside 2016/17[9]

Adult Seasonal flu Vaccination			
	National Standard	England	North Tyneside
Aged 65+	75%	70.4%	72,4%
Clinical risk groups	75%	48.7%	50.3%
Pregnant women	55%	44.8%	46.7%
Front-line staff (NHS FT)	75%	63.4%	62.0%
Children Seasonal flu Vaccination			
Age	National Standard	England	North Tyneside
2yrs	40 – 65%	38.9%	46.2%
3yrs		41.5%	47.1%
4yrs		33.9%	37.4%
5yrs		NA	68.4%
6yrs		NA	68.2%
7yrs		NA	62.0%

Below min standard | Within standard range | Exceeds standard

38. North Tyneside has higher coverage rate than England across all aspects of the seasonal flu vaccination programme. The adult programme falls below the expected minimum standard and the childhood programme provided in primary care is performing within the expected range with the exception of the 4 year old programme, it is only the school based flu vaccination programme that exceeds the national standard.

Surveillance and communicable diseases

39. Effective surveillance systems ensure the early detection and notification of particular communicable diseases. PHE Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.

Environmental health and food safety

40. North Tyneside Council's Environmental Health team are an important resource in identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.

41. North Tyneside food safety team received 276 food hygiene and food standards complaints (2016/17). All complaints were investigated in a timely manner and action taken where appropriate. These investigations identified the following issues:

- Wholesale distribution of pre-packed unlabelled fish without any appropriate information to show the fish was processed in an approved establishment.
- Allergen investigations, with a particular focus on the presence of peanuts in food that is peanut free. Allergen education to businesses remains an important part of food safety inspections.
- Sale of counterfeit alcohol

42. North Tyneside food safety team conducts a food sampling programme. In 2017/16 628 samples were obtained from 98 food establishments. The food sampling programme identified issues relating to hand washing and cleaning and the substitution of almond powder with peanut and other ground nuts in meals.

Control of specific diseases

43. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the PHE Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through local authority environmental health officers.

44. The tables below present data on the notifications received for specific communicable diseases.

Table 7: Measles, mumps, meningococcal disease and whooping cough notifications 2016[10]

Area	Disease									
	Measles		Mumps		Rubella		Meningococcal disease		Whooping cough	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	1637	3	5135	9	343	1	1753	3.0	2,061	4
North East	110	4.2	456	17.3	19	0.7	96	3.6	439	16.6
North Tyneside	8	3.9	50	24.6	0	0.0	*	2.0	28	13.8

Rate per 100,000 population estimates 2016 (ONS) *data suppressed due to small numbers

45. In 2016 notifications for measles, meningococcal disease and whooping cough in North Tyneside were similar to the North East, however there were higher rates of notifications in North Tyneside and the North East for both mumps and whooping cough when compared to the average for England and Wales; these higher rates of notifications were similar to the previous year (2015).

Table 8: Foodborne and waterborne infectious disease notifications 2016[10]

Area	Disease									
	E. coli O157		Salmonella		Campylobacter		Cryptosporidium		Legionellosis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	1487	2.7	9,460	16.2	53,886	92.3	5,974	10.2	237	0.4
North East	40	1.5	392	14.9	2866	108.7	359	13.6	15	0.6
North Tyneside	*	0.5	28	13.8	276	135.8	17	8.4	*	1.5

Rate per 100,000 population estimates 2016 (ONS) *data suppressed due to small numbers

46. North Tyneside has consistently lower rates for all of the main food and waterborne infectious diseases, with the exception of campylobacter, more recent surveillance data on campylobacter has identified an increase across the region, some of which is explained by more sensitive testing procedures.

Table 9: Hepatitis and Tuberculosis notifications 2016[10]

Area	Disease									
	Hepatitis A		Hepatitis B		Hepatitis C		Hepatitis E		TB	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	618	1.1	5572	9.5	6,166	10.6	934	1.6	1,348	10.1
North East	15	0.6	213	8.1	242	9.2	52	2.0	124	4.7
North Tyneside	0	0.0	9	4.4	6	3.0	6	3.0	5	2.5

Rate per 100,000 population estimates 2016 (ONS)

47. North Tyneside has lower rates of notification for hepatitis and tuberculosis and this is similar for the North East region.

Table 10: Sexually transmitted infections (STI) and new HIV diagnosis notifications 2016 [11-12]

	Rate per 100,000 population						
	All new STI diagnosis	Chlamydia	Genital herpes	Genital warts	Gonorrhoea	Syphilis	HIV
England	750	364	57	113	65	11	10
North East	663	337	56	113	65	6	6
North Tyneside	714	383	74	116	58	6	*

Rate per 100,000 population estimates 2016 (ONS) *data suppressed due to small numbers

48. The rates of STIs in North Tyneside are comparable with the North East and are better than the England average.

49. There is a higher notification rate for chlamydia at a population level in North Tyneside; this reflects the success of the local chlamydia screening programme. PHE recommends that local areas should be working towards achieving a chlamydia detection rate of at least 2,300 per 100,000 among individuals aged 15 to 24 years and this is an indicator in the Public Health Outcomes Framework. In 2016 the chlamydia diagnosis rate among North East residents aged 15 to 24 years was 1,836 per 100,000 residents in North Tyneside the detection rate was 2,562 per 100,000 population.

Healthcare associated infections (HCAIs)

50. On behalf of NHSE, PHE uses routine surveillance programmes to collect data on the numbers of certain infections that occur in healthcare settings. Prevention of HCAIs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams[13]. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. PHE provides infection control advice in non-healthcare community settings such as care homes and schools.

51. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance (AMR). Rates of HCAIs for North Tyneside CCG are given below:

Table 11: Rates of Healthcare Associated Infections 2016/17[14]

	Rates of Healthcare Associated Infections per 100,000 population		
	England	North East and Cumbria	North Tyneside CCG
MRSA	1.5	1.6	2.5
MSSA	20.0	25.9	27.1
E. coli	73.9	91.5	103.5
C. difficile	23.4	28.2	19.2

Antimicrobial Resistance

52. Preventing infections from occurring in the first place is one the best ways of reducing the need to prescribe antibiotics. There is an increasing global concern over the rise of AMR. It is well evidenced that the more we use antibiotics the less effective they become against their targeted organism (bacteria, virus, fungi and parasites). Therefore every infection

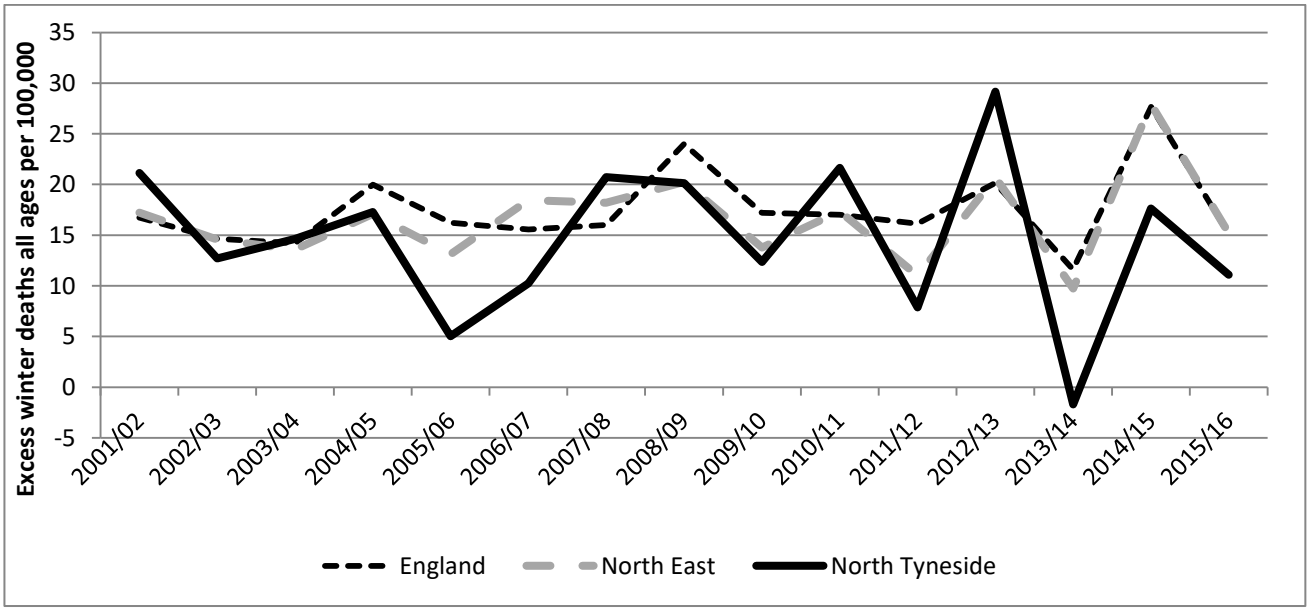
prevented reduces the need for and use of antimicrobials, which in turn lessens the potential for development of resistance.

53. Currently in the UK, the greatest and increasing threat from drug resistant organisms is from Gram-negative bacteria, there is a target to reduce gram-negative HCAIs by 50% by 2021. The initial focus is on E.coli. In North Tyneside the rates of E.coli have been significantly higher than the England average for the last 5 years.

Excess winter deaths

54. In North Tyneside there were 75 excess winter deaths in 2015/16, compared to 128 in 2014/15. The majority of excess winter deaths occur in the over 85s (55%)[6]. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case. Winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41 300 more people dying in the winter months compared with the non-winter months. The chart below presents the all age excess winter deaths rate per 100,000 population and highlights the year on year variation, both at a national and local level.

Chart 1: Excess winter deaths single year 2001 - 2016 all ages[6]



Emergency Preparedness Resilience and Response

55. Planning for emergency situations, such as extreme weather events, outbreaks or terror incidents, takes place at regional and local levels:

- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.

- PHE co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.

- In North Tyneside there is the Emergency Response Leadership Group (ERLG) that meets monthly, the role of this group is to ensure that the council and partners are equipped to respond to an emergency. This includes reviewing and developing internal policies, engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding. This group feeds into the LHRP and the LRF. The ERLG also attend three meetings each year which are with wider partners, including the NHS, utility companies and the voluntary and community sector. The multi-agency group ensures that North Tyneside is adequately prepared to respond to emergency incidents and that there is an appropriate level of engagement from all organisations

- The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by PHE to co-ordinate such advice in the event of an emergency incident.

Port of Tyne Health

56. Port Health Services at the Port of Tyne are delivered by the Tyne Port Health Authority, a joint board constituted by the Tyne Port Health Authority Order 2010. The Authority is assigned a range of Public Health statutory duties that are largely regulatory and cover controls over infectious disease, imported food and pollution controls and crew welfare and wellbeing.

57. North Tyneside Council has representation on an operational board from each of the 4 riparian authorities; North Tyneside, Newcastle, Gateshead and South Tyneside. Each authority contributes in part to the funding of the port health services.

58. The operational activities routinely carried out by Port Health Officers include:

- **Routine boarding of vessels:** Around 200 vessels were boarded in 2016/17. A cruise liner visiting the port reported 39 cases of gastro–intestinal illness. Samples submitted identified the illness to be caused by the Norovirus. The ship carried out appropriate precautions to contain and minimise spread and arranged a deep clean of the vessel before leaving the port.
- **Ships Inspections:** Port Health Authorities monitor and control for ship borne public health risks e.g. rodent infestation, Legionella risk from ships water distribution systems. Ship Sanitation Control Exemption Certificates are issued when no evidence of a public health risk is found on board and ship is free of infection and contamination. A Ship Sanitation Control Certificate is issued when evidence of a public health risk, including sources of infection and contamination, is detected on board. 31 Exemption Certificates were issued during 2017. There were no conditions found on inspections warranting the issue of control certificates.
- **Food and Water Sampling:** Ships inspections are supplemented by routine microbiological sampling of food and drinking water. Of the 173 samples of drinking water taken from ships water distribution systems or hydrants supplying ships there were 29

failures where remedial action was taken. A microbiological survey of galley hygiene revealed some problems with disinfection of food contact surfaces.

- **Imported Food Controls:** Over 1000 consignments of food from third countries requiring port health checks arrived in the port in 2017.

Air Quality

59. North Tyneside Council monitors the levels of two pollutants (nitrogen dioxide and PM2.5 particles) at a number of locations across North Tyneside. The air quality monitoring carried out in North Tyneside has indicated good air quality and a review of the latest annual monitoring data for 2016 for nitrogen dioxide and particulates has indicated that the levels have remained steady year on year and are below the air quality objectives. Real time continuous monitoring carried out in East Howdon and in Wallsend show that the nitrogen dioxides and particulate matter levels have remained the same and that there are no exceedances of the annual mean objective levels.

60. There have been a number of concerns from the public regarding the impact of the planned road improvement schemes are having on congestion and subsequently air quality. In response 26 passive nitrogen dioxide diffusion tubes have been installed at sensitive receptors[15].

61. Environmental Health is working to develop and implement an Air Quality Strategy and this will include for an action plan to incorporate measures to help minimise emissions of PM2.5. This strategy will be initiated and progressed through the use of a Steering Group, whose membership consists of all relevant partners including transport planners, public health team, planning, climate change team and environmental health. Areas for action include:

- Traffic management measures
- Reduce emissions from new and existing developments
- Reduce emissions from road transport
- Promotion of alternative modes of travel

Conclusions

62. The Health Protection Arrangements across North Tyneside are multi-agency. This report alongside an overview of the meeting and reporting structures (appendix 2), aims to provide the necessary assurance that the local health protection system are robust and equipped to both prevent and suitably react to health protection situations.

63. An assessment of the current health protection arrangements for North Tyneside has identified that these are working well to protect the population. However this report has identified a number of areas where more could be done particularly around uptake of particular screening and immunisation programmes; and addressing the high rates of HCAIs.

64. Moving forward into 2018/2019, the anticipated UK departure from the European Community on the 29th March 2019 may present a significant challenge to Port Health

services. It is currently unclear as to what changes will take place to the UK's EU customs status and what, if any changes, will be made to UK food law. An increased amount of work by the port health team to prepare for changes to the UK's border checks will be unavoidable.

Recommendations

65. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good. However there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however there is a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination 93.1% in 16/17 compared to 98.6% in 15/16 and the WHO target of >95% population coverage is not being achieved[1,6].

- There has been a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination. Although North Tyneside achieves a higher coverage compared to England uptake of the HPV vaccine and booster is under the 90% standard[2].

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement.

- The formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland will provide strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population[3] is implemented in North Tyneside.

- Improving and monitoring air quality in North Tyneside will bring together public health, environmental health and transport.

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Appendix 2

Health Protection Assurance: External Structure

Means of assurance	Purpose	Frequency	Lead Organisation(s)
Public Health Oversight Group (PHOG)	Provide a forum for systematic assurance of NHS England's Public Health Section 7a Agreement (PHS7A) direct commissioning responsibilities* (see p.3) and for the sharing of stakeholder intelligence between public health partners in the local health and care economy and opportunities for the Directors of Public Health (DsPH) representatives to provide support and improve communication within their networks. This includes oversight of the quality, safety and patient experience of these commissioned services with a focus on improving health outcomes and reducing variation in quality across Cumbria and the North East. Assurance is a "positive declaration intended to give confidence". This group is not for direct commissioning performance management. This function is carried out through contract review processes as appropriate.	6 per year	NHS England
Screening and Immunisation Oversight Group (SIOG)	Currently undergoing review it is being proposed that there is a joint SIOG for North Tyneside and Northumberland and would constitute membership from NHSE, PHE, CCG, LA and Provider Organisations.	TBC	NHS England
NHSE commissioned Cancer and Non-Cancer Screening Programmes			
Cumbria and NE (CANE) Regional Screening Programme Boards	Provide strategic leadership for updating, planning and implementing the delivery of the following screening programmes: Diabetic Eye Screening; Aortic Abdominal Aneurysm (AAA); cervical, breast and bowel cancer screening; Antenatal and	2 per year except AAA 4 per year	NHS England

	Newborn screening programmes for CANE. Facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management.		
North Screening Quality Assurance Team	The purpose of these regional teams is to: • assess the quality of population screening services, including through peer review • give expert advice during the management of screening incidents • provide daily support to commissioners and screening programme providers • work with providers and commissioners to improve equitable access to screening	Report directly into the regional screening programme board	PHE SQAS
Information on screening incidents	DsPH are informed of serious incidents in their area and invited to be part of the SI Steering Group to ensure awareness in case of media interest and harm/potential harm to residents. A summary of incidents is presented to the PHOG (see above) and all serious incidents are discussed and formally closed at PHOG.	Ad hoc	NHS England
Updates at regional DsPH meetings	Raise awareness of developments and issues in any of the programmes by exception Also provide ad hoc workshop sessions in response to requests.	Bimonthly attendance	NHS England
Annual Regional Screening Report	Discussion ongoing as to if annual report should be published and, if so, in what format. Local authorities are regularly provided with all data which would appear in Annual Report in the form of a LA Assurance Dashboard.	NA	NHS England
NHSE commissioned immunisation programmes			
Updates at regional DsPH meetings	Provide systems leadership for updating, planning and implementing the delivery of seasonal influenza; shingles (herpes zoster) and pneumococcal (aged over 19)	Monthly	NHS England

	vaccination programmes.		
0-19 and Influenza Immunisation Boards	Provide strategic leadership for updating, planning and implementing the delivery of the national 0-19 for CANE. They facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management. The Board is responsible for identifying areas of improvement and opportunities for joint working to improve uptake and reduce inequalities.	2 per year	NHS England
ImmForm immunisation uptake data	Local authorities have direct access to ImmForm to enable detailed analysis of immunisation data in their localities	NA	Local authorities
Annual Seasonal Influenza Vaccination Report	Inform partners – CCGs/LAs/A&E Boards – of performance and developments in previous flu season and priorities for next season	Annual	NHS England
Health protection surveillance and case/incident management response			
DPH Quarterly Report on Infectious Disease	This report gives the Local Authority assurance regarding the burden of relevant infectious diseases of public health consequence in Northumberland. It gives an overview of the incidence in Northumberland of common causes of infectious gastrointestinal diseases, vaccine preventable diseases (including measles, mumps and rubella), and other selected organisms of public health consequence (eg. Legionella). It also includes a summary of Local Authority level vaccine coverage data.	Quarterly	PHE (North East Health Protection Team and Field Epidemiology Service)
PHE NE Monthly Healthcare Associated Infections (HCAIs) Summary Report	This report informs the Local Authority of the number of cases of the numbers of specific (HCAI) in local hospital Trusts. Specifically, it covers numbers of MRSA, MSSA, C difficile and E coli cases. This data is collected by PHE's Field Epidemiology Service in support of the NHS, and is shared with Directors of Public Health for information.	Monthly	PHE (Field Epidemiology Service)
Operational updates on local health protection issues	This is a weekly confidential email from the Consultant in Health Protection covering the North of Tyne area highlighting any local outbreaks managed by the	Weekly	PHE (North East Health

	Health Protection Team and any individual cases which the Consultant believes may be of interest to the local Director of Public Health or hospital microbiologists. It also highlights any regional or national issues which are likely to have local consequences.		Protection Team)
HIV, Sexual and Reproductive Health Epidemiology Reports (LASER)	These are confidential reports for Directors of Public Health covering STIs, HIV and reproductive health at the Local Authority level, in order to inform joint strategic needs assessments.	Annual	PHE - Field Epidemiology Service (FES)
Access to HIV / STI web portal	This is a restricted access data portal which provides Directors of Public Health with sexually transmitted infection surveillance data at a local level.	When required	PHE - FES
North East Quarterly Sexual Health Bulletin	This report gives the DPH an overview of the number of cases of gonorrhoea, chlamydia, syphilis, and genital warts diagnosed per quarter at each of the North East's GUM clinics. It includes a breakdown of cases by key demographics such as gender and age. It also gives an overview of the number of sexual health screens undertaken at each GUM clinic, and their positivity rate.	Quarterly	PHE - FES
North East Annual Sexually Transmitted Infectious Report	This report covers the same topics as the Quarterly Bulletin, but for the full calendar year. The data is set in the context of previous years, allowing comparisons to be drawn and trends to be identified. This also includes commentary on national trends and outbreaks.	Annual	PHE - FES
Access to PHE Fingertips data portal	This online data portal provides the DPH with an overview of a wide range of data relating to the health of the population, often available at Local Authority or CCG level. Several sets of data are of particular relevance to health protection: for example, 'Health Protection Profiles', 'Sexual and Reproductive Health Profiles' and 'TB Monitoring Indicators'.	When required	PHE
Annual Regional Health Protection Report	This is an annual report for the North East region, prepared by the PHE North East Deputy Director for Health Protection. It gives a summary overview of the action taken by the Health Protection Team in the preceding year to protect the health of the North East population. It includes a summary of prevention, surveillance, and	Annual	PHE - North East Health Protection Team (NE HPT)

	disease control activity, as well as a summary of emergency preparedness, microbiology, communications, and environmental work. It also describes work to improve the quality of health protection services year-on-year, and sets out the Team's priorities for the coming year.		
Regional annual TB report	This report presents data on the burden of tuberculosis in the North East, and an overview of treatment outcomes in the preceding year. The data is broken down at Local Authority level. Incidence of cases is broken down by key demographics, including age and ethnic group, and is set in the context of incidence in other years so that comparisons can be drawn and trends identified. The report also includes recommendations for tackling TB in the North East over the coming year.	Annual	PHE - FES
Area Health Protection Committee meetings	This meeting covers the Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland Local Authority areas. It is attended by the Directors of Public Health, members of their teams, members of three Local Authority Environmental Health teams, and representatives from the local hospital Trust microbiology teams. The meeting discusses recent outbreaks or incidents of wider interest, including sharing recommendations from incidents across the area. The meetings also provide DsPH with the opportunity to discuss and challenge the routine health protection response across the area.	Quarterly	PHE NE HPT
NE Quarterly TB Summary Report	This report provides data on the incidence of TB at local authority level, broken down by key demographics. Case numbers at local authority level are typically too small on a quarterly basis to reliably consider trends, but these reports provide the DPH with assurance that the number of TB cases within their area is within typical limits.	Quarterly	PHE - FES
NE PHE Centre Weekly Influenza and Intestinal Infectious Disease Reporting	These reports give an overview on influenza activity at an international, national and regional (North East) level. This includes the latest data on the circulating strains of influenza. This report also summaries the most relevant points from the PHE weekly national influenza report.	Weekly (October to March)	PHE - FES
Participation in/Minutes of	When community outbreaks of infectious disease occur which require multiagency	N/A	PHE NE HPT

Outbreak Control Team (OCT) meetings	management, the DPH is routinely invited to take part in Outbreak Control Team meetings chaired by the Consultant in Health Protection. This allows the DPH (or deputy) to represent the interests of the local population and the Local Authority in decisions taken to control the outbreak. Formal minutes of these meetings are produced, and typically circulated within 24 hours.		
Outbreak/Incident reports	Following the conclusion of any community outbreak of infectious disease for which an Outbreak Control Team has been convened, a formal report is always prepared by the Consultant in Health Protection who chaired the Outbreak Control Team (or a deputy). This includes a summary of the outbreak and actions taken to control it, as well as any recommendations for future practice or outbreak investigations. These are typically circulated within 8 weeks of the closure of an outbreak.	N/A	PHE NE HPT
National Health Protection Report	This is a national online publication. It highlights new publications of a large range of different routine national data reports on infectious diseases (e.g. national data on laboratory reports of respiratory infections; sentinel surveillance of blood borne virus testing in England; and laboratory surveillance of Pseudomonas bacteraemia). It also highlights publication of new non-routine Health Protection publications by PHE, such as updated guidance.	Weekly	PHE
Emergency Planning Resilience and Response (EPRR)			
Local Resilience Forum (LRF)	Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.	quarterly	
Regional Local Health Resilience Partnership (LHRP)	PHE NE is active member of the NE LHRP where it is represented by the Deputy Director for Health Protection and the two Health and Social Care Sub Group where it is represented by the Emergency Preparedness Manager. North Tyneside Council is represented by the Resilience, Security Services and Community Safety Manager.	quarterly	NHS England / DPH Co-chair

EPRR Exercises	PHE NE, North Tyneside Council alongside other category 1 responders are active members of the Training and Exercising sub groups of the Local Resilience Fora in the NE (represented by the Emergency Preparedness Manager) as well as chairing the NE Training and Exercising Group. PHE participates regularly multi-agency exercises as relevant as well as in internal PHE wide exercises. Any lessons identified for local authorities are fed back through either the LRF or LHRP as appropriate to the lesson and exercise topic.	N/A	

The routine immunisation schedule from Autumn 2017

Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[2] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Two to eight years old[1] (including children in reception class and school years 1-4)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3]	Fluenz Tetra[2]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[2] or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[2]	Upper arm

1. Age on 31 August 2017.
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and pneumococcal polysaccharide vaccine.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	At birth	Tuberculosis	BCG
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[3]	Pneumococcal Influenza	PCV13 (up to two years of age)[2] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal *Haemophilus influenzae* type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

1. Check relevant chapter of green book for specific schedule.
2. To any age in severe immunosuppression.
3. Consider annual influenza vaccination for household members and those who care for people with these conditions.

North Tyneside
Health & Wellbeing Board Report
Date: 15th March 2018

ITEM 9

Title: Health & Wellbeing Board Work Plan 2018-19

Report from : North Tyneside Council

Report Authors: Michael Robson Tel: 0191 643 5359
Democratic Services Officer
Law & Governance

Relevant Partnership Board: Health and Wellbeing Board Task and Finish Group

1. Purpose:

The purpose of this report is to provide an update to the Board in relation to its work plan for 2018-2019.

2. Recommendation(s):

The Board is recommended to note the action taken following its meeting in January in relation to delivery of its work plan 2018-19.

3. Policy Framework

This item relates directly to the delivery of the Joint Health and Wellbeing Strategy 2013-23.

4. Information:

At its previous meeting in January the Board approved the outcomes of a review of the Joint Health and Wellbeing Strategy 2013-23 (JHWS). The aim of the review was to ensure that the strategy's priorities and objectives reflected local needs and national policy changes and were fit for purpose in terms of informing commissioning of health and social care services. The Board adopted five refreshed strategic goals to support the delivery of the vision contained in the strategy.

The Board also approved a work plan for 2018/2020. The work plan is based on nine objectives that:

- will support progress of the five strategic goals of the JHWS;
- are deemed sufficiently challenging to support meaningful change and impact;
- are measurable; and

- can only be successfully achieved by true partnership working of all Health and Wellbeing Board members and their respective organisations.

It was agreed that as the delivery of these objectives would be a priority for integrated working the Board would proportionately and routinely monitor the progress made in delivering them.

Following the meeting in January, the Chair and Deputy Chair of the Board met with other key members of the Board, to identify an accountable body responsible for the delivery of each objective and to prepare a forward plan of meetings for 2018-2020. This plan is set out below.

The Chair of the Board then wrote to the chair or lead officer of each accountable body to:

a) explain the outcomes of the JHWS review and formulation of the Board's work plan;
b) seek confirmation from each accountable body that it is responsible for the objective assigned to it and the associated actions set out in the work plan; and
c) to ask that the accountable body submit reports to the Board to include details of any action plans prepared by the accountable body to deliver the objective, the progress made to date and any barriers or difficulties encountered .

The accountable bodies have been advised that if at any time they encounter any significant issues or difficulties with delivery of the objectives that requires immediate consideration or support from the Board they should report the matter at any time.

The table below summarises the nine objectives contained in the Board's work plan, the accountable bodies and lead officers who have been identified as being responsible for their delivery and the provisional dates on which they will report progress to the Board.

Work Plan Objective	Accountable Body and Leads	Reporting to the Board
1. To tackle childhood accidents	North Tyneside Children and Young People's Partnership Board Chair: Mark Longstaff Leads: Steve Rundle & Judith Stonebridge	8 November 2018
2. To reduce the use of tobacco across the life course	North Tyneside Smokefree Alliance Chair: Coun. Lesley Spillard Lead: Heidi Douglas	13 September 2018
3. To tackle obesity across the life course	North Tyneside Children and Young People's Partnership Board Chair: Mark Longstaff STP operational diabetes prevention group lead by North Tyneside CCG Chair: Dr Caroline Sprake	8 November 2018
4. To improve the mental health and emotional resilience of the of North Tyneside population	Mental Health Partnership Board Chair: Scott Woodhouse Children and Young People's Mental health and Emotional Wellbeing Strategic Group Leads Wendy Burke & Jemma Hurrell	14 June 2018

5. An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)	Accountable Body to be Agreed Lead: Tom Dunkerton	14 June 2018 & 10 January 2019
6. To reduce alcohol misuse	North Tyneside Alcohol Partnership Chair: Coun. Alison Waggott-Fairley Lead: Christine Jordan	14 March 2019
7. Comprehensive support for people with dementia	Older People's Mental Health Integration Board Chair: Scott Woodhouse	13 September 2018
8. Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing	Accountable Body to be Agreed Lead: Steve Bishop	14 June 2018 & 10 January 2019
9. To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.	North Tyneside Falls Steering Group Chair: Lesley Young Murphy	14 June 2018

5. Decision options:

Not applicable as this report is for information only.

6. Reasons for recommended option:

Not applicable.

7. Appendices:

None.

8. Contact officers:

Michael Robson, Democratic Services Officer, Law & Governance (0191 643 5359)
Wendy Burke, Director of Public Health (0191 6432104)
Hayley Hudson, Assistant Director Strategy and Transformation (0191 6437008)

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

North Tyneside Joint Health and Wellbeing Strategy 2013-23
Report and Minutes of the Health & wellbeing Board 11 January 2018
Health & Wellbeing Work Plan 2018-20

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The Strategy and Work Programme of the Health and Wellbeing Board will be delivered from within existing resources of each partnership organisation represented on the Board.

11 Legal

The Health and Wellbeing Board has a duty to encourage the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people in the area.

12 Consultation/community engagement

Consultation has taken place with Board members and wider stakeholders at the planning events in June and October.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

There are no direct risk management implications directly arising from this report.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X