



## Draft – Pharmaceutical Needs Assessment

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## **Welcome and Introduction**

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

The 2022 Pharmaceutical Needs Assessment (PNA) provides NHS England with detailed insight into the health and wellbeing of our local population and current pharmacy services. This update, as with previous iterations, provides NHS England with a basis to make informed decisions on future pharmacy provision within the Borough.

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

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

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## **Contents**

<b>Executive Summary</b> .....	9
Background.....	9
Process.....	10
Conclusions.....	10
<b>1. Introduction</b> .....	13
<b>1.1. What is a Pharmaceutical Needs Assessment?</b> .....	13
<b>1.2. What are Pharmaceutical Services?</b> .....	13
<b>1.3. Why has the Health and Wellbeing Board prepared a PNA?</b> .....	13
<b>1.4. Who has produced it?</b> .....	13
<b>1.5. How will it be made available?</b> .....	14
<b>1.6. How often will it be completed?</b> .....	14
<b>1.6.1. Subsequent PNA's</b> .....	14
<b>1.6.2. Supplementary statements</b> .....	15
<b>1.6.3. Supplementary statements and pharmacy consolidations</b> .....	15
<b>1.6.4. Process for maintaining Stockton-on-Tees Health and Wellbeing Board PNA</b> .....	16
<b>1.7. How will the PNA be used?</b> .....	16
<b>2. Background and Policy Context</b> .....	17
<b>2.1. National Policy</b> .....	17
<b>2.2. Regulations - Control of Entry</b> .....	17
<b>2.3. Regulations - Market Entry</b> .....	17
<b>2.4. Recent national policy drivers</b> .....	18
<b>2.4.1. Community Pharmacy Contractual Framework</b> .....	18
<b>2.4.2. Pharmacy Access Scheme</b> .....	19
<b>2.4.3. Pharmacy Quality Scheme (PQS)</b> .....	19
<b>2.5. Definitions</b> .....	20
<b>2.5.1. Core and supplementary hours</b> .....	20
<b>2.5.2. Essential services</b> .....	20
<b>2.5.3. Advanced Services</b> .....	21
<b>2.5.4. Enhanced Services</b> .....	21
<b>2.5.5. Other NHS Services</b> .....	22
<b>2.5.6. Other Relevant Services</b> .....	22
<b>2.5.7. Appliances</b> .....	22
<b>2.5.8. Dispensing Appliance Contractors</b> .....	22
<b>2.5.9. Distance Selling Premises</b> .....	23
<b>2.5.10. Dispensing Doctors</b> .....	23

<b>2.5.11. Controlled Localities</b> .....	23
<b>2.5.12. Local Pharmaceutical Services</b> .....	23
<b>2.5.13. Necessary Services</b> .....	24
<b>2.5.14. Unforeseen Benefit Applications</b> .....	24
<b>3. Process</b> .....	25
<b>3.1. Data Sources, Collection and Validation</b> .....	25
<b>3.1.1. Demographic Information and Strategic Health Needs Information</b> .....	25
<b>3.1.2. Defining localities</b> .....	25
<b>3.1.3. Demographic information at locality level</b> .....	29
<b>3.1.4. Data collection for Community Pharmacies</b> .....	29
<b>3.1.5. Dispensing Appliance Contractors (DACs)</b> .....	29
<b>3.1.6. Dispensing practices</b> .....	29
<b>3.1.7. GP practice</b> .....	30
<b>3.1.8. Rurality definition and maps</b> .....	30
<b>3.1.9. Designated neighbourhoods for LPS purposes</b> .....	30
<b>3.2. Consultation and Engagement</b> .....	30
<b>3.2.1. Engagement</b> .....	30
<b>3.2.1.1. Stakeholder engagement</b> .....	30
<b>3.2.1.2. Patient/Public engagement</b> .....	31
<b>3.2.1.3. Existing patient experience data</b> .....	31
<b>3.2.2. Consultation</b> .....	31
<b>4. Approval</b> .....	32
<b>5. Localities - definition and description</b> .....	33
<b>5.1. Local Context</b> .....	33
<b>5.2. Localities - population</b> .....	33
<b>5.2.1. Population and age/sex breakdown</b> .....	34
<b>5.2.2. Deprivation Profile: Index of Multiple Deprivation (IMD) 2019</b> .....	36
<b>5.2.3. Ethnicity</b> .....	39
<b>5.2.3.1. Migrants including those seeking asylum</b> .....	40
<b>5.2.4. Benefits and Employment</b> .....	41
<b>5.2.5. Car ownership (need for public transport)</b> .....	44
<b>5.2.6. Housing and households</b> .....	46
<b>5.2.7. Older people</b> .....	46
<b>5.2.8. Children</b> .....	48
<b>5.2.9. Educational attainment</b> .....	49
<b>5.2.10. Population density and rurality</b> .....	50

<b>5.2.10.1. Population density</b>	50
<b>5.2.10.2. Rurality</b>	52
<b>6. Local Health Needs</b>	54
<b>6.1. Children and Young People</b>	57
<b>6.2. Smoking</b>	60
<b>6.3. Obesity</b>	61
<b>6.4. Sexual health</b>	62
<b>6.5. Drug misuse</b>	62
<b>6.6. Alcohol misuse</b>	63
<b>6.7. Learning Disabilities</b>	63
<b>6.8. Oral health</b>	64
<b>6.9. Breastfeeding</b>	64
<b>6.10. Mental Health</b>	64
<b>6.11. Homelessness</b>	65
<b>6.12. Armed Forces Community</b>	65
<b>7. Current Pharmaceutical Services Provision</b>	66
<b>7.1. Overview of pharmaceutical services providers</b>	67
<b>7.1.1. Community pharmacy contractors</b>	68
<b>7.1.1.1. Extant grants</b>	74
<b>7.1.2. Dispensing Doctors</b>	75
<b>7.1.3. Dispensing Appliance Contractors (DACs)</b>	75
<b>7.1.4. Other providers</b>	75
<b>7.2. Detailed description of existing community pharmacy providers of pharmaceutical services</b>	76
<b>7.2.1. Premises location: distribution in localities and wards of localities</b>	76
<b>7.2.2. Premises environment</b>	78
<b>7.2.3. Premises facilities</b>	78
<b>7.2.3.1. Support for disabled people</b>	78
<b>7.2.3.2. Consultation area(s)</b>	79
<b>7.2.3.3. Premises standards</b>	79
<b>7.2.4. Workforce training and development</b>	79
<b>7.2.5. Pharmacy opening hours</b>	80
<b>7.2.6. Choice of provider</b>	82
<b>7.3. Description of existing pharmaceutical services provided by community pharmacy contractors</b>	84
<b>7.3.1. NHS Essential services</b>	84

7.3.1.1. NHS Prescriptions.....	84
7.3.1.2. Discharge Medicines Service.....	85
7.3.2. NHS Advanced services .....	85
7.3.2.1. New Medicines Service.....	85
7.3.2.2. Community Pharmacy Seasonal flu vaccination service .....	86
7.3.2.3. Community Pharmacy Consultation Service.....	86
7.3.2.4. Hypertension Case Finding Service.....	86
7.3.2.5. Community Pharmacy Hepatitis C Service .....	87
7.3.2.6. Stop Smoking Discharge from Hospital.....	87
7.3.2.7. Pandemic Delivery Service (currently active until 31/3/22).....	87
7.3.2.8. C-19 Lateral Flow Device Distribution Service .....	87
7.3.2.9. Appliance Use Review (AUR) or Stoma Appliance Customisation (SAC) Service.....	87
7.3.3. Enhanced services .....	87
7.3.3.1. Covid Vaccination Service (in place currently until 31/3/22).....	87
7.3.3.2. Bank Holiday Opening Hours .....	88
7.3.4. Other NHS services – public health and CCGs/ICS.....	88
7.3.4.1. Supervised self-administration .....	91
7.3.4.2. Needle exchange (Nx) .....	91
7.3.4.3. Healthy Start Vitamins .....	92
7.3.4.4. Stop smoking service .....	92
7.3.4.5. Emergency Hormonal Contraception (EHC).....	93
7.3.4.6. Chlamydia screening / Condom Supply.....	93
7.3.4.7. ‘On demand availability of specialist medicines’ (including End of Life care).....	94
7.3.4.8. Anti-Viral Stock Supply Service .....	94
7.3.5. Non-NHS services .....	94
7.3.6. Pharmaceutical services provided to the population of Stockton-on-Tees from or in neighbouring HWB areas (cross boundary activity).....	95
7.4. Description of existing services delivered by pharmaceutical or other providers other than community pharmacy contractors.....	97
7.5. Results of patient survey; feedback related to existing provision .....	99
7.5.1. Overview.....	99
7.5.2. Detailed analysis of results .....	99
7.5.3. Patient survey summary .....	100
7.5.4. Other patient experience information: NHS Community Pharmacy Patient Questionnaire (CPPQ) and NHS Complaints .....	101
7.6. Results of stakeholder surveys.....	101
7.6.1. Current providers views on current provision .....	102

7.6.2.	<b>Consultation Response</b> .....	102
8.	<b>Local Health and Wellbeing Strategy and Future Developments</b> .....	103
8.1.	<b>Strategic Themes and Commissioning Intentions</b> .....	103
8.2.	<b>Future developments of relevance</b> .....	103
8.2.1.	<b>Housing development and changes in social traffic</b> .....	104
8.2.2.	<b>Health care and GP practice estate</b> .....	106
9.	<b>Pharmaceutical Needs</b> .....	107
9.1.	<b>Fundamental pharmaceutical needs</b> .....	107
9.2.	<b>Pharmaceutical needs particular to Stockton-on-Tees</b> .....	108
9.3.	<b>Pharmaceutical needs particular to the two localities</b> .....	112
9.3.1.	<b>Locality S1</b> .....	112
9.3.2.	<b>Locality S2</b> .....	112
10.	<b>Shaping the future: Statement of Need for Pharmaceutical Services in Stockton-on-Tees</b> .....	114
10.1.	<b>Statement of need: essential services provided by dispensing doctors or DACs</b> 114	
10.2.	<b>Statement of need: pharmaceutical need for essential services provided by community pharmacy contractors</b> .....	115
10.2.1.	<b>Borough of Stockton-on-Tees – all localities</b> .....	115
10.2.2.	<b>Locality specific needs including likely future needs</b> .....	116
10.2.2.1.	<b>Locality S1: Stockton-on-Tees North</b> .....	116
10.2.2.2.	<b>Locality S2: Stockton-on-Tees South</b> .....	117
10.3.	<b>Pharmaceutical need for advanced services including future needs</b> .....	118
10.3.1.	<b>Stockton-on-Tees – all localities</b> .....	118
10.3.1.1.	<b>Appliance use reviews (AURs)</b> .....	118
10.3.1.2.	<b>New Medicines Service (NMS)</b> .....	118
10.3.1.3.	<b>Community pharmacy NHS seasonal flu vaccination service</b> .....	119
10.3.1.4.	<b>Community Pharmacy Consultation Service</b> .....	119
10.3.1.5.	<b>Hypertension Case Finding Service</b> .....	119
10.3.1.6.	<b>Community Pharmacy Hepatitis C Antibody Testing Service</b> .....	119
10.3.1.7.	<b>Stop Smoking on Discharge from hospital service</b> .....	119
10.4.	<b>Statement of need: Pharmaceutical needs for enhanced services</b> .....	119
10.4.1.	<b>Enhanced Services</b> .....	119
10.4.2.	<b>Covid Vaccination Service</b> .....	119
10.4.3.	<b>Extended hours (Bank Holiday) directed service</b> .....	119
10.5.	<b>Other NHS services taken into account when making the assessment</b> .....	120

<b>10.5.1. Other community pharmacy services currently commissioned in Stockton-on-Tees .....</b>	<b>120</b>
<b>10.5.1.1. Supervised Consumption .....</b>	<b>120</b>
<b>10.5.1.2. Needle Exchange .....</b>	<b>120</b>
<b>10.5.1.3. Healthy Start Vitamin Supply.....</b>	<b>120</b>
<b>10.5.1.4. Stop smoking Service .....</b>	<b>121</b>
<b>10.5.1.5. Enhanced Hormonal Contraception Service .....</b>	<b>121</b>
<b>10.5.1.6. Chlamydia screening / Condom Supply .....</b>	<b>121</b>
<b>10.5.1.7. On demand availability of specialist drugs (palliative care) service .....</b>	<b>122</b>
<b>10.5.1.8. Anti-Viral Supply Service.....</b>	<b>122</b>
<b>11. Conclusions.....</b>	<b>123</b>
<b>12. Acknowledgements .....</b>	<b>124</b>
<b>13. Glossary of Terms.....</b>	<b>125</b>
<b>14. List of Appendices .....</b>	<b>127</b>
<b>15. References and Bibliography .....</b>	<b>128</b>



## Executive Summary

### Background

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

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

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

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

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

National policy developments are changing both the wider context and the local operating environment of pharmacies. The [NHS Long Term Plan \(2019\)](#) sets out the overarching targets and areas that will be addressed over a 10-year period across the NHS.

Underpinning this is a range of additional guidance to support its delivery. The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) agreed a new [Community Pharmacy Contractual Framework \(2019-2024\)](#). The joint document describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

This framework:

- Builds upon the reforms started with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation

Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call.

- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.

## Process

The Stockton-on-Tees PNA 2022 has been produced in accordance with the NHS (Pharmaceutical services and Local Pharmaceutical Services) Regulations 2013, as amended and with reference to Department of Health guidance (Department of Health, Oct 2021 [Pharmaceutical Needs Assessments: information pack - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101441/Pharmaceutical_Needs_Assessments_information_pack_-_GOV.UK.pdf)) and with the support, engagement and consultation of our local stakeholders. Initial engagement with patients, the public and professional stakeholders was followed by a 60-day statutory consultation on the **draft PNA, which concluded in TBC.**

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

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

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

## Conclusions

There has been limited change in the Pharmaceutical List in the Stockton-on-Tees HWB area since the PNA in 2018. The most significant change being the closure of one 100-hour pharmacy in the Yarm area of the South Stockton-on-Tees Locality and one 40-hour pharmacy as a result of a consolidation in Stockton Town Centre within Stockton-on Tees North Locality. **Pharmaceutical services are provided by 40 pharmacies and one dispensing doctor practice.** This includes one 'distance selling' (DS) pharmacy.

The Statement of Need for Pharmaceutical Services can be found in Section 10.

The map below indicates the location of pharmacies with Stockton-on-Tees HWB area.

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

- maximising opportunities for health improvement, brief intervention in pharmacies
- promoting underused essential services including NHS repeat dispensing

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

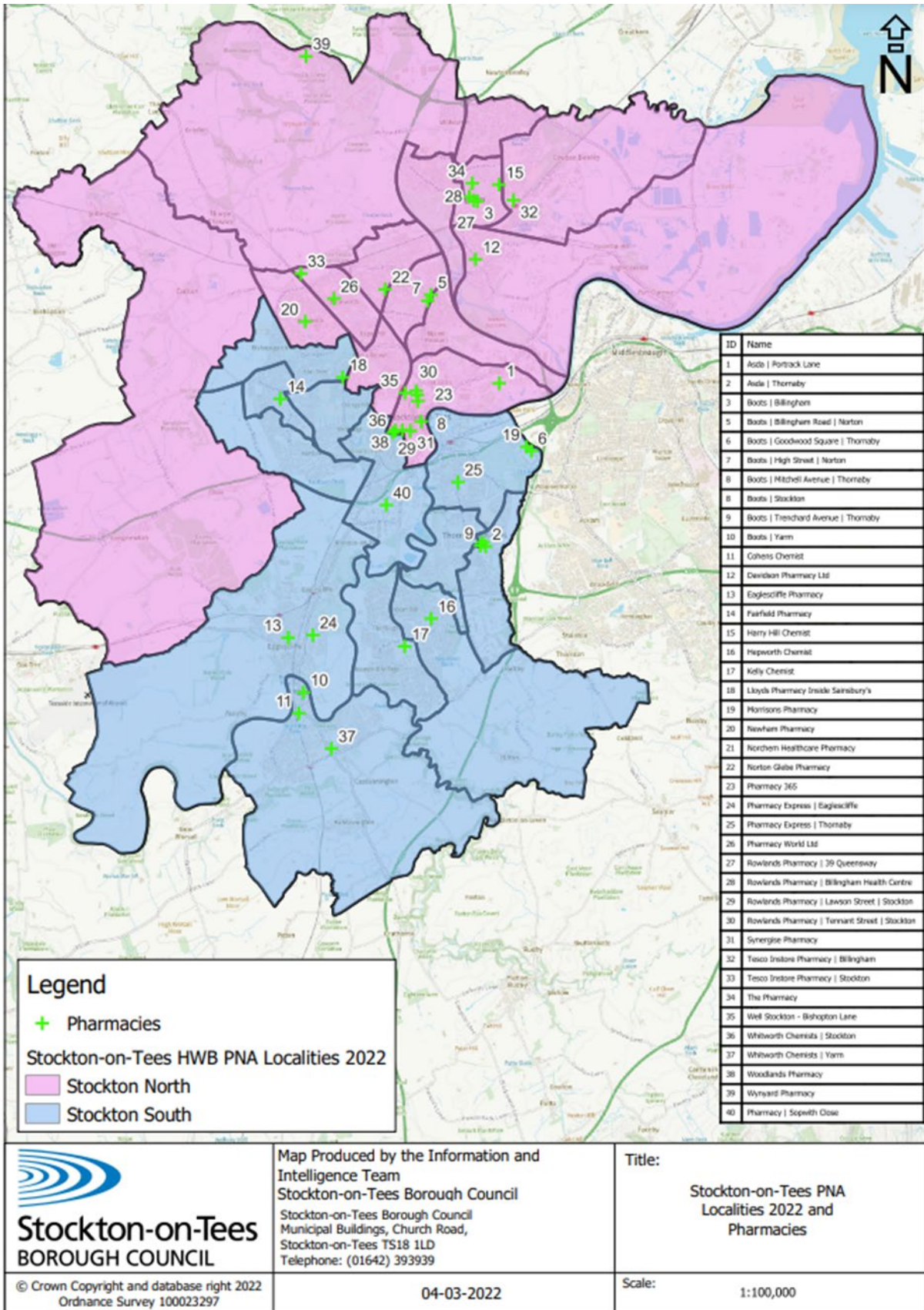


Figure 1 Stockton-on-Tees PNA 2022 Pharmacy Locations (Pharmacy 40 Distance Selling Premises)



## 1. Introduction

### 1.1. What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) is the statement of the needs for pharmaceutical services which each Health and Wellbeing Board is required to publish. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (as amended)(Department of Health, 2013) set out the legislative basis for developing and updating PNAs and can be found at:

<http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services that could be delivered by community pharmacies and other providers.

### 1.2. What are Pharmaceutical Services?

Pharmaceutical Services is a collective term for a range of services commissioned by NHS England and NHS Improvement. In relation to pharmaceutical needs assessments, it includes:

- essential, advanced and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors,
- the dispensing service provided by some GP practices, and
- services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services.

### 1.3. Why has the Health and Wellbeing Board prepared a PNA?

The Health and Social Care Act 2012 established health and wellbeing boards. It also transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards with effect from 1 April 2013. At the same time responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

The NHS Act 2006 (the “2006 Act”), amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

<http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

The development of pharmaceutical needs assessments is a separate duty to that of developing joint strategic needs assessments as pharmaceutical needs assessments will inform commissioning decisions by local authorities, NHS England and NHS Improvement, and clinical commissioning groups.

### 1.4. Who has produced it?

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

(Department of Health, Oct 2021) and with the support of our local stakeholders including Tees Valley CCG, local pharmacy contractors and the Local Pharmaceutical Committee (LPC) Tees. The PNA is built on the robust processes followed in 2015 and 2018 to produce the current needs assessment which has remained fit for purpose.

The preparation of the 2022 PNA for Stockton-on-Tees, was led by a small steering group drawn together by the public health team of Stockton-on-Tees Borough Council under the Consultant in Public Health and on behalf of the Health and Wellbeing Board. Working closely alongside the corresponding PNA development process for Hartlepool, with some shared approaches across all four Tees boroughs and in part, also wider involvement with public health pharmacist leads developing PNAs across the North East of England.

Working collaboratively in this way promotes mutual understanding of pharmaceutical services in neighbouring HWB areas, and their impact on meeting local pharmaceutical needs.

### **1.5. How will it be made available?**

The PNA will be published on the Stockton Borough Council website. Hard copies of the PNA will be made available on request and for viewing at a location to be confirmed.

### **1.6. How often will it be completed?**

This PNA is not a 'once and for all' statement of pharmaceutical need since the 2013 Regulations, as amended, require a fundamental review of the PNA at least every three years, including full public consultation.

The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement (see 2.6.1). When making a decision as to whether the changes warrant a new assessment, HWBs will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

As at October 2021, the regulations require the next pharmaceutical needs assessment to be published by 1 April 2022 although this will be amended to 1 October 2022 as a result of the ongoing response to the Covid-19 pandemic.

Once the 2022 version is published, health and wellbeing boards will be required to publish their next pharmaceutical needs assessment within three years of the date on which the 2022 version was published.

However, there may be occasions where a health and wellbeing board will need to publish its next pharmaceutical needs assessment sooner. In addition, the health and wellbeing board may need to publish a supplementary statement or statements.

#### **1.6.1. Subsequent PNA's**

Once a pharmaceutical needs assessment is published, the 2013 regulations require the health and wellbeing board to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent.

This could be due to changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area (both residents and visitors).

The only exception to this requirement is where the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to the changes.

### **1.6.2. Supplementary statements**

When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need.

Primary Care Support England is responsible for notifying the Health and Wellbeing Board when:

- a pharmacy or dispensing appliance contractor opens new premises or relocates to new premises, and
- a change of ownership application takes place.

NHS England and NHS Improvement is responsible for notifying the health and wellbeing board when:

- core and/or supplementary opening hours change,
- pharmacy or dispensing appliance contractor premises close permanently, and
- when a dispensing practice ceases to dispense either to a particular area or completely.

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical needs assessment for the area of the health and wellbeing board's area; and
- b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services.

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

### **1.6.3. Supplementary statements and pharmacy consolidations**

When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision. NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.

Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The applicant will have six months from the granting of a consolidation application to enact it (potentially extended to an overall total of 9 months). When the pharmacy that is to close does close the HWB will be informed. The HWB must then:

- a) publish a supplementary statement reporting the removal of the pharmacy which is to close from the Pharmaceutical List within the statement the health and wellbeing board will state it is of the opinion that the closing of one of the pharmacies does not create a gap that could be met by an application offering to meet a need for, or secure improvements to or better access to, pharmaceutical services.
- b) update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

#### **1.6.4. Process for maintaining Stockton-on-Tees Health and Wellbeing Board PNA**

Notifications of changes from Primary Care Support England and NHS England and NHS Improvement are received on behalf of the Health and Wellbeing board by the Director of Public Health.

The Board has in place a delegation of authority to the Director of Public Health to respond to requests for representations from NHS England in respect of pharmacy applications and make routine initial assessments with respect to the potential for Supplementary Statement or need for full review of the PNA. Any supplementary statements required or decision to undertake a full review would be taken to the board to approve.

#### **1.7. How will the PNA be used?**

Once published, this PNA will be used by NHS England in their decision-making process when applying the Regulations to the process of application to, and management of, the Pharmaceutical List. PNAs are the basis for determining market entry to NHS pharmaceutical services provision. As at October 2021 the Cumbria and North East Sub Region of NHS England undertake these statutory processes and the HWB must make the PNA and associated Supplementary Statements available to them.

The PNA may be used by anyone (including LA or NHS officers, any healthcare or other professional, other stakeholders, patients or members of the general public) that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Stockton-on-Tees.

Primary Care Support England (PCSE) on behalf of NHS England provides a range of Pharmacy Market Management Services for pharmacies across England. This includes all market entry applications and, as of 31 March 2021, consolidation applications too.



## 2. Background and Policy Context

### 2.1. National Policy

If a person wants to provide pharmaceutical services, they are required to apply to the NHS to be included in a pharmaceutical list. Pharmaceutical lists are compiled and as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.

Under the 2013 regulations ( as amended), a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The first pharmaceutical needs assessments were published by primary care trusts and were required to be published by 1 February 2011. From April 2013, health and wellbeing boards became responsible for pharmaceutical needs assessments.

### 2.2. Regulations - Control of Entry

The NHS Act 2006 required PCTs to “approve an application from a chemist (for entry onto the Pharmaceutical List) only where it was necessary or expedient in order to secure the adequate provision of NHS pharmaceutical services in the ‘neighbourhood’”. This was known as the ‘Control of Entry test’ which had been a feature of the NHS (Pharmaceutical Services) Regulations since the late 1980s. The Regulations apply to “chemists” which included both pharmacies and appliance contractors.

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

- 1) pharmacies in approved retail areas (shopping developments) of more than 15000 square metres gross floor space, away from town centres (e.g., Stockton-on-Tees had an approved retail area at Teesside Park).
- 2) pharmacies that intend to open for more than 100 hours per week
- 3) pharmacies located in one-stop primary care centres under the control or management of a consortium (the centre not the pharmacy)
- 4) pharmacies that will operate wholly by internet or mail order.

### 2.3. Regulations - Market Entry

As noted above, the 2012 Regulations that governed pharmaceutical lists and applications to join the list (Department of Health, 2012) changed the basis of PCT decision-making. This ended the application of the ‘control of entry test’ based on neighbourhoods and the ‘adequacy test’ of the ‘necessary or desirable’ criteria. PNAs were now to form the basis for decision-making under new Market Entry conditions. A considerable element of the basis for decisions using the previous Regulations had become based on case-law arising from the large number of Appeals to the NHS Litigation Authority (NHSLA) that this process generated.

The 2012 Regulations also removed 3 of the 4 exemptions to Control of Entry introduced in 2005, retaining only the ‘distance selling’ option. Nevertheless, the exempt categories had stimulated the market and a substantial number of pharmacies joined the Pharmaceutical List

in this period. Many of the pharmacies that opened with the '100 hour' exemption now secure the core hours required to provide the suitable access and choice described in current PNAs.

The categories of routine application to join the pharmaceutical list (i.e. open a new pharmacy under these Regulations) are:

- to meet current needs identified in the PNA
- to meet future needs identified in the PNA
- to provide for improvements or better access to pharmaceutical services as identified in the PNA
- to provide for future improvements or better access to pharmaceutical services as identified in the PNA

or

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

## 2.4. Recent national policy drivers

In support of delivery of the NHS Long Term Plan there continues to be on-going publication of documents to support its delivery:

- [NHS People Plan 2020/21](#)  
[We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf \(england.nhs.uk\)](#)
- [Community Pharmacy Contractual Framework 2019-2024](#)  
[NHS England » Community Pharmacy Contractual Framework 2019-2024](#)
- [A five-year framework for GP contract reform to implement The NHS Long Term Plan](#)  
[NHS England » A five-year framework for GP contract reform to implement The NHS Long Term Plan](#)

### 2.4.1. Community Pharmacy Contractual Framework

Pharmacies included in a pharmaceutical list are required to provide essential services and participate in an acceptable system of clinical governance and healthy living. They may choose to provide one or more of the advanced services and NHS England may choose to commission enhanced services from them against identified patient need. Collectively these three tiers of service are known as the Community Pharmacy Contractual Framework (CPCF).

This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended).

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan, first published in July 2019, set out the changes to the CPCF agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). As a result of these changes to the CPCF, and as part of the response to the COVID-19 pandemic, amendments to the 2013 regulations were required.

The terms of service for the provision of essential services and clinical governance are set out in Schedule 4 of the 2013 regulations and these have been amended to incorporate the nationally agreed changes to the CPCF. The amendments are set out in the NHS (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020 (the 2020 regulations).

Pharmacies will now be required to:

- reflect the criteria / requirements for a Level 1 Healthy Living Pharmacy

- ensure there is an NHSmail shared mailbox for every community pharmacy with linked personal NHSmail accounts for pharmacy staff
- use NHS Summary Care Records where appropriate
- update as necessary, quarterly as a minimum, the community pharmacy profiles for the NHS 111 Directory of Services, to facilitate referral
- update pharmacy profiles for the NHS website, including opening times, facilities and service information, quarterly as a minimum, to facilitate efficient patient access to services
- have the capability to receive and process electronic prescriptions
- provide an extended notice period to NHS England and NHS Improvement of commencement of the provision of NHS pharmaceutical services
- notify NHS England and NHS Improvement when entering administration
- ensure all pharmacy professionals are trained to safeguarding level 2
- submit specified 'contract' management and monitoring data electronically
- collect additional information and electronically submit data on health campaigns
- ensure the pharmacy is registered to receive CAS alerts directly into the premises' specific NHSmail shared mailbox and ensure a process is in place for implementing these in the required timescales

#### **2.4.2. Pharmacy Access Scheme**

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. The PhAS is not designed to replace the Local Pharmaceutical Services (LPS) provisions.

The scheme is paid for from the funding for the Community Pharmacy Contractual Framework (CPCF). The PhAS is an additional monthly payment made to all eligible pharmacies in areas where there are fewer pharmacies. The maximum expenditure on the 2022 PhAS will be £20 million per financial year. The 2022 PhAS will apply from 1 January 2022 and run until the next PhAS review.

There are 5 pharmacies in Stockton-on-Tees that are as at 25/11/21 listed as eligible for payment in 2022: Asda Portrack, Fairfield Pharmacy, Tesco Durham Road, Wynyard Pharmacy and Davidsons Pharmacy (Billingham).

[Community Pharmacy Contractual Framework: 2021 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/community-pharmacy-contractual-framework-2021-to-2024)

#### **2.4.3. Pharmacy Quality Scheme (PQS)**

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

The scheme requirements are updated on an annual basis. NHS England and NHS Improvement, in collaboration with internal and external stakeholders, has developed the PQS for 2021/22. Details of the PQS for 2021/22 have been provided in Part VIIA of the Drug Tariff NHSBSA. This year's scheme includes domains on Infection Control, Flu vaccination, Patient Safety, Improving inhaler use and Weight Management.

## 2.5. Definitions

Within the regulations there are a number of words and phrases that need to be understood in the context of pharmaceutical needs assessment. The most relevant ones are explained below.

### 2.5.1. Core and supplementary hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary. In general pharmacies will have either 40 or 100 core opening hours per week, although some may have a number that is between 40 and 100, and some may have less than 40. Dispensing appliance contractors are required to have not less than 30 core opening hours per week, although some may have more or less. Core opening hours can only be changed by first applying to NHS England and NHS Improvement. As with all applications, they may be granted or refused. Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHS England and NHS Improvement at least three months' notice.

### 2.5.2. Essential services

All pharmacies, including distance selling premises, are required to provide the essential services. As of October 2021, there are seven essential services:

- dispensing of prescriptions,
- dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days, and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in six health campaigns, where requested to do so, by NHS England and NHS Improvement.
- signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Further information on the essential services requirements can be found in Schedule 4 of the 2013 regulations (as amended).

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

- dispensing of prescriptions.

- dispensing of repeat prescriptions.
- for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

Further information on the essential services requirements can be found in Schedule 5 of the 2013 regulations (as amended). It should be noted that clinical governance is not an essential service. Instead, it is a framework which underpins the provision of all pharmaceutical services.

### **2.5.3. Advanced Services**

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff.

As at October 2021, the following services may be provided by pharmacies:

- new medicine service,
- community pharmacy seasonal influenza vaccination,
- community pharmacist consultation service,
- hypertension case-finding service, and
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

In early 2022 a stop-smoking service will be introduced for patients who started their stop smoking journey in hospital.

As at October 2021, the community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service are also commissioned from community pharmacies. These may however not be commissioned when the pharmaceutical needs assessment is being drafted or published.

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

- appliance use reviews, and
- stoma appliance customisation

Further practical user information on each of the advanced services can be found on the Pharmaceutical Services Negotiating Committee's website. The pharmaceutical needs assessment will need to look at the provision of each of these services and identify any gaps in their provision.

### **2.5.4. Enhanced Services**

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England and NHS Improvement. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the [Drug Tariff | NHSBSA](#). Whilst the local authority may commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are

not to be referenced as such in the pharmaceutical needs assessment. See 'Other NHS services' below.

### **2.5.5. Other NHS Services**

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority (for example the public health services commissioned from pharmacies), NHS England and NHS Improvement, a clinical commissioning group, an NHS trust or an NHS foundation trust. It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Health and wellbeing boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

### **2.5.6. Other Relevant Services**

These are services that the health and wellbeing board is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services. Once the health and wellbeing board has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

### **2.5.7. Appliances**

Whilst drugs are the most common healthcare intervention and a large proportion of the health and wellbeing board's population will be prescribed them on a regular or occasional basis, a smaller proportion will require access to appliances. Those that are available on the NHS are set out in Part IX of the Drug Tariff and include:

- catheters
- dressings
- elastic hosiery
- hernia support garments
- trusses
- colostomy bags
- urostomy bags

The pharmaceutical needs assessment will therefore need to consider access to both drugs and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliances, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based in other parts of the country (see 'Dispensing appliance contractors' section below).

### **2.5.8. Dispensing Appliance Contractors**

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. There are far fewer of them compared to pharmacies (there were 111 dispensing appliance contractors as at 30 June 2021 compared to 11,201 pharmacies). Consequently, not every health and wellbeing board will have a dispensing appliance contractor operating in their area, however residents will be accessing their services elsewhere in the country.

### **2.5.9. Distance Selling Premises**

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises. As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing boards. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

### **2.5.10. Dispensing Doctors**

Whilst the majority of people living in the health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some will have them dispensed by their GP practice. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality
- they must live more than 1.6km (measured in a straight line) from a pharmacy
- the practice must have approval for the premises at which they will dispense to them
- the practice must have the appropriate consent for the area the patient lives in.

### **2.5.11. Controlled Localities**

Controlled localities are areas that have been determined to be 'rural in character' by NHS England and NHS Improvement (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHS England and NHS Improvement will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport.

### **2.5.12. Local Pharmaceutical Services**

NHS England and NHS Improvement does not hold signed contracts with the majority of pharmacies. Instead, pharmacies provide services under a contractual framework and the

terms of service are set out in the 2013 regulations (as amended). The one exception to this rule is local pharmaceutical services. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations (as amended). The contract must, however, include an element of dispensing.

### **2.5.13. Necessary Services**

The 2013 regulations (as amended) require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

### **2.5.14. Unforeseen Benefit Applications**

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access. However, there are two types of application which lead to the opening of new premises that are not based on the pharmaceutical needs' assessments – those offering unforeseen benefits and those for distance selling premises. In 2020, these two types of applications accounted for approximately 94 percent of the applications submitted to open new premises (approximately 27 percent and 67 percent respectively). Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the pharmaceutical needs assessment was written, but would confer significant benefits on people in the area of the health and wellbeing board



### 3. Process

The Stockton-on-Tees Health and Wellbeing Board commenced development work for the PNA in June 2021 under the direction of the Consultant in Public Health. A small steering group was established led by public health in the local authority on behalf of the HWB and the process launched with a HWB paper in summer 2021. The aim was to produce an assessment in accordance with statutory requirements, taking into account the variation in pharmaceutical needs between and within different localities and different groups by completing a systematic assessment of:

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

Patient/public/stakeholder primary engagement surveys were undertaken in December 2021. The statutory 60-day consultation took place from TBC ensuring that the consultation was open for at least at least 60 days.

#### 3.1. Data Sources, Collection and Validation

Having regard to the PNA Regulations, Guidance to the Regulations and the NHS Employer's guide from the previous PNA (NHS Employers, 2009), the following sources of data and collection/validation activities were undertaken.

##### 3.1.1. Demographic Information and Strategic Health Needs Information

A critical source of demographic information and strategic health needs information to support any pharmaceutical needs assessment is the Joint Strategic Needs Assessment. The Stockton-on-Tees JSNA is available on-line at <http://www.teesjsna.org.uk/stockton/> The pharmaceutical needs assessment should present sufficient demographic and strategic health needs information to function as a stand-alone document, but each should be considered as a partner to the other.

##### 3.1.2. Defining localities

Regulations require that the PNA explains how the localities for Stockton-on-Tees HWB area have been determined. The history of how the localities used in PNAs prior to 2018 were determined can be found in the archived 2018 PNA.

The 2013 regulations require the pharmaceutical needs assessment to have regard to the different needs of the different localities.

The localities used in this assessment for 2021/22 have been reviewed and updated. The process for defining them was as follows:

In the 2018 PNA Stockton-on-Tees was divided into 4 localities. The table below shows how the wards were allocated across these localities in the 2018 PNA. **See Table 1.**

<b>S1: Yarm and Area</b>	<b>S2: Stockton Parishes</b>	<b>S3: Norton and Billingham</b>	<b>S4: Stockton and Thornaby</b>
Eaglescliffe	Northern Parishes	Billingham Central	Bishopsgarth and Elm Tree
Fairfield	Western Parishes	Billingham East	Grangefield
Hartburn		Billingham North	Hardwick and Salters Lane
Ingleby Barwick East		Billingham South	Mandale and Victoria
Ingleby Barwick West		Billingham West	Newtown
Yarm		Norton North	Parkfield and Oxbridge
		Norton South	Roseworth
		Norton West	Stainsby Hill
			Stockton Town Centre
			Village
<b>6 wards</b>	<b>2 wards</b>	<b>8 wards</b>	<b>10 wards</b>

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

In reviewing the localities for the 2022 PNA we have considered the following – in no particular order:

- For some Health and Wellbeing Board areas, their localities will approach, or even exceed the size of the borough of Stockton-on-Tees in their geography or population. Stockton-on-Tees is a Borough that covers a population of 197,348 (Ward Profile 2021, [www.stockton.gov.uk](http://www.stockton.gov.uk)) in 20,393 hectares (Stockton Local Plan 2019)
- Healthcare commissioning by the local Clinical Commissioning Group (CCG) is currently organised on the geographical footprint of NHS Tees Valley, i.e., larger than the individual local authority/HWB areas in the Tees Valley. NHS primary care services in the Stockton area are arranged into groups of GP practices known as Primary Care Networks (PCNs). Currently in Stockton the 21 practices are grouped into 4 PCNs. PCNs are networks of GP practices covering 30,000- 50,000 patients.
- CCGs will be replaced on 1st April 2022 by Integrated Care Systems (ICS). The ICS for the Stockton area is organised over an even larger geography (North East and North Cumbria).
- Stockton-on-Tees Joint Health and Wellbeing Strategy sub-divides the local authority into 6 townships; Norton, Billingham, Thornaby, Yarm, Ingleby Barwick and Stockton.
- The subdivision used in previous PNA's for Stockton is unique to the PNA and is not used in any other strategic documents related to Stockton-on-Tees produced by the local authority.
- Fairfield and Hartburn residents were in previous PNA's placed in same locality as Yarm and Ingleby Barwick as it was felt that the residents would feel allied to have similar pharmaceutical needs to, the population of these areas.
- Billingham and Norton although divided by the A19 and whilst the resident population will clearly identify themselves with one or other, it was felt in previous PNA's that population of these two areas might commonly travel from one to the other.

One of the main drivers for considering a change in the localities previously used was to divide the area up in a way that was familiar to residents of the Borough. To consider the Borough as a single locality was considered but it was felt that the distances involved across the HWB area were too great. We also considered if the PNA should use the township model to determine localities, however, this would have involved splitting the area into more localities than the existing PNA and this was felt likely to make the production of the PNA more complex and the ensuing document too unwieldy.

Within this context it was proposed for the PNA 2022 to sub divide Stockton-on-Tees into 2 localities - Stockton-on-Tees North and Stockton -on-Tees South. This option was discussed at the Stockton-on- Tees PNA Steering Group and agreed with the Consultant in Public Health and the Chair of the Stockton-on-Tees Health and Well Being Board. In terms of ward distribution, the localities will mirror the current parliamentary boundaries within Stockton-on-Tees HWB area. It was felt that this sub-division of Stockton-on -Tees is one which local residents were familiar with and it is a recognised way to sub divide the area.

**Table 2** below shows the ward distribution across the two localities to be used in the PNA 2022. The map below shows the 2 localities.

<b>S1: Stockton-on-Tees North</b>	<b>S2: Stockton-on-Tees South</b>
Northern Parishes	Eaglescliffe
Western Parishes	Fairfield
Stockton Town Centre	Hartburn
Billingham Central	Ingleby Barwick East
Billingham East	Ingleby Barwick West
Billingham North	Yarm
Billingham South	Village
Billingham West	Bishopsgarth and Elm Tree
Norton North	Grangefield
Norton South	Mandale and Victoria
Norton West	Parkfield and Oxbridge
Hardwick and Salters Lane	Stainsby Hill
Newtown	
Roseworth	

**Table 2.** Showing wards in each of the proposed two localities in Stockton-on-Tees HWB PNA 2022

The Stockton-on-Tees localities are described in [Section 5.0](#).

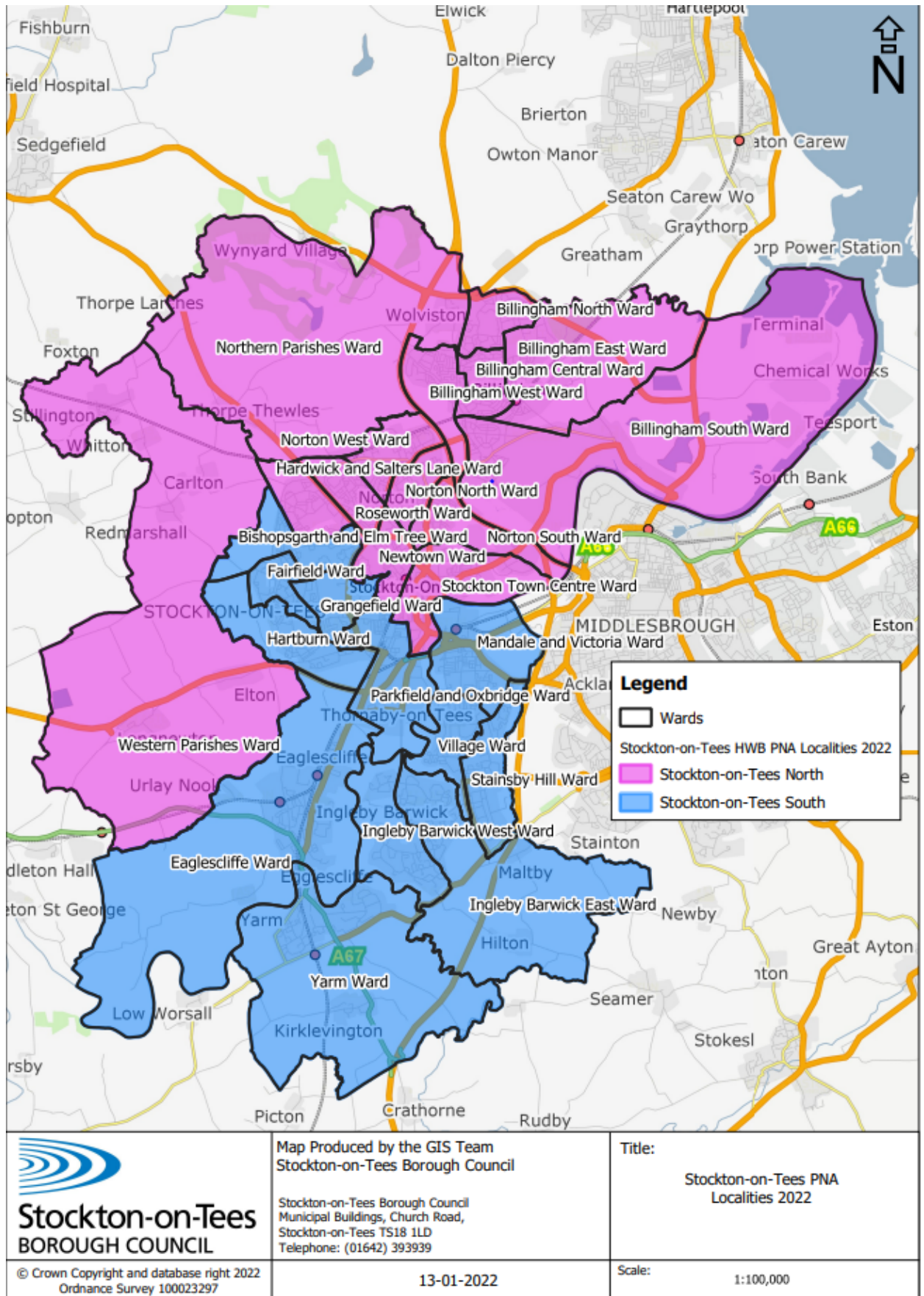


Figure 2 – Localities PNA 2022

### **3.1.3. Demographic information at locality level**

The demography of the Stockton-on-Tees HWB area is described in reasonable detail, together with relevant data sources in the JSNA or from other public health datasets/resources which enable the different needs of people in the area who share a protected characteristic to be assessed. This is to support decision-making by NHS England with an understanding of the demographic detail of the Borough when assessing pharmacy applications.

As indicated previously, describing the population needs of a geographic area may sometimes be constrained by the availability of data specific to that geographic location. Given the relatively small size of each LA in the Tees Valley, an understanding of the population at LA level may sometimes be considered adequate to review more strategic pharmaceutical needs. To consider more specific needs on a locality basis, where data is available at ward level that can be aggregated, this has been done. Aggregating ward data to create a locality average is not always possible, reasonable or considered useful. Ward level or SOA data may nevertheless be useful to consider comparative demographics across a given locality area.

### **3.1.4. Data collection for Community Pharmacies**

Understanding the existing community pharmacy resource is a fundamental requirement of the PNA. In addition to information available from the Pharmaceutical List held by NHS England and other commissioners, some information in current service provision, and engagement on the potential future provision of pharmaceutical services, was collated from contractors themselves.

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

An electronic data collection template, based on a PSNC data template, was developed for this purpose in 2014. This template was updated for 2021-22. The LPC were able to view the template prior to going live and supported the process of encouraging contractors to respond.

The NHS England Pharmaceutical List was provided via hyperlink for contractors to view and validate by declaration.

A copy of the electronic data collection document in paper format is included as **Appendix 1**. A response rate of 85% (n=34) was achieved.

### **3.1.5. Dispensing Appliance Contractors (DACs)**

NHS England provided information on DACs. There are none located within Stockton-on-Tees or in the Durham Darlington Tees (DDT) Area of NHS England. CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided appliance prescribing and dispensing information from ePACT, electronic prescription data.

### **3.1.6. Dispensing practices**

There is one dispensing (doctor) practice in Stockton-on-Tees in Stillington. Information relating to dispensing patient list sizes was obtained from NHS England DDT area Team.

Additional information relating to dispensary opening times, where necessary, has been sourced from NHS Choices or the practice website as this information is not held by NHS England.

### **3.1.7. GP practice**

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

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

### **3.1.8. Rurality definition and maps**

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England; maps are unchanged from those published in the PNA 2011; and reproduced here in section 6.1.10.2.

### **3.1.9. Designated neighbourhoods for LPS purposes**

Some PCTs/HWB areas may also have designated neighbourhoods for LPS purposes, however Stockton-on-Tees does not have any such areas.

## **3.2. Consultation and Engagement**

The PNA process should include, and have regard to, patient experience data, such as the views of patients, carers, the public and other local stakeholders, on their current experiences of pharmaceutical services and their aspirations for the future. In addition to engagement activity, HWBs are required to consult on a draft of their PNA for a minimum period of 60 days. A summary of the communication, engagement and consultation processes undertaken by Stockton-on-Tees HWB will be included as **Appendix 2**. **Appendix 3** shows the responses from the formal consultation, including the HWB response.

### **3.2.1. Engagement**

#### **3.2.1.1. Stakeholder engagement**

There are many people or organisations that may consider themselves to be stakeholders in the provision of pharmaceutical services locally. Understanding the views of these stakeholders is helpful to the development of a valuable PNA.

The HWB used on-line survey methods for the stakeholder engagement. As important stakeholder groups, a separate engagement exercise was undertaken at the same time with patients and the general public (see section 3.2.1.2). Similarly, engagement with community pharmacy contractors was undertaken as part of the survey via PharmOutcomes (see section 3.1.4).

The scope of the stakeholder survey was:

- to improve our understanding of stakeholder views, knowledge and experience of the pharmaceutical services available now

- to improve our understanding of stakeholder views on what might be done to improve quality, access or experience of pharmaceutical services available now
- to improve our understanding of stakeholder views on the need for additional pharmaceutical services and therefore any gaps in provision.

A blank version of the engagement surveys is included at **Appendix 4**.

During December 2021, links to the electronic stakeholder survey, with the option to access a paper copy, were distributed to those individuals, groups and organisations identified by the working group as suitable representatives of a broad range of professional and/or 'client groups'. It was also distributed to those who would later be required by Regulation to be included in the formal consultation on the draft needs assessment. Stakeholders were also notified of the option for individuals to complete the patient/public survey as a user of pharmaceutical services themselves before the closing date. The list of key stakeholders to whom the survey was distributed is included in **Appendix 2**.

#### **3.2.1.2. Patient/Public engagement**

An on-line survey tool was also used for the patient/public engagement process. The scope of the survey was to evaluate public opinion, personal experiences and feelings about their local pharmacy services and thereby improve our understanding of:

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

For 2022, working again in collaboration with colleagues across Tees Valley, the questions for this survey were updated and adapted from those developed previously. This could enable some comparison in time where appropriate.

The survey was launched on the same dates as the stakeholder survey and distributed via well-established existing local authority consultation/engagement processes to a wide range of partner organizations and other groups to support appropriate patient/public involvement. Employees of local authorities and partner organisations were also encouraged to complete the survey via email or internal electronic newsletters. The option to access a paper copy was offered. A blank copy of the patient survey is included as **Appendix 4**.

#### **3.2.1.3. Existing patient experience data**

The potential value of the community pharmacy returns from their annual Community Pharmacy Patient Questionnaire (CPPQ) questionnaire and the annual Complaints Report were considered by the working group. For the CPPQ, although contractors are contractually required to complete this comprehensive patient experience exercise, they are only required to submit a limited summary to NHS England so the value of this resource may be limited.

### **3.2.2. Consultation**

The 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development (PART 2 regulation 8) and this consultation must last for a minimum of 60 days. Regulation 8 lists those persons who must receive a copy of the draft PNA and be consulted on it – for a list of these local stakeholders and organisations please see **Appendix 3**.

Stockton-on-Tees HWB undertook formal consultation on the draft PNA commencing TBC. Existing LA processes, plus circulation of the notification of the consultation to pharmacies via PharmOutcomes®, were used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form. To guide consultation responses, a standard set of questions were used based on those developed in 2018, reviewed and updated for Stockton-on-Tees in 2022.

HWBs are also required to publish a report on the consultation in their PNA, including analysis of the consultation responses and reasons for acting or otherwise upon any issues raised. A brief summary of the key outcomes of the consultation are therefore included in section 7.6.2 of the final document, with a copy of the consultation questions and the consultation report included as **Appendix 3**.

## 4. Approval

The PNA for Stockton-on-Tees HWB 2022 was approved by the Health and Wellbeing Board in TBC published on-line by TBC.



## 5. Localities - definition and description

### 5.1. Local Context

The five Health and Wellbeing Boards of Darlington, Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland now work with Tees Valley CCG and other partners such as NHS Trusts, Mental Health Trusts and Healthwatch organisations' in the area. Since the last PNA in 2018 the previous 3 Clinical Commissioning Groups (CCGs) in this area have been replaced by a single CCG. Tees Valley Clinical Commissioning Group (CCG) was formed on 1 April 2020 to bring together responsibilities for health services in the areas of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees. Within the CCG practices are grouped together to form Primary Care Networks (PCNs), these are partnerships of GP practices working together and with other local health and care providers to deliver services in a coordinated way.

CCGs will be replaced on 1st April 2022 by Integrated Care Systems (ICS). Stockton area will be covered by an ICS that will cover the North-East and North Cumbria.

NHS England and NHS Improvement presently continue to hold the NHS national contracts for the primary care contractors GPs, dentists, optometrists and, of course, community pharmacies. Currently this is managed by a North East and North Cumbria team within the North East and Yorkshire regional team.

The Stockton-on-Tees HWB area shares a part of its boundary with each of the other four Tees Valley areas: Hartlepool to the north, Darlington to the west and both Middlesbrough and Redcar and Cleveland to the east. To the north-west the Borough is bordered by County Durham and to the south by the North Yorkshire HWB area.

As previously described in section 3.1.2 the localities used to sub-divide the Stockton-on-Tees Health and Well Being Board area have been reviewed and updated for this PNA. Stockton-on-Tees localities are identified with numbers and names for convenience as S1: Stockton-on Tees North (14 wards), S2: Stockton-on-Tees South (12 wards)

*Note that 'controlled locality' designations of rurality apply in Locality S1: Stockton-on-Tees North (see section 5.2.10.2).*

### 5.2. Localities - population

We cannot begin to assess the pharmaceutical needs of our localities without first understanding our population. The demography of Stockton-on-Tees is described in detail in the current JSNA now accessible at <http://www.teesjsna.org.uk/stockton/>

Understanding the population of a geographic area may sometimes be constrained by the availability of data specific to that geographic location. In certain circumstances, an understanding of the population demographics at HWB level may be considered adequate to review strategic pharmaceutical needs. To consider more specific needs on a locality basis, where data is available at ward or LSOA level and can be aggregated to create a locality average this can be done. Otherwise, ward data can still be considered by examining locality areas without aggregating the data, as this is not always useful.

The descriptions of the population within each locality will be considered under suitable headings that will contribute to the understanding of protected characteristics and associated demography.

### 5.2.1. Population and age/sex breakdown

**Table 3** shows estimated population breakdown by broad age (ONS mid-year 2020 estimates) for the Stockton-on-Tees HWB area, by ward in each locality. The all-age population of the Borough was estimated to be 194,803 in mid- 2015, increasing to 197,419 by the mid-2020 estimate also used in Figure 3. Total population increase was 2,616 in this five years.

Population information should be considered in conjunction with a consideration of rurality as described in section 6.1.10.2 as a low resident population may not necessarily be an indicator of rurality in a heavily industrialised area. Population flows such as a daily influx of workers to town centres, out of town retail shopping areas or to industrial areas are also an important consideration discussed in this section.

Substantial variation in population is observed across Stockton-on-Tees, between localities and also within wards.

Ward Code	Ward Name	PNA Locality	ONS mid-year estimates 2020						
			All Ages	0-15	16-64	65+	0-15	16-64	65+
			Numbers				Percent		
E05001527	Billingham Central	S1	7,408	1,669	4,557	1,182	22.5	61.5	16.0
E05001528	Billingham East	S1	7,221	1,737	4,337	1,147	24.1	60.1	15.9
E05001529	Billingham North	S1	8,399	1,355	5,310	1,734	16.1	63.2	20.6
E05001530	Billingham South	S1	6,517	1,378	3,897	1,242	21.1	59.8	19.1
E05001531	Billingham West	S1	5,208	722	2,698	1,788	13.9	51.8	34.3
E05001536	Hardwick and Salters Lane	S1	7,894	2,106	4,661	1,127	26.7	59.0	14.3
E05001541	Newtown	S1	7,080	1,671	4,432	977	23.6	62.6	13.8
E05001542	Northern Parishes	S1	4,236	859	2,626	751	20.3	62.0	17.7
E05001543	Norton North	S1	6,471	1,253	4,001	1,217	19.4	61.8	18.8
E05001544	Norton South	S1	7,905	1,280	5,312	1,313	16.2	67.2	16.6
E05001545	Norton West	S1	5,971	914	3,233	1,824	15.3	54.1	30.5
E05001547	Roseworth	S1	7,338	1,745	4,366	1,227	23.8	59.5	16.7
E05001549	Stockton Town Centre	S1	7,605	1,437	5,237	931	18.9	68.9	12.2
E05001551	Western Parishes	S1	3,522	621	2,114	787	17.6	60.0	22.3
<b>Stockton North Total</b>			<b>92,775</b>	<b>18,747</b>	<b>56,781</b>	<b>17,247</b>	<b>20.2</b>	<b>61.2</b>	<b>18.6</b>
E05001532	Bishopsgarth and Elm Tree	S2	6,322	952	3,594	1,776	15.1	56.8	28.1
E05001533	Eaglescliffe	S2	10,579	1,992	6,190	2,397	18.8	58.5	22.7
E05001534	Fairfield	S2	5,433	827	3,024	1,582	15.2	55.7	29.1
E05001535	Grangefield	S2	6,530	1,210	3,976	1,344	18.5	60.9	20.6
E05001537	Hartburn	S2	6,257	999	3,332	1,926	16.0	53.3	30.8
E05001538	Ingleby Barwick East	S2	10,740	2,323	6,964	1,453	21.6	64.8	13.5
E05001539	Ingleby Barwick West	S2	12,850	3,133	8,557	1,160	24.4	66.6	9.0
E05001540	Mandale and Victoria	S2	12,326	2,570	8,313	1,443	20.9	67.4	11.7
E05001546	Parkfield and Oxbridge	S2	9,512	2,072	6,440	1,000	21.8	67.7	10.5
E05001548	Stainsby Hill	S2	6,222	1,195	3,595	1,432	19.2	57.8	23.0
E05001550	Village	S2	6,853	1,472	3,877	1,504	21.5	56.6	21.9
E05001552	Yarm	S2	11,020	1,918	6,418	2,684	17.4	58.2	24.4
<b>Stockton South Total</b>			<b>104,644</b>	<b>20,663</b>	<b>64,280</b>	<b>19,701</b>	<b>19.7</b>	<b>61.4</b>	<b>18.8</b>
<b>Stockton-on-Tees Total</b>			<b>197,419</b>	<b>39,410</b>	<b>121,061</b>	<b>36,948</b>	<b>20.0</b>	<b>61.3</b>	<b>18.7</b>

Table 3. Population breakdown (mid-2020) in Stockton-on-Tees by ward and locality.

Points of particular note:

- The total population by ward ranges from around 3,500 in Western Parishes to more than 12,000 in Mandale & Victoria and Ingleby Barwick West.
- Stockton South locality has a higher population than Stockton North.
- 20% of the Stockton-on-Tees population are 0–15-year-olds, however, almost 27% of the population in Hardwick and Salters Lane are under 16.

- At the other end of the age spectrum, almost 19% of the population of Stockton-on-Tees are over 65 years of age, however, more than 34% of the population in Billingham West are over 65.
- Wards with the largest potential daily population influx (both internal to the Borough and cross-boundary from other HWB areas include [Stockton Town Centre] and [Mandale and Victoria]. The Teesside Park retail shopping centre, Stockton Riverside College and the University of Durham, Stockton campus are situated within the Mandale and Victoria ward; it is noted that there will be a greater potential for transient (student) population influx in this ward during term times. There will also be a population flow into Hardwick and Salters Lane ward in which the large teaching hospital is situated.
- Cross-boundary outflow is not considered to be particularly significant.

The population of Stockton-on-Tees is projected to increase by around 200 each year, reaching 200,511 by 2035.

**Figure 3** shows that the gender balance across Stockton-on-Tees is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs. However, there are fewer 20–24-year old’s than the North East and England averages.

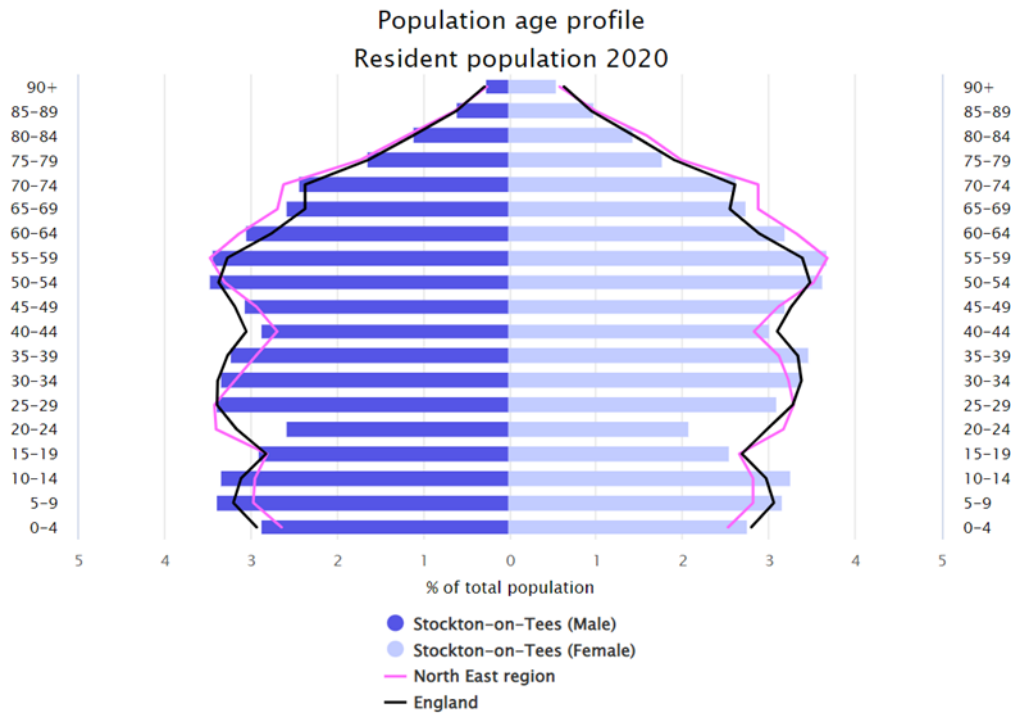


Figure 3. Population pyramid for Stockton-on-Tees (mid 2020 estimates) with North East and England comparator.

### 5.2.2. Deprivation Profile: Index of Multiple Deprivation (IMD) 2019

The English Indices of Deprivation 2019 (IMD 2019) are the official measures of dimensions of deprivation at small area level or Lower Super Output Areas (LSOAs). LSOAs have an average population of 1500 people. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation. (Department for Communities and Local Government, 2019)

The model of multiple deprivation which underpins the IMD 2019 is the same as that which underpinned its predecessors – the IMD 2015, IMD 2010, IMD 2007, IMD 2004 and IMD 2000– and is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately and are experienced by individuals living in an area. The Index of Multiple Deprivation (IMD 2019) contains seven domains which relate to income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation, and crime.

	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar & Cleveland	36	33	29
Stockton-on-Tees	57	47	39

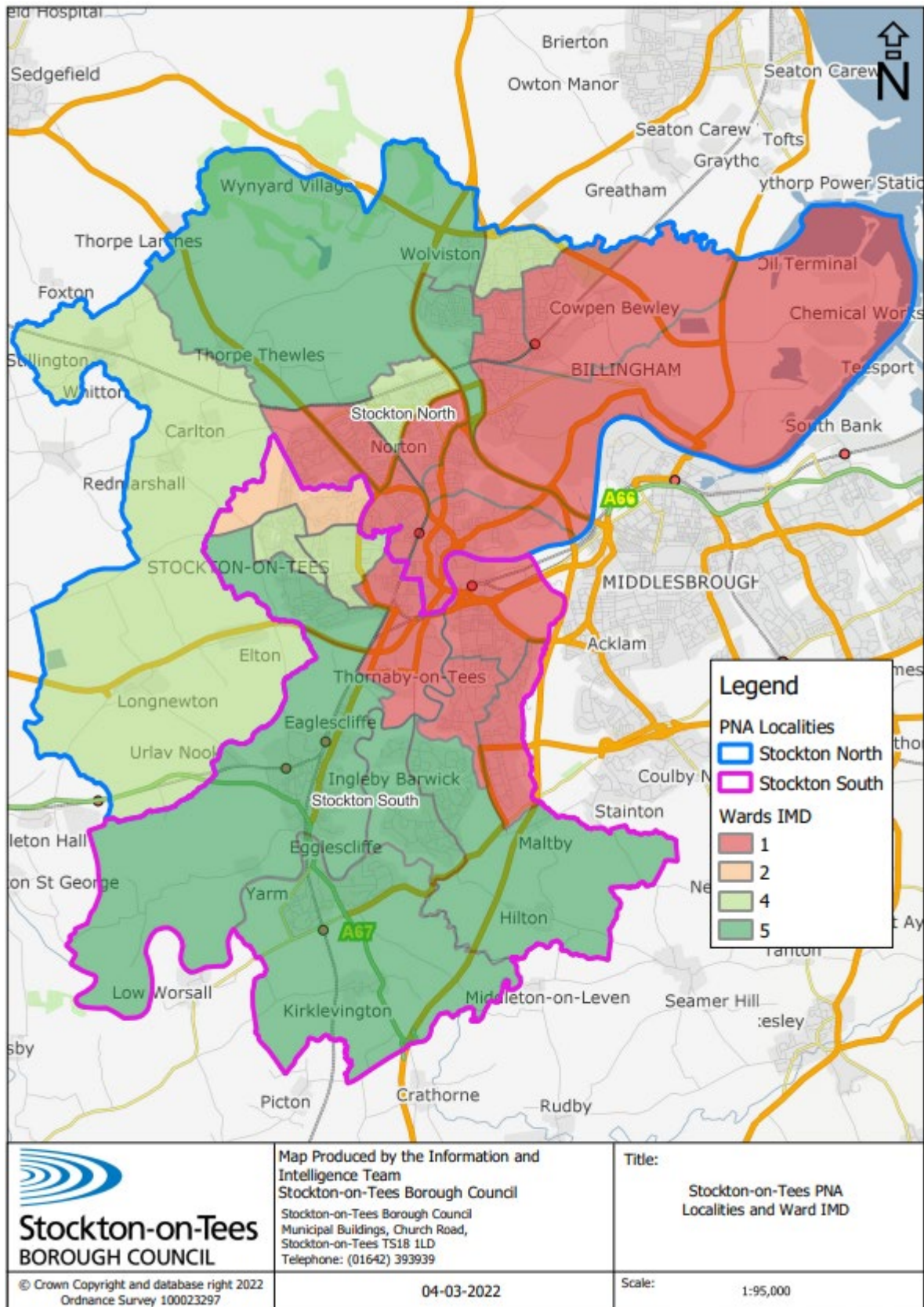
For IMD (2019), at the Borough level and out of 325 districts nationally, Stockton-on-Tees has the 39th (47th in 2015) highest proportion of LSOAs within the most deprived nationally. Middlesbrough is ranked 1st and Hartlepool 10th on this basis.

**Table 4** shows the national rank for estimated ward rank (where 1 is most deprived nationally of the 7,522 wards in England) for the 26 Stockton-on-Tees wards. Also shown alongside is the England and Borough quintile of ranked score and the Borough Decile, where quintile 1 is within the most deprived 20% and Decile 1 is within the most deprived 10% of areas.

Ward Code	Ward Name	PNA Locality	IMD 2019			
			England Rank	England Quintile	LA Quintile	LA Decile
<b>Stockton North</b>						
E05001527	Billingham Central	S1	6183	1	3	5
E05001528	Billingham East	S1	6839	1	1	2
E05001529	Billingham North	S1	1815	4	4	7
E05001530	Billingham South	S1	6060	1	3	5
E05001531	Billingham West	S1	975	5	4	8
E05001536	Hardwick and Salters Lane	S1	7037	1	1	2
E05001541	Newtown	S1	7089	1	1	1
E05001542	Northern Parishes	S1	513	5	5	10
E05001543	Norton North	S1	6447	1	2	4
E05001544	Norton South	S1	6417	1	2	4
E05001545	Norton West	S1	1700	4	4	8
E05001547	Roseworth	S1	6807	1	2	3
E05001549	Stockton Town Centre	S1	7161	1	1	1
E05001551	Western Parishes	S1	2399	4	4	7
<b>Stockton South</b>						
E05001532	Bishopsgarth and Elm Tree	S2	5013	2	3	6
E05001533	Eaglescliffe	S2	1023	5	4	8
E05001534	Fairfield	S2	3257	4	3	6
E05001535	Grangefield	S2	2738	4	3	6
E05001537	Hartburn	S2	941	5	5	9
E05001538	Ingleby Barwick East	S2	797	5	5	9
E05001539	Ingleby Barwick West	S2	575	5	5	10
E05001540	Mandale and Victoria	S2	6596	1	2	3
E05001546	Parkfield and Oxbridge	S2	6917	1	1	2
E05001548	Stainsby Hill	S2	6640	1	2	3
E05001550	Village	S2	5671	1	3	5
E05001552	Yarm	S2	852	5	5	9

Table 4. Estimated Ward Scores (IMD 2019); national and local ranks of those scores for Stockton-on-Tees wards (IMD2019)

**Figure 4** shows a map of the 26 Stockton-on-Tees wards, by IMD deprivation quintile.



**Table 5** further demonstrates this, summarizing the number of wards in each deprivation quintile (England), for each of the four Stockton-on-Tees localities.

	No of wards	Fraction of locality	No of wards	Fraction of locality	No of wards	Fraction of LA
<b>Q1</b>	9	64%	4	33%	13	50%
<b>Q2</b>	0	0%	1	8%	1	4%
<b>Q3</b>	0	0%	0	0%	0	0%
<b>Q4</b>	3	21%	2	17%	5	19%
<b>Q5</b>	2	14%	5	42%	7	27%

*Table 5. Number of wards in each deprivation quintile (IMD2019) by locality for Stockton-on-Tees  
\*Percent may not add up to 100 due to rounding.*

Based on IMD 2019, Stockton-on-Tees has proportionally less deprivation than the Tees Valley or the North East; 6 wards in Stockton-on-Tees are in the most affluent English quintile.

For IMD 2019:

- 9 out of the 14 wards in the Stockton North locality are in the most deprived quintile for England;
- 4 out of the 12 wards in the Stockton South locality are in the most deprived quintile for England;
- 2 out of the 14 wards in the Stockton North locality are in the most deprived quintile for England;
- 5 out of the 12 wards in the Stockton South locality are in the most deprived quintile for England;

### 5.2.3. Ethnicity

**Table 6** shows an extract of the data for ethnic origin of the population by ward in each Stockton-on-Tees locality from the 2011 census.

- Stockton-on-Tees has approximately the same non-white population compared with the Tees Valley<sup>1</sup> average but a lower non-white population than the national average.
- However, [Parkfield and Oxbridge] and [Stockton Town Centre] wards have the highest non-white populations where around 10-13% of the population are mostly Asian.

Proportions of the population that are non-white are small in many wards. From the census data, it is known that the majority of the non-white population in Stockton-on-Tees are of Asian origin. Data is shown here for wards where the percentage of the non-white population is greater than around 2% for consideration of any specific pharmaceutical needs related to ethnicity.

<sup>1</sup> Note references to the Tees Valley average includes the five local authority areas of Middlesbrough, Redcar and Cleveland, Stockton-on-Tees, Hartlepool and Darlington and reflects the source of this data as indicated in Table 6. It is recognised that the data available for this measure will only reflect those who chose to, or were able to complete the survey, which may under-report.

### **5.2.3.1. Migrants including those seeking asylum**

There is a specialist general practice in Stockton-on-Tees which registers migrants and those seeking asylum. This practice (Arrival) has a list size over 1000 patients and is located in the Stockton Town Centre ward in Locality S1 Stockton-on-Tees North. This may contribute to the high 'non-white' population of the area and is a population with a protected characteristic that may have very specific health, social and pharmaceutical care needs.

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

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

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



Ward Code	Ward Name	PNA Locality	Census 2011		
			All	White: English/Welsh /Scottish/N Irish/British	Other
<b>Stockton North</b>					
E05001527	Billingham Central	S1	7244	7105	139
E05001528	Billingham East	S1	7574	7376	198
E05001529	Billingham North	S1	9141	8964	177
E05001530	Billingham South	S1	6762	6539	223
E05001531	Billingham West	S1	5444	5358	86
E05001536	Hardwick and Salters Lane	S1	6881	6564	317
E05001541	Newtown	S1	7410	6887	523
E05001542	Northern Parishes	S1	3361	3032	329
E05001543	Norton North	S1	6700	6423	277
E05001544	Norton South	S1	7843	7425	418
E05001545	Norton West	S1	6286	6122	164
E05001547	Roseworth	S1	7500	7206	294
E05001549	Stockton Town Centre	S1	6512	5014	1498
E05001551	Western Parishes	S1	3375	3260	115
<b>Stockton South</b>					
E05001532	Bishopsgarth and Elm Tree	S2	6689	6425	264
E05001533	Eaglescliffe	S2	10449	9878	571
E05001534	Fairfield	S2	5736	5541	195
E05001535	Grangefield	S2	6717	6337	380
E05001537	Hartburn	S2	6615	6337	278
E05001538	Ingleby Barwick East	S2	10165	9262	903
E05001539	Ingleby Barwick West	S2	10880	10110	770
E05001540	Mandale and Victoria	S2	11260	9666	1594
E05001546	Parkfield and Oxbridge	S2	7840	6210	1630
E05001548	Stainsby Hill	S2	6518	6334	184
E05001550	Village	S2	6963	6511	452
E05001552	Yarm	S2	9745	9079	666

**Table 6.** Extract of ward data for ethnic origin; percentages are of total population. Source: 2011 Census

#### 5.2.4. Benefits and Employment

As well as the association between income and health, employment status of the population may be a useful predictor of potential pharmaceutical needs with regards to requirements to access a pharmacy outside of working hours.

**Table 7** shows recent data for out of work benefits, long term unemployment and the rates of households with fuel poverty by ward and locality in Stockton-on-Tees. Local authority rates are worse than the England rates; but the degree or range of variability in these measures across the wards is again notable.

- There is considerable variation in the proportion of the population receiving out of work benefits across the wards in Stockton-on-Tees.

- The wards in Stockton North have a higher proportion of the population receiving out of work benefits, long term unemployment and fuel poverty compared to Stockton South.
- Stockton-on-Tees has a greater proportion of working-age population unemployed than the North East and national average.
- 5.4% of 16-17 year-olds in Stockton of Tees are not in education, employment or training (Figure 5), this is similar to the national average (5.5%).

Ward Code	Ward Name	PNA Locality	% of the working age population claiming out of work benefits, 2019/20	Long-Term Unemployment- rate per 1,000 working age population, 2019/20	% of households that experience fuel poverty, 2018
E05001527	Billingham Central	S1	4.2	6.3	9.7
E05001528	Billingham East	S1	6.0	7.8	11.4
E05001529	Billingham North	S1	1.7	1.9	6.0
E05001530	Billingham South	S1	4.5	6.2	11.0
E05001531	Billingham West	S1	1.6	1.5	7.4
E05001536	Hardwick and Salters Lane	S1	6.8	16.5	11.1
E05001541	Newtown	S1	9.3	19.9	13.3
E05001542	Northern Parishes	S1	0.7	0.8	3.7
E05001543	Norton North	S1	5.0	9.5	10.5
E05001544	Norton South	S1	4.2	8.9	10.2
E05001545	Norton West	S1	1.5	1.5	7.1
E05001547	Roseworth	S1	5.5	9.8	11.7
E05001549	Stockton Town Centre	S1	13.8	26.4	14.0
E05001551	Western Parishes	S1	2.2	3.4	9.3
<b>Stockton North Total</b>			<b>5.2</b>	<b>9.5</b>	<b>10.0</b>
E05001532	Bishopsgarth and Elm Tree	S2	2.4	4.0	7.2
E05001533	Eaglescliffe	S2	1.4	2.4	7.6
E05001534	Fairfield	S2	2.0	2.0	6.9
E05001535	Grangefield	S2	1.8	2.5	8.8
E05001537	Hartburn	S2	1.2	2.9	7.6
E05001538	Ingleby Barwick East	S2	1.2	1.0	4.2
E05001539	Ingleby Barwick West	S2	0.9	0.9	4.9
E05001540	Mandale and Victoria	S2	6.3	8.9	12.0
E05001546	Parkfield and Oxbridge	S2	8.3	15.5	13.2
E05001548	Stainsby Hill	S2	6.4	6.4	9.5
E05001550	Village	S2	3.9	5.7	9.2
E05001552	Yarm	S2	1.4	0.5	6.1
<b>Stockton South Total</b>			<b>3.2</b>	<b>4.6</b>	<b>8.1</b>
<b>Stockton-on-Tees Total</b>			<b>4.1</b>	<b>6.9</b>	<b>9.0</b>

**Table 7.** Out of work benefit claimants, long term unemployment rates and rates of fuel poverty by ward and locality in Stockton-on-Tees.

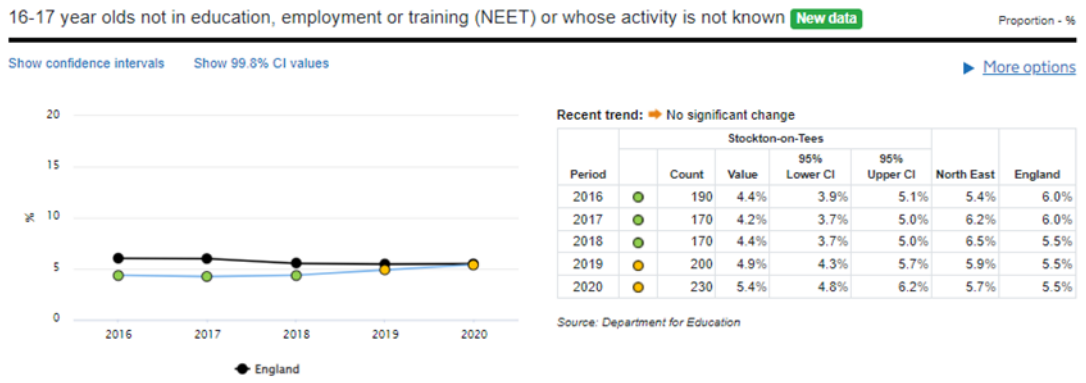


Figure 5. % of 16-17 year-olds not in education, employment or training, Source: Office for health improvement and disparities: Public Health Profiles, 2020

### 5.2.5. Car ownership (need for public transport)

**Table 8** shows data from the 2011 census. Understanding public transport and car ownership in a locality helps understand potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) consideration of access to transport to attend a pharmacy.

It is noted that the pattern of car ownership is consistent with other variables for example employment rates.

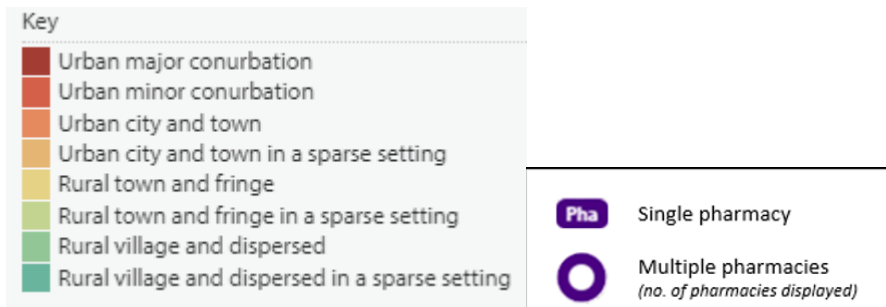
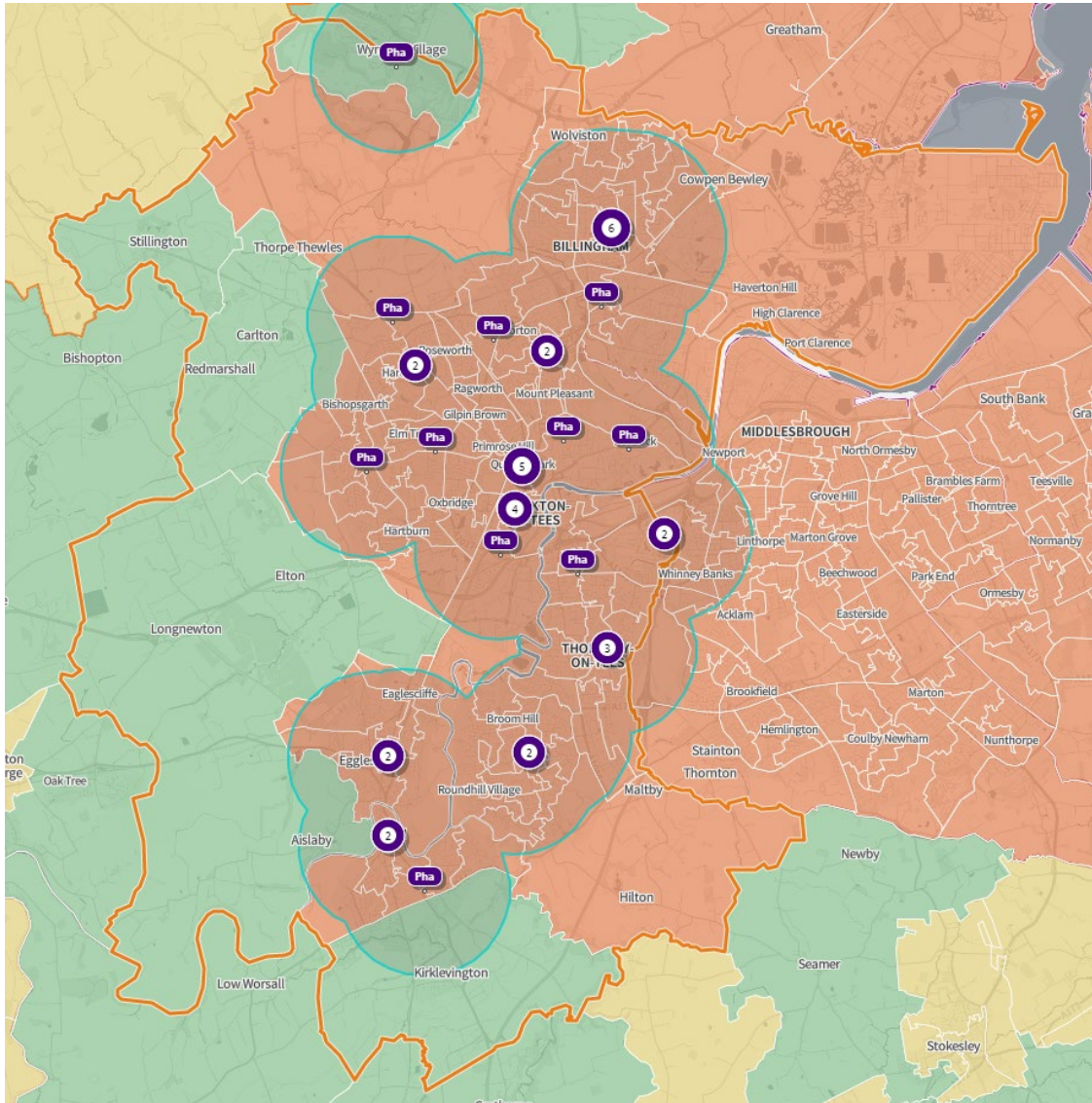
Almost one-third of households in Stockton north have no cars in the household. This is only 20% for Stockton South. However, there are more pharmacies in Stockton North locality.

Ward Code	Ward Name	PNA Locality	No cars or vans in household	1 car or van in household	2 or more cars or vans in household
E05001527	Billingham Central	S1	38.2	41.8	20.0
E05001528	Billingham East	S1	37.3	42.7	20.0
E05001529	Billingham North	S1	11.9	42.5	45.6
E05001530	Billingham South	S1	30.6	42.9	26.5
E05001531	Billingham West	S1	15.3	45.7	39.0
E05001536	Hardwick and Salters Lane	S1	47.7	38.3	14.0
E05001541	Newtown	S1	43.9	39.3	16.8
E05001542	Northern Parishes	S1	4.6	27.6	67.8
E05001543	Norton North	S1	33.2	45.1	21.7
E05001544	Norton South	S1	32.0	47.1	20.9
E05001545	Norton West	S1	15.7	44.7	39.6
E05001547	Roseworth	S1	38.8	42.7	18.5
E05001549	Stockton Town Centre	S1	64.5	28.3	7.2
E05001551	Western Parishes	S1	10.0	36.3	53.7
<b>Stockton North Total</b>			<b>32.2</b>	<b>41.1</b>	<b>26.7</b>
E05001532	Bishopsgarth and Elm Tree	S2	18.3	45.8	35.9
E05001533	Eaglescliffe	S2	12.4	44.5	43.1
E05001534	Fairfield	S2	16.3	45.2	38.5
E05001535	Grangefield	S2	16.5	39.9	43.6
E05001537	Hartburn	S2	11.9	43.8	44.3
E05001538	Ingleby Barwick East	S2	4.7	38.6	56.7
E05001539	Ingleby Barwick West	S2	2.6	34.5	62.9
E05001540	Mandale and Victoria	S2	43.2	39.8	17.0
E05001546	Parkfield and Oxbridge	S2	37.7	40.1	22.2
E05001548	Stainsby Hill	S2	34.3	44.2	21.5
E05001550	Village	S2	29.6	45.8	24.6
E05001552	Yarm	S2	11.2	40.7	48.1
<b>Stockton South Total</b>			<b>20.0</b>	<b>41.6</b>	<b>38.4</b>
<b>Stockton-on-Tees Total</b>			<b>25.9</b>	<b>41.3</b>	<b>32.7</b>

*Table 8. Proportion of households in Stockton-on-Tees without a car and conversely with two or more cars. Source: ONS 2011 (via NOMIS)*

**Figure 6** shows a rural/urban map of the Stockton-on-Tees pharmacies, with a 1.6km boundary around each of them.

The majority of urban areas are within 1.6km of a pharmacy. The small amount of areas that are not within 1.6km of a pharmacy have high levels of car ownership.



## 5.2.6. Housing and households

**Table 9** shows information from the 2011 census. Since 2001, the balance between owner occupancy, LA or housing association tenancy and private rented accommodation has moved with the national trend of a decrease in the former and increase in the latter. There is still a greater proportion of owner-occupier tenure across Stockton-on-Tees than nationally, but in some wards private rented households are now 25% of all households.

There are further notable contrasts in some of the indicators shown here. The proportion of houses that are owner-occupied ranges from under 23% in Stockton Town Centre ward almost 92% in Hartburn.

Census 2011								
Ward Code	Ward Name	PNA Locality	Owned	Shared ownership (part owned and part rented)	Social rented	Private rented	Living rent free	Households with overcrowding based on overall room occupancy levels
E05001527	Billingham Central	S1	60.1	0.0	23.9	15.1	0.9	5.0
E05001528	Billingham East	S1	57.9	0.2	28.5	13.0	0.5	4.4
E05001529	Billingham North	S1	87.4	0.5	4.0	7.7	0.4	2.1
E05001530	Billingham South	S1	57.9	0.1	25.8	15.6	0.5	5.2
E05001531	Billingham West	S1	90.3	0.4	2.4	6.3	0.6	1.2
E05001536	Hardwick and Salters Lane	S1	41.8	0.7	47.0	10.0	0.5	7.1
E05001541	Newtown	S1	47.6	0.3	33.3	18.2	0.5	8.0
E05001542	Northern Parishes	S1	87.3	0.0	2.7	8.5	1.5	1.1
E05001543	Norton North	S1	59.5	0.1	23.8	15.5	1.1	6.2
E05001544	Norton South	S1	65.2	0.2	13.9	19.6	1.1	4.4
E05001545	Norton West	S1	87.2	0.9	4.3	6.8	0.8	1.4
E05001547	Roseworth	S1	58.6	0.2	30.4	10.1	0.7	6.2
E05001549	Stockton Town Centre	S1	22.1	0.3	52.9	23.4	1.4	13.0
E05001551	Western Parishes	S1	84.2	0.1	7.6	6.8	1.3	1.7
<b>Stockton North Total</b>			<b>63.0</b>	<b>0.3</b>	<b>22.8</b>	<b>13.1</b>	<b>0.8</b>	<b>5.1</b>
E05001532	Bishopsgarth and Elm Tree	S2	79.7	0.8	11.4	7.6	0.5	2.4
E05001533	Eaglescliffe	S2	82.9	0.2	4.8	11.1	1.0	2.1
E05001534	Fairfield	S2	86.2	0.6	6.1	6.5	0.7	1.7
E05001535	Grangefield	S2	82.8	0.3	9.3	6.6	1.0	2.1
E05001537	Hartburn	S2	91.5	0.1	1.1	5.9	1.3	1.2
E05001538	Ingleby Barwick East	S2	86.8	0.6	0.6	11.3	0.7	1.7
E05001539	Ingleby Barwick West	S2	89.1	0.2	0.8	9.5	0.4	0.9
E05001540	Mandale and Victoria	S2	42.0	0.3	32.9	23.9	0.9	9.0
E05001546	Parkfield and Oxbridge	S2	51.9	0.3	16.2	30.2	1.4	11.0
E05001548	Stainsby Hill	S2	60.3	0.5	28.5	9.8	0.9	5.5
E05001550	Village	S2	63.1	0.2	22.2	13.5	1.0	5.1
E05001552	Yarm	S2	79.2	0.2	6.7	12.9	1.1	3.0
<b>Stockton South Total</b>			<b>73.7</b>	<b>0.3</b>	<b>11.9</b>	<b>13.1</b>	<b>0.9</b>	<b>4.0</b>
<b>Stockton-on-Tees Total</b>			<b>68.5</b>	<b>0.3</b>	<b>17.2</b>	<b>13.1</b>	<b>0.8</b>	<b>4.5</b>

**Table 9.** Housing and household information by ward and locality in Stockton-on-Tees. Source: Census 2011 (via NOMIS)

## 5.2.7. Older people

**Table 10** shows the proportion of people aged over 65 years who live alone, by ward in localities.

Almost 34% of 65+ year-olds are living alone in Stockton North compared to just over 29% in Stockton South.

Collectively, older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and long-term conditions. Lone pensioners may have increased need for support in managing both their medicines and their long-term conditions and a potentially greater requirement for domiciliary pharmaceutical care which is not currently available.

Ward Code	Ward Name	PNA Locality	Census 2011
			% of people aged 65 and over who are living alone
E05001527	Billingham Central	S1	41.3
E05001528	Billingham East	S1	29.5
E05001529	Billingham North	S1	28.7
E05001530	Billingham South	S1	33.7
E05001531	Billingham West	S1	24.5
E05001536	Hardwick and Salters Lane	S1	38.3
E05001541	Newtown	S1	36.2
E05001542	Northern Parishes	S1	17.5
E05001543	Norton North	S1	38.7
E05001544	Norton South	S1	33.2
E05001545	Norton West	S1	31.6
E05001547	Roseworth	S1	36.7
E05001549	Stockton Town Centre	S1	51.5
E05001551	Western Parishes	S1	22.5
<b>Stockton North Total</b>			<b>33.5</b>
E05001532	Bishopsgarth and Elm Tree	S2	32.2
E05001533	Eaglescliffe	S2	26.6
E05001534	Fairfield	S2	29.6
E05001535	Grangefield	S2	29.0
E05001537	Hartburn	S2	24.3
E05001538	Ingleby Barwick East	S2	22.5
E05001539	Ingleby Barwick West	S2	18.5
E05001540	Mandale and Victoria	S2	42.4
E05001546	Parkfield and Oxbridge	S2	34.6
E05001548	Stainsby Hill	S2	28.4
E05001550	Village	S2	35.0
E05001552	Yarm	S2	26.7
<b>Stockton South Total</b>			<b>29.4</b>
<b>Stockton-on-Tees Total</b>			<b>31.4</b>

**Table 10.** Households with 65 year-olds living alone by ward in Stockton-on-Tees (Census 2011)

### 5.2.8. Children

**Table 11** shows some measures relating to children in the Borough. Rates for all measures are worse than the England average. The figures show that more than 1-in-5 children in Stockton-on-Tees are living in poverty (IDACI 2019). This indicator is even higher for Stockton North specifically, where more than 1-in-4 children are living in poverty. Almost half of the children in Stockton Town Centre and Newtown wards have almost half of are living in poverty. These wards also have the highest rates of children who receive free school meals, clarifying that the child poverty indicator is accurate.

Ward Code	Ward Name	PNA Locality	Child Poverty, Income deprivation affecting children index (IDACI, 2019)	Lone parent with dependent children, 2011	% Children who receive free school meals, 2021
E05001527	Billingham Central	S1	24.6	11.3	34.4
E05001528	Billingham East	S1	35.8	12.2	41.7
E05001529	Billingham North	S1	7.1	5.4	7.7
E05001530	Billingham South	S1	23.6	10.1	30.1
E05001531	Billingham West	S1	6.0	3.6	10.8
E05001536	Hardwick and Salters Lane	S1	35.2	14.7	44.9
E05001541	Newtown	S1	44.2	17.3	52.4
E05001542	Northern Parishes	S1	1.9	3.7	3.8
E05001543	Norton North	S1	28.8	10.5	41.3
E05001544	Norton South	S1	28.3	10.2	37.2
E05001545	Norton West	S1	8.1	3.9	9.7
E05001547	Roseworth	S1	32.6	11.6	41.1
E05001549	Stockton Town Centre	S1	45.1	11.4	50.1
E05001551	Western Parishes	S1	10.1	5.2	17.9
<b>Stockton North Total</b>			<b>27.0</b>	<b>9.8</b>	<b>34.4</b>
E05001532	Bishopsgarth and Elm Tree	S2	15.8	5.3	15.3
E05001533	Eaglescliffe	S2	8.8	5.9	10.0
E05001534	Fairfield	S2	13.2	5.8	16.3
E05001535	Grangefield	S2	9.0	4.9	13.5
E05001537	Hartburn	S2	6.3	4.0	4.5
E05001538	Ingleby Barwick East	S2	6.0	6.6	8.9
E05001539	Ingleby Barwick West	S2	5.2	7.6	6.1
E05001540	Mandale and Victoria	S2	33.7	12.8	44.2
E05001546	Parkfield and Oxbridge	S2	27.6	9.9	28.4
E05001548	Stainsby Hill	S2	34.8	11.4	44.6
E05001550	Village	S2	17.6	8.2	27.7
E05001552	Yarm	S2	7.2	5.1	9.3
<b>Stockton South Total</b>			<b>15.1</b>	<b>7.5</b>	<b>18.3</b>
<b>Stockton-on-Tees Total</b>			<b>20.9</b>	<b>8.6</b>	<b>25.8</b>

Table 11. Selected data showing data measures related to children by ward and locality in Stockton-on-Tees.

Whilst the children of single-parent households will not always experience deprivation or poverty, the rates included here are able to show where this may be the case and where pharmaceutical services may be needed to support a population whose needs may be related to some of these characteristics.



### 5.2.9. Educational attainment

**Table 12** shows two indicators of educational attainment for the wards and localities in Stockton-on-Tees. Clear inequalities in educational achievement and prospective life-chances are demonstrated.

Ward Code	Ward Name	PNA Locality	% 5 year olds with a good level of development, 2019	GCSEs - Average attainment 8 score, 2019
E05001527	Billingham Central	S1	73.1	40.9
E05001528	Billingham East	S1	67.0	38.3
E05001529	Billingham North	S1	82.8	49.4
E05001530	Billingham South	S1	65.0	45.5
E05001531	Billingham West	S1	86.3	52.4
E05001536	Hardwick and Salters Lane	S1	65.0	42.9
E05001541	Newtown	S1	70.5	46.6
E05001542	Northern Parishes	S1	82.5	58.2
E05001543	Norton North	S1	71.9	43.4
E05001544	Norton South	S1	78.5	45.1
E05001545	Norton West	S1	79.7	50.9
E05001547	Roseworth	S1	73.8	43.2
E05001549	Stockton Town Centre	S1	65.5	42.0
E05001551	Western Parishes	S1	81.0	56.4
<b>Stockton North Total</b>			<b>72.6</b>	<b>45.6</b>
E05001532	Bishopsgarth and Elm Tree	S2	74.1	48.2
E05001533	Eaglescliffe	S2	85.5	54.1
E05001534	Fairfield	S2	78.2	46.1
E05001535	Grangefield	S2	76.9	50.4
E05001537	Hartburn	S2	84.8	51.1
E05001538	Ingleby Barwick East	S2	79.1	53.9
E05001539	Ingleby Barwick West	S2	77.9	53.9
E05001540	Mandale and Victoria	S2	72.4	36.2
E05001546	Parkfield and Oxbridge	S2	65.5	45.2
E05001548	Stainsby Hill	S2	64.7	39.4
E05001550	Village	S2	74.7	44.6
E05001552	Yarm	S2	77.0	57.6
<b>Stockton South Total</b>			<b>75.6</b>	<b>49.7</b>
<b>Stockton-on-Tees Total</b>			<b>74.1</b>	<b>47.8</b>

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

Considering the educational attainment based on the proportion of school leavers achieving an average attainment 8 score, the overall Stockton-on-Tees performance is slightly better than the national average. These averages mask a very wide range of attainment across the wards of the Borough and once again a clear difference between the localities. In some wards [Mandale and Victoria] particularly, but also [Stainsby Hill and Billingham East] the achievement is under 40%.

Given the proximity of some of these wards to each other, it is difficult to understand such dramatic differences e.g., those within Billingham East to Billingham West.

The % of five-year-olds who have a “good” level of development shows similar results. For example, Stainsby Hill has a low rate of children with a good level of development, which is reflected in the GCSE results. Whereas, Northern Parishes have a high % of five-year-olds who have a “good” level of development, and also have a high average attainment 8 score.

A sustained poor level of educational attainment is likely to contribute to low levels of adult literacy and numeracy. Figures for 2003 showed the Tees Valley with a proportion of adults with low levels of literacy running at twice the national average of 11% and a rate of poor adult numeracy of 20 percentage points higher than the national average of 47%.

The implication for pharmaceutical needs is nevertheless substantial and wide-ranging. Levels of literacy and numeracy as low as this must cause difficulty for individuals using and understanding the ‘written word’ in relation to medicines for example - and this may be a risk to both the individual or people in their care e.g., children.

### 5.2.10. Population density and rurality

Health need and associated pharmaceutical need will vary according to the rurality of a geographical area. In the first instance there is likely to be an effect on population density and the associated volume-related demand for any service. Secondly, the term ‘rurality’ has a particular meaning with reference to the provision of pharmaceutical services including the dispensing services provided by general practices in defined areas called ‘controlled localities’.

#### 5.2.10.1. Population density

Population density varies quite markedly across the Tees Valley. **Table 13** shows that the population density in each of the two districts north of the Tees is quite similar. However, whilst the numbers of people in Middlesbrough and Redcar and Cleveland are similar, Middlesbrough is geographically much smaller than any of the other districts. The population density of Middlesbrough is therefore five times that of both Darlington and Redcar and Cleveland and two and a half times that of either Hartlepool or Stockton-on-Tees.

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

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

**Figure 7** shows population density by Lower Super Output Area (LSOA) in Stockton-on-Tees. You can see that the areas with the highest population density are in Billingham, Central Stockton, Thornaby and Ingleby Barwick.

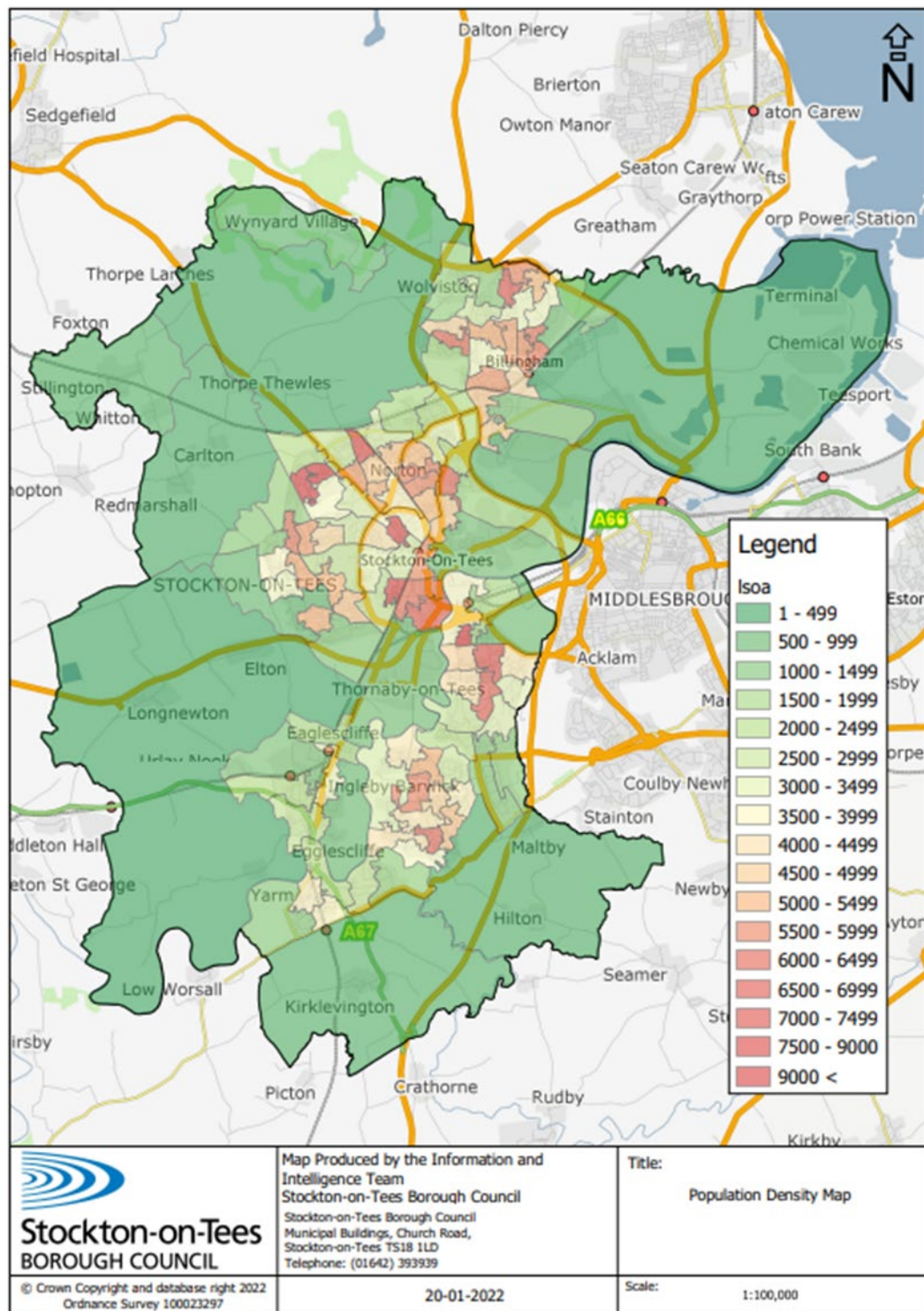
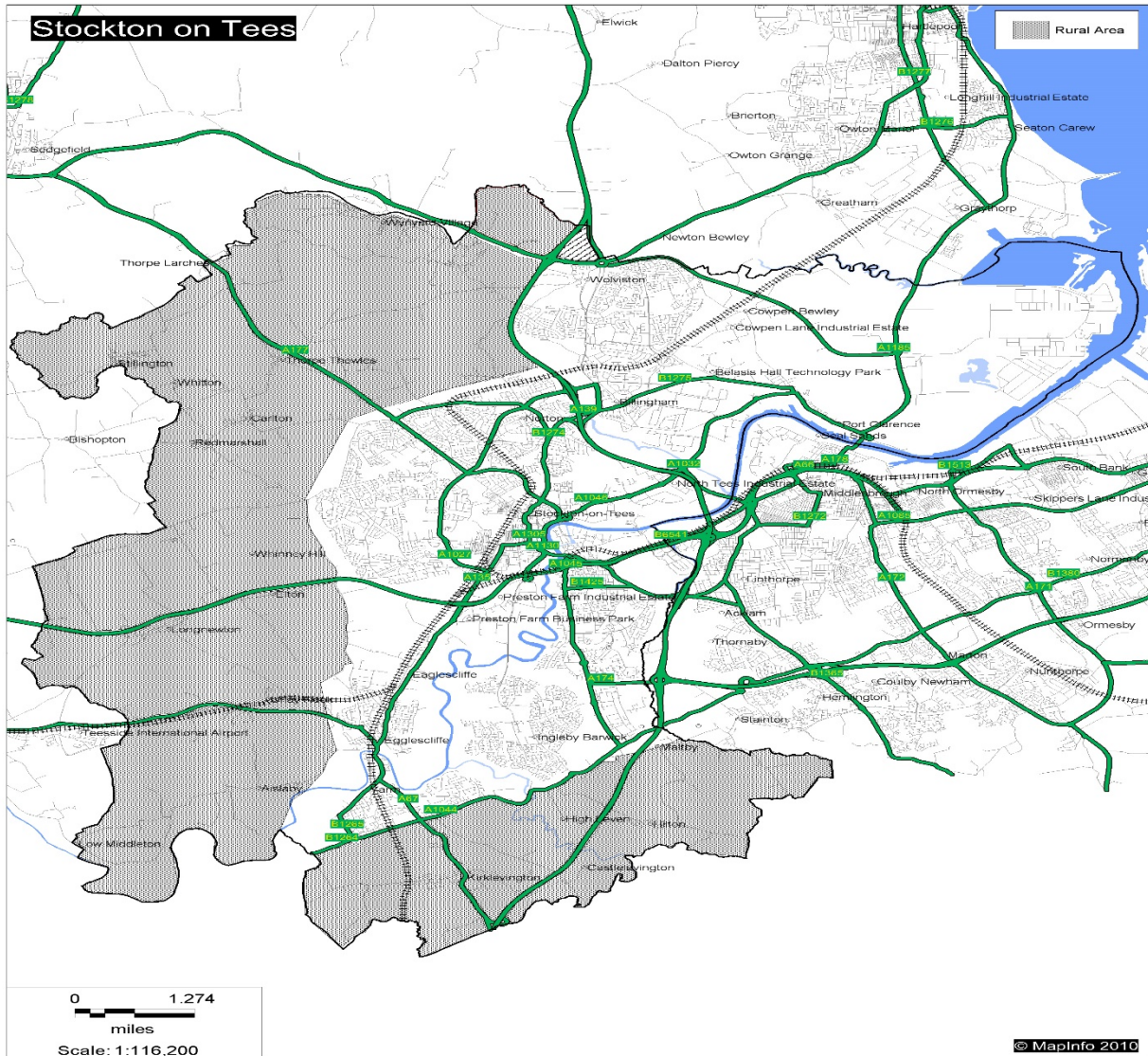


Figure 7. Population density for Stockton-on-Tees Lower Super Output Areas (LSOAs)

### 5.2.10.2. Rurality

A controlled locality is an area which has been determined, either by NHS England, a primary care trust, a predecessor organisation, or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore controlled localities, are not controlled localities unless and until NHS England determine them to be. Some areas may be considered as rural because they consist of open fields with few houses but they are not a controlled locality until they have been subject to a formal determination (NHS England, 2013).

Regulations 12 and 31(7) of the 2005 Regulations, as amended, required PCTs to determine applications according to neighbourhoods; Regulation 35(9) also required PCTs to delineate the boundaries of any reserved location it has determined on a map and to publish such a map. **Figure 8** shows the map of controlled localities for Stockton-on-Tees.



**Figure 8:** Map of ‘controlled localities’ (rurality) for NHS Stockton-on-Tees (and hence now the HWB area)

PCTs with rural areas may have had controlled localities i.e. areas which are rural in character, and since April 2005 may have also determined “reserved locations” within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby.

PCTs with rural areas may have had controlled localities i.e. areas which are rural in character, and since April 2005 may have also determined “reserved locations” within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby.

NHS Stockton-on-Tees reviewed the rurality designation of Wynyard in 2010, now part of S1 Stockton-on-Tees North locality. The Pharmacy Panel determined that the rurality designation should stand and this decision was upheld following an appeal decision by the NHS Litigation Authority Appeals Unit. The map transferred to NHS England in 2013 and as at 1/2/22 we have not been notified by NHSE&I that there have been any changes.

## 6. Local Health Needs

This section aims to highlight some of the key health needs that will impact on the pharmaceutical needs that will be identified by this document.

Stockton-On-Tees also has some of the highest inequalities in the country, where residents from the most deprived areas have a life expectancy that is approximately 20 years (males) and 18 years (females) lower than those from the least deprived areas. The extent of these inequalities in health remain one of the biggest challenges to the health and wellbeing of the Borough and societies with greater inequality have poorer health overall.

This presents a huge challenge, in ensuring services are available to the whole population, whilst providing additional targeted support for the most vulnerable groups.

The health of people in Stockton-on-Tees is varied compared with the England average. Deprivation is higher than average and about 21% of children live in poverty. Some of the key priorities which cause a significant burden of disease and death and increase inequalities in Stockton-on-Tees are:

- Smoking
- Obesity
- Alcohol
- Mental health
- Dental health
- Poverty

The evidence shows that the key causes of early death (and significant causes of illness) in the Borough are cancer, liver disease and respiratory disease. Disease rates are generally higher in areas of greater deprivation (except breast cancer), as are the risk factors for these diseases i.e. smoking, poor diet, lack of physical activity and alcohol consumption.

**Table 14** shows data from the 2011 Census around those with 'Limiting Long Term Illness' (LLTI) in Stockton-on-Tees. The rate of people living in Stockton-on-Tees with a LLTI is higher than the England average. The rate of people with an LLTI in Stockton North (21%) is higher than those in Stockton South (17%).

The data for electoral wards in the Borough shows that there are low levels of LLTI in Ingleby Barwick East and West, but high rates (>20%) of LLTI in Stockton Town Centre, Roseworth and Hardwick & Salters Lane.

Pharmaceutical needs are often substantial for those living with a LLTI and those of working age, who are able to work, may need to access pharmaceutical services outside of routine working hours. However, areas with high rates of LLTI in the working-age population do also have high rates of unemployment so the need may not be as great outside working hours as is at first apparent.

Ward Code	Ward Name	PNA Locality	% people who reported having a limiting long-term illness or disability
E05001527	Billingham Central	S1	23.3
E05001528	Billingham East	S1	22.4
E05001529	Billingham North	S1	16.3
E05001530	Billingham South	S1	21.7
E05001531	Billingham West	S1	23.2
E05001536	Hardwick and Salters Lane	S1	24.5
E05001541	Newtown	S1	19.2
E05001542	Northern Parishes	S1	11.2
E05001543	Norton North	S1	21.6
E05001544	Norton South	S1	21.5
E05001545	Norton West	S1	19.1
E05001547	Roseworth	S1	24.5
E05001549	Stockton Town Centre	S1	26.5
E05001551	Western Parishes	S1	18.8
<b>Stockton North Total</b>			<b>21.3</b>
E05001532	Bishopsgarth and Elm Tree	S2	21.7
E05001533	Eaglescliffe	S2	15.3
E05001534	Fairfield	S2	20.7
E05001535	Grangefield	S2	17.9
E05001537	Hartburn	S2	19.2
E05001538	Ingleby Barwick East	S2	9.6
E05001539	Ingleby Barwick West	S2	7.5
E05001540	Mandale and Victoria	S2	19.8
E05001546	Parkfield and Oxbridge	S2	18.7
E05001548	Stainsby Hill	S2	23.2
E05001550	Village	S2	23.3
E05001552	Yarm	S2	15.0
<b>Stockton South Total</b>			<b>16.8</b>
<b>Stockton-on-Tees Total</b>			<b>19.0</b>
<b>England</b>			<b>17.6</b>

Table 14. Census data 2011 for people with Limiting Long Term Illness and indication of health status by ward and locality in Stockton-on-Tees. Source ONS 2011

**Figure 9** shows the Local Authority Health Profile 2022 for Stockton-on-Tees and gives a snapshot of health in the Borough; this includes a summary of the key public health indicators compared with the national average using a spine chart **Figure 9**. The spine chart demonstrates that health of people in Stockton-on-Tees is generally worse or similar to the national average. Of the 34 indicators in the spine chart, Stockton-on-Tees is statistically significantly worse than the national average for 14 of them and only 4 of these indicators are significantly better than England. Whilst the indicators are not all described separately here, we need to have regard for them in relation to pharmaceutical needs.

## Local Authority Health Profiles

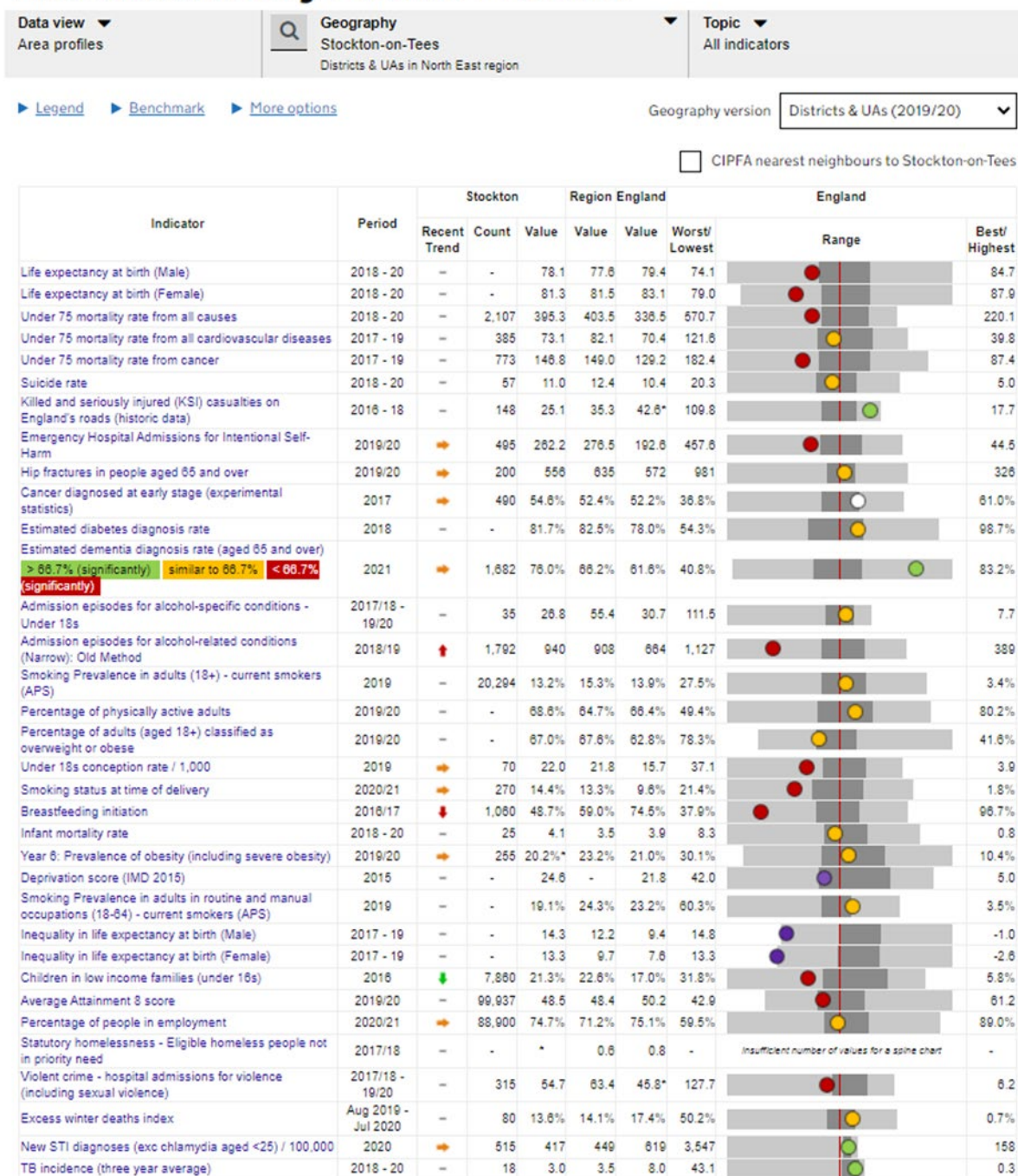


Figure 9: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022



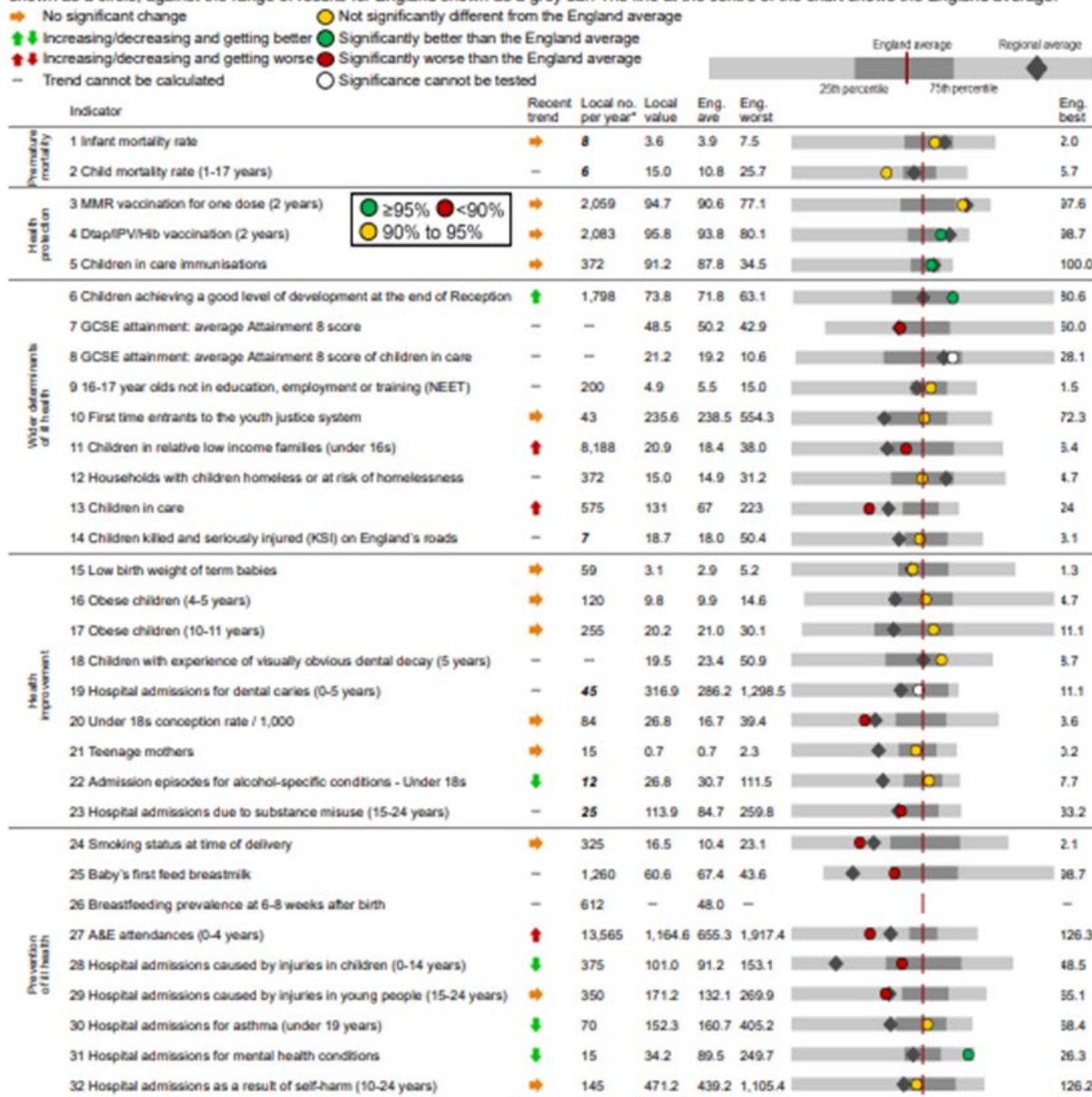
## **6.1. Children and Young People**

**Figure 10** shows the Child Health Profile 2021 for Stockton-on-Tees and gives a snapshot of child health in the Borough; this includes a summary of the key public health indicators compared with the national average using a spine chart.

The spine chart demonstrates that the health of children in Stockton-on-Tees is generally worse or similar to the national average. Of the 32 indicators in the spine chart, Stockton-on-Tees is statistically significantly worse than the national average for 10 of them and only 4 of these indicators are statistically significantly better than England.

# Stockton-on-Tees Child Health Profile March 2021

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.



**Notes and definitions**

- Mortality rate per 1,000 live births (aged under 1), 2017-2019
- Directly standardised rate per 100,000 children aged 1-17, 2017-2019
- % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
- % children in care with up-to-date immunisations, 2020
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
- GCSE attainment: average attainment 8 score, 2019/20
- GCSE attainment: average attainment 8 score of children looked after, 2019
- % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
- % of children aged under 16 living in relative low income families, 2018/19
- Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
- Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
- Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
- % school children in Reception year classified as obese, 2019/20
- % school children in Year 6 classified as obese, 2019/20
- % children aged 5 with visually obvious dental decay, 2018/19
- Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
- Under 18 conception rate per 1,000 females aged 15-17, 2018
- % of delivery episodes where the mother is aged less than 18, 2019/20
- Hospital admissions for alcohol-specific conditions - under 18, crude rate per 100,000 population, 2017/18-2019/20
- Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
- % of mothers smoking at time of delivery, 2019/20
- % of newborns who receive breast milk as first feed, 2018/19
- % of mothers breastfeeding at 6-8 weeks, 2019/20
- Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
- Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
- Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
- Crude rate per 100,000 (aged 0-18) for emergency hospital admissions following injury, 2019/20
- Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
- Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20

**Figure 10: Extract from Child and Maternal Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022**

In summarising the scale of the ill-health-related issues in the Borough that would influence the need for pharmaceutical services, **figure 11** illustrates premature mortality in Stockton-on-Tees, from a range of illnesses or issues whose prevention or medicines-related management may be supported by pharmaceutical services.

The spine chart demonstrates that premature mortality in Stockton-on-Tees is generally worse or similar to the national average. Of the 42 indicators in the spine chart, Stockton-on-Tees is statistically significantly worse than the national average for 25 of them and only 1 of these indicators are statistically significantly better than England.

Indicator	Period	Stockton		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Under 75 mortality rate from all causes (Persons, <75 yrs)	2018 - 20	-	2,107	395.3	403.5	336.5	570.7		221.0
Under 75 mortality rate from all causes (Male, <75 yrs)	2018 - 20	-	1,210	466.9	489.5	411.7	685.7		241.2
Under 75 mortality rate from all causes (Female, <75 yrs)	2018 - 20	-	897	327.4	322.2	264.8	456.2		170.2
Under 75 mortality rate from all cardiovascular diseases (Persons, <75 yrs)	2017 - 19	-	385	73.1	82.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (Male, <75 yrs)	2017 - 19	-	261	101.4	114.1	98.9	165.6		57.3
Under 75 mortality rate from all cardiovascular diseases (Female, <75 yrs)	2017 - 19	-	124	46.5	51.9	43.4	78.1		26.2
Under 75 mortality rate from heart disease (Persons, <75 yrs)	2017 - 19	-	208	39.4	45.0	37.5	75.4		18.8
Under 75 mortality rate from heart disease (Male, <75 yrs)	2017 - 19	-	158	61.5	69.3	58.5	107.9		28.8
Under 75 mortality rate from heart disease (Female, <75 yrs)	2017 - 19	-	50	18.6	22.1	17.5	46.0		5.4
Under 75 mortality rate from stroke (Persons, <75 yrs)	2017 - 19	-	65	12.4	15.8	12.3	21.6		6.6
Under 75 mortality rate from stroke (Male, <75 yrs)	2017 - 19	-	37	14.6	18.0	14.4	26.0		7.1
Under 75 mortality rate from stroke (Female, <75 yrs)	2017 - 19	-	28	10.3	13.7	10.2	18.7		4.7
Under 75 mortality rate from cancer (Persons, <75 yrs)	2017 - 19	-	773	146.8	149.0	129.2	182.4		87.4
Under 75 mortality rate from cancer (Male, <75 yrs)	2017 - 19	-	401	156.9	164.4	143.3	206.9		97.7
Under 75 mortality rate from cancer (Female, <75 yrs)	2017 - 19	-	372	137.1	134.5	116.1	165.1		77.9
Under 75 mortality rate from colorectal cancer (Persons, <75 yrs)	2017 - 19	-	46	8.6	11.9	11.8	17.6		5.8
Under 75 mortality rate from colorectal cancer (Male, <75 yrs)	2017 - 19	-	28	10.9	14.8	14.5	23.9		7.6
Under 75 mortality rate from colorectal cancer (Female, <75 yrs)	2017 - 19	-	18	6.5	9.3	9.2	12.8		3.9
Under 75 mortality rate from breast cancer (Female, <75 yrs)	2017 - 19	-	48	17.4	19.6	20.3	27.1		12.9
Mortality rate from lung cancer (Persons, All ages)	2017 - 19	-	371	66.7	74.3	53.0	98.0		31.8
Mortality rate from lung cancer (Male, All ages)	2017 - 19	-	178	70.5	83.6	63.6	115.5		37.7
Mortality rate from lung cancer (Female, All ages)	2017 - 19	-	193	64.1	67.5	44.6	95.5		24.1
Under 75 mortality rate from cancer considered preventable (2019 definition) (Persons, <75 yrs)	2017 - 19	-	361	68.5	68.5	54.1	92.4		34.7
Under 75 mortality rate from cancer considered preventable (2019 definition) (Male, <75 yrs)	2017 - 19	-	204	79.7	83.4	68.7	111.2		41.5
Under 75 mortality rate from cancer considered preventable (2019 definition) (Female, <75 yrs)	2017 - 19	-	157	57.9	54.5	40.3	76.6		17.8

Indicator	Period	Stockton			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Under 75 mortality rate from liver disease (Persons, <75 yrs)	2017 - 19	–	144	27.4	26.5	18.8	48.2		11.0	
Under 75 mortality rate from liver disease (Male, <75 yrs)	2017 - 19	–	85	33.4	33.2	24.2	66.6		12.7	
Under 75 mortality rate from liver disease (Female, <75 yrs)	2017 - 19	–	59	21.8	20.2	13.7	29.7		5.8	
Under 75 mortality rate from liver disease considered preventable (2019 definition) (Persons, <75 yrs)	2017 - 19	–	124	23.7	23.7	16.7	43.4		9.9	
Under 75 mortality rate from liver disease considered preventable (2019 definition) (Male, <75 yrs)	2017 - 19	–	76	29.9	30.6	21.9	60.3		11.6	
Under 75 mortality rate from liver disease considered preventable (2019 definition) (Female, <75 yrs)	2017 - 19	–	48	17.7	17.1	11.7	26.5		4.1	
Under 75 mortality rate from respiratory disease (Persons, <75 yrs)	2017 - 19	–	217	41.5	43.8	33.6	77.5		13.7	
Under 75 mortality rate from respiratory disease (Male, <75 yrs)	2017 - 19	–	90	35.7	47.2	38.6	88.9		17.0	
Under 75 mortality rate from respiratory disease (Female, <75 yrs)	2017 - 19	–	127	47.0	40.6	29.0	66.9		11.0	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (Persons, <75 yrs)	2017 - 19	–	137	26.1	29.8	20.2	45.4		8.3	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (Male, <75 yrs)	2017 - 19	–	56	22.0	30.8	22.5	50.0		9.0	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (Female, <75 yrs)	2017 - 19	–	81	30.0	28.8	18.1	46.7		4.4	
Under 75 mortality rate from injuries (Persons, <75 yrs)	2018 - 20	–	109	21.1	22.8	14.4	43.1		5.2	
Under 75 mortality rate from injuries (Male, <75 yrs)	2018 - 20	–	74	28.9	32.0	20.3	55.6		7.8	
Under 75 mortality rate from injuries (Female, <75 yrs)	2018 - 20	–	35	13.2	13.8	8.6	30.6		3.7	
Premature mortality in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2018 - 20	–	585	141.5*	144.0*	103.6	212.4		52.2	
Excess under 75 mortality rate in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2018 - 20	–	-	539.1%	532.9%	451.0%	714.7%		190.7%	

Figure 11: Extract from Mortality Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

This indicates the scope of public health issues for promotion of health and wellbeing as well as the scale of potential interventions required annually e.g., to support the people in Stockton-on-Tees living with diabetes, cancer, asthma, COPD, coronary heart disease or stroke, or dementia. The level of long-term conditions or life limiting illness is again notable; there is plenty of scope for evidence-based interventions to improve the management of these conditions with pharmaceutical services.

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

## 6.2. Smoking

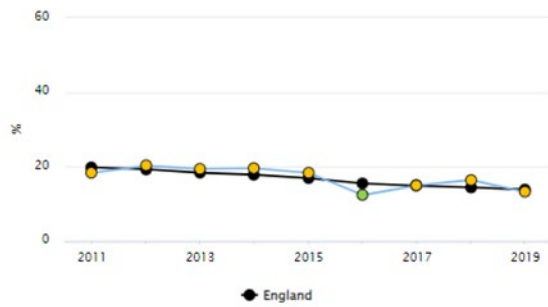
Smoking prevalence in Stockton-on-Tees is similar to the national average; but there are still more than 20,000 smokers in the Borough, and the smoking attributable mortality rate and the smoking during pregnancy rate are both statistically significantly worse in Stockton-on-Tees compared to England. Smoking related illness contributes to more life years lost than the next 6 top causes of death of the residents of Stockton-on-Tees.

Smoking Prevalence in adults (18+) - current smokers (APS)

Proportion - %

Show confidence intervals Show 99.8% CI values

[More options](#)



Recent trend: Could not be calculated

Period	Stockton-on-Tees				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011	27,385	18.3%	15.9%	20.8%	21.3%	19.8%
2012	30,446	20.3%	17.5%	23.0%	22.0%	19.3%
2013	29,330	19.4%	16.6%	22.2%	21.2%	18.4%
2014	29,781	19.6%	16.7%	22.5%	19.8%	17.8%
2015	27,980	18.4%	15.4%	21.4%	18.7%	16.9%
2016	18,941	12.4%	10.0%	14.8%	17.2%	15.5%
2017	22,988	15.0%	12.4%	17.6%	16.2%	14.9%
2018	25,259	16.4%	13.8%	19.1%	16.0%	14.4%
2019	20,294	13.2%	10.9%	15.6%	15.3%	13.9%

Source: Annual Population Survey (APS)

Figure 12: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

### 6.3. Obesity

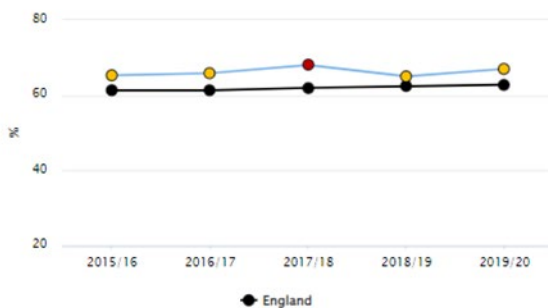
In 2019/20, 67% of adults in Stockton-on-Tees were classified as either overweight or obese. This is similar to the national average. The rates of childhood obesity collected at ages 5 and 11 years old, are both similar to the national average.

Percentage of adults (aged 18+) classified as overweight or obese

Proportion - %

Show confidence intervals Show 99.8% CI values

[More options](#)



Recent trend: Could not be calculated

Period	Stockton-on-Tees				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	-	65.3%	60.7%	69.9%	66.3%	61.3%
2016/17	-	65.9%	61.3%	70.5%	66.1%	61.3%
2017/18	-	68.0%	63.5%	72.4%	66.5%	62.0%
2018/19	-	65.0%	60.4%	69.3%	64.9%	62.3%
2019/20	-	67.0%	62.5%	71.5%	67.6%	62.8%

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

Figure 13: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

## 6.4. Sexual health

The below table is a summary of sexual health indicators for Stockton-on-Tees.

Indicator	Period	Stockton		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Syphilis diagnostic rate / 100,000	2020	↑	80	40.5	8.5	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	→	103	52	59	101	1,024		5
Chlamydia detection rate / 100,000 aged 15 to 24	2020	→	414	2,077	1515	1408	414		3,408
Chlamydia proportion aged 15 to 24 screened	2020	→	2,519	12.6%	13.5%	14.3%	4.1%		36.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	→	515	417	449	619	3,547		158
HIV testing coverage, total (%)	2020	↓	476	15.7%	39.4%	46.0%	12.0%		85.9%
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	—	5	33.3%	39.8%	42.4%	100%		0.0%
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	↓	1	0.6	3.0	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	→	107	0.96	1.10	2.31	13.09		0.22
Total prescribed LARC excluding injections rate / 1,000	2020	↑	715	20.6	28.9	34.6	4.7		74.9
Under 18s conception rate / 1,000	2019	→	70	22.0	21.8	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	30	42.9%	47.2%	54.7%	21.1%		93.8%
Violent crime - sexual offences per 1,000 population	2020/21	↑	617	3.1	2.7*	2.3*	1.0		4.4

Figure 14: Extract from Sexual Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

- Chlamydia detection rates are low in Stockton-on-Tees, however, we are considering different options to improve chlamydia testing and detection.
- HIV test coverage rates are significantly worse than the national average. The HIV home-sampling service aimed at high risk groups has been in place in Stockton-on-Tees since 2015/16.
- LARC provision is significantly worse than the national average.
- Teenage conception rates in England have declined significantly over the past ten years; however, is still significantly worse than the national average. Teenage pregnancy rates remain higher in more deprived areas.

The Sexual Health Needs Assessment for Teesside 2013 identified that locally there is a need to ensure accessibility of sexual health services for a higher proportion of the population, particularly for those who would not normally use sexual health services e.g. through the strengthening of sexual health service provision through GP practices and community pharmacies. Additionally, any service development should take place with a particular focus on the needs of young people, people living in deprived areas and vulnerable groups.

## 6.5. Drug misuse

In 2018-20, the number of deaths from drug misuse in Stockton-on-Tees was significantly higher than the national average.

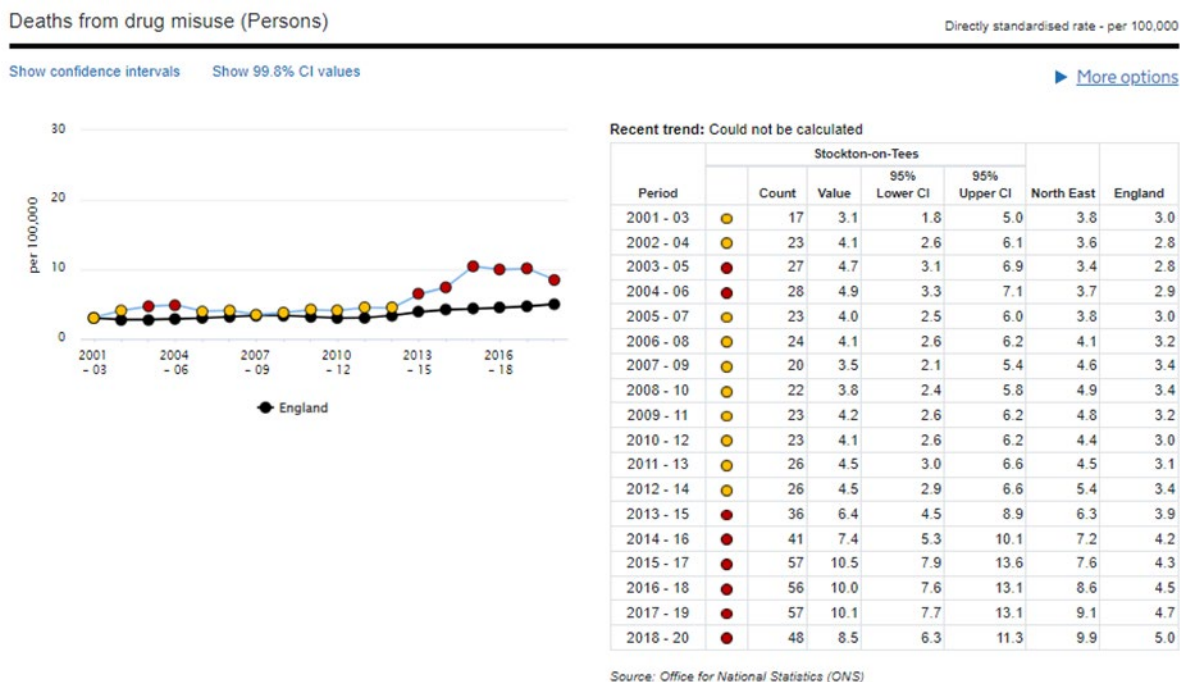


Figure 15: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

### 6.6. Alcohol misuse

In 2020/21 the rate of hospital admission episodes for alcohol-specific conditions in Stockton-on-Tees was significantly worse than the England average. In 2017-19 the rate of alcohol-specific mortality in Stockton-on-Tees was significantly worse than the England average.

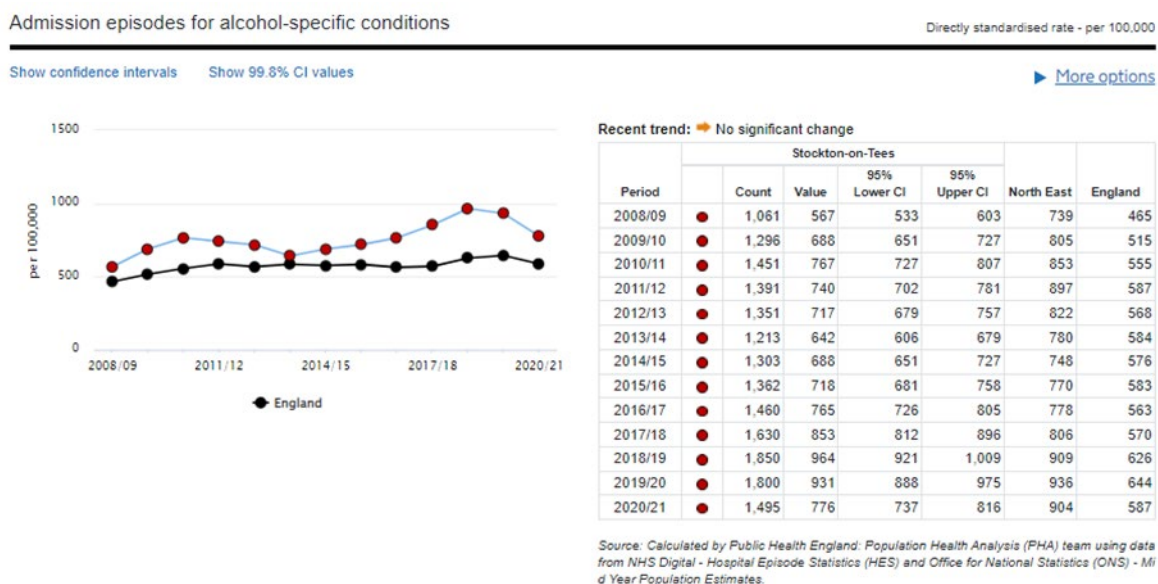


Figure 16: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

### 6.7. Learning Disabilities

People with learning disabilities are pre-disposed to the development of a number of health-limiting conditions. The availability of health services that improve access and support for the

high numbers of people in Stockton-on-Tees with low adult literacy and numeracy levels, as well as physical disabilities, is important.

### 6.8. Oral health

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

### 6.9. Breastfeeding

In 2016/17, 48.7% of mothers in Stockton-on-Tees initiated breastfeeding, this is significantly worse than the national average.

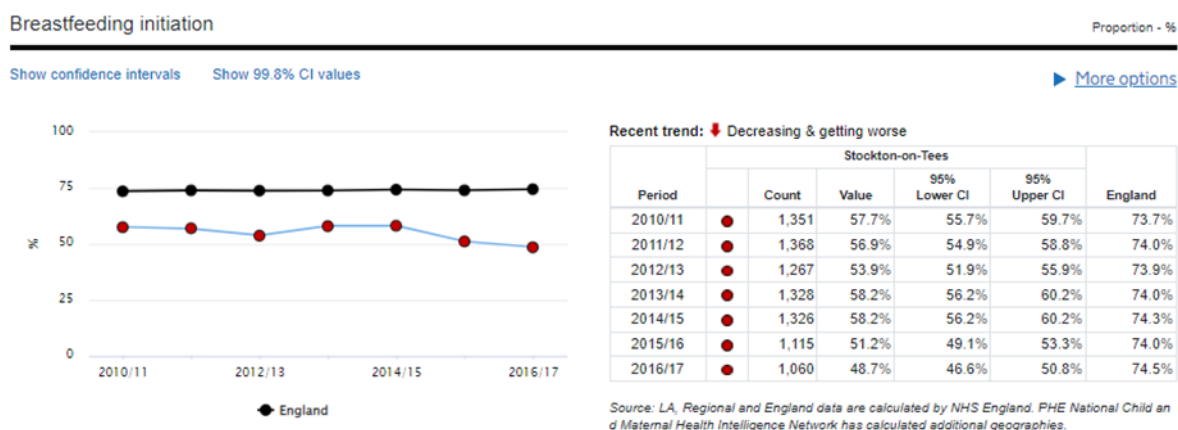


Figure 17: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

### 6.10. Mental Health

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

In 2017, the estimated prevalence of common mental disorders (% of population aged 16 & over) in Stockton-on-Tees was similar to the national average.

Period	Stockton-on-Tees				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2017	26,825	17.0%*	16.2%	18.3%	18.2%*	16.9%*

Source: APMS

Figure 18: Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

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



Most of the health needs assessment data has not been summarised by locality. However, by reviewing the population demographics of Stockton-on-Tees as a whole alongside other information for the four localities, it is possible to consider the health needs of each locality. Even the small amount of data presented here begins to provide a clearer perspective of need and the inequality, in the Stockton-on-Tees area. These measures indicate that we must avoid worsening this inequality by virtue of our service provision: unless inequalities in provision of care match inequalities of need then inequity will persist.

The impact of the health needs on pharmaceutical needs will be described in section 10.

### 6.11. Homelessness

In Stockton-on-Tees in 2017/18:

- The total number of households who approached the SBC Homelessness and Housing Solutions Service increased by more than 20% on the previous year.
- Approximately two-thirds of households placed in temporary emergency accommodation have self-identified as having a mental health issue.
- 10% of people presenting as homeless cited domestic abuse as the reason.

A health needs audit was undertaken in 2016 with the aim of increasing the evidence available about the health needs of people who are homeless. The audit identified that around 64% of people accessing homelessness services have drug and/or alcohol problems.

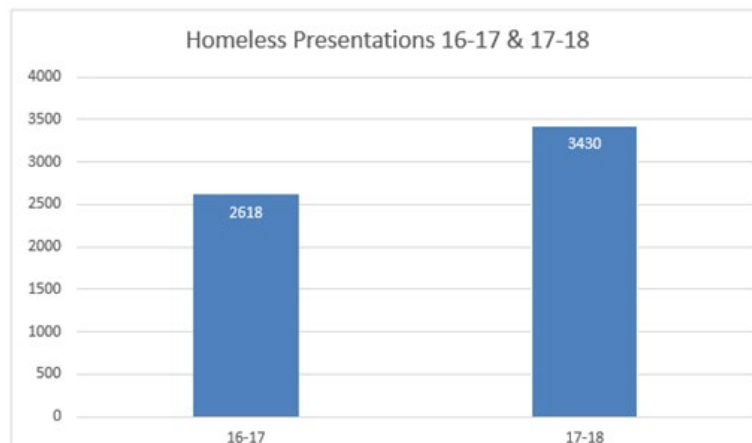


Figure 19: Number of households who approached the SBC Homelessness and Housing Solutions Service (2016/17-17/18).

### 6.12. Armed Forces Community

Currently, no-one knows how many of the armed forces community live, work or have family members in Stockton-on-Tees. There is insufficient robust local data (and therefore intelligence) to understand the needs of the armed forces communities in Stockton-on-Tees at a population level.

## 7. Current Pharmaceutical Services Provision

The PNA is required to describe the current provision of pharmaceutical services and consider this in the context of the current need for access to these services of the population of the Stockton-on-Tees HWB area.

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

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

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

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

Pharmaceutical services will, of course, need to be available during 'normal' day-time hours (e.g., weekdays 9am - 6pm) when many other professional services might be expected to be available. However, the needs of specific socioeconomic or other groups as service users will also need to be considered, for example:

- workers after 6pm or during lunch times
- those who have used general practice Extended Access outside of the 'routine 9-6' times e.g., up to 8 o'clock at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non-routine time e.g., on weekends.

An evaluation of patient experience, such as undertaken during the development of the PNA, may further help to assess capacity, premises and quality in terms of pharmaceutical service provision. When considering access as part of the overall assessment of pharmaceutical need, the HWB is also required to have regard to choice.

Many of the above issues might influence the choice of pharmaceutical services provider, and provision, available to patients and others.

Each of these issues will be considered in the following section.

## 7.1. Overview of pharmaceutical services providers

There were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened during 2020/21, while 451 closed. This is the lowest number of active contractors since 2015/16. [General Pharmaceutical Services in England 2015/16 - 2020/21 | NHSBSA](#)

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

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

At 31st March 2021 there were 673 community pharmacy contractors in the Cumbria and North East area. As at 1st February 2022 Forty community pharmacies are located in the Stockton-on-Tees HWB area, and there is one dispensing doctor practice. In the neighbouring HWB area of Hartlepool there are 19 community pharmacies and no dispensing doctor practice.

**Table 15** shows the number of pharmacies in each locality across the area covered by Stockton-on-Tees HWB; 40 pharmacies in total. It also shows the location of those open for more than 100 hours per week.

Locality	Number of pharmacies	Number of these open 100 hours per week
S1 Stockton-on-Tees North	24	8
S2 Stockton-on-Tees South	15+1*	0
<b>Stockton-on-Tees HWB</b>	<b>39 +1*</b>	<b>8</b>
*includes one pharmacy located in the HWB area that is a 'distance-selling' contractor		

**Table 15.** Pharmacies in each locality of the Stockton-on-Tees HWB area and number of those pharmacies that open for more than 100 hours per week

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

There are no Local Pharmaceutical Services (LPS) area designations and no Local Pharmaceutical Services (LPS) providers in the Stockton-on-Tees HWB area. Overall, 1356 pharmacies in England will receive funding from the PhAS from January 2022, and five of these are in Stockton-on-Tees.

There are no dispensing appliance contractors located in the Boroughs of either Hartlepool or Stockton, nor any in the wider Tees Valley area, although the nature of services provided by these contractors suggests that this population might sometimes access the services of an appliance contractor located outside the area. There are five appliance contractors in the Cumbria, Northumberland, Tyne and Wear areas of the North East of England.

There is one distance selling (internet) pharmacy provider whose premises are registered within the boundary of the Stockton-on-Tees HWB area. However, patients living in the area may obviously access an NHS distance selling pharmacy contracted and registered in any UK location; such is the nature of that pharmacy business. A pharmacy with a 'distance selling' exemption contract is not permitted to provide essential pharmaceutical services face to face on the premises. Conversely, pharmacies with registered premises in Stockton-on-Tees may offer distance-selling services to the local population, wider Tees Valley and beyond by advertising or otherwise making available their NHS services, including via the internet.

Finally, locally contracted services that meet a pharmaceutical need are experienced now, by the population of Stockton-on-Tees which are provided by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Some of these services, which may be further extended to meet future needs, will be described later.

### 7.1.1. Community pharmacy contractors

Names and addresses of the **40** community pharmacy contractors, by locality, are shown in **Table 16**.

Locality	Trading Name	1st line address	2 <sup>nd</sup> line address	Postcode	40 or 100 hr
S1	Wynyard Pharmacy	Unit 8, The Stables	Wynyard	TS22 5QQ	40
S1	Rowlands Pharmacy	Health Centre	Billingham	TS23 2LA	40
S1	Boots	25 Queensway	Billingham	TS23 2ND	40
S1	The Pharmacy	Abbey Health Centre	Billingham	TS23 2DG	100
S1	Harry Hill Chemist	8 Kenilworth Road	Billingham	TS23 2HZ	40
S1	Rowlands Pharmacy	39 Queensway	Billingham	TS23 2ND	40
S1	Tesco Instore Pharmacy	Leaholme Road	Billingham	TS23 3TA	100
S1	Davidson Pharmacy	3 Station Road	Billingham	TS23 1AG	40
S1	Tesco Instore Pharmacy	Durham Road	Stockton	TS21 3LU	100
S1	Your Local Boots Pharmacy	12-14 High S1Street	Norton	TS20 1DN	40
S1	Your Local Boots Pharmacy	Norton Medical Centre	Norton	TS20 2UZ	40
S1	Norton Glebe Pharmacy	Unit 6 Hanover Parade	Stockton	TS20 1RF	40
S1	Pharmacy World	45 Redhill Road, Roseworth	Stockton	TS19 9BX	40
S1	Newham Pharmacy	9-10 High Newham Court	Hardwick	TS19 8PD	40
S1	Asda Pharmacy	Portrack Lane	Stockton	TS18 2PB	100
S1	Boots	58-63 High Street	Stockton	TS18 1BE	40
S1	Whitworth Chemists	4 Varo Terrace	Stockton	TS18 1JY	40
S1	Pharmacy 365	161-162 High Street	Stockton	TS18 1PL	100
S1	Rowlands Pharmacy	Lawson Street Health Centre	Stockton	TS18 1HX	40
S1	Rowlands Pharmacy	106 Yarm Lane	Stockton	TS18 1YE	40
S1	Rowlands Pharmacy	Tennant Street	Stockton	TS18 2AT	40
S1	Synergise Pharmacy	56 Yarm Lane	Stockton	TS18 1EP	100
S1	Norchem Healthcare	Queens Park Surgery	Stockton	TS18 2AW	100
S1	Well	70 Bishopton Lane	Stockton	TS18 2AJ	100
S2	Boots	44 High Street	Yarm	TS15 9AE	40
S2	Whitworth Chemists	7 Healaugh Park	Leven Park	TS15 9XN	40
S2	Cohens	Yarm Medical Centre	Yarm	TS15 9BH	40
S2	Eaglescliffe Pharmacy	18 Durham Lane	Eaglescliffe	TS16 0EH	40
S2	Pharmacy Express	9 Sunningdale Drive	Eaglescliffe	TS16 9EA	40
S2	Hepworth Chemist	20 Greenside	Ingleby Barwick	TS17 0RR	40
S2	Kelly Chemist	32 Myton Park,	Ingleby Barwick	TS17 0WG	40
S2	Your Local Boots Pharmacy	12 Wrightson House	Thornaby	TS17 9EP	40
S2	Pharmacy Express	113 Lanehouse Road	Thornaby	TS17 8AB	40
S2	Asda Pharmacy	New Town Centre	Thornaby	TS17 9EN	40
S2	Boots	Thornaby Health Centre	Thornaby	TS17 0EE	40
S2	Boots	Teesside Retail Park	Stockton	TS17 7BW	40
S2	Morrisons Pharmacy	Teesside Retail Park	Stockton	TS17 7BP	40
S2	Preston Farm Pharmacy	2 Harley Court, Sopwith Close	Preston Farm	TS183WB	DS*
S2	Lloydspharmacy at Sainsburys	Whitehouse Shopping Centre	Stockton	TS19 0QB	40
S2	Fairfield Pharmacy	26-28 Glenfield Road		TS19 7PQ	40

Table 16. Pharmacies in Stockton-on-Tees area, by locality

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

Pharmacies have been included in the description of numbers and locations of pharmacies up to and including 1/2/22. All pharmacies were included in patient/stakeholder engagement distribution processes.

Thirty-four pharmacies (85%) provided a response to the pharmacy data collection process and survey by the closing date. Any changes regarding pharmacies (such as relocations), corrections or relevant data received during the consultation period will be recorded in the final PNA.

The number of pharmacies located in each ward of each of the two Stockton-on-Tees localities is shown in **Table 17**; there is uneven distribution of pharmacies across the Borough. It is unsurprising that more pharmacies are located closer to the central retail/commercial area of Stockton-on-Tees.

A quarter of the Borough's pharmacies are located in the [Stockton Town Centre] ward and 8 of the 24 GP practices are also located here.

S1: Stockton-on Tees North			S2: Stockton-on-Tees South		
Ward	No of pharmacies	100 hr pharmacies	Ward	No of pharmacies	100 hr pharmacies
Stockton Town Centre*	10	5	Grangefield	0	
Hardwick and Salters Lane	1		Parkfield and Oxbridge	0+1**	
Newtown	0		Stainsby Hill	2	
Billingham Central*	5	1	Village	1	
Billingham East	1	1	Bishopsgarth and Elm Tree	1	
Billingham South	1		Yarm	3	
Billingham North	0		Eaglescliffe	2	
Billingham West	0		Ingleby Barwick east	1	
Norton North	2		Ingleby Barwick west	1	
Norton West	1		Fairfield	1	
Norton South	0		Hartburn	0	
Northern Parishes*	1		Mandale and Victoria	3	
Western Parishes	0				
Roseworth	2	1			

TOTALS				
Locality	Wards	Pharmacies	100 hr pharmacies	Wards without a Pharmacy
S1 Stockton-on-Tees North	14	24	8	5
S2 Stockton-on-Tees South	12	15+1	0	3
<b>Stockton-on-Tees HWB area</b>	<b>26</b>	<b>39+1**</b>	<b>8</b>	<b>8</b>
** the distance selling pharmacy is located in Parkfield and Oxbridge ward, however it is not permitted to provide face to face essential services				

Table 17. Showing the distribution of pharmacies by ward and locality in Stockton-on-Tees HWB area, including the location of pharmacies open 100 hours per week

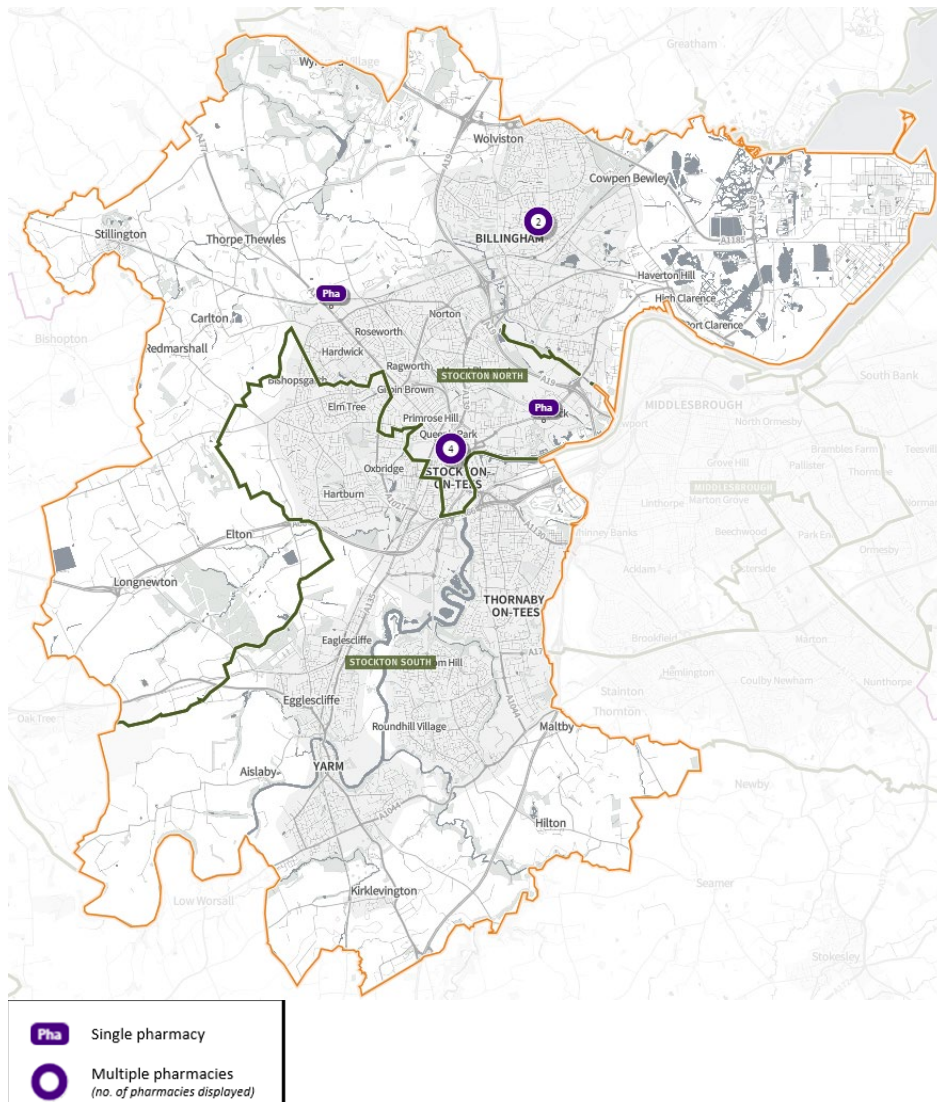


Figure 20 Map showing location of 100 hour pharmacies within Stockton-on-Tees HWB area (SHAPE)

**Table 18** below shows, by PNA locality, the names and brief location (including ward) of the general practices in Stockton-on-Tees listed alongside the pharmacies in those same localities, and also showing their ward location. This gives a good overview of contractor locations. The distribution of GP practices is as follows:

- Locality S1 Stockton-on-Tees North has 16 GP practices (Including 1 dispensing practice) in 13 locations
- Locality S2: Stockton-on-Tees South has 5 GP practices in 7 locations
- The practices are arranged in Primary Care Networks (PCNs) the font colour of the practices names indicates which practices are within the same PCN. (Information provided by Tees Valley CCG October 2021)

Locality	Pharmacy	Ward	GP Practice	Ward
S1	Wynyard Pharmacy	Northern Parishes	Park Lane Surgery (Dispensing)	Western Parishes
S1	Rowlands Pharmacy, Health Centre, Billingham	Billingham Central	Kingsway Medical Centre	Billingham Central
S1	Boots, Queensway, Billingham	Billingham Central	Melrose Medical Centre	Billingham Central
S1	The Pharmacy	Billingham Central	Queenstree Practice	Billingham Central
S1	Harry Hill Chemist	Billingham Central	Roseberry Practice	Billingham Central
S1	Rowlands Pharmacy	Billingham Central	Dr Rasool	Billingham Central
S1	Tesco Instore Pharmacy, Billingham	Billingham East	Marsh House Medical Centre	Billingham East
S1	Davidson Pharmacy	Billingham South		
S1	Your Local Boots Pharmacy, High Street	Norton North	Norton Medical Centre	Norton North
S1	Your Local Boots, Norton Medical Centre	Norton North		
S1	Norton Glebe Pharmacy	Norton West		
S1	Tesco Instore Pharmacy, Durham Road, Stockton	Roseworth		
S1	Pharmacy World	Roseworth		
S1	Newham Pharmacy	Hardwick		
S1	Asda Pharmacy, Portrack Lane	Stockton Town	Alma Medical Centre, Nolan Place	Stockton Town Centre
S1	Boots, High Street , Stockton	Stockton Town	Arrival Medical Practice	Stockton Town Centre
S1	Whitworth Chemists, Varo Terrace	Stockton Town Centre	Densham Surgery , Lawson Street	Stockton Town Centre
S1	Pharmacy 365 , High Street Stockton	Stockton Town Centre	Dovecot Surgery , Lawson Street	Stockton Town Centre
S1	Rowlands Pharmacy, Lawson Street Health Centre	Stockton Town Centre	Woodlands Family Medical Centre	Stockton Town Centre
S1	Rowlands Pharmacy, Yarm Lane	Stockton Town Centre	Tennant Street Surgery	Stockton Town Centre
S1	Rowlands Pharmacy, Tennant Street	Stockton Town Centre	Riverside Medical Practice	Stockton Town Centre
S1	Synergise Pharmacy, Yarm Lane	Stockton Town Centre	Queens Park Medical Centre	Stockton Town Centre
S1	Norchem Healthcare, Queens Park Medical	Stockton Town Centre		
S1	Well, Bishopton Lane	Stockton Town Centre		
S2	Boots, High Street, Yarm	Yarm		
S2	Whitworth Chemists, Leven Park	Yarm	Yarm Medical Practice	Yarm
S2	Cohens, Yarm Medical Centre	Yarm		
S2	Eaglescliffe Pharmacy, Durham Lane	Eaglescliffe	Eaglescliffe Medical Practice	Eaglescliffe
S2	Pharmacy Express, Sunningdale Drive	Eaglescliffe		
S2	Hepworth Chemist, Ingelby Barwick	Ingleby Barwick East	Thornaby and Barwick Medical Group (Branch)	Ingleby Barwick East
S2	Kelly Chemist, Ingelby Barwick	Ingleby BarwickWest	Woodbridge Medical Practice (Branch)	Ingleby Barwick West
S2	Your Local Boots Pharmacy, Thornaby	Village		
S2	Pharmacy Express, Lanehouse Road	Mandale and Victoria	Elm Tree Surgery	Mandale and Victoria
S2	Boots, Teesside Park	Mandale and Victoria		
S2	Morrisons Pharmacy	Mandale and Victoria		
S2	Asda Pharmacy, Thornaby	Stainsby Hill	Thornaby and Barwick Med Group	Stainsby Hill
S2	Boots, Thornaby Health Centre	Stainsby Hill	Woodbridge Medical Centre	Stainsby Hill
S2	Lloyds pharmacy at Sainsburys	Bishopsgarth		
S2	Fairfield Pharmacy	Fairfield		

Table 18. Pharmacies and GP practices in Stockton-on-Tees, organised by PNA locality







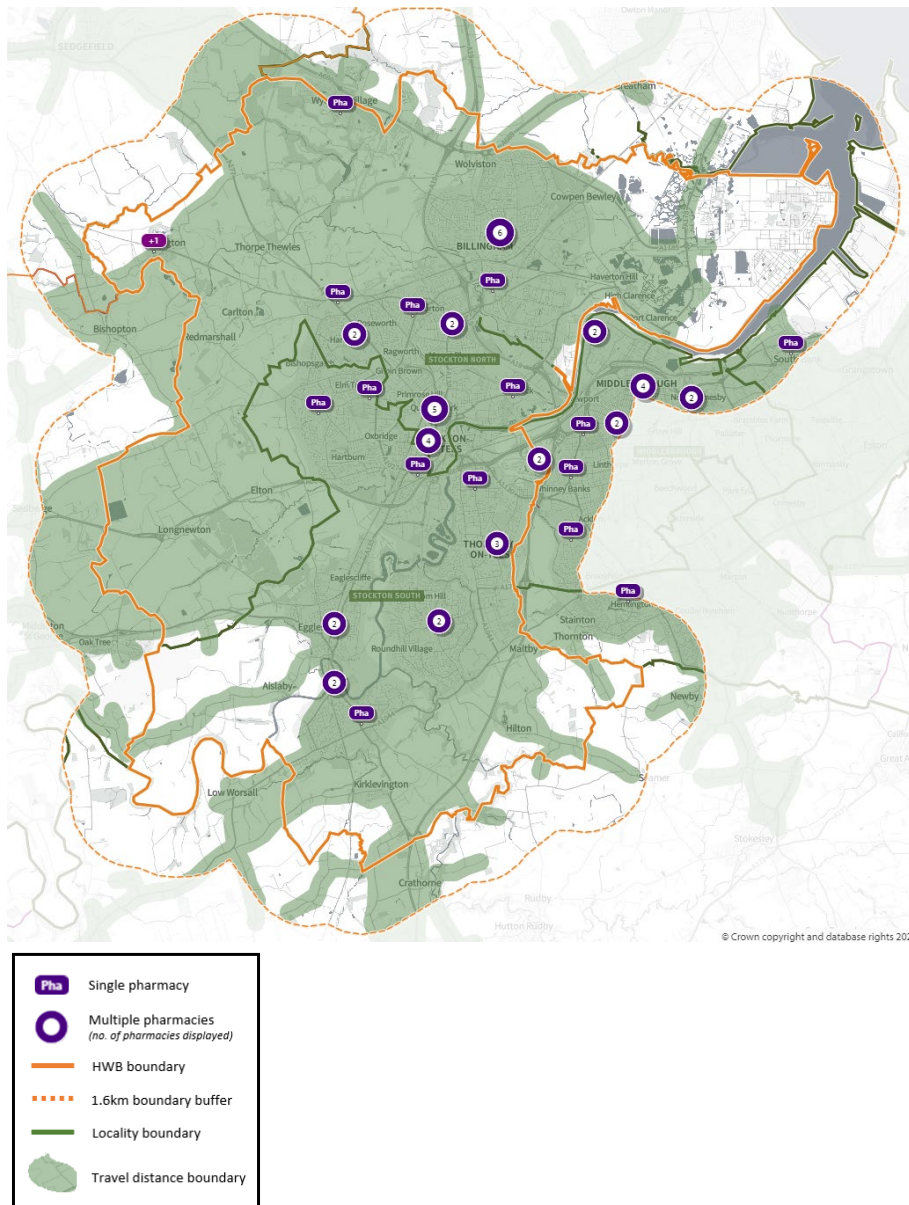


Figure 23 Map showing Pharmacies +Dispensing Practice (Stillington) within a 10-minute Drive with a 1.6km Buffer zone outside HWB area

The above map shows almost all of the population of Stockton-on-Tees are within a 10-minute drive of a pharmacy / dispensing practice

### 7.1.1.1. Extant grants

At any point in time, there may be potential pharmaceutical services providers that have applied to NHS England for a community pharmacy contract, whose application may be at one of several stages in the current process. Following an application, there will be a formal consultation process during which representations are invited from interested parties<sup>2</sup> according to the Pharmaceutical Regulations 2013 (as amended), and 'Fitness to Practice' checks where necessary, before NHS England makes a decision. It may reasonably take up to four months for this process, before the

<sup>2</sup> This consultation is different from either a section 244 'formal consultation' (for 13 weeks, with overview and scrutiny) or the 60-day 'consultation' undertaken on the PNA. It is an opportunity for all parties potentially affected by an application to submit comments ahead of the decision.

outcome is notified to the applicant. Successful applicants will have from 6 months to a year in which to open the pharmacy. Where a pharmacy contract has been awarded but the pharmacy has not yet opened, an 'extant grant' must be recorded as this may influence the immediate future requirements for pharmaceutical services in a locality.

The HWB is not aware of any extant grants in Stockton-on-Tees at 1st February 2022, though applications could commence before the final PNA is published. We are aware of one recent consolidation request from Rowlands Pharmacy to consolidate their branch that was located in Endurance House to their premises in Tennant Street. This occurred in January 2022. We are not aware of any other decisions recently notified and within the Appeal period or with an Appeal pending. The outcome of future applications will be published as notices or Supplementary Statements to the final published PNA (2018) as and when necessary.

### **7.1.2. Dispensing Doctors**

There is a dispensing doctor practice located in the Stockton-on-Tees HWB area. The Park Lane practice is located in Stillington in Western Parishes ward of Locality S1: Stockton-on-Tees North. The opening times of the dispensary are the same as the surgery opening times (taken from NHS Choices):

- Monday, Wednesday, Thursday and Friday: 8.30am -6.00pm
- Tuesday: 8.30am – 1pm and 3.00pm-6.00pm
- Closed Saturday, Sunday and Bank Holidays.

### **7.1.3. Dispensing Appliance Contractors (DACs)**

There are no DACs located in Stockton-on-Tees or within the wider DDT Area Team Area. Prescriptions for 'appliances' written by a prescriber from the Stockton-on-Tees area, are dispensed by:

- (a) pharmacy contractors within Stockton-on-Tees, or outside the area
- (b) by a DAC located outside the area and delivered to the patient.

### **7.1.4. Other providers**

As previously stated, pharmaceutical services are also experienced by the population of Stockton-on-Tees Borough (and also in the wider area) by various NHS or locally commissioned routes other than those services provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Services that impact on the need for pharmaceutical services are also currently provided in connection with:

- secondary care health provision
- mental health provision
- community services provision
- primary care provision
- prison services and also via
- CCG/ICS or local authority public health directly provided pharmaceutical services
- lead-provider contracts e.g., Sexual Health provider contracted to provide sexual health services including emergency hormonal contraception (EHC).

Not all of these 'other providers' include directly provided or commissioned dispensing services but do provide other pharmaceutical services (see section 8.4).

## **7.2. Detailed description of existing community pharmacy providers of pharmaceutical services**

### **7.2.1. Premises location: distribution in localities and wards of localities**

It has been suggested that pharmacies per head of population might be a useful indicator of the number of pharmacies that might be required. However, this takes no account of population density or deprivation and consequent need for pharmaceutical services.

Community pharmacies location correlates with areas of higher population. 10 community pharmacies are located in the Stockton Town Centre ward and there are 8 GP practices in the same ward.

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

- Wards with no pharmacy - 7
- Wards with only distance-selling pharmacy - 1
- Wards with a single pharmacy - 10
- Wards with 2 pharmacies - 4
- Wards with 3 pharmacies - 2
- Wards with 4 or more pharmacies - 2

The total population in the 7 wards in Stockton-on-Tees that do not have a pharmacy at all is 44901. This may at first appear high at 23% of the area's population. However, it is not axiomatic that any area, ward or otherwise must have a pharmacy located within that area in order for the population needs for pharmaceutical services to be reasonably met.

The following should be considered with regard to access to a pharmacy premises and their associated services in Stockton-on-Tees:

- There is just one pharmacy in the rural wards Northern and Western Parishes located in S1 locality. The weekday opening hours make a full range of pharmaceutical services available to this relatively small proportion (around 4%) of the residents of the Borough in this locality of 7000 residents. This also provides additional choice to the section of the locality's population on the GP practice's dispensing list. These patients may have their basic dispensing needs served by this GP dispensing practice at Stillington; the wider pharmaceutical services offered by a pharmacy contractor are available from the pharmacy. This pharmacy was remains eligible for a pharmacy access payment.
- Providing choice and for access to other pharmaceutical services, as well as the pharmacy in the Northern Parishes ward, the population in this rural area in the northern area of the Stockton-on-Tees North Locality S1 may travel to their choice of several nearby Stockton-on-Tees pharmacies; (distances by road in brackets are given from the Stillington practice as a guide):
  - Fairfield Pharmacy (4.4 miles)
  - Tesco Durham Road – 100- hr (4.5 miles)
  - Newham Pharmacy (4.7 miles)
  - Pharmacy World (4.9 miles)

The pharmacy at Fairfield, or others in Eaglescliffe ward are likely to be closer than 4 miles for the majority of the small population of the Western Parishes ward (3522); a large geographic area of lower-than-average population density. Alternatively, the population of

this part of the S1 locality may also access full pharmaceutical services if they travel for their other needs into either Sedgefield (5.3 miles by road from the practice in Stillington) in neighbouring County Durham or into the central Stockton area which offers a wide choice of pharmacy premises.

- There has been considerable development within the northern part of this locality in recent years and housing/commercial development continues in the area. The incoming population, for example at Wynyard, do not have the higher levels of pharmaceutical need related to deprivation that are common in other localities of Stockton-on-Tees. Car ownership rates are very high and the pharmaceutical needs are therefore easily met by the range of pharmacies available within a short driving distance. A detailed analysis of this area was undertaken in 2010 in the context of consideration of both the rurality designation and the application to provide pharmaceutical services (approved on appeal).
- Within S1 Stockton-on-Tees North locality the populations of Billingham North and Billingham West (13607) are amply served by the cluster of pharmacies in the Billingham Central area, and the 100-hour pharmacy at Tesco in the Billingham East ward. Residents to the south of Billingham West may also access the pharmacy close to the ward boundary in Billingham South. The population of Norton South (7905) is within very easy reach of two pharmacies located in Norton North, the pharmacy at Norton West and all of those in the neighbouring ward of Stockton Town Centre.
- In the ward of Newtown in S1 locality, the population (7080) is within easy reach of Stockton Town Centre pharmacies, by public transport if necessary, as this is only a mile or so away.
- In the remaining 7 wards without a (non-distance selling) pharmacy, it has been estimated that no resident should need to travel more than 2 miles to access the nearest community pharmacy in another ward, also offering a range of choice.
- Locality S2: Stockton-on-Tees South pharmaceutical services are provided by 15 community pharmacies. Services are provided in the locality from 7.30 am to 8 pm Monday to Friday and 8am to 8pm on Saturday and 10.00am to 5pm on a Sunday. There is no Sunday provision in the Yarm or Ingleby Barwick wards but levels of car ownership are high in these areas and residents could access a pharmacy in Thornaby town centre or either of 2 pharmacies in Mandale and Victoria ward on Teesside Park.
- Whilst the relatively affluent population of Hartburn (6,443) has no pharmacy, they are within easy reach of the other pharmacies in the S2: Stockton-on-Tees South locality, and also the extensive provision easily accessible in the town centre.
- The pharmacy in the Fairfield ward provides improved access and choice of pharmaceutical provider to Hartburn, a neighbouring ward in the S2 Stockton-on-Tees South locality, where much of the population will be within just over a mile of this pharmacy. The pharmacy at Fairfield remains eligible for a pharmacy access payment.
- In S2 Stockton-on-Tees South locality, the population of Grangefield (6530) are perhaps most likely to access the nearest pharmacy in Bishopsgarth and Elm Tree Ward, but with the higher car ownership in that ward, may also access services further afield. The population of Parkfield and Oxbridge ward (9512) are within easy and accessible reach of the community pharmacies in Stockton Town Centre.

### 7.2.2. Premises environment

**Figure 17** shows the distribution of pharmacies in Stockton-on-Tees according to a nominal location descriptor of ‘health centre’, ‘supermarket or retail park’, ‘high street/central town’ or ‘suburbs’. This shows that in Stockton-on-Tees, the largest proportion of pharmacies are in ‘the suburbs’ i.e. close to where people live, distributed about the localities. After the PNA in 2011, any new pharmacies were mostly in this type of location. Around one fifth of pharmacies are co-located with a ‘health centre’ setting and another quarter are on the high street (or just off the high street in central areas). Seven (17%) of pharmacies are in a supermarket or retail park setting; with the removal of the 100-hour and large retailing exemptions to the market entry test, it is unlikely that this sector will grow significantly in the future.

An advantage offered by pharmacies located in retailing or town centre environments is that they are likely to have reasonable access to public transport and car parking given the association with other facilities. It is not always the case that health centre locations have reasonable access to parking facilities.

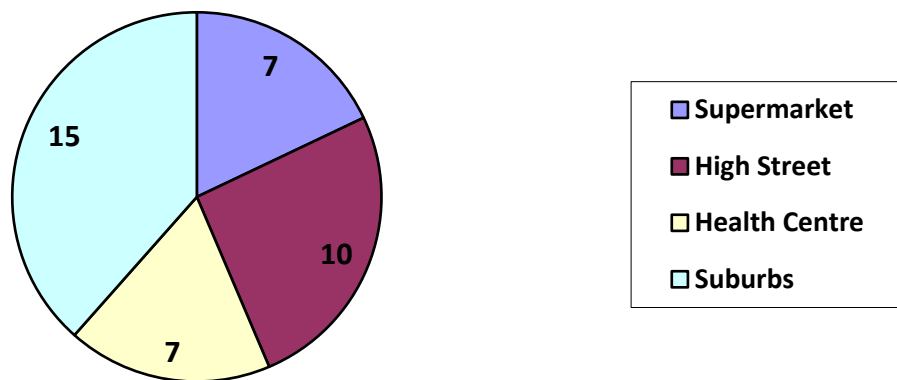


Figure 24. Distribution of pharmacies Stockton-on-Tees (n=39 excluding DS pharmacy; February 2022)

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

### 7.2.3. Premises facilities<sup>3</sup>

For various reasons, not all the detail from the pharmacy contractor survey has been reported in the PNA and information has been presented only at HWB area.

#### 7.2.3.1. Support for disabled people

All pharmacies report a range of adaptations available to support people to take their medicines including medipaks, easy open containers and large print labels.

### **7.2.3.2. Consultation area(s)**

With effect from 1 January 2021, pharmacies included in a pharmaceutical list must have a consultation room that is:

- clearly designated as a room for confidential conversations, eg a sign is attached to the door to the room saying 'Consultation room'
- distinct from the general public areas of the pharmacy premises
- a room where both the person receiving the service and the person providing it are able to sit down together and communicate confidentially, eg without the details of that conversation being overheard by other people outside the consultation room who are in the pharmacy.

Where a contractor believes that their pharmacy is too small for a consultation room, they will need to complete and submit a request to the NHS England and NHS Improvement regional team in whose area the pharmacy is located. The relevant Pharmaceutical Services Regulations Committee will consider the information provided by the contractor and where it is of the opinion that the pharmacy is too small for a consultation room it will confirm this with the contractor. The contractor must then ensure that they put arrangements in place at the pharmacy which enable the person providing a pharmaceutical service, e.g. the pharmacist, to communicate confidentially with the person receiving the service by:

- telephone or another live audio link
- a live video link

Where a pharmacy is included in a pharmaceutical list as at 1 January 2021 but no advanced services were provided at or from the pharmacy during the 12 months ending on 31 December 2020, the contractor will have until 1 April 2023 to create a consultation room within their premises.

Of the pharmacies who completed the contractor survey 33 out of 34 respondents confirmed availability of a consultation room. With 1 respondent advising they had an exemption from providing in place.

### **7.2.3.3. Premises standards**

Although they are part of the 'NHS family', community pharmacists are independent contractors - as are GPs, dentists and opticians - and they therefore exercise discretion and freedom in operating a pharmacy within a professional and legislative framework. A community pharmacy contractor is responsible for their premises, which must be registered and inspected by the General Pharmaceutical Council (GPhC) for adherence to legal requirements and professional standards.

## **7.2.4. Workforce training and development**

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

Both hospital and community pharmacies may elect to become a training practice and receive an allowance to support the training of pre-registration pharmacy graduates. Pharmacist trainers must also be committed to the 'trainer role' themselves, maintaining

high standards of practice and keeping up to date. Where local pharmacies support pre-registration training, this will encourage new pharmacists into the area supporting recruitment into pharmacist posts.

Pharmacists are increasingly undertaking an additional qualification that enables them to prescribe (i.e. issue prescriptions). This is already widely established in the hospital sector and now increasingly and at scale with substantial investment by NHS England as part of the GP Five Year Forward View, prescribing clinical pharmacists in general practice and supporting care homes will become commonplace. The legislative opportunity for pharmacists to train as a prescriber has not largely been followed up with opportunities to use that training in a community pharmacy setting – which may be a missed opportunity for the profession and for patients.

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

### 7.2.5. Pharmacy opening hours

**Section 2.5.1** explains how community pharmacy contractor opening hours are defined and managed.

Although pharmacy opening hours are related to providers of services, they actually describe the times of availability of pharmaceutical services. As well as knowing pharmacy opening times for publication, adequate records of the opening, closing, core and supplementary hours of every individual pharmacy, for every day of the week, must be recorded and adequately maintained by NHS England.

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this list is included as **Appendix 5** for reference. As part of the PNA contractor surveys of 2022, pharmacies were asked to confirm that the opening hours held by NHS England were correct.

Any pharmacy queries on 'hours' raised during the PNA development process would be reported to NHS England by the contractor, for due process to be followed in confirming them.

Historically, when considering new applications under the 'necessary and expedient test', or applications to change hours, PCTs were advised to base their decisions largely on the **core hours** offered by the applicant. This is because contractors are permitted to change **supplementary hours** simply by notifying (now NHS England), with 90 days' notice, of their intention to change. This situation continues for applications under current Regulations i.e., that supplementary hours cannot be relied upon with any (longer term) certainty.

For the PNA it is important to understand any risks to pharmaceutical services provision associated with times of day or days of the week where a pharmacy being open is reliant on supplementary hours. Some security in extended hours provision has been afforded with the advent of pharmacies whose application was approved under the '100 hour' exemption as all of these 100 hours are 'core' hours.



In assessing whether or not the existing pharmacy opening hours provided for the population of Stockton-on-Tees are adequate, we also need to consider GP Extended Hours and GP Extended Access arrangements within the HWB area.

GP Extended hours are nationally commissioned through the PCN DES. This requires PCNs to provide to all registered patients within PCN additional appointments (30minutes / 1000 patients/week). These are to be provided outside the core GP practice hours. These hours have currently been repurposed to support the vaccination programme.

GP Extended Access is another nationally commissioned service at CCG level. This provides a further 45 minutes of appointment time / 1000 population between 6.30pm-8 pm Monday to Friday and at weekends to reflect local need. This is currently provided in 2 locations within Stockton.

- Tennant Street 6.30pm and 8.00pm Monday, Thursday, Friday, and 10.00am to 1.00pm on Saturday and 11.00am to 1.00pm on Sunday.
- Woodbridge Ingleby Barwick Branch 6.30pm and 8.00pm Monday, Tuesday, Wednesday, and 2:00pm to 5.00pm on Saturday, and 2.00pm to 4.00pm on Sunday.

The evening and weekend appointments are available to everyone registered with a GP in Stockton-on-Tees and patients can book an appointment by calling their GP practice or NHS 111.

**Table 19** compares the current (15/11/21) earliest opening time and latest closing time of **any** pharmacy in each locality, with the earliest opening and latest closing time of any general practice (28/1/22). General practice opening times are used as a general indicator of potential need for the pharmaceutical service of dispensing, though this is not the only consideration regarding suitability of pharmacy opening times.

Almost all of the pharmacy hours are core hours secured by 100-hour pharmacy provision in S1, Stockton-on-Tees North. These 100-hour pharmacies in Stockton-on-Tees are now well established. They are necessary providers of core hours, particularly at evenings and weekends. The HWB would regard any reduction in their individual opening hours as creating a gap and would wish to maintain the current level. The pattern of opening hours is adequate and the HWB does not wish to see any change in the pattern. There is no longer the option for any additional 100-hour pharmacy contracts to be awarded within the Stockton-on-Tees HWB area as this exemption to market entry was removed with new Regulations in 2012.

		Monday				Tuesday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	
S1	7.00am	Midnight	7.30am	8.00pm	6.30am	Midnight	7.30am	8.30pm	
S2	7.30am	8pm	8.00am	8.00pm	7.30am	8pm	8.00am	8pm	
		Wednesday				Thursday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	
S1	6.30am	Midnight	7.30am	6pm	6.30am	Midnight	7.30am	8pm	
S2	7.30am	8pm	8.00am	8pm	7.30am	8pm	8.00am	6pm	
		Friday							
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing					
S1	6.30am	Midnight	7.30am	8pm					
S2	7.30am	8pm	8.00am	6pm					
		Saturday				Sunday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	
S1	6.30am	Midnight	10.00am	1.00pm	8.00am	8.00pm	11.00am	1.00pm	
S2	8am	8pm	2.00pm	5.00pm	10am	5pm	2.00pm	4.00pm	

Table 19. Earliest opening and latest closing times for pharmacies and general practices in Stockton-on-Tees localities (This includes both core and supplementary hours)

S1: Stockton-on-Tees North– pharmacy core hours are always available at times consistent with GP opening hours and beyond up to midnight Monday to Saturday. There are 8 pharmacies open 100 hours a week. There is also good availability on Saturdays and Sundays with 18 pharmacies open on a Saturday (16 with core hours) and 10 open on a Sunday (8 with core hours).

S2: Stockton-on-Tees South –pharmacy opening times in this locality are slightly more limited than in S1 largely due to a lack of 100-hour pharmacies in this locality, however there are pharmacies available consistent with GP opening times and there are 13 pharmacies (9 have core hours) that open on a Saturday and 5 on a Sunday. All the Sunday opening hours in locality S2 are supplementary hours.

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

Given these extensive opening times and access to the care available from a pharmacy from a greater number of locations and for substantially more hours than general practices in the area, the opportunity to use this accessibility to support patients beyond the availability of a service to dispense prescriptions is considerable.

### 7.2.6. Choice of provider

In 2003 the Office of Fair Trading (OFT) recommended that the control of entry regulations for community pharmacies should be abolished (Office of Fair Trading, 2003) available at [http://www.offt.gov.uk/shared\\_offt/reports/comp\\_policy/oft609.pdf](http://www.offt.gov.uk/shared_offt/reports/comp_policy/oft609.pdf)

In a measured response, the Government instead added the criterion of 'reasonable choice' for consumers to the 'necessary or desirable' control test with effect from 2005/06. Dimensions of consumer choice are subjective, and this measure has been difficult to administer in application panels. The criterion of 'choice' is nevertheless retained in the 2013 Regulations and must also be considered in the assessment of pharmaceutical need.

The NHS Litigation Authority Appeals Unit has frequently made decisions indicating that it is not axiomatic that a new pharmacy application should be approved based on lack of choice only. Sufficient choice is one factor among many and even different pharmacies belonging to the same company can often provide choice in that they may offer different services and the ethos, atmosphere and staff make each pharmacy different.

The Health and Wellbeing Board is required to consider the benefits of having sufficient reasonable choice with regard to obtaining pharmaceutical services and the DH guidance (Department of Health, May 2013) suggests having regard to the following in making that assessment:

**Possible factors to be considered in terms of the benefits of sufficient “choice”**

- What is the current level of access within the locality to NHS pharmaceutical services?
- What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?
- What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?
- What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?
- Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?

What is the HWB's assessment of the overall impact on the locality in the longer-term? In more urban areas such as those in Stockton-on-Tees there are a variety of providers – independent pharmacies and large and small multiples and also 100-hour pharmacies. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. A report published by the OFT in March of 2010 (DotEcon for OFT, 2010), available at: [http://www.of.gov.uk/shared\\_of/reports/Evaluating-OFTs-work/OFT1219.pdf](http://www.of.gov.uk/shared_of/reports/Evaluating-OFTs-work/OFT1219.pdf) also provided useful information to support the notion of patient choice for pharmacy goods and services and the HWB has considered this whilst having regard to patient choice in making this needs assessment.

If a patient was able to access one pharmacy it is possible to assess the proximity in terms of distance of their choice of other providers; this also helps to understand distribution throughout the area. Driving distances, or walking distances where small, between pharmacies are described in section 6.1.1. NHS Choices also provides access to a comprehensive searching facility including maps and distances that is updated as pharmacy information changes. The inclusion of a requirement to maintain the NHS Choices information as part of the Quality Payment is likely to improve the degree to which NHS Choices is up to date.

Virtually all pharmacies in Stockton-on-Tees are no more than 1.5 miles from the nearest alternative pharmacy either within the defined locality or in neighbouring localities within or outside the HWB boundary where closer. When considering choice of services, published information and elements of our own patient experience and engagement also

contends that pharmacy consumers are not mere 'distance-minimisers' but are responsive to other characteristics of provision such as quality of advice and service, or convenience when shopping. Whilst they will often use the nearest pharmacy to home, they will not necessarily gravitate to a new pharmacy that opens within shorter range unless it provides other factors that they also want. This is partly evidenced by the fact that dispensing volumes of new pharmacies take several years to converge to their long-term volume trajectory.

As pharmacies provide an increasing range of services other than dispensing, proximity becomes less important; i.e., sufficient choice for the purposes of non-prescription pharmacy activity, particularly clinical services, is less heavily distance dependent. However, choices can only be made if patients are aware of those choices available to them and our evidence suggests that public information on pharmacy hours, services and location could be improved.

### **7.3. Description of existing pharmaceutical services provided by community pharmacy contractors**

#### **7.3.1. NHS Essential services**

The presence of a community pharmacy automatically defines the availability of the majority provision of all the essential services since all pharmacies included in the Pharmaceutical List of a HWB (including those in Stockton-on-Tees) are required to provide all of the essential services in accordance with their PhS (or LPS) contract. A community pharmacy presence is now almost certain to also indicate the availability of at least one of the advanced services each pharmacy may elect to provide. Enhanced services (or equivalent) will only be available where the local NHS or local authority commissioner has chosen to provide them.

##### **7.3.1.1. NHS Prescriptions**

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. The average number of prescriptions dispensed per month in a community pharmacy is 6565. The number of prescription items dispensed by community pharmacies and appliance contractors in England in 2020-21 was 1.02 billion. This was a slight decrease on the previous year. Prescription volume has increased by more than 50% since 2004-05. 94% of items dispensed by community pharmacies and appliance contractors in England were via the Electronic Prescription Service.

In the practices within Stockton-on-Tees Health and Wellbeing Board area 4,419,289 items were prescribed and dispensed in 2020/21, this was slightly lower than the figure in the previous year. 94.9% of these prescription items were dispensed by a pharmacy within the Stockton-on-Tees Health and Wellbeing board area. There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Stockton-on-Tees nor are they unable to respond to any predicted increase in volume. Pharmacy premises and practice has adapted to the increased volume of work with changes in training and skill mix (including the introduction of accredited checking technicians (ACTs) and latterly the widespread introduction of the electronic prescription service (EPS). In 20/21 96% of prescriptions in Stockton-on-Tees were sent to pharmacies electronically (EPS). Patients can choose which pharmacy they wish their prescription to be sent to – this removes the need for a patient to collect their prescription from their GP surgery. This has increased significantly over the last 3 years from a starting point of 71.9% in 2018/19.

Uptake of the NHS electronic repeat dispensing service has been variable since 2005. The COVID 19 pandemic resulted in an increase in usage of repeat dispensing nationally. Electronic repeat dispensing (eRD) is an integral part of EPS, which offers many extra benefits over paper repeat dispensing and repeat prescribing. eRD allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature. eRD stores all issues of the eRD prescriptions securely on the NHS Spine and automatically downloads them to the patient's nominated community pharmacy at intervals set by the prescriber. It reduces patients need to contact their GP practice. In September 2021 on average in England 13.15% of items dispensed were repeat dispensing items, across the Cumbria and North East area the figure for the same period was 30.33%. Recent efforts to increase this level in the Tees Valley CCG area have seen increases in some areas. However, for 20/21 the proportion for Stockton-on-Tees practices was still only 8.3 %.

As repeat prescribed items are generally considered to account for at least 70% of all items, the scope for improvement in the repeat dispensing figures seems substantial. It should nevertheless be acknowledged that repeat dispensing will work best when patients are carefully selected and proceed as fully informed partners in the process; patients whose prescriptions are liable to frequent change are unsuitable. Prescription use is highest among lower income groups, those with long-term limiting conditions and the elderly. These groups can least manage or afford unnecessary additional trips to manage their prescriptions, but the NHS repeat dispensing service ensures that the patient remains fully in control of the medicines they receive. Those in areas with fewer pharmacies and those with long-term limiting conditions are somewhat more likely than others to rely on a single pharmacy (DotEcon for OFT, 2010). Here again, the NHS repeat dispensing service can contribute towards fostering clinical confidence and a more personal clinical relationship that patients in our patient experience survey also valued.

#### **7.3.1.2. Discharge Medicines Service ( DMS)**

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England and NHS Improvement's (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Activity data has been requested from NHSE&I.

### **7.3.2. NHS Advanced services**

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

#### **7.3.2.1. New Medicines Service**

The New Medicine Service (NMS) was added as a national advanced service in October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. The underlying purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new (to them) medicines for a long-term condition in order to:

- reduce symptoms and complications of the long-term condition
- identify any problems with the management of the condition and/or any need for further information or support.

All pharmacies in Stockton-on-Tees are now recorded (with NHS England) as a provider of this service and this is evidenced by the pharmacy PNA data return.

Community pharmacy contractors are not required to submit their completed NMS summary data to the NHS Business Services Authority (NHSBSA) in 2021/22.

This requirement will be reinstated from Quarter 1 2022/23 (April – June 2022), with contractors submitting their quarterly data in early July 2022.

### **7.3.2.2. Community Pharmacy Seasonal flu vaccination service**

Year on year the number of people who receive their seasonal flu vaccine via a pharmacy is growing.

2.77 million seasonal influenza vaccines were administered by community pharmacies in 2020/21. This was a 60.9% increase from the 1.72 million vaccines administered in 2019/2020 and a 365% increase on the 595 thousand vaccines administered in 2015/16. [General Pharmaceutical Services in England 2015/16 - 2020/21 | NHSBSA](#)

As at 15/11/21 26 pharmacies were offering a flu vaccination service ( NHSE&I local data)

In 20/21 8577 Stockton residents received their flu vaccination in a Stockton-on-Tees pharmacy.

In 21/22 up to January 2022 15389 Stockton residents received their flu vaccination in a Stockton-on-Tees pharmacy.

### **7.3.2.3. Community Pharmacy Consultation Service**

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England and NHS Improvement on the 29 October 2019, to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes.

The first phase of the CPCS offered patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor.

Following a period of successful piloting, the service is being extended (from November 2020) to include referrals for lower acuity conditions from general practice, as well as from NHS 111.

The practice care navigator, or NHS 111 call advisor will make a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment for a range of minor illnesses, or for an urgent supply of a previously prescribed medicine.

As at 26/1/22 39 Pharmacies in Stockton are signed up to provide this service. (Local NHSE&I data set 25/11/21).

### **7.3.2.4. Hypertension Case Finding Service**

The NHS Community Pharmacy Blood Pressure Check Service supports risk identification and prevention of cardiovascular disease (CVD).

This service will:

- identify people over the age of 40 who have previously not been diagnosed with hypertension (high blood pressure), and to refer those with suspected hypertension for appropriate management.
- promote healthy behaviours to service users.
- refer people identified as likely to have high blood pressure to general practice, for ongoing care to manage their blood pressure.

The service was launched 1/10/21.

As at 26/1/22 no pharmacies in Stockton are signed up to provide this service. (NHSE&I data set). In the contractor survey completed in January 2022 4 out of 34 pharmacies who responded said they were signed up and 20 out of 34 indicated that they intended to deliver this service.

#### **7.3.2.5. Community Pharmacy Hepatitis C Service**

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September 2020.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

As at 26/1/22 5 pharmacies in Stockton are signed up to provide this service. (Local NHSE&I data set 15/11/21).

#### **7.3.2.6. Stop Smoking Discharge from Hospital**

Due to be commissioned early 2022

#### **7.3.2.7. Pandemic Delivery Service (currently active until 31/3/22)**

No data available from NHSE&I

#### **7.3.2.8. C-19 Lateral Flow Device Distribution Service**

Currently available from 39 pharmacies in Stockton-on-Tees

#### **7.3.2.9. Appliance Use Review (AUR) or Stoma Appliance Customisation (SAC) Service**

This advanced service was introduced in April 2010. Service provision is more limited as there is not a universal demand. 6 pharmacies in Stockton-on-Tees provide this service.

### **7.3.3. Enhanced services**

These can only be commissioned by NHSE&I.

As at 3/2/22 the following enhanced service is being commissioned.

#### **7.3.3.1. Covid Vaccination Service (in place currently until 31/3/22)**

Around 1500 pharmacies nationally have been commissioned to provide a vaccination site under the terms of an Enhanced service. The service may be provided at a pharmacy or a suitable off-site location. During the course of the pandemic, NHSE&I

have undertaken several rounds of expressions of interest (some coordinated at a national level and some locally), where pharmacy contractors could put their pharmacies forward for designation as a vaccination site.

Pharmacies have played a significant role both locally and nationally in the delivery of the programme across the NHS Tees Valley CCG area 33% of (232243) (CCG data up to 16/1/22) covid vaccines have been administered in community pharmacies.

### **7.3.3.2. Bank Holiday Opening Hours**

NHS England in the North East, currently working to a North East and North Cumbria (NENC) footprint has routinely but intermittently commissioned an enhanced service from community pharmacy contractors in Stockton-on-Tees to ensure suitable pharmacy access / opening hours on special holiday dates. Additional hours are directed on the basis of need for each of the English Bank Holidays and other named days such as Christmas Day and Easter Sunday when all pharmacies are permitted to close their usual 'core' opening hours without penalty. Supplementing any opening hours with directed hours, whilst rotating opening times and areas with a pharmacy open across neighbouring boroughs throughout the (geographically compact) Tees Valley area provides suitable coverage for urgent situations throughout each day. A directed (enhanced) service commissioned as far in advance as possible provides a suitable process for ensuring that pharmaceutical services will be available.

### **7.3.4. Other NHS services – public health and CCGs/ICS.**

Other locally commissioned NHS services from pharmacies impact on the need for NHS pharmaceutical services as enhanced services to be commissioned by NHS England.

Stockton Borough Council commissions some NHS services inherited from the PCT in April 2013 or newly commissioned since then. Currently the council PH team commission 5 services from community pharmacy; Community Pharmacy Stop Smoking Service, Community Pharmacy Stop Smoking Dispensing Only Service, Needle Exchange / Harm Minimisation Service, Supervised Consumption Service and Healthy Start Vitamin Supply Service. Sexual health services are still commissioned on a Tees-wide basis, and three pharmacy-based service specifications still operate Tees-wide under a sub-contracting arrangement with the service provider of Sexual Health Tees (SHT).

NHS Tees Valley CCG commissions two services; Community Pharmacy Specialist Palliative Care Medicines Service and Anti-Virals Supply Service. All the community pharmacy locally contracted services for Stockton-on-Tees are shown in **Table 20**.

Supervised self-administration and emergency hormonal contraception (EHC) are the longest established services having been provided for approaching 20 years. Enhanced/locally commissioned services for stop smoking support have also been provided through pharmacies in the Borough for a considerable period of time. The Healthy Start Vitamins service commenced in April 2014 and was the first to be directly commissioned by LA public health teams.



Service	Commissioner
Supervised Self-Administration	Stockton Borough Council
Community Pharmacy Needle Exchange / Harm Minimisation Service	
Stop Smoking Service (full One Stop)	
Stop Smoking Service (dispensing only)	
Healthy Start Vitamins	
EHC (PGD)	Stockton Borough Council (sub-contracted via the SBC contract with SHT)
Chlamydia testing	
C-Card service	
On demand availability of specialist drugs	NHS Tees Valley CCG
Anti-viral Stock Supply Service	NHS Tees Valley CCG

Table 20 Community pharmacy locally commissioned services in Stockton-on-Tees (1/2/22)

**Table 21** summarises numbers of pharmacies participating in each of these locally commissioned services, by locality in Stockton-on Tees, at 1st September 2017 and the locally commissioned services provided by each pharmacy in each locality in Stockton. The distance-selling pharmacy is excluded from this data.

2017	Locality	All pharmacies	100 hr	Needle Exchange	Stop Smoking	Dispensing Only Stop Smoking	Healthy Start Vitamins	Supervised Self Admin.	Specialist Drugs	EHC	C-Card / Chlamydia Screening ( under 24)	Anti- Viral Stock
S1	Stockton-on- Tees North	24	8	5	8	13	7	14	2	15	15	1
S2	Stockton-on-Tees South	15	0	2	3	7	4	5	2	11	11	1
	<b>Stockton-on-Tees HWB Total</b>	<b>39</b>	<b>8</b>	<b>7</b>	<b>11</b>	<b>20</b>	<b>11</b>	<b>19</b>	<b>4</b>	<b>26</b>	<b>26</b>	<b>2</b>

Table 21. Numbers of pharmacies participating in each locally commissioned service in Stockton-on-Tees at 1st September 2017.

New pharmacies are required to demonstrate acceptable contractual standards and provide all essential services before they are eligible to provide both advanced and NHS England enhanced services. Other locally commissioned services will include their own standards, specification and entry requirements. However, when reviewing services available in a locality, it must not be assumed that if a pharmacy does not offer a particular service, it is because either they have declined to do so or the premises or services do not meet the required standards. Other reasons for non-provision of an enhanced or locally commissioned service include:

- the pharmacy has not been open long enough for the assessment of premises, governance or services provision to have been completed and/or suitable arrangements made for local training or accreditation of pharmacy staff
- recent change of pharmacist manager means that a service has been withdrawn pending re-accreditation or training
- the commissioner has determined not to commission that service in that pharmacy location by virtue of existing adequate choice of provider and service in that locality or service prioritisation on the basis of need or affordability.

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

Locality	Pharmacy	Hours	Smoke Disp	Smoke Full	NEx	Sup.Con	HSV	SPCD	AVS	EHC	C/C
S1	Wynyard Pharmacy	40	x							X	X
S1	Rowlands,Billingham	40	x	x	x	x				X	X
S1	Boots, Queensway	40	x		x	x	x			X	X
S1	The Pharmacy	100				x				x	x
S1	Harry Hill Chemist	40	x	x		x					
S1	Rowlands Billingham	40	x				x			X	X
S1	Tesco Billingham	100									
S1	Davidson Pharmacy	40				x				X	X
S1	Boots, High St Norton	40	x	x		x				X	X
S1	Boots, Norton Medical Centre	40								X	X
S1	Norton Glebe Pharmacy	40				x	x				
S1	Tesco , Stockton	100									
S1	Pharmacy World	40	X	X	X					X	X
S1	Newham Pharmacy	40	X			X	X				
S1	Asda Pharmacy, Portrack Lane	100	X	X		X	X			X	X
S1	Boots,Stockton	40				X	X			X	X
S1	Whitworth Stockton	40	X	X		X					
S1	Pharmacy 365	100	X	X	X	X	X	x	x	X	X
S1	Rowlands , Lawson	40	X								
S1	Rowlands Yarm Lane	40									
S1	Rowlands , Tennant	40	X	X				x		X	X
S1	Synergise Pharmacy,	100			X	X					
S1	Norchem,	100								X	X
S1	Well, Bishopton	100				X				X	X
S2	Boots,Yarm	40				X				X	X
S2	Whitworths, Leven Park	40	X								
S2	Cohens, Yarm	40									
S2	Eaglescliffe Pharmacy	40								x	x
S2	Pharmacy Express, Sunningdale Drive,	40	X							X	X
S2	Hepworth Chemist, Ingelby Barwick	40					X	x		X	X
S2	Kelly Chemist, Ingelby Barwick	40	X	X	X	X					
S2	Boots Thornaby	40	X	X		X				X	X
S2	Pharmacy Exprees Lanehouse Road	40				X					
S2	Asda Pharmacy, Thornaby	40	X	X		X	X			X	X
S2	Boots, Thornaby Health Centre	40			X					x	X
S2	Boots, Teesside Park	40					X	x	x	x	X
S2	Morrisons Pharmacy	40	X							x	X

S2	Lloydspharmacy at Sainsburys	40								X	X
S2	Fairfield Pharmacy	40	X				X			X	x

Table 22 Other Locally Commissioned services in Stockton-on-Tees HWB area)

Key: NEx (Needle Exchange), SupCon (Supervised Consumption), HSV (Healthy Start Vitamin supply, SPCD (Specialist Palliative Care Drugs), AVS (Anti-viral Drugs), EHC (Emergency Hormonal Contraception), C/C (Condom and Chlamydia Test Kit Supply (under 24)).

### 7.3.4.1. Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems. Pharmacies with appropriately trained pharmacists and accredited premises are contracted to provide this service.

As a result of the COVID pandemic there has been a significant change in usage of supervised self-administration. At the time of the first lockdown in March 2020 national guidance was issued that suggested a move wherever possible to a weekly pick up of medication to reduce travel for patients and footfall in pharmacies. This was subject to individual risk assessments. As the pandemic has progressed and measures have eased, we have seen an increase in supervised self-administration but not to the levels seen previously. As at January 2022 243 of the 693 (35%) of clients receiving treatment in Stockton-on-Tees were receiving supervised self-administration of their treatment in a pharmacy in Stockton-on-Tees.

19 pharmacies are contracted to deliver this service across Stockton-on-Tees – most need for this service is seen in S1 Stockton-on-Tees North in the Stockton Town Centre ward. There is also activity in Billingham wards and in the S2 Stockton-on-Tees South locality in the Stainsby Hill ward.

For pharmacies this has resulted in a significant change in income, at present this is being replaced by other covid related activity but the long-term impact of this change both clinically and financially will need to be monitored.

### 7.3.4.2. Needle exchange (Nx)

People who inject drugs (PWID) require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. Pharmacies have often been responsive to requests to take up this enhanced service and a pharmacy needle exchange service is integral to the main harm minimisation service in providing access across the Borough, particularly at times when the fixed provider site is closed. The pharmacy-based service in Stockton-on-Tees is well-established having been operating for around 20 years.

Currently there are 7 pharmacies contracted to provide the service 5 in S1 locality and 2 in S2 locality. Just over 10,000 transactions were completed in those seven active community pharmacy Nx locations in 2020/21. The breakdown of these transactions indicates that 96% of all transactions are in pharmacies within the vicinity of the High Street in Stockton.

The two main providers are open on a Sunday and the distribution of transactions by days of the week shows that the service is utilised 7 days a week at a similar level each day.

#### **7.3.4.3. Healthy Start Vitamins**

*Healthy Start* is a statutory UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes. One element of this scheme is the availability of vitamin supplements for those eligible. Healthy Start supports low-income families in eating healthily, by providing them with vouchers to spend on cow's milk, plain fresh or frozen fruit and vegetables, and infant formula milk. Women and children getting Healthy Start food vouchers also get vitamin coupons to exchange for free Healthy Start vitamins. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children. Pregnant women, women with a child under 12 months and children up to their fourth birthday who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins.

Healthy Start vitamins contain the appropriate amount of recommended vitamins A, C and D for children aged from six months to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women. Arrangements for access to the vitamins were poor at the time of the changes to the NHS architecture in 2013. Uptake of the Healthy Start Vitamins in eligible groups was similarly poor, despite good use of the vouchers for other parts of the scheme.

Locally since 2014 we have commissioned pharmacies to hold stocks of Healthy Start vitamins to supply to those in receipt of Healthy Start vouchers. We are working with 0-19 services to encourage both uptake of the vouchers and the vitamins.

Take up of the Healthy Start scheme is monitored nationally as at 2/1/22 53% of eligible families were claiming the vouchers in Stockton-on-Tees – this compares to 49% nationally and 53.8% across the North East.

Local data for 20/21 in relation to vitamin supplies show low numbers, however this may have been impacted by the pandemic. The scheme is moving from a paper-based system to a digital system from April 2022 we will continue to work with 0-19 services and other relevant agencies to help maximise local take up of

#### **7.3.4.4. Stop smoking service**

The Covid pandemic has significantly altered how smoking cessation services have been delivered over the last 2 years. The specialist service has largely delivered the service remotely issuing prescriptions electronically or arranging for vouchers to be sent to a pharmacy of patient's choice. Community pharmacy provision has been limited to undertaking clinical checks on vouchers issued by non-clinicians and dispensing supplies request via voucher and FP10.

The existing contract arrangements remain in place with eleven pharmacies in Stockton-on-Tees ( 8 in S1 and 3 in S2) directly contracted by the local authority using a service specification for to provide a full one-stop Stop Smoking Service with a tariff-based payment system that has been in operation, with adaptations, since at least 2010. Nine additional pharmacies (5 in S1 and 4 in S2) (making 20 in total) offer only the dispensing voucher-led option to increase access to NRT free (prescription fee equivalent applies) at the point of supply for quit attempts supported in other settings. This gives good access to stop smoking support involving pharmacies across all of the most populated localities in Stockton-on-Tees. The pharmacy service operates successfully with considerable support from the Stop Smoking Specialist 'hub' and a stop smoking advisor supporting the community pharmacies.

The Pharmacy locations for the so-called 'one-stop' pharmacy service which offers a full service from pre-quit, quit and for up to 12 weeks after, were chosen in relation to areas of high smoking prevalence or to provide additional choice and access to the weekly drop-in clinic provision from the specialist stop-smoking services provider (SSSS). This service pathway involves clients being recruited in the pharmacy or referred by contact with the specialist service on the basis of preferred location for support with their quit attempt. Pharmacy services are available seven days a week in 3 of these pharmacies. Currently, pharmacies are only able to offer NRT as pharmacological support, however a PGD for varenicline is a consideration for the future.

Historically community pharmacy in Stockton-on-Tees had approximately 19% of the 'market share' of QDS for the Borough and achieved quit dates in line with the national average quit date.

The specialist service is very effective and commissioners are happy with the current number and location of the fourteen, long-established 'one stop' providers together with the other four pharmacies providing the dispensing-only option. The specialist service is currently working with the pharmacies to remobilise the pre covid operating model.

#### **7.3.4.5. Emergency Hormonal Contraception (EHC)**

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

SHT reports that 26 of the 39 pharmacies in Stockton-on-Tees are currently providing this service and sub-contracted to provide this service (under a Patient Group Direction) to women and girls aged 13 years and over.

Activity data provided by the SHT identifies that in 20/21 1303 supplies of EHC were made through Stockton-on-Tees pharmacies this is less than that reported in previous PNA 2018 (2360). Covid has impacted on how sexual health services have been delivered with a telephone/online single point of access - this may have resulted in changes to how patients' needs have been managed.

#### **7.3.4.6. Chlamydia screening / Condom Supply**

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

As reported above, this testing programme is managed across the Tees area by Sexual Health Teesside (SHT) on behalf of the four local authorities and they report that 26 pharmacies are currently providing this service across Stockton-on-Tees

All patients who access a pharmacy for EHC are assessed for their requirements and eligibility for chlamydia testing and condom supply.

#### **7.3.4.7. 'On demand availability of specialist medicines' (including End of Life care)**

Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less, unless there is a national problem with medicines supply beyond the control of community pharmacy. This is usually adequate to supply the medicine with 'reasonable promptness' in normal hours, a requirement of the PhS contract specification.

At the end of life, a patient's condition may deteriorate rapidly and demands for medicines change in a way which is less easily planned. Modern pathways for care at the end of life should reduce the requirement for unplanned, urgent access to those medicines frequently used at this time. However, not all eventualities can be planned for, and a similar urgent need may exist for patients requiring antibiotic prophylaxis as contacts of others with meningitis or tuberculosis for example.

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service is currently commissioned by NHS Tees Valley CCG Four pharmacies are currently providing this service, two in S1: Stockton-on-Tees (1 x 100 hours per week) and two in S2: Stockton-on-Tees South (neither 100 hour)

#### **7.3.4.8. Anti-Viral Stock Supply Service**

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service is currently commissioned by NHS Tees Valley CCG Two pharmacies are currently providing this service, one in S1: Stockton-on-Tees (1 x100 hours per week) and one in S2; Stockton-on-Tees South

#### **7.3.5. Non-NHS services**

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organizations. For example, the sale of medicines over the counter is a private service (being fully paid for by the consumer) even though the advice that is provided alongside that sale is an NHS activity (e.g., the nationally contracted essential services 'Self Care' or 'Healthy Lifestyle' advice).

Some of these services are offered free to the patient or organization (e.g. medicines delivery) or at a small charge (e.g., blood pressure measurement, cholesterol testing, and hair loss treatments). Many individuals, both patients and professionals, are not aware that the prescription collection and/or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS**.

The availability of the majority of such non-NHS services is largely beyond the scope of this PNA other than to acknowledge that they exist and to similarly acknowledge the impact that the 'free' availability of such services might have on the demand, or need, for similar such services to be provided by NHS or other local commissioners at this point in time. However, it should also be acknowledged that if the provision of some of these non-NHS services changed substantially or were removed from the 'marketplace' all together, then this might create a gap in the provision of such pharmaceutical services, which may need to be considered by the NHS and/or social care.

As these services are not contractual there is no collated local assessment or evaluation of their supply or demand. The PNA pharmacy contractor survey of 2022 (34 replies) showed that 29/34 pharmacies who completed the survey offered a delivery service (5/29 pharmacies charge for service some restrict to elderly / housebound).

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

### **7.3.6. Pharmaceutical services provided to the population of Stockton-on-Tees from or in neighbouring HWB areas (cross boundary activity)**

The population of Stockton-on-Tees may travel outside of the HWB area for pharmaceutical services if they wish. Examples of how this might arise include:

- persons may travel in connection with their occupation, or place of work
- nearest pharmacy for very few residents of some areas of Stockton-on-Tees is in another HWB area
- non-pharmaceutical retail-driven movement (e.g. visiting a supermarket or out of town shopping facility)
- a need to access pharmacy services at times of the most limited service provision – for example late evenings, on Sundays or on Bank holidays (or equivalent) days
- choice to access pharmaceutical services elsewhere for any other reason.

As previously described in section 5, the Stockton-on-Tees borough is bordered to the north by the Borough of Hartlepool, to the northwest by County Durham and to the east by both Middlesbrough and Redcar and Cleveland HWB areas. To the west the Borough is bordered by Darlington and to the south by the North Yorkshire HWB area. The location of Stockton-on-Tees in relation to these neighbouring HWB area suggests that there may be opportunity for patients to travel either to or from neighbouring Boroughs within the Tees Valley area, or more widely into other areas, in order to access pharmaceutical services. However, the proximity of pharmacies in the Stockton-on-Tees borough to each other, and the existing transport links, suggests that residents of Stockton-on-Tees, and the associated reliant population, are most likely to access pharmaceutical services locally. This is confirmed with prescription analysis in the following section.

Considering each of these in turn:

- a. there are 4 community pharmacies located in the Borough of Hartlepool within 5 miles of the northern boundary of Stockton Borough. It is not considered that there is a great deal of cross-boundary activity here as these are less densely populated areas
- b. there are 10 community pharmacies within 2 miles of the eastern boundary of Stockton Borough located in the Middlesbrough HWB area. Proximity suggests that some cross-boundary activity may occur here; for example, patients travel into Stockton-on-Tees and use the two pharmacies at Teesside Retail Park, particularly at evenings and weekends in connection with their other retailing activity
- c. there are 3 community pharmacies within 6 miles of the north west boundary and 5 community pharmacies within 6 miles of the west boundary of the Stockton-on-Tees HWB area into the County Durham or Darlington HWB areas. Some of the rural population of S2: Stockton Parishes could elect to travel into County Durham

or Darlington instead of into other localities of the Stockton-on-Tees HWB area in order to access an alternative to the GP dispensing service or the full range of pharmaceutical services available from the one pharmacy in this locality, particularly on evenings or weekends

- d. there are no community pharmacies within 6 miles of the southern boundary of Stockton-on-Tees into North Yorkshire. It is unlikely that cross boundary activity takes place here.

Cross boundary activity data for dispensing of NHS prescriptions in Stockton-on-Tees in 2020/21 showed that around 4% of prescriptions from Stockton-on-Tees were dispensed outside the PCT area, which has decreased slightly since previous PNA in 2018. Some of this small proportion may include internet pharmacies, and those dispensed by appliance contractors. It is not considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Stockton-on-Tees, this level is more likely to represent choice or convenience and may even demonstrate some wholesale out of area transactions such as for nursing home patients.

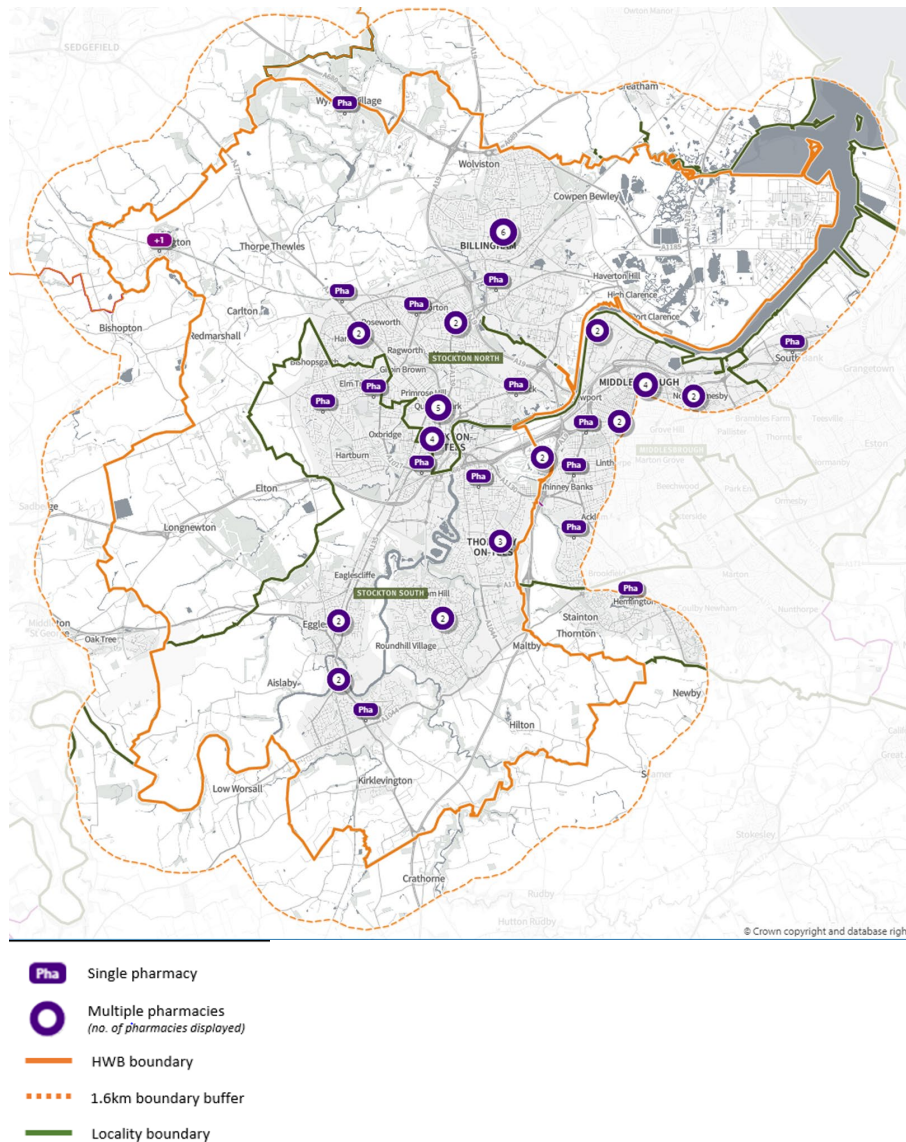


Figure 25 Pharmacies in Stockton-on-Tees HWB area and those in neighbouring HWB within 1 mile of HWB boundary ( SHAPE)



#### **7.4. Description of existing services delivered by pharmaceutical or other providers other than community pharmacy contractors**

As previously stated, 'pharmaceutical' services are also experienced by the population of the Stockton-on-Tees HWB area (and also in the wider Tees Valley) by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Services are currently provided in connection with:

- secondary care provision
- mental health provision
- prison services (Stockton-on-Tees) and also via
- CCG directly provided or CCG commissioned pharmaceutical services and
- PCN Clinical Pharmacists – pharmacists and pharmacy technicians are two of a number of staff groups that the PCN's are being funded to employ under the additional Roles Reimbursement Scheme. They are funded to provide a number of services to support medicines use in GP Practices including medication review, care home reviews and improved use of medicines in a number of clinical areas
- Local authority commissioned services (e.g., for public health)

The majority of these services will not come under the definition of 'pharmaceutical services' as applies to the PNA. However, some of the pharmaceutical services required by community hospitals, mental health units and other community services could be, and sometimes are, commissioned under specific service level agreements with providers on the pharmaceutical list. This element of pharmaceutical service provision is more intangible, but examples that may be of significance have been included here.

There are three NHS Foundation Trust providers of secondary and community services within the Tees Valley. The University Hospital of North Tees is situated in the Stockton-on-Tees HWB area. Each trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and sometimes some community services. Pharmaceutical services for in-patients are also commissioned for the prison located in the Stockton-on-Tees HWB area.

The local mental health trust (Tees, Esk and Wear Valley) similarly provides pharmaceutical services in connection with the range of in-patient and out-patient services it delivers.

The NHS, local authorities, private and voluntary sector and social enterprises also provide a range of community health services. It is important that healthcare professionals delivering these services have access to professional support from pharmacists with specialist community health services expertise. This includes:

- services generally provided outside GP practices and secondary care by community nurses, allied health professionals, care homes and home carers, psychological therapists and healthcare scientists for example, working from/in community hospitals, community clinics and other healthcare sites
- services that reach across the area population, such as district nursing, school health, childhood immunisation, podiatry and sexual health services
- services that help people back into their own homes from hospital, support carers and prevent unnecessary admissions, such as intermediate care, respite, rehabilitation, admission avoidance schemes, end of life care etc., for care groups such as older people and those with a learning disability

- specialist services and practitioners, such as community dental services, tissue viability specialist nurses and services that interface with social care.

As part of medicines management, prescribing support to primary care was a core activity of NHS Tees Valley CCG. Examples of medicines management and prescribing support include:

- regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- medicines management in domiciliary and care home settings
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- strategic advice and operational activity to support the controlled drugs and patient safety agendas and
- strategic input into the development of community pharmacy, including the PNA itself.

Some of these services are retained in the medicines optimization function commissioned by local CCGs, some have transferred to NHS England and others are now the responsibility of local authorities.

Specific examples of services currently delivered to the reliant population of the Stockton-on-Tees HWB area, by a provider other than a community pharmacy, dispensing doctor or appliance contractor that **could** be commissioned and thereby delivered by a provider on the Pharmaceutical List, include:

- a pharmaceutical pre-admission assessment service or post-discharge reconciliation service
- INR monitoring and dose adjustment in anticoagulation
- dispensing services for mental health patients on weekend leave
- independent prescribing services for drug users, or stop smoking clients or diabetes patients etc.
- diabetes interventions to support better control
- extended sexual health services such as Chlamydia treatment
- services such as strategic work with social care in local authorities, advice to care homes, pharmaceutical advice to intermediate care, full medication reviews, sessional medicines management advice to prescribers

This list is not intended to be complete. Many of these services are 'necessary services' but as gaps in service provision (from alternative providers, or from community pharmacy) have not been highlighted, there is no commissioning priority for community pharmacy providers to deliver at this time. However, as transformation of health and social care pathways continues, there may be opportunities for new pharmaceutical services to deliver improvement or better access to pharmaceutical care as we find solutions which manage medicines, or long-term conditions reliant upon them, better.

Additionally, the PNA has already highlighted situations where pharmacy [enhanced] services are provided in a mixed-provider model alongside other providers (e.g. needle

exchange, EHC, CVD screening, Stop smoking). These are necessary services, potentially a pharmaceutical service in terms of the PNA but could be provided more or less by either community pharmacies or the alternative providers at any time depending on commissioners' preference and their view on the needs of the population at that time. It is the overall population need and the overall balance of provision that determines whether or not there is a gap in pharmaceutical service provision.

## 7.5. Results of patient survey; feedback related to existing provision

### 7.5.1. Overview

Blank copies of the surveys are included at **Appendix 4**. This year we had 3 versions of the survey: a short version, a more detailed longer version and a short survey specifically targeting young people. There were 92 responses to one of the surveys, all completed on-line.

The number of responses is similar to those seen in previous surveys So whilst it is acknowledged that 92 is disappointingly small for the effort made in contact and distribution, it is of the order of what was achieved before.

### 7.5.2. Detailed analysis of results

Most respondents (94%) indicated that they were current or had used a Stockton-on-Tees pharmacy in the last 3 years. 76% reported that there are pharmacies that they could get to by walking for less than 15 minutes, with a slightly higher proportion (78%) describing being able to get to a pharmacy by bus.

60% of respondents always use the same pharmacy and a further 25% always use the same one or two pharmacies. The remaining 15% of respondents use whichever pharmacy is convenient at the time.

Opportunities for public health interventions may be even more significant when considered with the information that around 70% of the people who responded to the longer version of the patient survey visit a pharmacy in person once a month.

In the longer patient survey in response to the question “**What do you usually visit a pharmacy for?**” for which multiple options could be chosen, **Table 23** shows that 97% of the individuals usually visit to get a prescription dispensed. The second most common reason for visiting was to receive a vaccination. 20% also visited a pharmacy to buy a medicine following advice to do so by GP or e.g. 111.

Answer Options	A prescription	Advice	To buy a medicine that GP or 111 advised	For a vaccination	Something else
	97%	23%	20%	30%	3%

Table 23. Showing responses to “What do you usually go to the pharmacy for?”

In the long version of the patient survey, it is good to note that 90% of those residents who replied (27) reported that it was extremely easy or quite easy for them to visit a pharmacy when they needed to. These proportions are very similar to those reported in 2018. That is not to ignore the 3 individuals who found it quite difficult or extremely difficult. These are very small, but reasons were related to their disability, their working hours or transport problems. It is pleasing to note that no-one found it difficult to visit a pharmacy because they don't know where they are.

This correlates well with a study published by University of Durham (Todd, 2014), which found that overall, 89% of the population of England was found to have access to a community pharmacy within a 20-minute walk; in urban areas like much of Stockton-on-Tees this increased to 98%. Perhaps even more important was that access in areas of highest deprivation was even greater with almost 100 per cent of households living within walking distance. It is the authors' claim that this makes pharmacies ideally placed to play a vital role in tackling major public health concerns such as obesity and smoking. These findings show that the often-quoted inverse care law, where good medical care is most available to those who need it least, does not apply to pharmacies.

In response to the question **'How would you rate the pharmacy or pharmacies that you have used or usually use?'** 86% of the Stockton-on-Tees respondents rated their pharmacy as very good (48%) or good (38%), around 7% were less satisfied.

When asked:

**'There are 40 pharmacies in Stockton-on-Tees, 8 of which are open 100 hours / week. Overall do you think that.....'**

**20 % of respondents agreed with the statement 'there are more than enough pharmacies'**

**57% of respondents agreed with the statement 'the number of pharmacies is about right'.**

**18% did not know or did not have a view**

**6% of respondents agreed with the statement 'there are not enough pharmacies'.**

82% of respondents to the long and short survey indicated that they were happy with current opening times and the second most frequently recorded comment (81%) was that they could 'usually find a pharmacy that is open when they need to'. 71% reported that knew a pharmacy that was open on a Saturday and 50% a pharmacy open on a Sunday.

In terms of other services respondents were using pharmacies for the most commonly used services reported by respondents to the long and short patient survey was getting rid of unwanted medicines (58%), Information or advice (47%), Flu Vaccination (44%), COVID vaccination (44%) and Covid 19 Lateral Flow Test Kit supply (26%).

There were only 2 respondents to the survey targeting young people, historically we have struggled to engage and get the views of this group. Of the 2 who had responded they reported that they would use a pharmacy they had used before and found it quite easy to visit a pharmacy.

### **7.5.3. Patient survey summary**

- The majority of respondents rated the pharmacies in their area as good or very good.
- Most people felt the number of pharmacies was more than enough or about right for Stockton-on-Tees.
- The majority of respondents were happy with the current opening times of pharmacies in Stockton-on-Tees and could usually find a pharmacy open when they needed one

- After prescription dispensing services, respondents mostly used safe disposal of medicines, information and advice and Covid and Flu vaccinations offered by pharmacies.
- It is important to note that one fifth of respondents in the longer versions of the patient survey had been directed by either their GP or another NHS service e.g. 111 to visit a pharmacy to purchase a medicine for self-care
- We have continued to see a poor response to the survey from young people

#### **7.5.4. Other patient experience information: NHS Community Pharmacy Patient Questionnaire (CPPQ) and NHS Complaints**

NHS England record centrally patient reports to the Patient Advice and Liaison Service and formal complaints. This data has not been accessed as the format of the return is likely to be sufficiently poor to be of little value.

The return and evaluation of CPPQ and annual Complaints Reports from community pharmacy could be improved at a national level to make best use of the information that could be available to support evaluation of pharmacy services.

#### **7.6. Results of stakeholder surveys**

12 stakeholder responses were received. 92% were completed as a representative or on behalf of their organization. 1 person responded as an individual whose role involves using pharmaceutical services. 8 different types of organization responded, 67% of those who responded work with community pharmacies.

In response to the question:

**‘There are 40 pharmacies in Stockton-on-Tees, 8 of which are open 100 hours / week. Overall do you think that.....?’**

73% of respondents thought that number was about right or more than enough, 27% don't know or don't have a view therefore no respondents thought it was not enough.

3 respondents said they thought there was an area or locality in Stockton-on-Tees where a new pharmacy might be needed or could offer benefit;

- Hartburn due to its ‘elderly population and poor public transport’
- Port Clarence – ‘as people we work with need to travel to Billingham for medication’
- Stillington – ‘in particular it would benefit from a delivery service’

2 respondents suggested additional services would be of benefit from existing pharmacies in the following locations:

- Able to dispense hospital prescriptions to prevent delayed discharges when hospital pharmacy not open
- Increased access to naloxone, BBV testing and Hepatitis B vaccination via pharmacies

91% of respondents rated the community pharmacy service available in Stockton-on-Tees as either very good or good.

75% of respondents felt that community pharmacy providers could better contribute to the health and wellbeing needs of the local population. Areas suggested for this contribution

included: more input prevent agenda, medication review, support following hospital discharge and support to help manage medicines in patients' homes.

### **7.6.1. Current providers views on current provision**

The responses from the contractor survey highlighted that pharmacies remain willing to take on a range of additional services should they be required. This has been highlighted by their willingness to take on a number of new services in response to the Covid pandemic e.g delivery service, lateral flow test kit distribution and covid vaccination.

Contractors were asked if they have capacity to meet additional further demand. 29 out of 34 respondents indicated they would have capacity to meet additional demand with or without some adjustments. 5 out of 34 indicated that it would be difficult for their business to respond to any further increase in demand for services.

### **7.6.2. Consultation Response**

## 8. Local Health and Wellbeing Strategy and Future Developments

The health status of the people in Stockton-on-Tees, some of which live in the most deprived local authority wards in the country, provides ample evidence of the need for investment in healthcare services of the highest quality and sufficient quantity in order to improve health of the local population. Historically the local area has been highly dependent on heavy industry for employment, and this has left a legacy of industrial illness and long-term illness. This coupled with a more recent history of high unemployment as the traditional industries have retracted, has led to significant levels of health deprivation and inequalities that rank amongst the highest in the country. The Tees Valley faces new challenges around the major causes of death and the gap in life expectancy, with statistics worse than England average around obesity, smoking and binge drinking.

### 8.1. Strategic Themes and Commissioning Intentions

The JSNA identifies strategic themes and commissioning intentions towards meeting the identified health and wellbeing needs of Stockton-on-Tees and a range of existing plans are already in place.

The Joint Health and Wellbeing Strategy for Stockton identifies key priorities and shows approaches that will be taken over a five-year period to improve health and reduce health inequalities. The Joint Health and Wellbeing Strategy for 2019-23 has the following priorities:

- All children and families get the best start in life
- All people in Stockton-on-Tees live well and live longer
- All people in Stockton-on-Tees live in healthy places and sustainable communities

[health-and-wellbeing-strategy-2019-2023-hlc0893.pdf \(stockton.gov.uk\)](https://www.stockton.gov.uk/health-and-wellbeing-strategy-2019-2023-hlc0893.pdf) )

Strong partnerships exist across organisations and sectors in Stockton Borough – a significant benefit in addressing the area's health and wellbeing challenges and inequalities. Pharmacies play an important role in the system to address these health and wellbeing issues and inherent inequality. The HWB Strategy is due for update in 2023.

### 8.2. Future developments of relevance

In seeking to identify known future needs for pharmaceutical services, DH guidance suggests having regard to examples such as:

- known firm plans for the development/expansion of new centres of population i.e. housing estates, or for other changes in the pattern of population
- known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies
- known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area
- known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments
- plans for the development of NHS services
- plans for changing the commissioning of public health services by community pharmacists

- introduction of special services commissioned by clinical commissioning groups or ICS
- new strategy by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors.

As the PNA will be fully reviewed and published within a 3-year timeframe, ‘firm plans’ within this context will be taken to be those which are likely to be achieved within this timeframe or slightly sooner. This is also sensible as any identified pharmaceutical needs could only be addressed by an application likely to be able to open within the timeframe of the application process (18 months to two years from commencing the application).

### 8.2.1. Housing development and changes in social traffic

The Stockton-on-Tees Local Plan sets out a housing requirement for the number of homes required in the Borough between 2017 and 2032, which is summarised in **Figure 26** below.

Period	Annual Requirement	Total in Period
2017/18 to 2021/22	720	3,600
2022/23 to 2026/27	655	3,275
2027/28 to 2031/32	655	3,275
<b>Total (2017 – 2032)</b>	-	10,150

Figure 26 – Local Plan Housing Requirement by five-year period

The Local Plan identifies a number of site allocations which, along with existing planning permissions, meet this housing requirement. The main site allocations identified in the Local Plan are:

- West Stockton: A residential development made up of multiple sites which together will create a sustainable urban extension to Stockton totaling at least 2,500 homes. Figure 28 shows an image from the West Stockton Masterplan.
- Wynyard: Extension of Wynyard Village (500 homes) along with development at Wynyard Park (1,100 homes) to create a sustainable settlement. In addition, developments in Hartlepool Borough will further extend both Wynyard Village and Wynyard Park. Figure 29 shows an image from the Wynyard Masterplan, including sites within Hartlepool Borough.

The Local Plan was supported by a housing trajectory which provided an indication of how housing supply would be delivered over the life of the Local Plan. This is updated annually to understand the housing supply position over the following five-year period.

The previous Pharmaceutical Needs Assessment identified a number of developments that would take place over the period 2017/18 to 2021/22. As figures for the 2021/22 period are not available it is not possible to give a definitive comparison against previous expectations. However, housing delivery on these sites up to April 2021 was generally in accordance with what was expected in the previous report.

The most recent housing supply assessment covers the period 1st April 2021 to 31st March 2026. **Figure 27** below provides a summary of gross housing delivery in the Borough. In addition to the housing delivery in this table there are a further 100+ homes granted on small sites.



Location	Projected Delivery 2021-26	Key Sites
Billingham	18	
Eaglescliffe	333	Allens West and Hunters Rest Farm
Ingleby Barwick	547	The Rings and Little Maltby Farm
Rural	349	St Martin's Way and South of Kirklevington
Stockton	207	Blakeston School and Junction Rd
West Stockton	853	Multiple Sites
Thornaby	55	Anson and Hudson House
Wynyard	665	Wynyard Village and Wynyard Park
Yarm	341	Tall Trees and South of Green Lane
Core Area / Regenerated River Corridor	402	Victoria, Navigation Way, North Shore and Grangefield / Millfield Works.
<b>Grand Total</b>	<b>3,770</b>	

Figure 27 – Housing Supply on Sites of 6 dwellings or more

There are limited demolitions planned across the Borough, with the only substantial demolitions the already vacated Anson House and Hudson House in Thornaby, totaling 184 dwellings.

Figure 28 West Stockton Masterplan

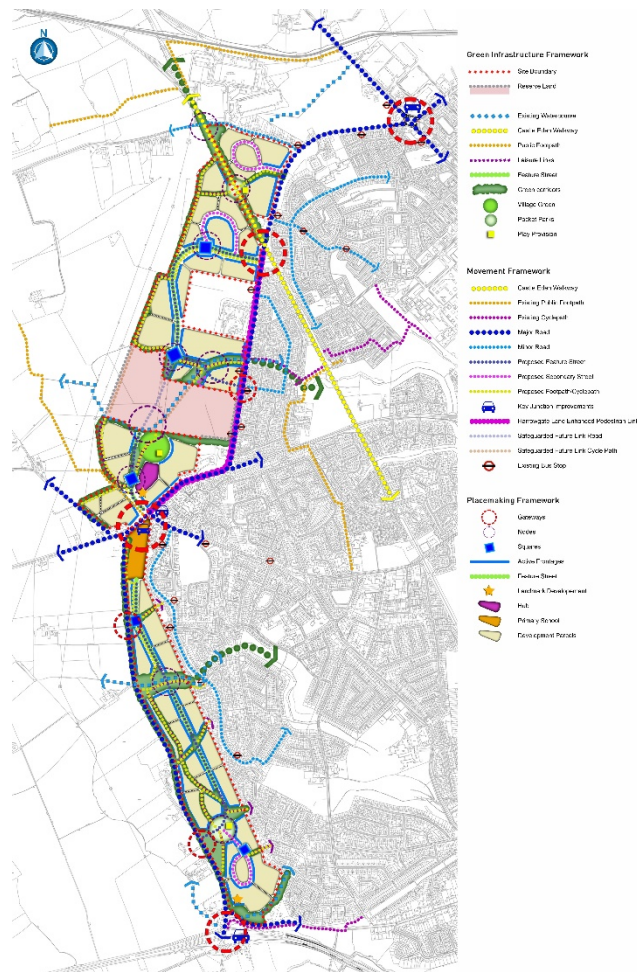


Figure 29 Wynyard Masterplan



### 8.2.2. Health care and GP practice estate

We are not aware of any other developments of note in relation to healthcare estate and have not been advised of any firm plans for changes in the overall number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area at this stage.

## 9. Pharmaceutical Needs

It is the purpose of the pharmaceutical needs assessment to systematically describe the pharmaceutical needs of the population of Stockton-on-Tees HWB area, and any specific requirements in the four localities. This section will describe the scope of pharmaceutical needs identified from a consideration of local health needs and local health strategy including future developments and the results of the recent patient, professional and stakeholder engagement.

### 9.1. Fundamental pharmaceutical needs

The population of Stockton-on-Tees will have some pharmaceutical needs that are consistent with the needs of the general public and health consumers throughout England.

Whilst community pharmacies are increasingly providing NHS services above and beyond dispensing, we must not forget the important role that they play in providing a safe and secure medicines supply chain. Conversely, we must ensure that commissioners of primary care services understand that the supply function is just one of the fundamental pharmaceutical services that are required.

It is considered that these fundamental pharmaceutical needs have been determined by the Department of Health for England and the services required to meet them incorporated into the essential services of the NHS pharmaceutical services contract. These fundamental pharmaceutical needs therefore include:

- dispensing of prescriptions
- dispensing of repeat prescriptions
- disposal of unwanted medicines returned to the pharmacy.
- promotion of healthy lifestyles
- signposting people who require advice, treatment or support that the pharmacy cannot provide, to another provider of health or social care services, where the pharmacy has that information
- support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- discharge medicines service

The requirement to have pharmaceutical services available to meet these fundamental needs of the people of Stockton-on-Tees is therefore without question, the more subjective part of the determination is related to the access to that provision. What constitutes reasonable access to (including choice within the context of the Regulations) these fundamental services as a minimum, and to any other pharmaceutical services provision considered necessary to meet the pharmaceutical needs for the population? Does fundamental pharmaceutical need extend to the availability of those services on every street corner and 24 hours a day?

An assessment of access to any pharmaceutical service will require consideration of the number of pharmacies offering that service, their location, the hours that they are open and the personal circumstances of the individuals, or groups, that make up the population served by that pharmacy i.e. transport, income, mobility or disability, morbidity/poor health, mental capacity, language barriers, time, and knowledge of service availability. As the Regulations also require the PNA to have regard to choice, the choice of provider as well as the choice of services should be taken into account.

The Assessment reported in Section 1 will have regard to choice, reflecting on the possible factors to be considered in terms of "sufficient choice" as follows:

- What is the current level of access within the locality to NHS pharmaceutical services?
- What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?
- What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?
- What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?
- Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?
- What is the HWB's assessment of the overall impact on the locality in the longer-term?

## 9.2. Pharmaceutical needs particular to Stockton-on-Tees

How do the identified inequalities in health in Stockton-on-Tees impact on pharmaceutical needs?

**Long-term conditions:** people who manage their own health, wellbeing and care have both a better experience of care and a reduced demand for high-intensity acute services (NHS England, 2016). People with poorer health and more long-term conditions are likely to have to take more medicines. They might have to start taking them earlier in their lives. They may need support to manage their medicines properly and to ensure they understand and engage with their medicines taking (compliance/concordance).

Many people have low levels of knowledge, skills and confidence to manage their health and wellbeing and most patients benefit from understanding more about their illness in relation to their medicines. Good pharmaceutical advice and support can help them become their own 'expert' and encourage them to be a positive and assertive partner in the management of their own health and the medicines-related aspects of it. Patients will better self-manage with improved information and advice **supporting health literacy**.

Any health need, ailment, or condition that involves the use of a pharmacy only (P) or prescription only (POM) medicine will require contact with a community pharmacy (or dispensing doctor in certain rural areas) to fulfil the supply function. Repeat prescribed medication (at least 80% of all prescriptions) does not require contact with a nursing or medical health professional at every issue. However, regular contact with a pharmacy provider (and in long-term conditions this is often the same provider) cannot be avoided unless that patient chooses not to have the prescription dispensed. The **NHS repeat dispensing service**<sup>4</sup> can increase health contacts via a pharmacy and help to better monitor a patient's medicine-taking. A similar benefit of repeated contact for pharmaceutical care has operated for many years via installment dispensing for patients receiving substitute medicines for substance misuse.

There is an ideal opportunity to 'piggy-back' selected interventions on these frequent health contacts. With long-term conditions routine feedback from and to the patient about their medicines use, that may be shared (with consent) with a prescriber who recognises the value of that feedback, and has processes to respond to it, is likely to improve the overall management of that patient's condition and potentially **reduce unnecessary hospital admission**.

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<sup>4</sup> This is because pharmacy is required to complete a series of checks with the patient before each (often monthly) supply is made to the patient.

In most long-term conditions, there are significant medicines-related pharmaceutical needs, over and above supply. Evidence supports the value of structured interventions, pharmaceutical advice and information to **support the correct use of medication** to treat conditions such as hypertension, asthma, cardiovascular disease and diabetes. This begins with basic interventions fundamental to dispensing at the point of completion of that standard process and transfer of the medicines to the patient; often known as 'patient counselling'. This aspect should not be lost just because there is a higher-level intervention also available in the form of an NMS. In Stockton-on-Tees, the sheer numbers of patients to be supported in their condition mean that there is a pharmaceutical need to provide choice and enhanced support from the wider primary care team outside of general practice.

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

There are examples of valuable patient-facing services already provided by the existing CCG commissioned medicines management services and additional pharmacists employed via Primary Care Networks through the Additional Roles Reimbursement Scheme, for example:

- full patient medication reviews after referrals from practices, care homes and other teams, for example district nurses, learning disability team
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- medicines management in domiciliary and care home settings.

With both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with secondary care pharmacist colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes. The discharge medicine service is provided by all pharmacies as an essential service and will help ensure medicines are reviewed post discharge and any required changes actioned

To **promote health and wellbeing**, the people of Stockton-on-Tees may need more support to understand the choices they have, and make, and the impact on their short and long-term health. It may be difficult to make better choices in the absence of knowledge but also if the future is bleak - much wider improvement in opportunity is of course already recognized that is beyond the scope of pharmaceutical services. However, pharmaceutical services can play a valuable role in providing additional opportunities for lifestyle interventions including signposting to services and support available outside the NHS system provided, adequate information and skills training is provided as an enabler.

For Stockton-on-Tees, the population still need most help to stop smoking, lose weight and improve dietary choices, reduce alcohol consumption and substance misuse and reduce sexual activity that risks pregnancy and sexually transmitted infections. Uptake of **screening services** and early awareness of cancer could be improved with high quality and targeted support in a wider range of areas. As well as support directly provided in pharmacies people may need pro-active (as well as reactive) **signposting into other services**, such as drug/alcohol treatment or sexual health services, or those wider services that may be available to them. They may need innovative as well as traditional public health campaigns based on the principles of social marketing to improve engagement with **self-help or self-**

**care** activity. The recent introduction of the community pharmacy advanced services; hepatitis C service, hypertension case finding service and the soon to be introduced stop smoking service on discharge from hospital will support this agenda

In areas where there are more children there will be a greater demand for childhood medicines both on prescription (POMs) and from pharmacy or other sources (P/General sales list (GSL)). Parents with poor educational attainment may need more support to understand how they can best support the self-care of their children. This may include public **health protection advice** and support to encourage them to complete their childhood immunization programme. Low income may impact on their access to medicines without having to obtain a prescription. The Healthy Start Vitamins service will increase accessibility for these products in pregnancy and early years.

The effects of high deprivation in a significant proportion of the wards in S1 locality and within some wards within S2 locality will impact on the pharmaceutical needs of children and young people. Poorer choices with regard to the determinants of ill-health (poorer diet, parental smoking (including in pregnancy), and risk-taking behavior) will also affect child health. Brief interventions during contacts with a pharmacy, (such as the free supply of Healthy Start Vitamins or support for self-care of **children's low acuity conditions**) may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed and family management of diet and exercise to address childhood obesity. Promotion of better oral health would also be of value where the dental caries rates in children are high.

There may be a need for more support to keep children safe and a greater awareness amongst pharmacy professionals on the appropriate action to take in the best interests of children and young people. Actions to promote **medicines safety** may be particularly important in areas where there is low adult literacy to ensure adequate understanding of the need to keep medicines out of reach of children (especially methadone etc.), to use them properly and to be able to give correct doses.

Ill-health and self-care for older people generate pharmaceutical needs related to the increased numbers of medicines that are often involved, and the increased number of people that are involved in managing them. The idea that it is a pharmaceutical necessity for all older people to have their original bottles or boxes of medicines removed and replaced with a 'dosette box' or compliance aid should be challenged at a strategic level. Routine use without good cause or requirement under the Equality Act (formerly Disability Discrimination Act (DDA)) should be discouraged. Greater understanding, at all levels, of the Act and how it applies to these pharmaceutical needs, goods and services would be very helpful.

Commissioners and providers of pharmacy services need to consider the impact of the identified low levels of adult literacy and numeracy on day-to-day pharmaceutical needs. Do we take enough care to ensure that people can understand their medicines? Can they calculate the time schedule for '4 times a day?' Can they read the labels on the bottles? Or do they just remember? Do they get the right information from Patient Information Leaflets supplied with medicines or other written advice? Do they understand the terms we use like 'relative risk?'

Uptake of screening services could be improved with high quality and targeted support in a wider range of areas.

There is a pharmaceutical need for patient access to EHC and chlamydia screening and condom supply (latter 2 accessible to under 25's). This clinical service is now well established in community pharmacy and is well used. Contractual issues should not impact on the ability of pharmacy to offer the best advice and support for services i.e., timely re-stocking of

chlamydia test kits in pharmacy is an important commissioner-led responsibility. Age eligibility for some services may restrict use and testing rates might improve via pharmacies if there was a treatment option to return to that same pharmacy, where a relationship has been established, after a positive test.

Once more, to meet a fundamental pharmaceutical need for a medicine to be supplied, pharmacy is a safe and secure supplier of medicines. This treatment may already be provided by a private over the counter (OTC) sale in certain circumstances - a PGD would broaden the inclusion criteria and an enhanced service would facilitate supply to patients who do not have to pay for their prescriptions without the inconvenience to the patient and NHS expense of a second professional consultation to obtain a prescription. Young people's needs for wider **sexual health support** services such as free pregnancy testing, counselling and contraception advice could also be provided through pharmacies as a stand-alone pharmaceutical enhanced service.

There are a range of pharmaceutical needs in relation to the support and management of patients with mental health problems including those related to dementia, dual diagnosis, harm minimization and substance misuse. Supervision and compliance support can be extended to mental health issues other than addiction and opportunities for early identification (mental health first aid) and signposting into talking therapies, or even provision, could be explored.

As well as the needs for routine **safe and secure supply of medicines** to support drug treatment, often in line with controlled drugs legislation, the need for supervised self-administration is now common-place and almost routine. This client-group also has further pharmaceutical needs related to the management of blood-borne viruses, including provision of safer injecting equipment, good quality information and screening services. Pharmacies see these clients regularly and can become a valued professional support.

Apart from health prevention activity in relation to cancers there are pharmaceutical needs arising from the treatment of these conditions. Again, the safe and secure supply function here is not to be underestimated. Quality and safety in relation to routine controlled drugs supply is fundamental, however there are often issues in relation to the timeliness of access to the range of drugs used at the end of life. The continued availability of local arrangements to improve the patient/carer experience in accessing dispensed medicines at the end of life is key.

The Community Pharmacist Consultation Service (CPCS) will support the delivery of **urgent care** through receiving referrals for management of minor illnesses and urgent supplies of previously prescribed medicines.

Pharmaceutical needs of in-patients in the acute hospital are provided for by the acute trust. The CCG usually identifies and includes in the tariff paid to the trust, an element of funding which is for discharge medication to allow the proper transfer of communication between hospital and primary care, to take place before there is an urgent need to supply more medicines. Where inadequate discharge processes exist in relation to medicines, a heightened pharmaceutical need is generated that may affect patient safety.

Future pharmaceutical need arising from adjustments to care pathways or buildings/facilities will need to be taken into account to be sure that suitable services are available. This is just one example of the more strategic pharmaceutical needs of the population. Others include:

- prescribing support to primary care involving regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing

- pharmaceutical advice to support the patient safety and PhS contract management process and 'market entry' processes at NHS England
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- support for independent and supplementary prescribing by pharmacists and others
- strategic advice to support the controlled drugs agenda and
- strategic input into the development of public health and community pharmacy, including the PNA itself.

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

### **9.3. Pharmaceutical needs particular to the two localities**

#### **9.3.1. Locality S1**

9 of the 14 wards in this locality are within the most deprived quintile for England. Pharmaceutical need related to deprivation is therefore highlighted in a substantial part of this locality. There is a large area to the north east without any community pharmacy provision. This area includes areas of heavy (chemical) industry and low population in this area of the locality. The specific health needs of the area of Port Clarence require particular attention. Pharmaceutical needs of older people may require particular attention in some wards in this locality e.g., [Billingham West], [Norton West] and [Fairfield].

The high proportion of children in some areas (e.g., the population in [Hardwick and Salters Lane] and [Newtown] wards), with many living in poverty, requires consideration.

This is the most rural locality in Stockton-on-Tees, with established 'controlled localities' and with one community pharmacy. A significant proportion of this relatively small population (4% of the Borough) also may have their dispensing needs met by the dispensing GP practice at Stillington.

This locality also has a more substantial non-white population whose specific pharmaceutical needs are highlighted; this will include the patients of the Arrival practice (refugees/asylum seekers).

#### **9.3.2. Locality S2**

This may be considered to be the most affluent locality in Stockton-on-Tees with the highest proportion of people in employment. No specific needs over and above the general population needs of Stockton-on-Tees are identified other than to highlight the high proportion of children and associated pharmaceutical needs, in Ingleby Barwick.



Pharmaceutical needs of older people may require particular attention in some wards in this locality e.g., [Hartburn] wards.

However, 4 of the 12 wards are in the deprived quintile for England therefore pharmaceutical need related to deprivation will be higher in these areas of this locality.

Two wards in this locality also have a more substantial non-white population whose specific pharmaceutical needs are highlighted: Mandale and Victoria and Parkfield and Oxbrdige.

## 10. Shaping the future: Statement of Need for Pharmaceutical Services in Stockton-on-Tees

This section will review all the information to produce an assessment that will identify:

- necessary services: current provision
- necessary services: gaps in provision
- other relevant services: current provision
- improvement or better access: gaps in provision
- other NHS services taken into account when making the assessment

What is required from the Statement of Need? The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require that the PNA includes a statement of the pharmaceutical services that the Health and Wellbeing Board has identified as services that are **necessary** to meet the need for pharmaceutical services in its area.

The statement should further identify if these necessary services are:

- currently provided or not and
- if they are provided in the area of the HWB and
- if there are any services currently provided outside the area that nevertheless contribute towards meeting the need for pharmaceutical services in its area.

The Regulations further require that the PNA includes a statement of the pharmaceutical services that the Health and Wellbeing Board has identified as **other relevant services** that although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless, have secured **improvement to, or better access to**, pharmaceutical services in its area. We may call these 'added value services' for simplicity of further description, although that term is not described in regulation.

The Regulations further require that the PNA includes a statement that indicates any gaps in the provision of pharmaceutical services that the Health and Wellbeing Board has identified. These may be **gaps in the provision** of either necessary services or 'other relevant services' ('added value' services as described above). Furthermore, any identified gaps in provision may require services to be provided to meet a **current need** or an anticipated **future need** for pharmaceutical services. The gaps in 'added value services' may be those that are currently identified or are identified in relation to an anticipated **future benefit from improvement or access**.

A statement describing any other NHS services that the HWB has had regard to when assessing the needs for current or future provision of pharmaceutical services must also be included and follows in this section.

### 10.1. Statement of need: essential services provided by dispensing doctors or DACs

The HWB has identified in its assessment, the well-established and on-going (doctor provided) dispensing services available to some patients in the S1: Stockton-on-Tees North locality. These services contribute to meeting the need for (dispensing) pharmaceutical services in that area, but do not impact on meeting the need for other pharmaceutical services there. These dispensing services were unaffected by the changes in Regulations regarding market entry.

There are no Dispensing Appliance Contractors in Stockton-on-Tees. DACs located out of the Stockton-on-Tees HWB area continue to contribute to meeting some of the need for the dispensing of appliances in the HWB area.

## **10.2. Statement of need: pharmaceutical need for essential services provided by community pharmacy contractors**

### **10.2.1. Borough of Stockton-on-Tees – all localities**

Essential services of the CPCF are necessary services for the whole of the Stockton-on-Tees HWB area. Essential services are available via the current pharmaceutical services provision described in section 8. The loss of two pharmacy contractors since the last PNA in 2018 is noted. Gaps in essential services might be determined by poor access to a pharmaceutical services provider (including reasonable choice) or poor service delivery or might be identified from a consideration of likely future needs.

In making this assessment the HWB has had regard, in so far as it is practicable to do so, to all the matters included in PART 2 Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended). It has considered the responses to patient, professional and other stakeholder engagement and the views or information available about current pharmaceutical services, having particular regard to the issues of access and sufficient choice of both provider and services available (particularly the times that those services are provided as one of the few variables with respect to Essential services) and the contribution made by service providers outside of the HWB area.

Following this assessment, the HWB has considered that the current provision of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services are necessary to meet the current and likely future pharmaceutical needs for Essential services in all localities of the Stockton-on-Tees HWB area. The dimensions of the existing service provision described above are also considered to meet the need of all localities.

Responses to the patient survey contribute in part to the evidence for this i.e. that the majority of the Stockton-on-Tees respondents stated that it was easy to visit a pharmacy and that they could find a pharmacy open when they needed one. For the pharmaceutical needs to continue to be met, the range of core hours currently provided before 9am and after 6pm on weekdays and all core hours on Saturday and Sunday must be maintained.

The 100-hour pharmacies in Stockton-on-Tees are necessary providers of core hours, particularly at evenings and weekends to the whole HWB area. The HWB would regard any further reduction in their services by virtue of reduced range of opening hours as creating a gap in service, and choice and would wish to maintain the availability of pharmaceutical services on the current days and times

The HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of both localities of Stockton-on-Tees.

Taking all into account, based on current needs, there are no gaps in pharmaceutical service provision that could not be addressed through the existing providers and commissioned services. There is therefore no current need for any new providers of pharmacy services.

The local health needs of the Borough of Stockton-on-Tees indicate that programmes to encourage behaviour change in terms of attitudes towards smoking, breast feeding, food, alcohol and sexual health should be an important feature of public health plans in the

immediate and short-term future. The current essential pharmaceutical services that can be employed to support these activities are **necessary** to meet the pharmaceutical needs of the population.

Commissioners might take steps to gain **improvement or better access** to these services by ensuring that opportunities afforded by the essential services of the community pharmacy contract are used to their fullest extent to achieve maximum impact as part of an integrated programme of public health activity in these areas. Brief intervention and case-finding, accurate signposting and strong public health campaigns can all be initiated with limited financial resource; there is a greater opportunity cost of not maximizing the potential of these services, particularly with the existing foundation of both premises and staff; there is a greater opportunity cost of not maximizing the potential of these services.

NHS Repeat dispensing is also an underutilized service; levels of usage are low, and are also considerably lower in the Stockton-on-Tees HWB area than elsewhere in Tees Valley or North East.

Dispensing of prescriptions for appliances is also a necessary pharmaceutical service for the HWB area. Although there are no Dispensing Appliance Contractors in Stockton Borough, prescriptions for appliances are written for patients in this area and will need to be dispensed. The majority of these are dispensed in Stockton-on-Tees pharmacies. The HWB is not aware of any complaints or circumstances in which the patients of Stockton-on-Tees have experienced any difficulty in accessing pharmaceutical services to dispense prescriptions for appliances. Having regard to the above, the HWB considers there is **no gap** in the provision of such a pharmaceutical service and does not consider that an appliance contractor is required to be located in the Stockton-on-Tees HWB area to meet the pharmaceutical needs of patients.

## **10.2.2. Locality specific needs including likely future needs**

### **10.2.2.1. Locality S1: Stockton-on-Tees North**

In 2011, there were no pharmacies in the Northern Parishes ward – a rural area. The PNA had not identified a gap in pharmaceutical services at Wynyard; however, the NHS Litigation Authority approved the application to open a pharmacy there on Appeal. The pharmacy therefore provides essential pharmaceutical services to patients/public in this ward and surrounding area. The pharmacy is eligible for the Pharmacy Access Payment. The HWB with due regard to the expected housing development in this area consider that the current provision of pharmaceutical services in this area will be able to accommodate any additional need for pharmaceutical services in the 3-year lifetime of this PNA. If identified appropriate relocation of existing pharmacy in this location to provide improvement (such as in premises or facilities) or better access of the population and future population of that pharmacy would be supported.

It is acknowledged that the small populations of the Northern and Western parishes wards, may still require transport to be able to access the choice of essential pharmaceutical services that are provided outside of their area. However, car ownership is high and the choice of pharmacies within a few miles is great: three miles to the nearest pharmacy at Tesco, Durham Road; within 5 to 6 miles of a choice of other pharmacies (including 100 hours). There are also pharmacies located across the HWB boundary into County Durham and Darlington around 3 to 4 miles away.

Having regard to the dispensing services available to some of the population and the rural character of the area which is considered to give rise to an expectation that services may be less geographically accessible than in urban areas. The needs of the locality are now adequately met by the providers both inside and outside of the locality given the rural nature and population demographics. Some providers outside the HWB area provide improvement and better access in terms of choice of services; providers within the HWB area also improve access and availability on evenings and weekends.

The 100-hour pharmacies in S1 are necessary providers of core hours, particularly at evenings and weekends. The HWB would regard any reduction in the range of their core opening hours as creating a gap in service and would wish to maintain the current range of opening hours.

Having regard to all of the issues presented throughout, no significant additional specific pharmaceutical needs are identified over and above those general needs identified for the HWB described above.

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

#### **10.2.2.2. Locality S2: Stockton-on-Tees South**

Since the last PNA in 2018 a 100-hour pharmacy in Yarm has closed. Access to the necessary essential pharmaceutical services has been reassessed. There are still 3 providers of pharmaceutical services within Yarm offering essential services from core hours Monday- Friday 9 am-6 pm and on Saturdays between 9am-5pm. There is no provision from core or supplementary hours on a Sunday in Yarm. Whilst this has reduced the choice of services available to the population of the locality, choice is still available as services are available elsewhere in the locality after 6pm on weekdays and on Saturdays and Sundays. For the avoidance of doubt this is not considered to create a gap that requires a new pharmacy, existing providers may wish to add supplementary hours on a Sunday to provide improvement or better access. However, we are aware that the services available elsewhere in the S2 locality on a Sunday are all supplementary hours. Whilst there is no current need for a new pharmacy to offer the protection of core hours on a Sunday in S2 locality should there be a reduction in the availability of pharmaceutical services between 10am-5pm on a Sunday this would be considered to create a gap.

In relation to the population of Port Clarence whose geographical isolation presents a particular challenge. An appeal to the NHS litigation authority (NHS Litigation Authority, December 2013) confirmed the view of the previous PNA that current pharmaceutical needs are considered to be met by existing provision both within the S1 locality and outside of the HWB area but nevertheless close by. Recognising the need for transport to access these services, it was nevertheless considered that a new provider was not required to meet the current need for pharmaceutical services. The HWB has had regard to the pharmaceutical services provided by the distant selling premises located in the Middlesbrough Health and Wellbeing area which deliver dispensed medicines 6 days a week 9-6pm to the Port Clarence area.

In the absence of any change, there remains no gap in the provision of pharmaceutical services in Port Clarence that requires provision of pharmaceutical services from a

new pharmacy contractor located in the area. On the contrary, a new PhS contract without consideration of the specific needs of the population might be detrimental to the proper planning of pharmaceutical and other services in the area.

There are 5 pharmacies in this locality eligible for the Pharmacy Access Payment, both in supermarket locations in the suburbs or retaining areas.

Taking into account potential future needs, there is no identified need for any additional provider in this locality.

### **10.3. Pharmaceutical need for advanced services including future needs**

#### **10.3.1. Stockton-on-Tees – all localities**

Services to support people managing their medicines are pharmaceutical services which provide **improvement or better access** towards meeting the pharmaceutical needs of the population. Service provision has developed rapidly over recent years demonstrating contractor commitment to providing this service for patients, even with the introduction of 'targets groups' for patients. There are no gaps in the current provision that require additional providers - other than the remaining potential which already exists within the existing pharmacy contractor base in Stockton-on-Tees.

Further **improvement or better access** to these services might be afforded by:

- Improving patients' knowledge about NMS
- Working with the CCG to support introduction of hypertension case finding service to optimize its use and uptake

##### **10.3.1.1. Appliance use reviews (AURs)**

AURs may provide **improvement or better access** for patients managing appliances. Capacity remains available so it is not envisaged that existing providers will be unable to meet any current need or future need. The HWB has had regard to AURs by appliance contractors out of the area.

##### **10.3.1.2. New Medicines Service (NMS)**

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

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

### **10.3.1.3. Community pharmacy NHS seasonal flu vaccination service**

Year on year the number of patients receiving their flu vaccine is increasing. Provision of this service commissioned by NHS England currently provides improvement or better access for patients. The availability of the service on a drop-in basis, at times that include weekday evenings, Saturdays and Sundays in some premises, will contribute to the 'convenience and choice' that patient feedback reports. In this assessment we have had regard to the substantial contribution still delivered through general practice.

### **10.3.1.4. Community Pharmacy Consultation Service**

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

### **10.3.1.5. Hypertension Case Finding Service**

It's too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides improvement or better access for patients.

### **10.3.1.6. Community Pharmacy Hepatitis C Antibody Testing Service**

It's too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides improvement or better access for patients.

### **10.3.1.7. Stop Smoking on Discharge from hospital service**

It's too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides improvement or better access for patients.

## **10.4. Statement of need: Pharmaceutical needs for enhanced services**

### **10.4.1. Enhanced Services**

There are a range of enhanced services listed in the regulations which could be commissioned by NHSE&I. This includes many of the services listed in section 10.5 Other NHS services. As such these 'other NHS services' are not classed as pharmaceutical services under the regulations and are out with the scope of the PNA, however, the HWB has had regard to these in making their assessment.

### **10.4.2. Covid Vaccination Service**

This service is only temporarily commissioned it remains to be seen what the on-going need for this service will be. It is noted however that community pharmacy has made a significant contribution to the delivery of this national immunization programme.

### **10.4.3. Extended hours (Bank Holiday) directed service**

There is a pharmaceutical need for essential services to be available on days when all normal pharmacy provision could be closed (e.g. Bank Holidays). The service is of increasing value as more general medical services/walk-in facilities become available in these extended hours periods. In the absence of any other provider, a minimum service

is considered **necessary** to meet the needs of the population of Stockton-on-Tees. In order to meet the needs of Stockton HWB population, pharmacies are also commissioned outside of the HWB area, but within the Tees area, and contribute to provision of this necessary service. Provided at least the current level of direction of pharmacies on these days is maintained, there is considered to be **no gap** in the current provision of this pharmaceutical service; the pharmaceutical needs of the population are met. Arrangements must be agreed well in advance so that patients are able to make best use of the services by being able to be fully aware of them.

## **10.5. Other NHS services taken into account when making the assessment**

### **10.5.1. Other community pharmacy services currently commissioned in Stockton-on-Tees**

#### **10.5.1.1. Supervised Consumption**

There is a need for this service which is considered to be **necessary** to meet the needs of the population of Stockton-on-Tees. As there is no alternative provider, the community pharmacy other NHS service locally commissioned by Stockton-on-Tees Borough Council provision is also considered to be **necessary**.

For this need to continue to be met, at least the same number of supervised places and broad location of community pharmacy providers in Stockton-on-Tees, would need to be maintained.

**Improvement or better access** to this service could be afforded by maintaining the capacity of community pharmacy provision around that currently provided, whilst monitoring trends to establish future needs as periodically identified.

#### **10.5.1.2. Needle Exchange**

There is a need for this service which is considered to be **necessary** to meet the needs of the population of Stockton-on-Tees. Having regard to the current level of provision available from other NHS providers the needle exchange enhanced service is also considered to be a service that is **necessary** to be provided by community pharmacies in the localities of Stockton-on-Tees. With the current level of accreditation of pharmacies and pharmacists across the localities there is considered to be **no gap** in the provision of this service; the needs of the population are met by the service commissioned by the local authority.

For this need to continue to be met, at least the same number of pharmacies, pharmacists, and broad location of community pharmacy providers in NHS Stockton-on-Tees, would need to be maintained, unless there is a substantial change in need identified by the specialist commissioner, and/or provision from other NHS providers, which would require the need for community pharmacy provision to be re-assessed.

#### **10.5.1.3. Healthy Start Vitamin Supply**

There is a public health need for provision of Healthy Start Vitamins (HSV) to eligible women and children in Stockton-on-Tees. The absence of any other service provider means that the **current** community pharmacy locally commissioned service is **necessary** to meet the pharmaceutical needs for this service in all localities in



Stockton-on-Tees. **No gap** is identified providing contractual responsiveness is maintained.

#### **10.5.1.4. Stop smoking Service**

Smoking prevalence in Stockton-on-Tees suggests that there is a substantial public health need for this service. Having regard to the current level of provision available from other local authority-commissioned providers in a clinic or workplace setting, the community pharmacy provision is also considered to offer improvement or better access to patients to meet the needs of the population of Stockton-on-Tees.

Pharmacies are particularly necessary where access to prescribed pharmacological support is limited (i.e. where specialist stop smoking advisers are not able to prescribe NRT or varenicline but instead use a 'voucher' system for patients to access a pharmacy for dispensing. Additionally, considering the frequency of contact and the overall patient experience, only a pharmacy can provide a true 'one-stop' facility. Having regard to the current level of need as assessed by the specialist commissioner and the current level of accreditation of pharmacies and pharmacists across both localities there is considered to be **no gap** in the provision of this service; the needs of the population are met by the service commissioned by the local authority. For this need to continue to be met, at least the same number of pharmacies and broad location of community pharmacy providers in Stockton-on-Tees, would need to be maintained, unless other commissioned services were made available to replace them.

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

#### **10.5.1.5. Enhanced Hormonal Contraception Service**

There is a need for women (including young women) to be able to access EHC and given the particular health needs of Stockton-on-Tees this is considered a **necessary** pharmaceutical service.

The needs assessment takes into account the level of provision available from other (non-pharmacy) NHS providers (i.e. Sexual Health Teesside (SHT) and general practices) and determines that the EHC locally commissioned service is **necessary** provision by community pharmacies in Stockton-on-Tees. With the current level of accreditation of pharmacies and pharmacists across the Stockton-on-Tees localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met by the service commissioned (indirectly) by the local authority.

Based on likely future needs, at least the same number of pharmacies, pharmacists, and broad location of community pharmacy providers in NHS Stockton-on-Tees would need to be maintained in order to continue to meet this need - unless there is a substantial change in the alternative NHS provision, which would require the need for community pharmacy provision to be re-assessed. The commissioner has already made good use of the opportunity to commission EHC from a large number of pharmacies, including the 100-hour pharmacy providers.

#### **10.5.1.6. Chlamydia screening / Condom Supply**

There is a public health need for a Chlamydia screening service which is **necessary** to meet the needs of the population of Stockton-on-Tees. Having regard to the current

level of provision available from other commissioned providers (SHT and general practices and non-healthcare settings for 'issue-only) the **current** locally commissioned pharmacy-based Chlamydia screening service is considered to provide a **necessary** service in Stockton-on-Tees.

However, it is understood that further **improvement or better access** to this service could be afforded by investing in an improved service pathway for this service.

#### **10.5.1.7. On demand availability of specialist drugs (palliative care) service**

There is a pharmaceutical need for patients to be able to access medicines with 'reasonable promptness'. This **necessary service** is part of the service specification of the routine dispensing essential service. Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less.

Additionally, it was considered that **improvement or better access** to the availability of those medicines would be afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines, including the potential for **improvement or better urgent access** to medicines required for prophylaxis of meningitis or similar. A service was commissioned by the PCT soon after and this has been maintained by the CCG from 1st April 2013. It is therefore considered that the need for this pharmaceutical service in Stockton-on-Tees is met by **current** provision, and there is **no gap** whilst this service remains commissioned by the CCG. Adequate resource to maintain the accuracy and availability of the information element of this pharmaceutical need, which would include signposting by other community pharmacies, is essential.

#### **10.5.1.8. Anti-Viral Supply Service**

There is a pharmaceutical need for patients to be able to access medicines with 'reasonable promptness'. This **necessary service** is part of the service specification of the routine dispensing essential service. Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less.

Additionally, it was considered that **improvement or better access** to the availability of those medicines would be afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines, including the potential for **improvement or better urgent access** to anti-viral medicines. It is therefore considered that the need for this pharmaceutical service in Stockton-on-Tees is met by **current** provision, and there is **no gap** whilst this service remains commissioned by the CCG. Adequate resource to maintain the accuracy and availability of the information element of this pharmaceutical need, which would include signposting by other community pharmacies, is essential.

## 11. Conclusions

The Statement of Pharmaceutical Need (section 10) presents the main conclusions from this assessment.

There has been change in the Pharmaceutical List in the Stockton-on-Tees HWB area since the last PNA with the closure of two pharmacies (including one 100-hour pharmacy). Currently pharmaceutical services in Stockton-on-Tees HWB area are provided by 40 pharmacies and one dispensing doctor practice. This includes one 'distance selling' (DS) pharmacy.

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

- i. There are a range of 'Other NHS services' e.g. supervised consumption, Emergency Hormonal Contraception Supply that are commissioned within the Stockton-on-Tees HWB area that whilst out with the scope of the PNA nevertheless make a significant contribution towards meeting the needs of the population of the area.
- ii. Given the extensive opening times and access to the care available from a pharmacy from substantially more locations and for substantially more hours than general practices in the area, the opportunity to use this accessibility to support patients beyond the availability of a service to dispense prescriptions is considerable.
- iii. Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.
- iv. To better enable the content of the PNA to be used by anyone (including LA or NHS officers, any healthcare or other professional, other stakeholders, patients or members of the general public) that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Stockton-on-Tees, it may be helpful to produce an easy read guide to the PNA in due course.
- v. It is important to invest effort and resource to work with existing providers to ensure that the highest standards of quality and value for money and the optimum range of all services are delivered. This requires commissioners to maintain and improve contract specifications, standards and audit and performance monitoring opportunities (including the national contract) and national competency standards such as those for public health.
- vi. As part of the above, opportunities may be sought to increase understanding of patient experience of local pharmaceutical services and obtain further qualitative information. Activity to seek more detailed understanding of the views and experiences of patients, carers and their representatives, including those with protected characteristics, will continue after the PNA is published as part of on-going maintenance and wider quality management and enhancement of pharmaceutical and related services.
- vii. There is scope for improvement in the delivery of the advanced services of the PhS contract, including patient selection, case finding, and feedback to prescribers. Development of formal pathways which facilitate secure electronic communication to support hospital discharge referral to community pharmacy for an advanced service would be of particular value and are being implemented locally.
- viii. The on-going potential for improvements in delivering public health messages and or services through pharmacies should be maximised.
- ix. A formal review of the remaining controlled localities (rural areas) of the Stockton-on-Tees HWB area not covered by the previous review of Wynyard would be pragmatic.

## **12. Acknowledgements**

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

## 13. Glossary of Terms

<b>Abbreviation</b>	<b>Explanation</b>
ACT	Accredited Checking Technician
AUR	Appliance Use Review
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CPNx	Needle Exchange
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DDA	Disability Discrimination Act
DRUMs	Dispensing Reviews of Use of Medicines
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care
ePACT	Electronic Prescribing Analysis and Cost
EPS	Electronic Prescription Service
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
FP10 MDA	Prescriptions used for installment dispensing of certain controlled drugs.
FSM	Free School Meals
HWB	Health and Wellbeing Board
GP	General Practitioner
GSL	General Sales List medicine
ID	Indices of Deprivation
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
NHS	National Health Service
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
POM	Pharmacy only Medicine
PALs	Patient Advice and Liaison Service
PhAS	Pharmacy Access Payment
POM	Prescription Only Medicine
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People who inject drugs
SHAPE	Strategic Health Asset and Planning Evaluation tool
SOAs	Super Output Areas

SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection

## **14. List of Appendices**

- APPENDIX 1 Transcript of PharmOutcomes® Community Pharmacy Survey Questions
- APPENDIX 2 Consultation and Engagement Plan
- APPENDIX 3 Summary of Consultation including framework questions.
- APPENDIX 4 Engagement Surveys
- APPENDIX 5 The Pharmaceutical List (pharmacies) in Stockton-on-Tees HWB area, showing Core, Supplementary and Opening Hours.
- APPENDIX 6 Maps of location of pharmacies as referred to in the PNA.

## 15. References and Bibliography

Department of Health. (2013). *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended)*.

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