

**North Tyneside**

**Pharmaceutical Needs Assessment**

**April 2018 – March 2021**

**Draft for Consultation**

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# Executive Summary

The Health Act (2009) introduced a legal requirement for all Primary Care Organisations (PCOs) to publish a Pharmaceutical Need Assessment (PNA) by 1 February 2011. The Health and Social Care Act (2012) 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 (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) 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 will be 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 Health Service Act (2012), which stipulates the need to involve HWBs in scrutinising health services. The consultation will run from 20 November 2017 for 60 days until 18 January 2018.

North Tyneside has 52 community pharmacies to serve its 203,307<sup>1</sup> 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

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<sup>1</sup> 2016 Midyear population estimates ONS



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 Centre
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	Medicine 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
PSNE Ltd	Pharmaceutical Services North East Ltd
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 Plan
VODA	Voluntary Organisations Development Agency

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## Section 1: Introduction

The White Paper *Pharmacy in England: Building on strengths, delivering the future*<sup>2</sup> 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) introduced a legal requirement for all PCOs to publish an updated PNA by 1 February 2011. The Health and Social Care Act (2012)<sup>3</sup> transferred the responsibility for developing and updating PNAs to HWBs who must produce a refreshed PNA by 1 April 2018<sup>4</sup>.

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*.<sup>5</sup> 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

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<sup>2</sup> <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

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

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

<sup>5</sup> <https://www.gov.uk/government/publications/putting-community-pharmacy-at-the-heart-of-the-nhs>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)

- 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 Hospital Foundation Trusts and private hospitals do not provide pharmaceutical services as defined for the purposes of the PNA, although NHS hospitals within North Tyneside work closely with community pharmacists to ensure that discharged patients get the most from their medicines. Hospital Trusts can 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.

The NHS NTCCG Plan will detail how we will develop a sustainable and quality healthcare system for people in North Tyneside, reducing the three identified gaps described in the Five Year Forward View<sup>6</sup> and addressing the key deliverables, all within an agreed financial envelope.

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<sup>6</sup> The NHS five year forward view | The King's Fund [www.kingsfund.org.uk/projects/nhs-five-year-forward-view](http://www.kingsfund.org.uk/projects/nhs-five-year-forward-view)

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 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) 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) 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 Regulations came into force which facilitate 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.

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## **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<sup>7</sup>. The Joint Health and Wellbeing Strategy is underpinned by the JSNA 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. Data sources used in the development of the PNA are listed in [Appendix 3](#).

#### **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. A total of 389 responses were received of which 70% were female and 24% were male. 71% of respondents

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<sup>7</sup> Joint Strategic Health Needs Assessment 2015  
<http://my.northtyneside.gov.uk/category/605/joint-strategic-needs-assessment-jsna>

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](http://www.healthwatchnorthtyneside.co.uk)

## **2.3. Consultation**

The formal consultation on the draft PNA for North Tyneside will run from 20 November 2017 to 18 January 2018 in line with the guidance on developing PNAs and Section 242 of the Health Service Act (2012), which stipulates the need to involve HWBs in scrutinising health services.

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

- 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 will be sent to all consultees informing them of the website address which will contain the draft PNA document. At the HWB meeting on 16 November 2017 the Board will consider 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”.*

The draft document will be updated to reflect comments received from consultees during the consultation period. The revised document will be considered by the HWB at its 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)<sup>8</sup>. The key messages from the JSNA 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 (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). 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.<sup>9</sup>
- 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.

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<sup>8</sup> [http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=564406&p\\_subjectCategory=387](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=564406&p_subjectCategory=387)

<sup>9</sup> The English Indices of Deprivation 2015 (DCLG: 30 September 2015 IDACI Score)

The most common measure for poverty, as used in the [Child Poverty Act 2010](#), is 'household income below 60 percent of median income'. JSNA 12017 North Tyneside

- 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 3,171 falls in over 65s

### 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<sup>1</sup>.

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<sup>10</sup>.

### **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.

### **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) 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

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<sup>10</sup> 2014-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England) & 2016 Mid-Year Population Estimates - Office for National Statistics

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<sup>11</sup>). Over the Local Plan 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**

	<b>Phase 1 2011/12 – 15/16</b>	<b>Phase 2 2016/17 – 20/21</b>	<b>Phase 3 2021/22 – 25/26</b>	<b>Phase 4 2026/27 – 30/31</b>	<b>Phase 5 2031/32</b>	<b>Total 2011/12 – 31/32</b>
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

\* 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.

<sup>11</sup> Draft North Tyneside SHLAA 2016: Summary of 5-Year Housing Land Supply Position (2016/17 to 2020/21) [http://www.northtyneside.gov.uk/pls/portal/NTC\\_PSCM.PSCM\\_Web.download?p\\_ID=565788](http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=565788)



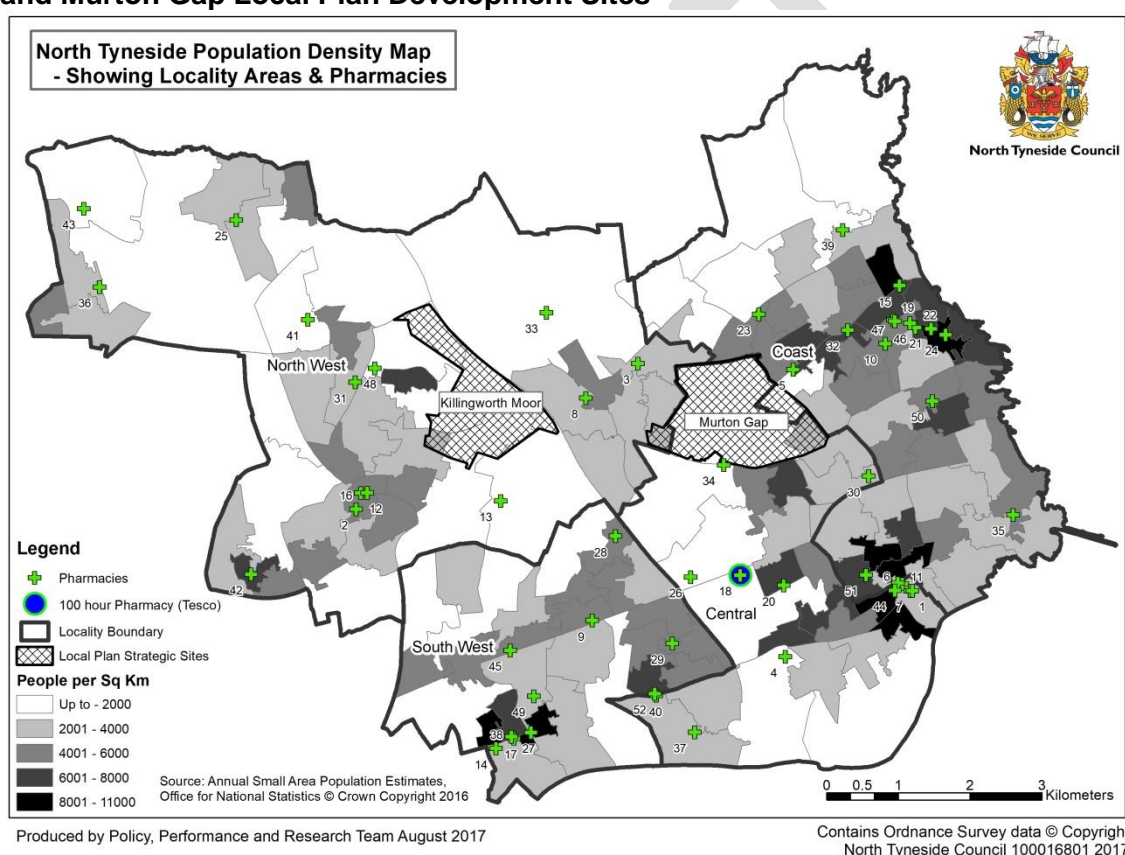
**Table 3: Forecast Housing Delivery<sup>12</sup>**

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: Strategic Housing Land Availability Assessment 2016/17

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

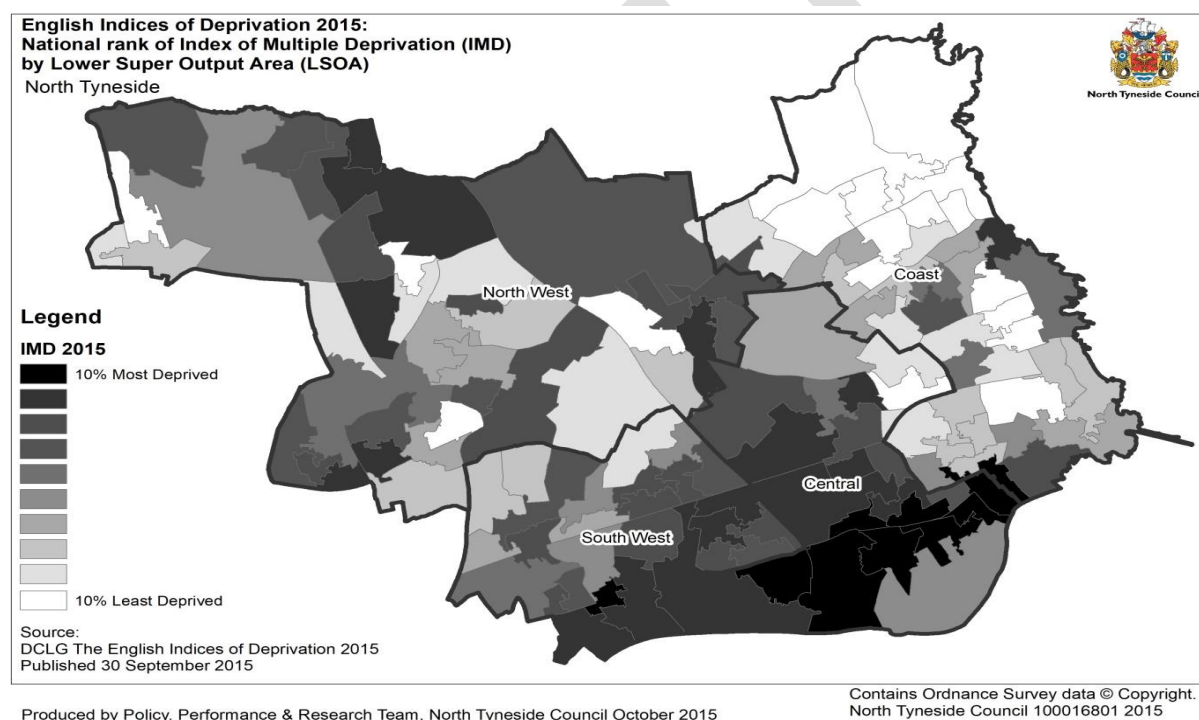
<sup>12</sup> These figures are estimates from the Strategic Housing Land Availability Assessment 2016/17: Draft Schedule of Deliverable Sites and will be kept under review as part of the monitoring of the Local Plan.



within the borough. The Index of Multiple Deprivation (IMD) (2015)<sup>13</sup> 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. 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**



<sup>13</sup> The Index of Multiple Deprivation is a widely used and well researched index that is based on the premise that deprivation is made up of multiple dimensions or 'domains' which reflect different aspects of deprivation - Income deprivation, Employment deprivation, Health deprivation and disability, Education, Skills and Training deprivation, Barriers to housing and services, Living environment deprivation, and Crime. The Index has been produced at Lower Super Output Area level, of which there are 32,844 in the country and 131 in North Tyneside. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

## 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. 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 (PHE Fingertips Tool). 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.<sup>14</sup> In North Tyneside the cost to the NHS and healthcare is estimated to be £16.2m and overall £74.2m (2015-16).<sup>15</sup>

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.<sup>16</sup> 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.<sup>17</sup>

In the period 2011 to 2014 PHE Fingertips tool showed that 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

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<sup>14</sup> Lifestyles Statistics Team, Health and Social Care Information Centre. (2015). *Statistics on Alcohol England 2015*. Health and Social Care Information Centre. London: Government Statistical Service.

<sup>15</sup> North East Office for Alcohol – Balance. (2017) *Cost of alcohol in North Tyneside 2017*. Available at: [http://www.balancenortheast.co.uk/library/documents/Cost\\_of\\_Alcohol\\_in\\_North\\_Tyneside.pdf](http://www.balancenortheast.co.uk/library/documents/Cost_of_Alcohol_in_North_Tyneside.pdf) (Accessed: 24 October 2017)

<sup>16</sup> HM Government. (2016) *UK Chief Medical Officers' Low Risk Drinking Guidelines 2016*. Available at: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking/> (Accessed: 24 October 2017).

<sup>17</sup> Office of National Statistics (2015) *Adult Drinking Habits in Great Britain 2013*. Available at: [http://www.ons.gov.uk/ons/dcp171778\\_395191.pdf/](http://www.ons.gov.uk/ons/dcp171778_395191.pdf/) (Accessed on: 25 February 2015)

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%.

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 (PHE Fingertips Tool).

### 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 (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)*

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

### 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/m<sup>2</sup> to 29.9kg/m<sup>2</sup> means that person is considered to be overweight, a BMI of 30kg/m<sup>2</sup> or higher means that person is considered to be obese.

The National Institute for Health and Clinical Excellence (NICE) 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 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 Region	68.6%
England	64.8%

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).

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.

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 (Foresight 2007).

### 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.<sup>18</sup>

According to PHE Fingertips Tool 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.

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

### 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).

<sup>18</sup> Source: Annual Population Survey (APS). Office for National Statistics: Published on 4th October 2017

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

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)

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%
Cumbria Tyne and Wear	141,112	4.34%
England	1,839,330	3.20%

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

### 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<sup>19</sup> model developed to

<sup>19</sup> Modelled estimates of prevalence of hypertension for PCOs in England, version 2, Eastern Region Public Health Observatory

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%
Cumbria Tyne and Wear	509,086	15.65%
England	7,949,274	13.81%

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

### 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. 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%
Cumbria Tyne and Wear	184,750	6.93%
England	3,033,529	6.55%

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

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%
Cumbria Tyne and Wear	89,233	2.74%
England	1,066,471	1.85%

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

### 3.8. Cancer

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.

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.

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. Cancer is the most common cause of premature death in North Tyneside closely followed by CVD. 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%) (Table 13).

**Table 13: Recorded disease prevalence of cancer 2015-16**

	Number	Percentage
North Tyneside CCG	6,061	2.79%
Cumbria Tyne and Wear	86,928	2.67%
England	1,392,577	2.42%

Source: Quality and Outcomes Framework 2015-16 Recorded Disease Prevalence

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)

There is continuing evidence that people from the most deprived areas are accessing screening the least. 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.

**Table 14: Percentage Coverage of Cancer Screening Programmes 2015-16**

	<b>Cervical Cancer (25-64 years)</b>	<b>Breast Cancer (50- 70 years)</b>	<b>Bowel Cancer (60- 69 years)</b>
National Standard	80%	70%	NA
North Tyneside CCG	78.9%	73.4% %	58.8%
England	76.1%	72.5% %	57.8%

Source: Public Health Outcomes Framework, PHE, June 2017

### 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, 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	1,957	0.90%
Cumbria Tyne and Wear	27,467	0.91%
England	436,805	0.76%

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

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. 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<sup>20</sup> (Table 16).

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

	Number	Percentage
North Tyneside	1,858	0.86%
Cumbria Tyne and Wear	30,048	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 (Office National Statistics, September 2017). 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.

### 3.11. People with Learning Disabilities

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

<sup>20</sup> NHS Outcomes Framework - Indicator 1.5 Health and Social Care Information Centre May 2014

likely to have health problems than other people but are less likely to receive regular health checks. 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.

### **3.12. Immunisation**

Currently, North Tyneside performs well with regard to childhood immunisations exceeding all national targets in 2016-17. 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%). Community pharmacies could help reach more of the target groups in the seasonal flu vaccination campaigns.

### **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 supplies made were for people whose home address is outside the borough.

## **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<sup>21</sup> 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. This is handled locally by its regional office.

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 core 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).

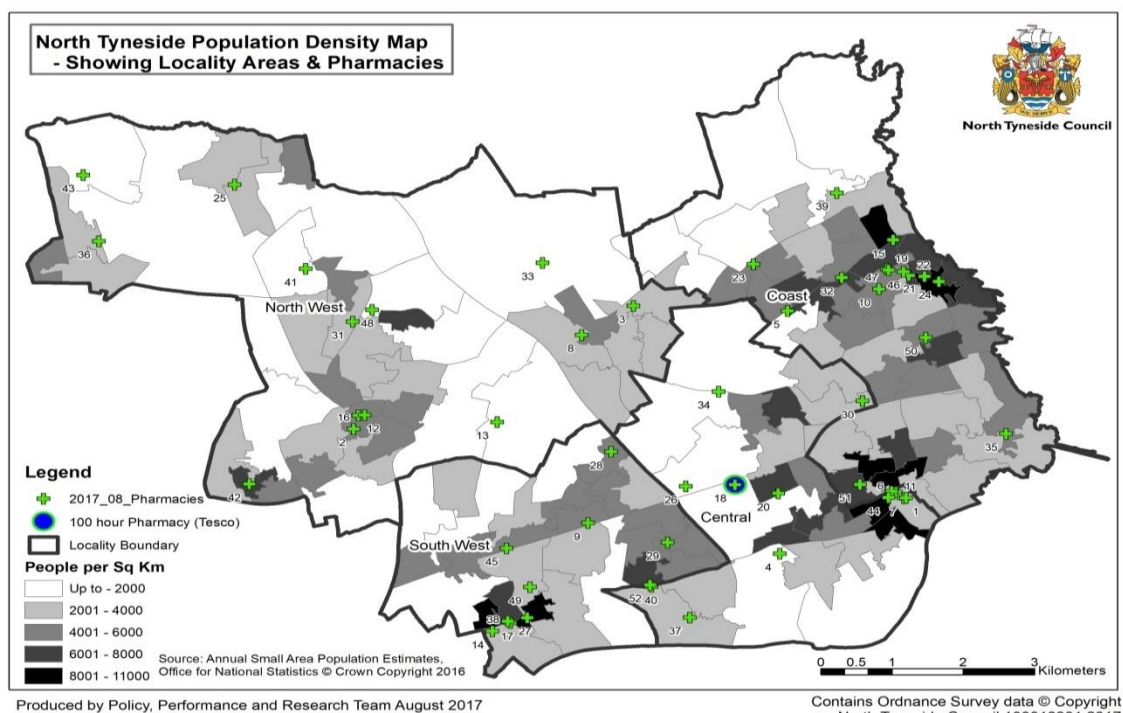
A community pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHSE has agreed that application, and in this case, the community pharmacy cannot amend these hours without the consent of NHSE.

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

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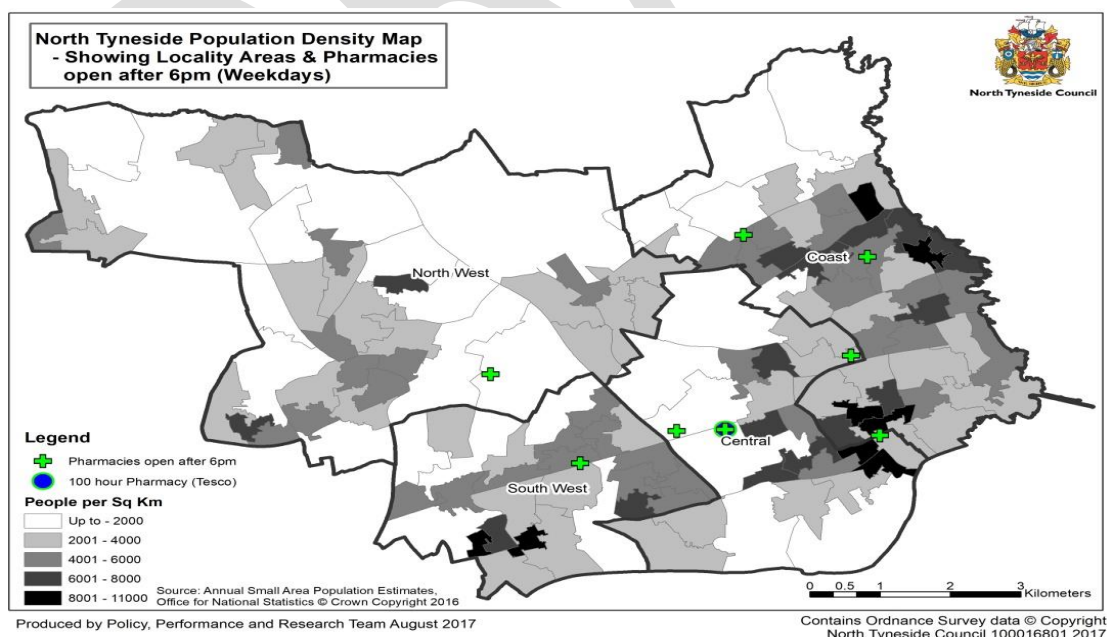
<sup>21</sup> Note: only services commissioned by the contract holder (NHSE) can be referred to as Enhanced Services

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



Access to community pharmacies across North Tyneside is well provided for during core hours Monday to Friday. On weekday evenings, there are no services in the South West (Wallsend) after 7.00pm or in the North East (Whitley Bay) after 8.00pm (Map 4).

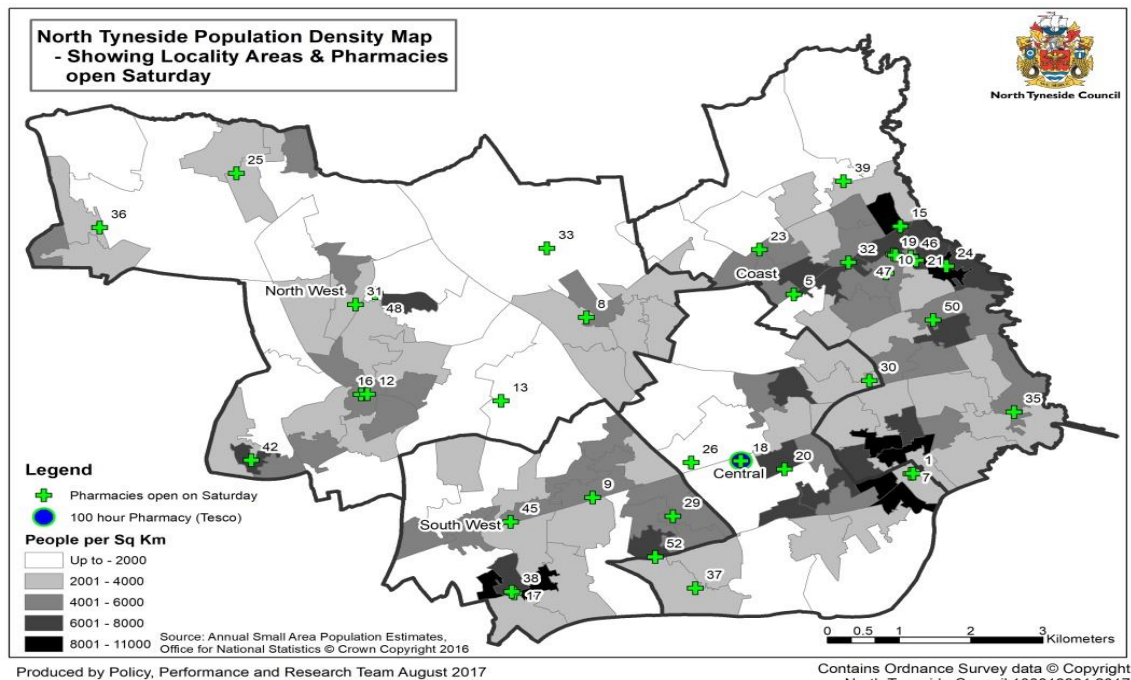
**Map 4: Community pharmacies in North Tyneside open after 5pm on weekdays**



### 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).

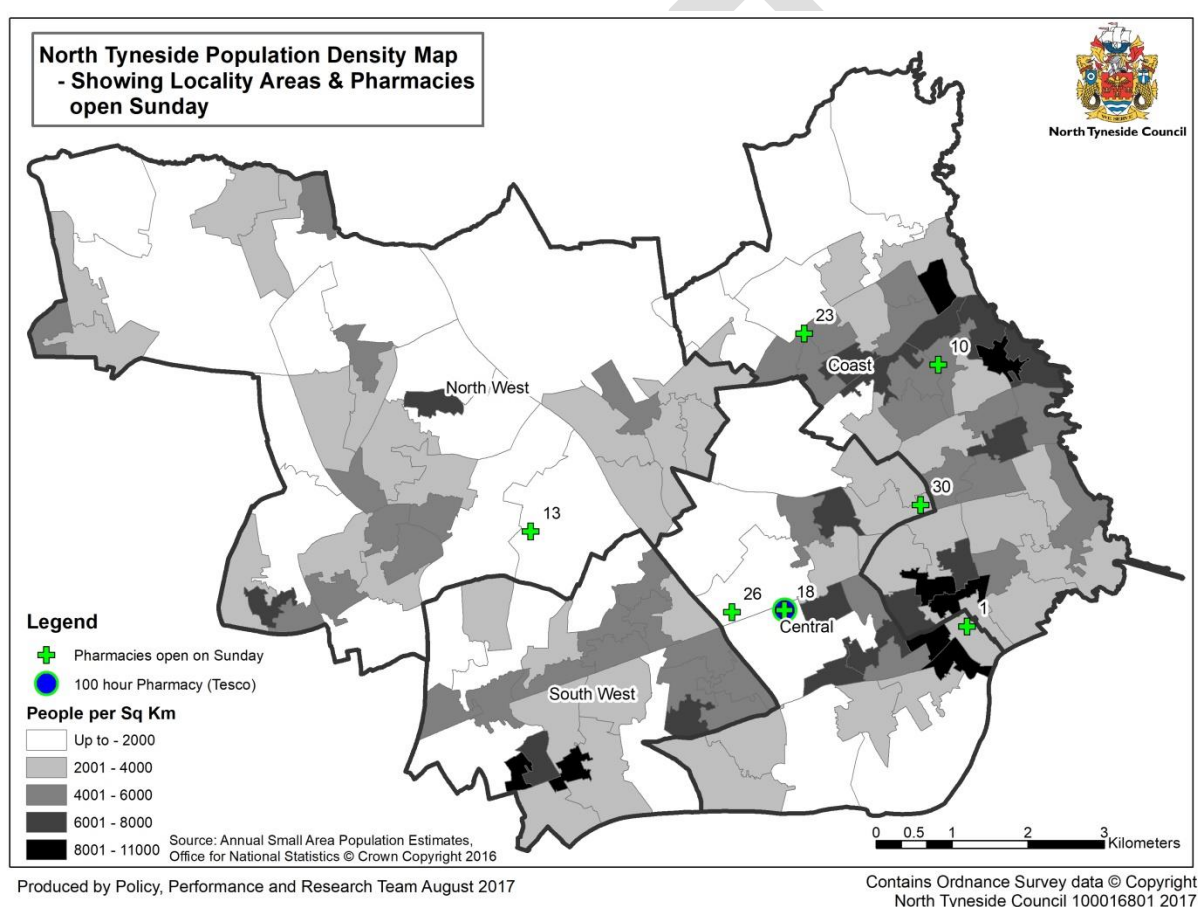
**Map 5: Community pharmacies in North Tyneside open on Saturdays**



## 4.2.2. Community Pharmacies Open on Sundays

Due to the restrictions of Sunday opening hours in supermarkets and large shops, access to pharmaceutical services is only available between 10.00am and 5.00pm on Sundays. There are no services in the South West (Wallsend) 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**



More than 94% of community pharmacies in North Tyneside open for more than the required core hours. 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. Table 17 illustrates how important supplementary hours are to the provision of good access to community pharmaceutical services.

**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%
<b>TOTAL</b>	<b>52</b>	

Source: NHS England

The extensive provision of community pharmacies between 9.00am and 5.30pm during the week provides choice and capacity to provide essential, advanced and locally commissioned services.

Weekend and evening provision is more limited and dependant on supplementary hours. Seven community pharmacies within North Tyneside are open on Sundays. The 100-hour community pharmacy (Tesco), the community pharmacy 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.

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.<sup>22</sup>

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”*

<sup>22</sup> People's experiences of pharmaceutical services in North Tyneside Sept 2017; Healthwatch North Tyneside



*“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.

### **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*<sup>3</sup>, 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 qualifying community pharmacies in the borough are shown in Table 18.

**Table 18: The chosen 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*,<sup>3</sup> 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 NHSmail.
- 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

\* 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.

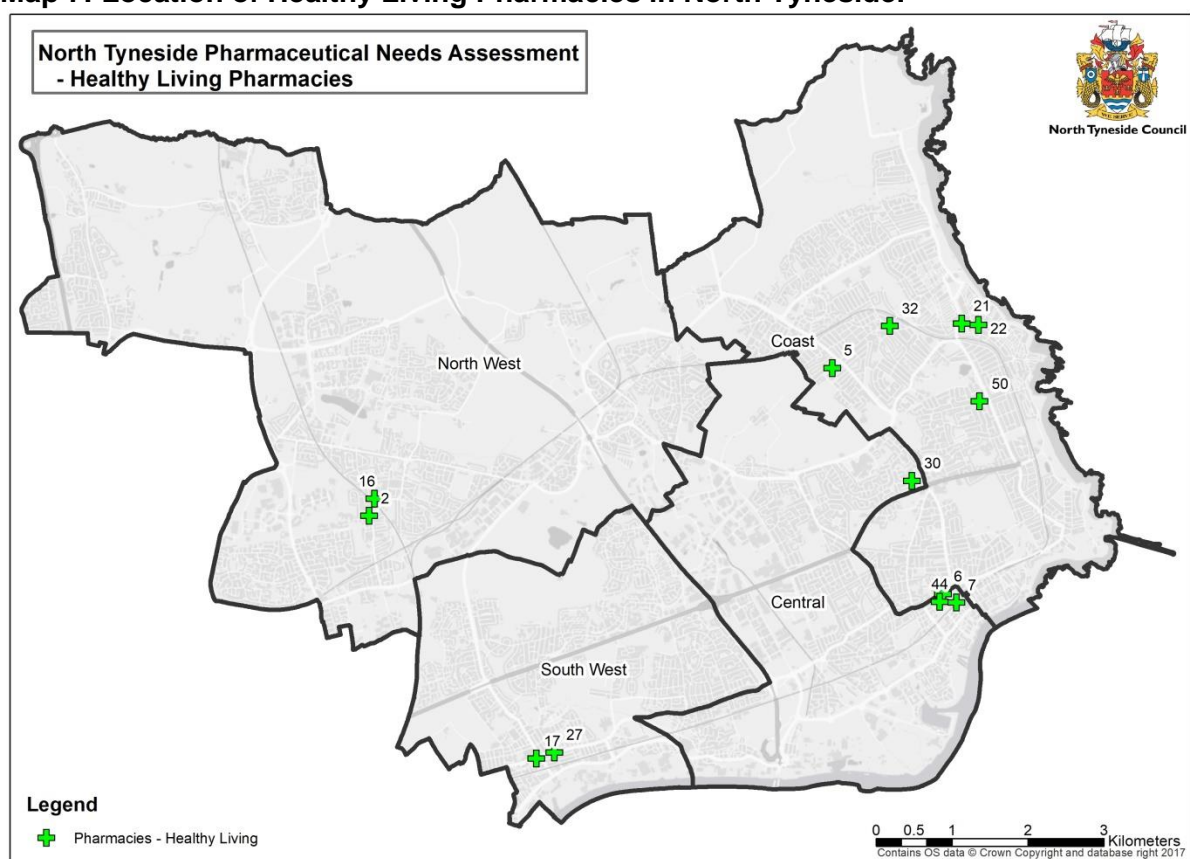
There are three levels of HLPs:

- 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 7).

**Map 7: Location of Healthy Living Pharmacies in North Tyneside.**



Produced by Policy, Performance and Research Team September 2017

Contains Ordnance Survey data © Copyright North Tyneside Council 100016801 2017

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. Ten community pharmacies have claimed HLP status as part of the Quality Payment Scheme in April 2017. We expect further community pharmacies to have achieved the HLP status by the November Quality Payments Scheme claim point.

## 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<sup>24</sup> 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). 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.<sup>24</sup> 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 Direct 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**

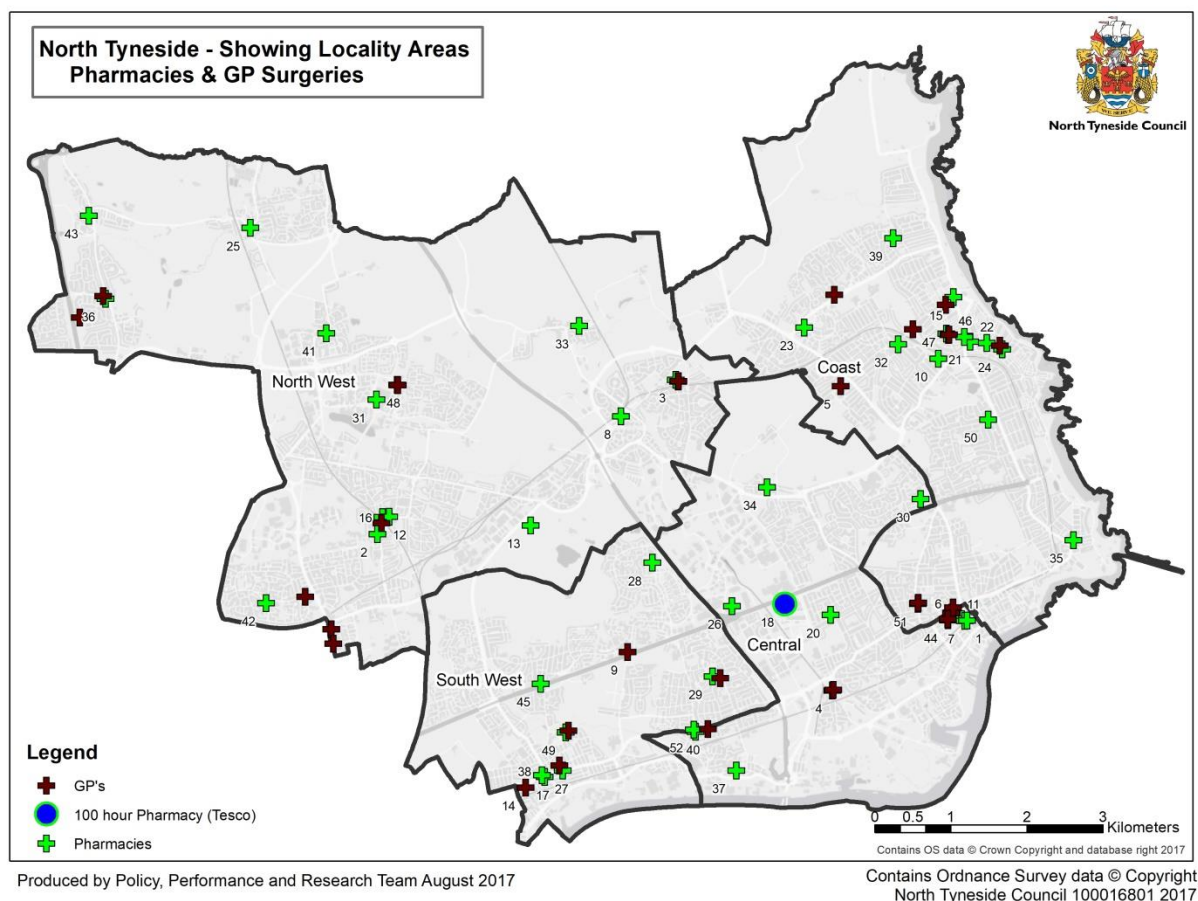
<b>The 5 Themes of Clinical Governance</b>	<b>The Contractual Component</b>
(i) Leadership, strategy and planning	Identifiable clinical governance lead
(ii) Public and patient involvement	1) Patient and public involvement
(iii) Processes for quality improvement	2) Clinical audit 3) Risk management 4) 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 8 identifies the current provision of essential pharmaceutical services via community pharmacies within the borough.

**Map 8: Current provision of essential pharmaceutical services via community pharmacies**



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) <sup>1</sup>	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 <sup>3</sup>	2,624,621	23.4
England (2017)	12,023 <sup>2</sup>	54,786,327	21.9

Source: <sup>1</sup> 2015 Midyear population estimates, Office for National Statistics (ONS) © Crown copyright.

<sup>2</sup> NHS Business Service Authority, Oct 2017.

<sup>3</sup> 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.<sup>24</sup> 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. Medicine 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

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

**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)	25	48.1%

Source: Online questionnaire Aug 2017

#### 4.6.1. Medicines Use Review Service

Medicine 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%<sup>23</sup> 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.

<sup>23</sup> 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**

Commissioned by NHSE 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 9). 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).

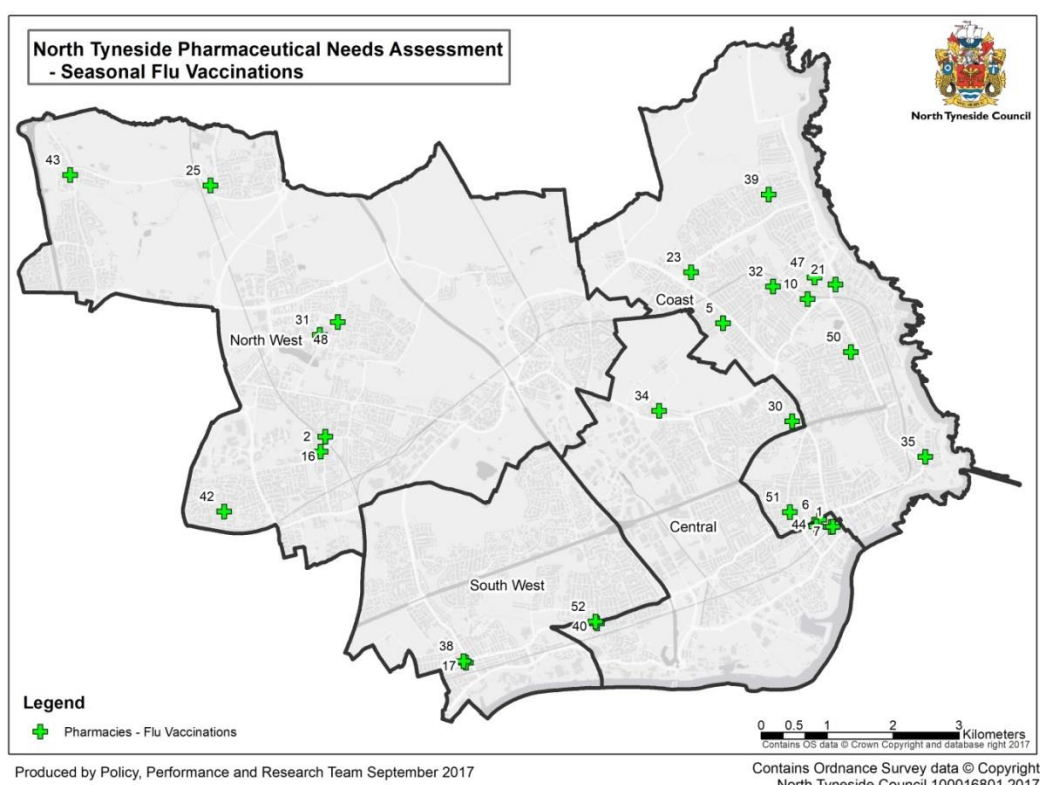
In order to provide the service, community pharmacies must have a consultation room and must comply with a number of minimum requirements as well as meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises.

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 9: Location of seasonal influenza services



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
<b>Total</b>	<b>52</b>	<b>40</b>	<b>100.0%</b>	<b>4,147</b>

Source: National flu data 2016-17

In the 2016-17 flu season 40 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) 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*.<sup>4</sup> The service is managed by NHS111 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, 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 Pharmaceutical Services North East (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.

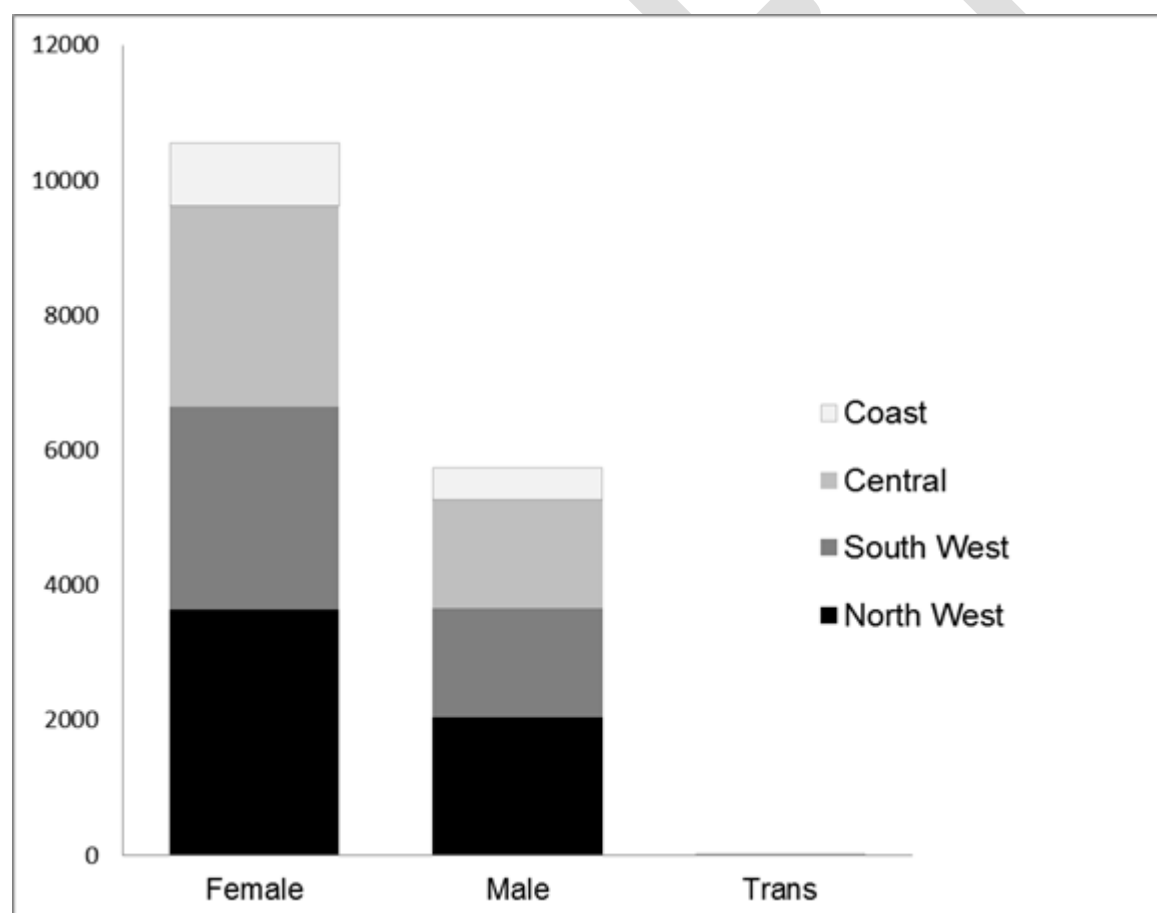
However, patients who pay for prescriptions would find that many of the medicines recommended by the scheme cost less to buy than a prescription fee.

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)

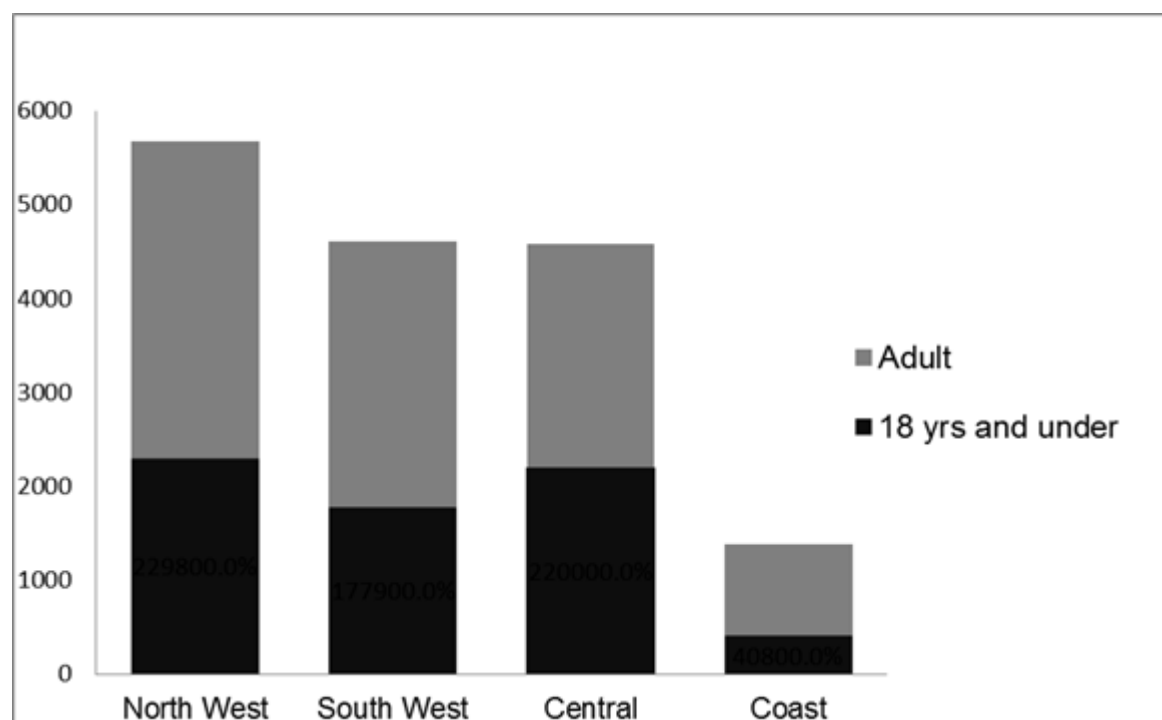
Use for children is broken down by age in Figure 3. This shows the service provides more support for younger children, particularly 6 years and under.

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



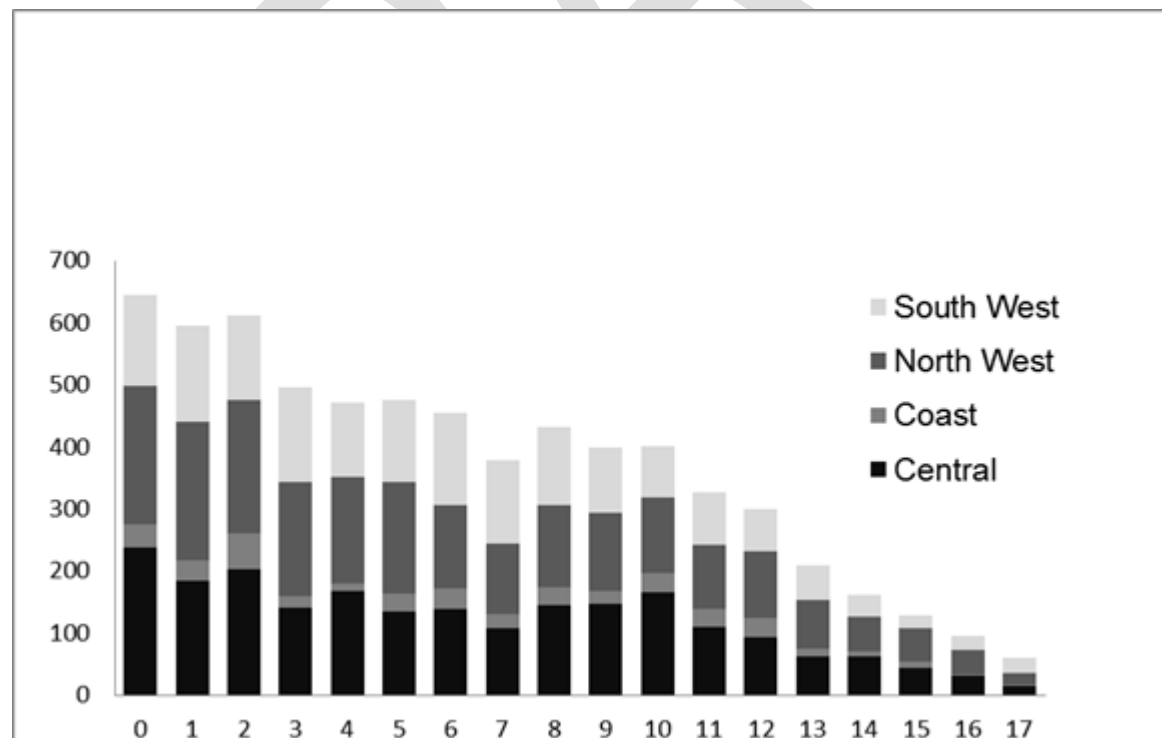
Source: PSNE Ltd. PharmOutcomes data Sept. 2017

**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**



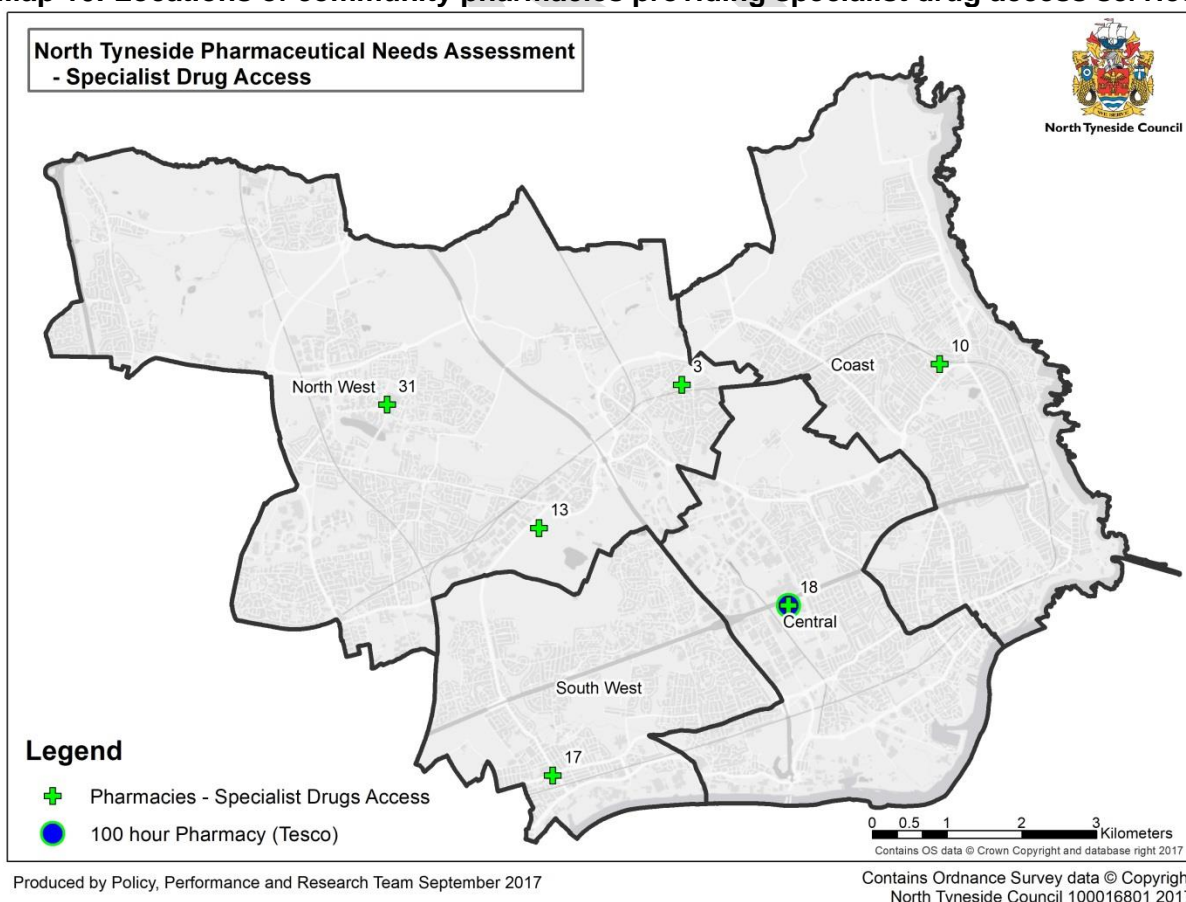
Source: PSNE Ltd. PharmOutcomes data Sept. 2017

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 10). 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 10: Locations of community pharmacies providing specialist drug access service**



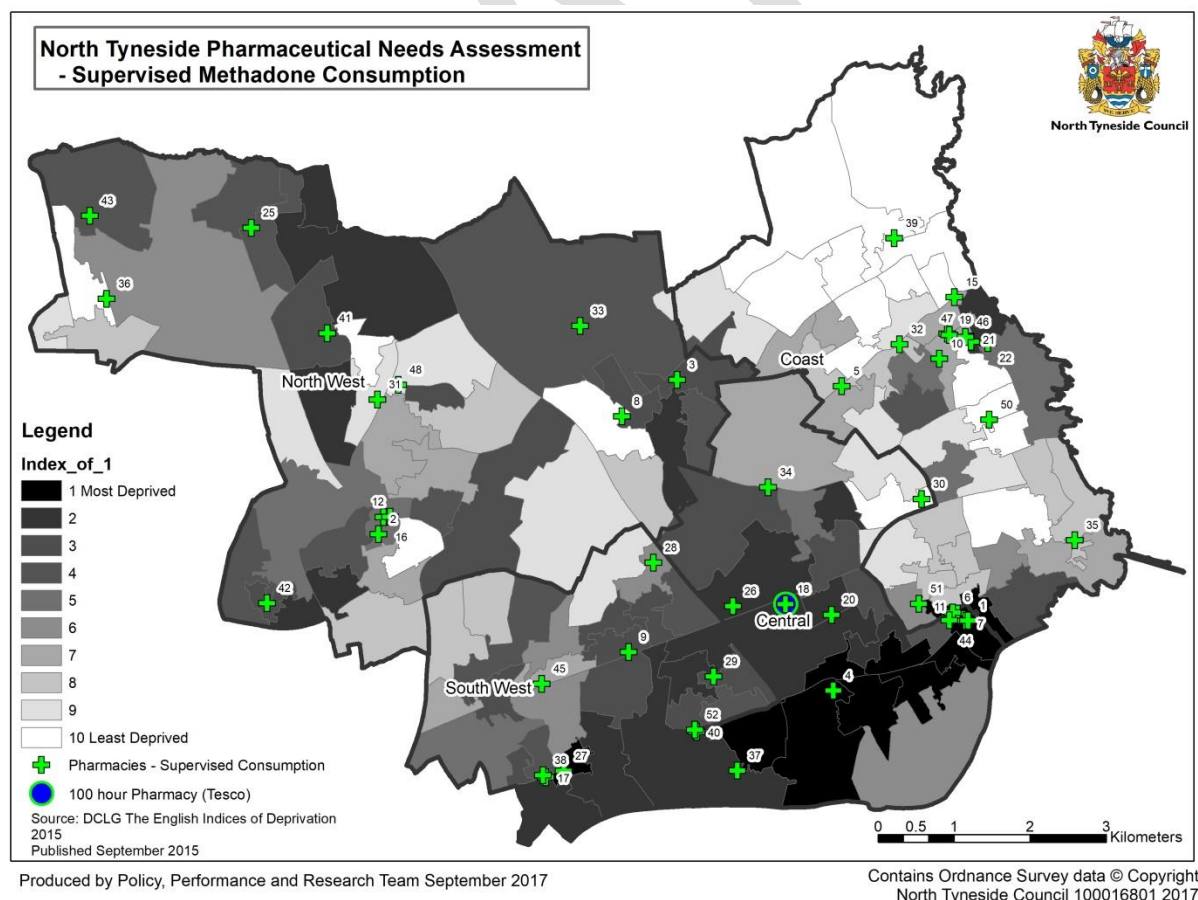
## 4.9. North Tyneside Council Public Health Locally Commissioned Services

### 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 accidentally 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 11). Map 11 also shows the link to deprivation, in that the community pharmacies providing the service tend to be in the more deprived areas.

**Map 11: Location of community pharmacies providing Supervised Methadone Consumption**

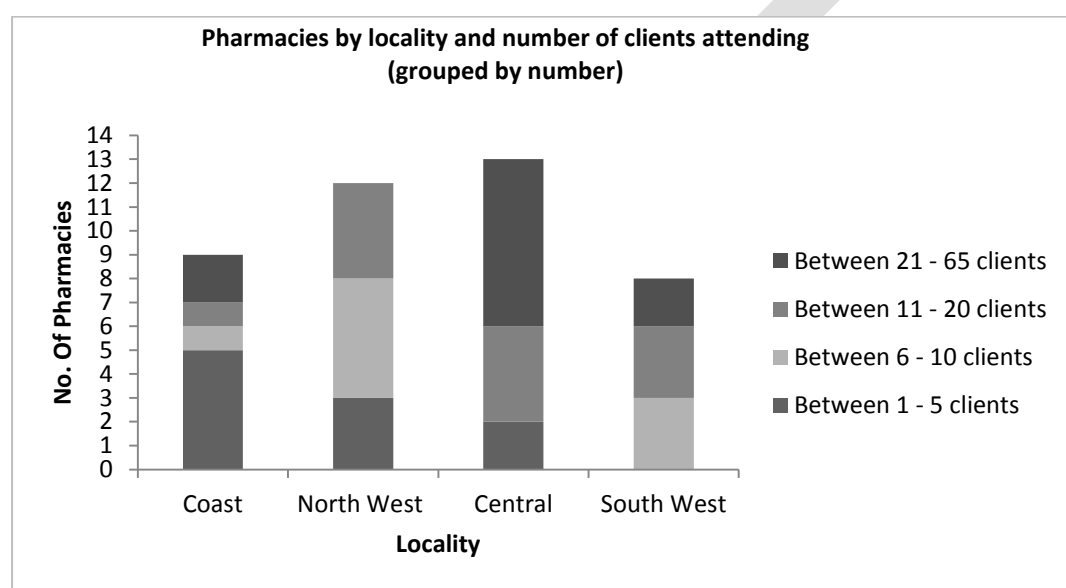


One community pharmacy (Fairmans Wallsend) accounted for just under one-third of all attendances in North Tyneside. This is expected to be due to its close proximity to NTRP.

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 East.

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

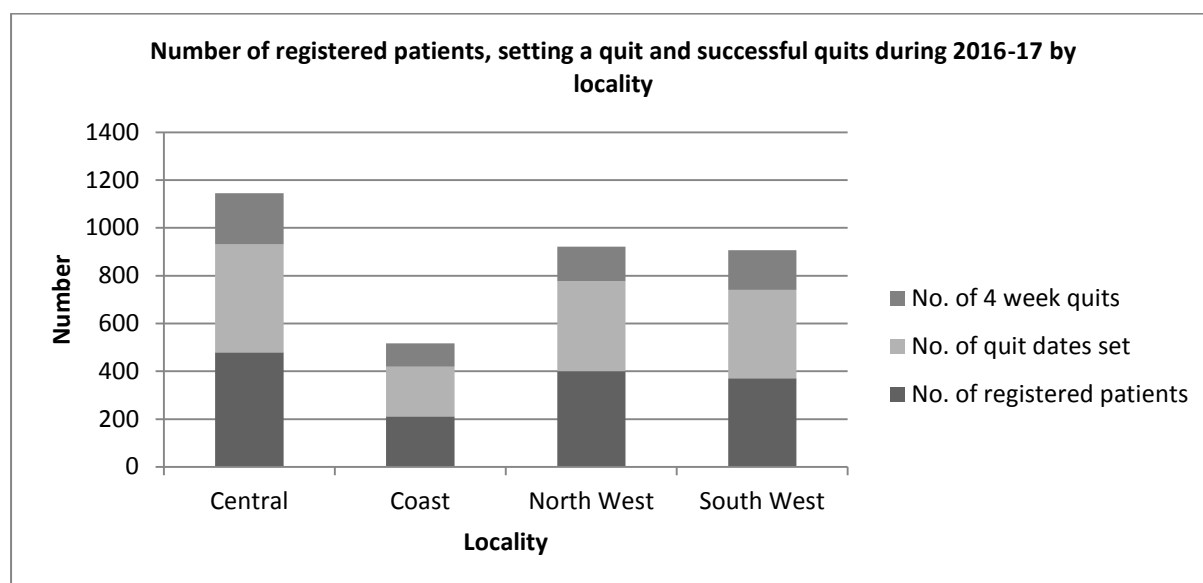
Community pharmacies delivering stop smoking services must meet the minimum requirement to deliver the full range of services i.e. Stop Smoking Behavioural Support, the supply of Nicotine Replacement Therapy through a voucher scheme and the supply of Varenicline® under a PGD.

As at 1 October 2017, there are 25 community pharmacies in North Tyneside delivering stop smoking services (Map 12). 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 quit.

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. A breakdown by locality is shown in Figure 5.



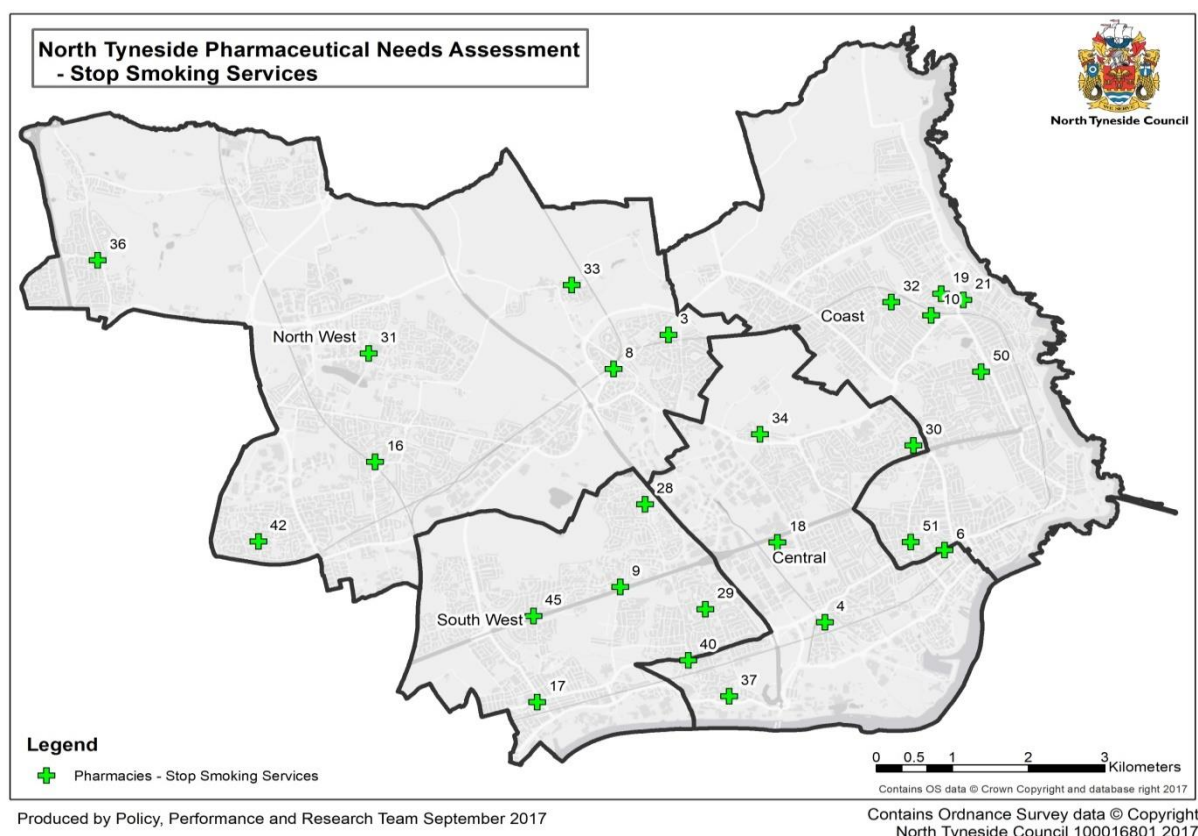
**Figure 5: Distribution of patients accessing community pharmacies for stop smoking services 2016-17**



Source: PharmOutcomes Claims system accessed 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 12: Community pharmacies which provide Stop Smoking Services (as at 1 October 2017)**



### 4.9.3. Sexual Health

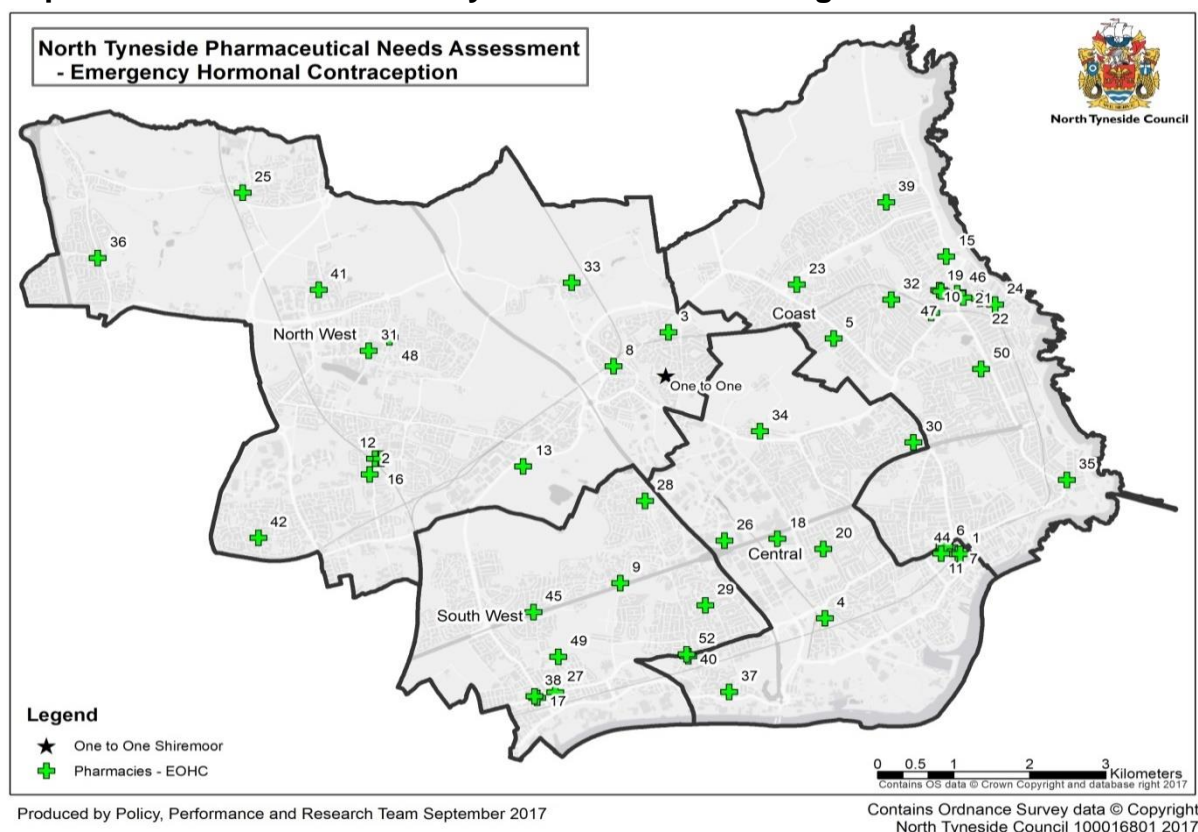
In 2015 North Tyneside Council commissioned an integrated Sexual Health Service from NHCFT which included the requirement for them to establish sub-contractual arrangements with community pharmacies for the provision of:

- 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 13).

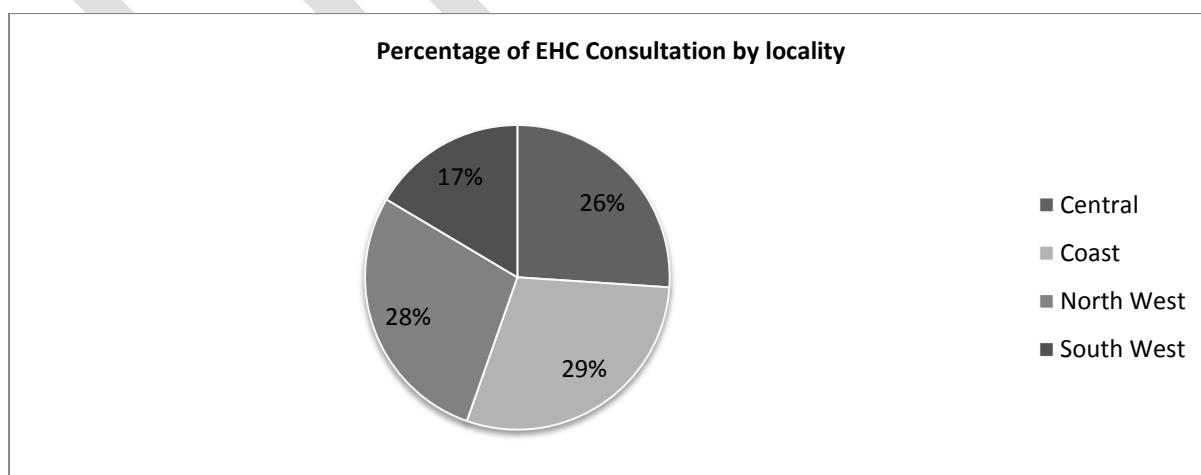
## Map 13: Location of Community Pharmacies delivering Sexual Health Services



### 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 screened.

#### 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.

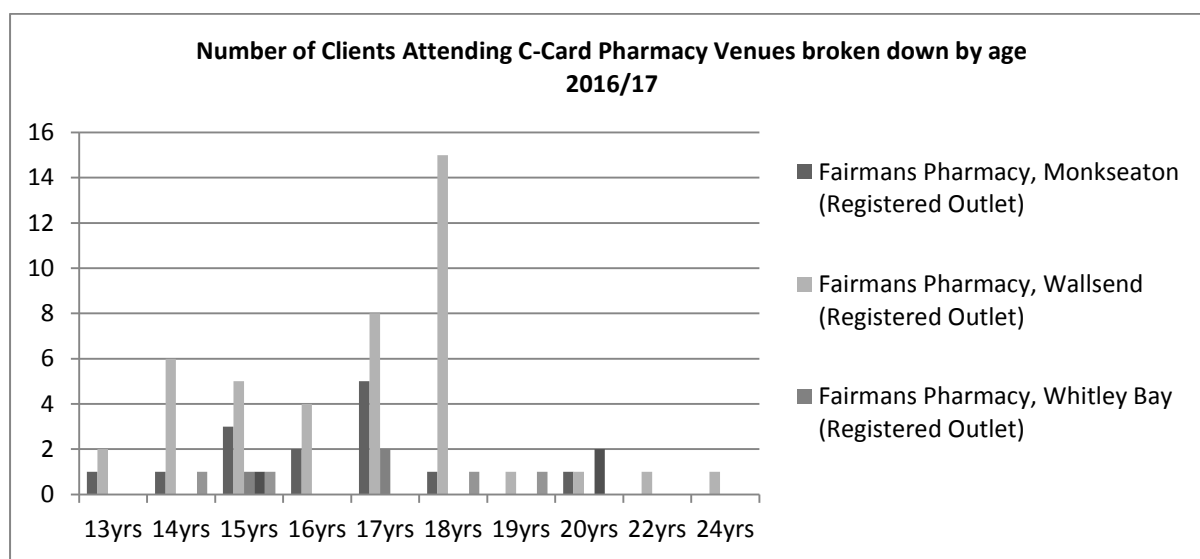
NHCFT is the lead agency in coordinating the delivery of the C-card scheme in North Tyneside and ensuring that it is in line with guidelines produced by PHE and Brook, 2014. The core age group for eligibility to the scheme is 14–25 years but other ages are catered for.

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:

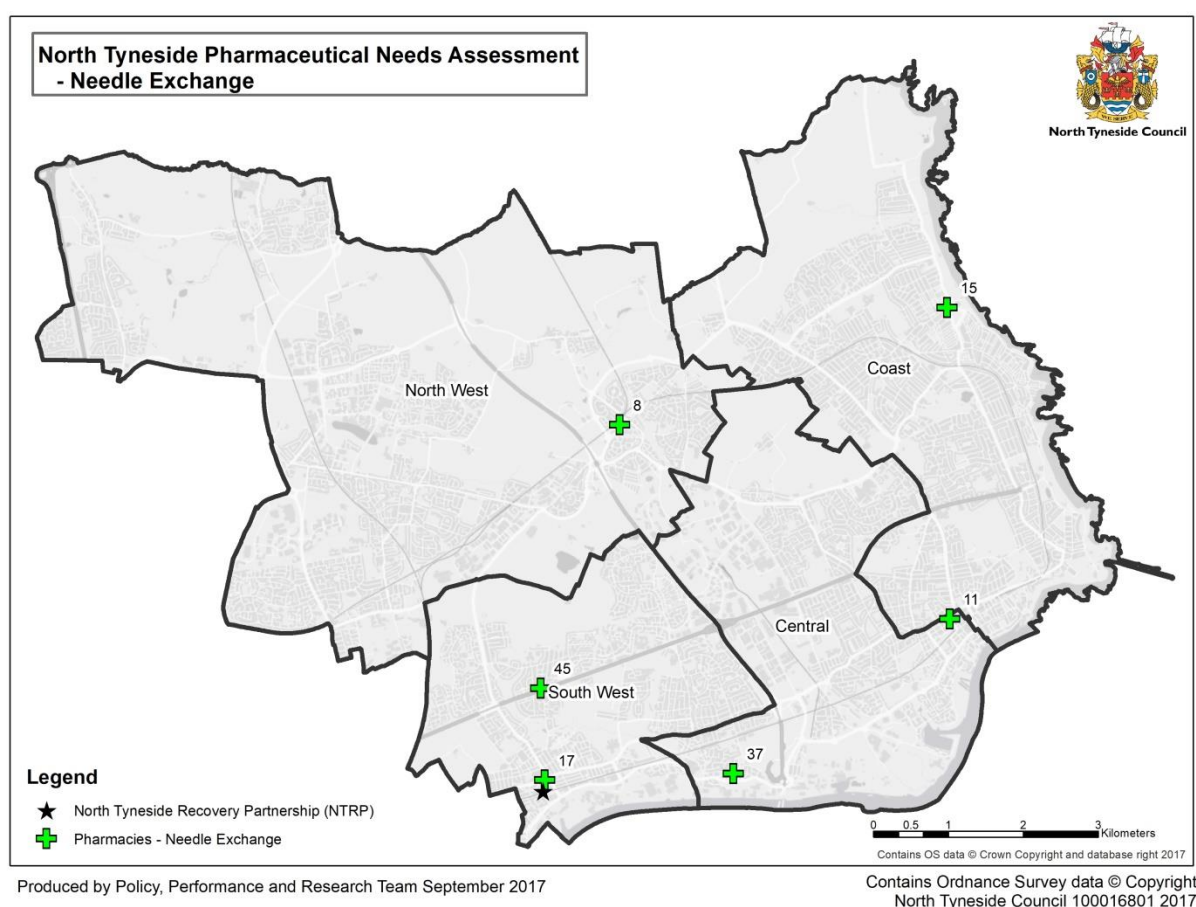
- reducing illicit and other harmful drug and alcohol use
- increasing the numbers of people in treatment recovering from dependence on drug and/or alcohol

##### 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 14).

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 14: Needle exchange locations**



## 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*<sup>3</sup> 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	ETP/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.

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.

## 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.<sup>24</sup> 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).

<sup>24</sup> [http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes\\_FINAL.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf)

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<sup>10</sup>, 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.<sup>3</sup>

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<sup>10</sup> 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 NHS111 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*<sup>25</sup> 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.

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<sup>25</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf>

- 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<sup>26</sup> 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 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

<sup>26</sup> Independent Review of Community Pharmacy Clinical Services. The Murray Report 2016 <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clinl-serv-rev.pdf>

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<sup>6</sup> 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.

- 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 NHS111 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 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 core contracted hours (referred to as supplementary 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 contractor and contract holder. 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 filled 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 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 services provision for the period 2018- 2021.**

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# 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
	22	Whitley Road Health Centre		Whitley Road Whitley Bay	NE26 2ND
	23	49 Marine Avenue		49 Marine Avenue, Whitley Bay	NE26 1NA
	24	Marine Avenue Medical Centre		Marine Avenue, Whitley Bay	NE26 3LW
	25	Beaumont Park		Hepscott Drive, Whitley Bay	NE25 9XJ
	26	Monkseaton Medical Centre		Cauldwell Avenue, Monkseaton	NE25 9PH
	29	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
	21	Earsdon Park Medical Practice		Shiremoor Resource Centre, Earsdon Road, Shiremoor	NE27 0HJ
	21.1	Earsdon Park Medical Practice	Longbenton Surgery	Oxford centre, West Farm Ave, Longbenton	NE12 8LT
	27	Bridge Medical Practice		Shiremoor Resource Centre, Earsdon Road, Shiremoor	NE27 0HJ
	28	Northumberland Park Medical Group		Shiremoor Resource Centre, Earsdon Road, Shiremoor	NE27 0HJ
OOB	18.1	Woodlands Park Medical Centre	Dinnington Surgery	Dinnington Library, Main Road, Dinnington, Newcastle Upon Tyne	NE13 7JW

## Community Pharmacies

KEY	LOCALITY	ODS CODE	NAME	KEY	LOCALITY	ODS CODE	NAME
1	Central	FA552	Boots UK Limited	27	South West	FN666	Lloyds Pharmacy Limited
2	North West	FAF11	Lloyds Pharmacy Limited	28	South West	FNG81	Norchem Healthcare Limited
3	North West	FAH39	Seaton Healthcare Limited	29	South West	FNK57	Bestway National Chemists Limited
4	Central	FAQ67	Gill & Schofield Pharmaceutical Chemists Ltd	30	Central	FPC71	Wm Morrison Supermarkets Plc
5	Coast	FC800	Lloyds Pharmacy Limited	31	North West	FPG08	Wm Morrison Supermarkets Plc
6	Central	FCA21	Lloyds Pharmacy Limited	32	Coast	FPV06	Fairmans Chemist Limited
7	Central	FCE92	Lloyds Pharmacy Limited	33	North West	FQ652 FQ653	Newline Pharmacy Limited
8	North West	FCH04	AKS Healthcare Limited	34	Central	FQN29	G Whitfield Limited
9	Central	FD576	Lloyds Pharmacy Limited	35	Coast	FQP86	Boots UK Limited
10	Coast	FEG71	Wm Morrison Supermarkets Plc	36	North West	FR698	Davison (Chemist) Limited
11	Central	FFA56	Boots UK Limited	37	Central	FT006	Newline Pharmacy Limited
12	North West	FFQ42	Boots UK Limited	38	South West	FTF19	Boots UK Limited
13	North West	FGN62	Asda Stores Ltd	39	Coast	FTJ64	Boots UK Limited
14	South West	FH208	Ashchem Limited	40	Central	FTK50	Ashchem Limited
15	Coast	FJ796	Boots UK Limited	41	North West	FTK96	Davison (Chemist) Limited
16	North West	FJA62	Halls Pharmacy (North East) Ltd	42	North West	FTP20	Boots UK Limited
17	South West	FKK14	Fairmans Chemist Limited	43	North West	FVL68	Davison (Chemist) Limited
18	Central	FL037	Tesco Stores Limited	44	Central	FWC26	Boots UK Limited
19	Coast	FLE40	Sharief Healthcare Ltd	45	South West	FWH07	Newline Pharmacy Limited

KEY	LOCALITY	ODS CODE	NAME	KEY	LOCALITY	ODS CODE	NAME
20	Central	FMJ02	Bestway National Chemists Limited	46	Coast	FX048	Boots UK Limited
21	Coast	FMK84	Fairmans Chemist Limited	47	Coast	FX179	Boots UK Limited
22	Coast	FMP79	SKP Chopra Ltd	48	North West	FX233	Boots UK Limited
23	Coast	FMT44	Lloyds Pharmacy Limited	49	South West	FX325	Bestway National Chemists Limited
24	Coast	FMX65	Boots UK Limited	50	Coast	FXJ21	D & C Fenwick Ltd
25	North West	FN025	Lloyds Pharmacy Limited	51	Coast	FXN15	Lloyds Pharmacy Limited
26	Central	FN104	Boots UK Limited	52	South West	FXP81	Ashchem Limited

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## Appendix 2: Overview of Commissioned Services

### Community Pharmacies

Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vacs.	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	Y
North West	Halls Pharmacy (Forest Hall)	NE12 7AR	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 Vacs.	Healthy Living Pharmacy
Coast	Lloyds Pharmacy in Sainsbury's	NE25 9EX	Y				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		
Coast	Boots (Park View Shopping Centre)	NE26 YDJ	Y	Y			Y			
Coast	Boots (1 Park Road)	NE26 YLT	Y	Y		Y	Y			
Coast	Boots (154 Whitley Road)	NE26 2NA	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
Coast	Boots (Claremont Crescent)	NE26 3HL	Y	Y			Y		Y	
Coast	Whitley Bay Pharmacy	NE26 3QL	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		
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 Vacs.	Healthy Living Pharmacy
South West	Well Pharmacy (High Howdon - Windsor Drive)	NE28 0PS	Y	Y	Y		Y			
Central	Newline Willington Quay Pharmacy (Willington Quay)	NE28 6NB	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			
South West	Ashchem (Burn Terrace)	NE28 7BJ	Y	Y			Y		Y	
South West	Lloyds Pharmacy (Wallsend)	NE28 7RH	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			
South West	Newline Coast Road Pharmacy (Coast Road)	NE28 9HP	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			
Central	Ashchem (Tynemouth Road)	NE28 0AA	Y	Y	Y		Y		Y	
Central	Boots (Nile Street)	NE29 0AZ	Y	Y		Y	Y			



Area	Community Pharmacy	Postcode	Emergency Hormonal Contraception	Supervised Consumption	Smoking cessation	Needle exchange	Think Pharmacy First	Specialist Drugs	Flu Vacs.	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			
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		
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			
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 Vacs.	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				

## **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
- 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)
- 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