

NORTHUMBERLAND

Northumberland County Council

Pharmaceutical Needs Assessment

April 2015

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Acknowledgements

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Thanks must also go to Sophie Baird for her analytical support and to Ian Humphreys for his patience in creating all of the maps.

Executive summary

Introduction

The purpose of this document is twofold;

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

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments to Health and Wellbeing Boards. They must produce an updated PNA by 1 April 2015. A PNA describes the population's health needs and the pharmaceutical services which exist, or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies.

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

Pharmaceutical needs assessment process

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

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

The formal consultation on the draft PNA ran from November 15th 2014 to January 30th 2015 in line with the guidance on developing PNAs and section 242 of the NHS Act 2006. A report on the consultation has been produced and is included in Appendix 5.

Identified health needs

Northumberland is geographically diverse, including large, sparsely populated areas,

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

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

Current provision

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

Services currently commissioned from pharmacies in Northumberland include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, disposal of sharps and specialist palliative care drugs. **There will be a review of needle exchange services across Northumberland.**

Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. The Council considers that the network of extended hour pharmacies are essential to meet patients' needs by widening access to pharmaceutical services outside core hours when other pharmacies are closed.

Future provision

The CCG vision for community pharmacy is to complement dispensing medicines by the provision of a wider range of services utilising pharmacists' clinical skills. This is consistent with the pharmacy white paper (April 2008).

The Healthy Living Pharmacy Programme has the potential to develop Public Health capacity, thereby better addressing the lifestyle challenges in Northumberland.

With regard to locally commissioned services, Public Health will work with the CCG to ensure that services are commissioned to meet local health needs.

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Section 1:

Introduction

The purpose of this document is twofold:

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

The white paper *Pharmacy in England: Building on strengths – delivering the future*¹ was published by the Department of Health in April 2008, and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services.

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

The Health Act 2009 introduced a legal requirement for all primary care organisations (PCOs) to publish an updated pharmaceutical needs assessment (PNA) by 1 February 2011. The Health and Social Care Act 2012² transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs must produce an updated PNA by 1 April 2015³. The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet any unmet need.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

² <http://www.legislation.gov.uk/uksi/2013/349/regulation/5/made>

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

1.1 What is a pharmaceutical needs assessment?

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

The PNA will be used to:

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

This is not a stand-alone document. It is aligned with the joint strategic needs assessment (JSNA) and Northumberland Clinical Commissioning Group's Five Year Plan. It will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan e.g., delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

1.2 Market entry

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

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (the "2013 Regulations") a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

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

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

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

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

Section 2:

Pharmaceutical needs assessment process

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

2.1 Identification of health need

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

2.2 Assessment of current pharmaceutical provision

In April 2014 an online questionnaire (see appendix 6) was made available to all community pharmacy contractors across Northumberland. The questionnaire was developed by the LPC Development Officer, Pharmacy Consultant and Information Officer, based on that developed by the Pharmaceutical Services Negotiating Committee (PSNC). The Local Pharmaceutical Committee (LPC) were involved in approving the questionnaire to ensure buy in by contractors. This identified the current provision of pharmaceutical services in Northumberland for most services; however the internet pharmacy was not included on the circulation.

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

2.3 Public engagement

The formal consultation on the draft PNA for Northumberland ran from 14th November 2014 to 30th January 2015 in line with the guidance on developing PNAs

and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

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

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

In addition the following were also consulted

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

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

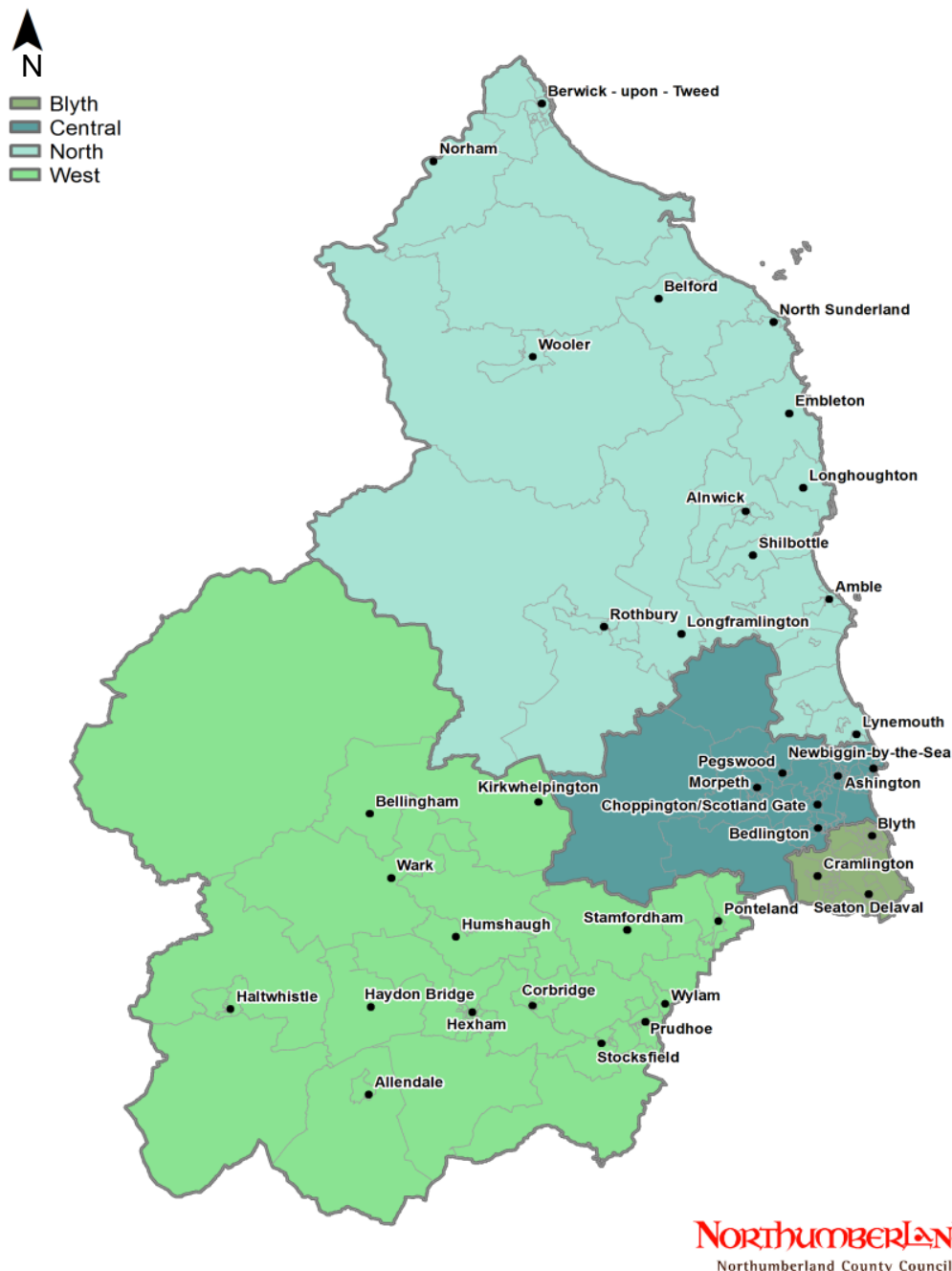
“a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation”.

All factual inaccuracies have been corrected in the final document, and consideration has been given to all issues raised during the consultation. A copy of the report on the consultation has been included in Appendix 5. The revised document was approved by the HWB.

2.4 Identification of localities

The PNA has adopted the four Clinical Commissioning Group localities which are based on groupings of Middle Layer Super Output Areas (MSOAs)⁴ (see Map 1), as at May 2014.

Map 1: Northumberland CCG localities mapped over Northumberland LSOAs



⁴ SOAs are a unit of geography used for statistical analysis. They were created with the intention that they would not be subject to frequent boundary change, unlike electoral wards, and thus suitable for monitoring trends over time. Lower layer SOAs have on average a population of 1500 persons. In Northumberland there are 199 lower layer SOAs.

Section 3:

Identified health needs

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

Local priorities include reducing alcohol related harm, tackling obesity through diet and exercise and promoting mental wellbeing. Further details are available in the Joint Strategic Needs Assessment⁵, and the Northumberland CCG Five Year Plan.

3.1 Geographical characteristics

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

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

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

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

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

⁵ <http://www.northumberland.gov.uk/Default.aspx?page=4279>

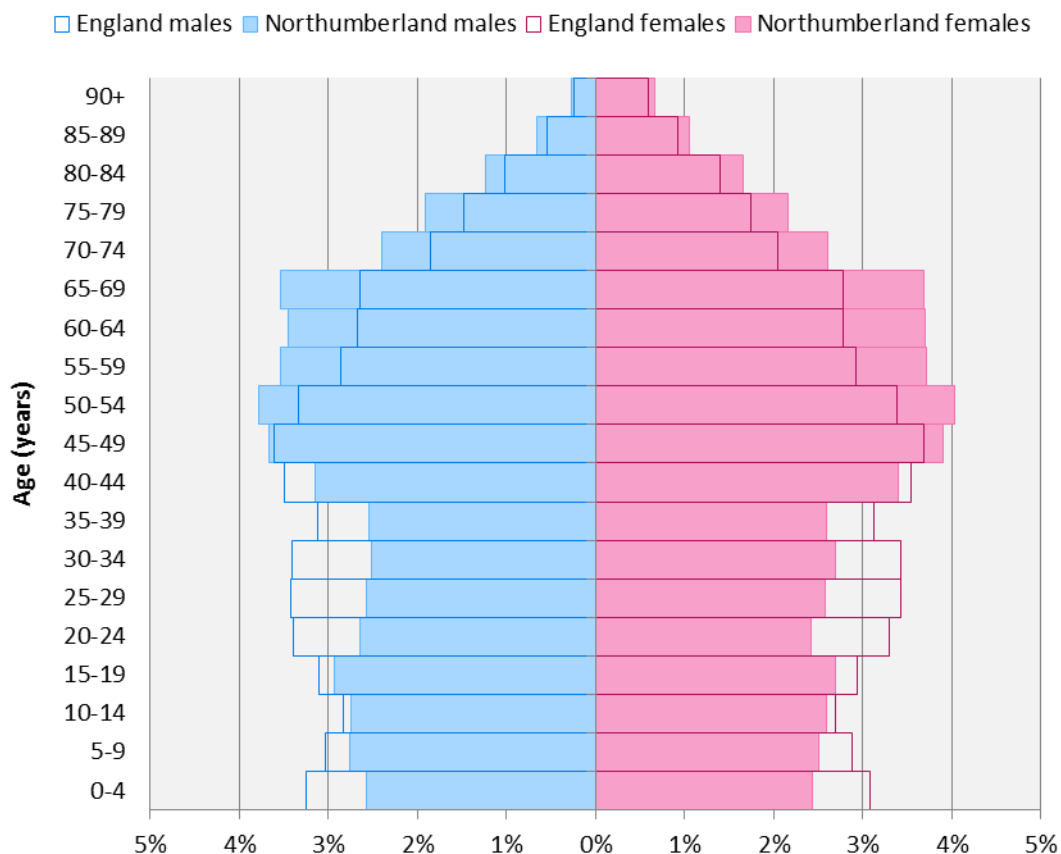
3.2 Population profile

The last official estimate of the Northumberland population was produced by the 2011 Census and this was confirmed by the Office for National Statistics in June 2014 as a mid-2013 population estimate of 315,806⁶.

The mid-2013 age profile for Northumberland is considerably different to that of the North East and England in that Northumberland has much smaller populations for those aged 20 to 40, then much larger populations aged between 50 and 70. The population lessens for the older ages, with higher populations among females than the corresponding male age groups (see Figure 1). Northumberland has a high number of over 65s, accounting for 21.9% of its population, compared to 18.4% across the North East and 17.3% across England.

Figure 1: Population pyramid of Northumberland compared to England

Data source: ONS mid-2013 population estimates



The over 65 population is expected to account for over 30% of the total population in Northumberland by 2035⁷. The rural areas of North Northumberland, West Northumberland and Morpeth already have a high proportion of their population over

⁶ Source: ONS mid-2013 population estimates

⁷ Source: ONS population projections

65. These dramatic changes in the balance of the population are part of an historic shift which is being experienced across the developed world; but they are happening earlier in Northumberland (especially rural Northumberland) than in most of England. The projected rise in number of over 65s may increase demand on health services.

In contrast, the number of children and young people resident in Northumberland is expected to be fairly static over the same period. The number of persons under the age of 15 will decrease slightly from 50,025 in 2011⁸ to around 49,000 in 2016⁹.

To accommodate the increase in household numbers and to attract economically active families into Northumberland, Northumberland County Council plans to meet national housing targets by encouraging limited development around the main towns of Hexham, Ponteland, Morpeth, Ashington, Blyth and Alnwick (see Table 1 and Table 2 overleaf).

Table 1: Housing scale and distribution by area

Source: Northumberland County Council Core Planning Strategy 2013

Area	Number of dwellings (2011-2031)	Average dwellings per year	Population growth
South East Northumberland	12,820	641	11.1%
Central Northumberland	6,270	314	12.3%
North Northumberland	3,740	187	6.7%
West Northumberland	1,480	74	6.5%

It is unlikely that developments of this scale will significantly impact on health service delivery. More GP capacity may be needed in the Ashington, Blyth and Cramlington areas over the next 3 -5 years.

Ethnicity

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

⁸ Source: Census 2011

⁹ Source: ONS population projections

Table 2: Housing Plan – proposed annual development by town (*plan period: 2011-2031)
Source: Northumberland County Council Core Planning Strategy 2013

Location	Total delivery over plan period*	Average dwellings per year
Amble	740	37
Ashington	1,600	83
Bedlington	1,200	60
Blyth	3,480	174
Cramlington	3,480	174
Guidepost / Stakeford / Choppington	420	21
Newbiggin-by-the-Sea	320	16
Seaton Delaval / New Hartley / Seghill / Holywell/ Seaton Sluice	800	40
Hexham	900	45
Morpeth	1,500	75
Prudhoe	1,000	50
Corbridge	300	15
Ponteland	850	42
Alnwick	1,000	50
Berwick-upon-Tweed	900	45
Belford	200	10
Seahouses	300	15
Rothbury	380	19
Wooler	380	19
Haltwhistle	400	20
Allendale	100	5
Bellingham	300	15
Haydon Bridge	200	10

3.3 Transport

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

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

3.4 Deprivation

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

3.5 Lifestyle risk factors

Smoking

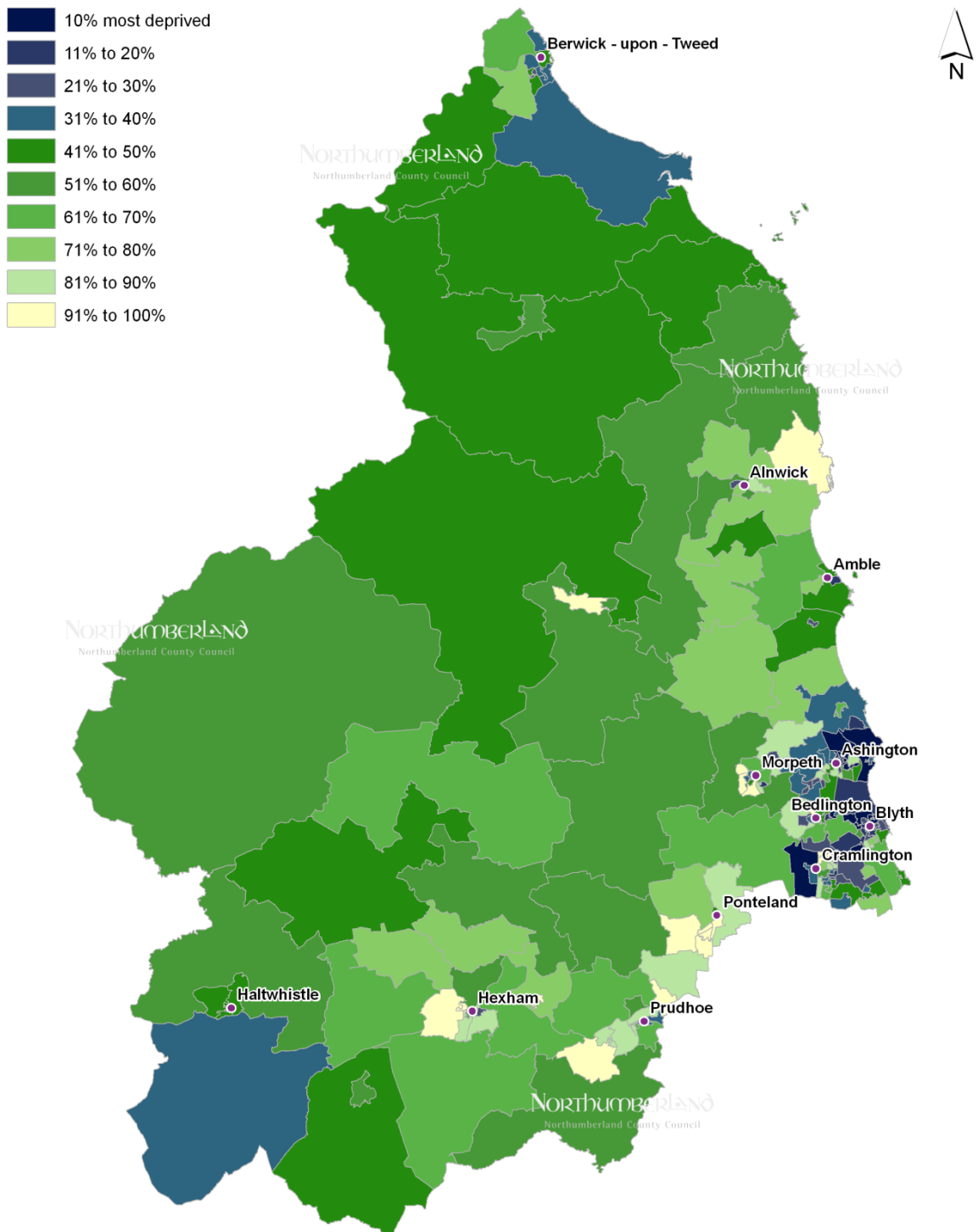
Smoking remains the greatest contributor to premature death and disease across Northumberland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. It is estimated that 87% of deaths from lung cancer are attributable to smoking, as are 73% of deaths from upper respiratory cancer and 86% of chronic obstructive lung disease. Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease. Overall, smoking mortality is significantly higher in Northumberland than the England average, although smoking prevalence is now below the England average (17.6% compared to the England average of 19.5%). It is important to note, however, that there is much disparity within Northumberland and this is not a true reflection of every locality in Northumberland.

Alcohol

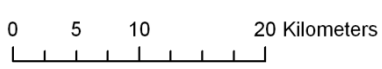
Alcohol is the second biggest lifestyle risk factor after tobacco use. Recent figures from the Local Authority Profile for England (LAPE) show Northumberland has the sixth highest rate in the UK for binge drinking with 29.8% of those surveyed reporting drinking more than twice the recommended amount of alcohol in a single session. Alcohol misuse is a major problem within Northumberland in terms of health, social and economic consequences which affect a wide cross section of the county at a considerable cost. The pattern of drinking has a socio-economic gradient with a higher proportion of both men and women in managerial and professional households exceeding the recommended maximum intake on at least one day per week¹⁰.

¹⁰ Source: General Household survey 2010

Map 2: Distribution of Index of Multiple Deprivation 2010 in Northumberland
 Source: *Northumberland InfoNet research report – English Indices of Deprivation 2010*



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There are rising trends in the levels of hospital related admissions for both men and women in the county. Between 2010/11 and 2012/13 there were 27 under 18

admissions to hospital for alcohol specific conditions. In 2012/13 alone there were 2,556 adult admissions for alcohol related harm, the rate of which (788 per 100,000) is significantly above the England average (637 per 100,000).

Substance misuse

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment reduces these and delivers real savings, particularly in crime-related costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease. Tables 3a and 3b show the estimated prevalence of drug misuse in Northumberland.

Table 3a: Estimated prevalence rates per 1,000 population aged 15 to 64 (2010/11)

Data source: National Drug Treatment Monitoring System

Opiate or Crack users	Opiate users	Crack users	Injecting
6.54	6.04	1.72	2.75

When engaged in treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. In 2013 there were 943 adults in drug treatment. During this time 242 adults started a new treatment journey, 85% of which were retained for at least 12 weeks¹¹.

Table 3b: Estimated prevalence of opiate or crack use by age – rates per 1,000 population (2010/11)

Data source: National Drug Treatment Monitoring System

Age	Opiate and/or Crack users
15-24	5.95
25-34	17.6
35-64	4.18

¹¹ Source: National Drug Treatment Monitoring System

Obesity

In Northumberland in 2012¹², 72% of adults were classed as overweight or obese¹³. This is nearly 10% higher than the national prevalence. The Health Survey for England (HSE) 2014 indicates that 25% of both men and women are obese but that men are more likely to be overweight (32% for women and 42% for men). This also shows that the adult prevalence of severe obesity is 2.4%.

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

Data source: Active People Survey 6

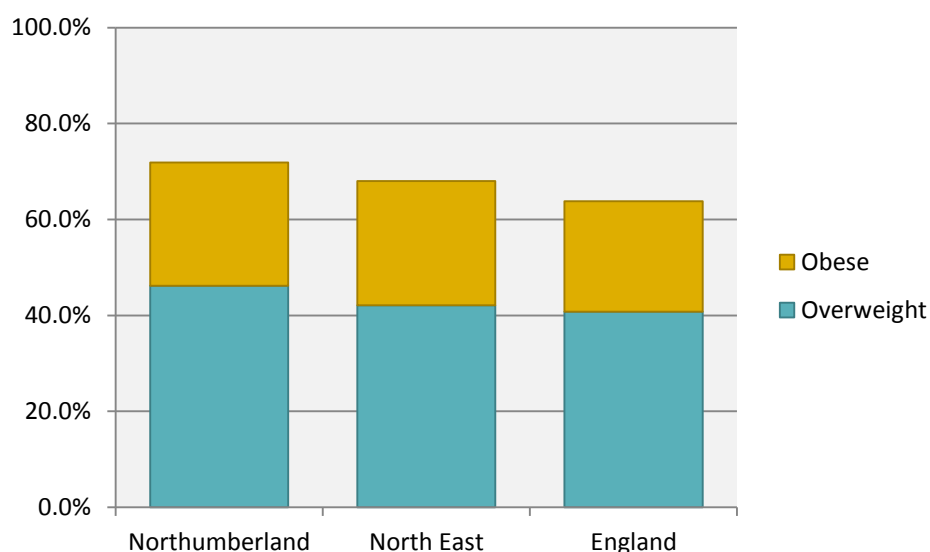


Table 4: Prevalence of obesity (adults) 2012/13

Source: Monitoring data on QOF 2012/13, HSCIC

Area	Prevalence
North Northumberland	10.93%
West Northumberland	9.03%
Central	13.26%
Blyth Valley	11.62%
Total Northumberland	11.39%
North of England	9.81%
England	8.74%

¹² Source: Active People Survey (APS) 6

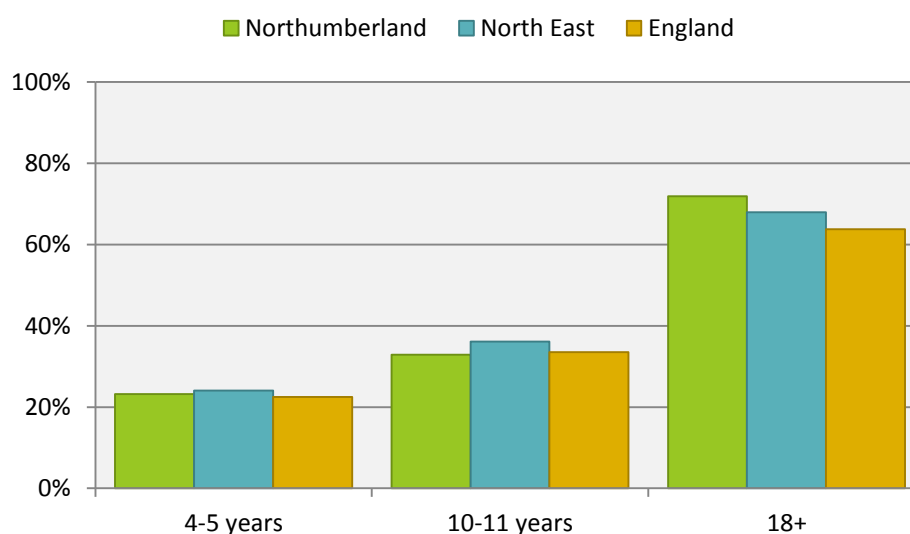
¹³ Overweight = BMI > 25kg/m²; Obese = BMI > 30kg/m²; Severe obesity = BMI > 40kg/m²

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

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

Figure 3: Excess weight prevalence by age

Data sources: NCMP 2010/11-2012/13; APS 6



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

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

Sexual health and teenage pregnancy

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

notification in conjunction with safer sex health promotion and the promotion of safer sexual behaviour.

Teenage conceptions

Rates of teenage conception in 2012 were 28.4 per 1,000 women aged 15-17 in Northumberland which is lower than the rate for the North East (35.5 per 1,000) but higher than England (27.7 per 1,000).

Within Northumberland, there are a number of identified 'hot spots' based on teenage pregnancy rates within different parts of the county. Most are in the former districts of Blyth Valley and Wansbeck, although Haydon ward in Tynedale, Lesbury and Alnwick in Alnwick and Lynemouth and Chevington in Castle Morpeth also feature. There are also a number of other wards spread across Blyth Valley, Wansbeck, Castle Morpeth and Alnwick which have rates above the England average.

The reduction of the teenage pregnancy rate has been a key target across Northumberland. Key actions have included work targeting young people in schools, and communities in teenage pregnancy 'hot spot' areas. The objectives are to improve access to responsive services and sex and relationship education, and to increase the use of long acting reversible contraception.

3.6 Cancer

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

The under 75 mortality rate from cancer considered preventable is 89 per 100,000 population in Northumberland. This is similar to the England average but significantly lower than the regional average¹⁴.

¹⁴ Source: *Public Health Outcomes Framework*

3.7 Long term conditions

Cardiovascular disease (CVD)

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

The under 75 mortality rate from cardiovascular diseases considered preventable is 53.9 per 100,000 population in Northumberland. This is similar to the England average but significantly lower than the regional average¹⁵.

Coronary heart disease (CHD)

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

Table 5: Diagnosed CHD prevalence (all ages) 2012/13

Source: Monitoring data on QOF 2012/13, HSCIC

Area	Prevalence
North Northumberland	4.14%
West Northumberland	5.21%
Central	5.37%
Blyth Valley	4.73%
Total Northumberland	4.91%
North of England	4.05%
England	3.34%

Hypertension

Data collected to monitor the Quality and Outcomes Framework (QOF) shows hypertension prevalence to be higher than the regional and national average, which

¹⁵ Source: Public Health Outcomes Framework

may be partially due to better case finding. However, a prevalence model¹⁶ developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed. The 2012/13 QOF data indicate that there were 55,016 patients on Northumberland GP registers with hypertension.

Table 6: Diagnosed hypertension prevalence (all ages) 2012/13

Source: Monitoring data on QOF 2012/13, HSCIC

Area	Prevalence
North Northumberland	17.79%
West Northumberland	16.88%
Central	17.21%
Blyth Valley	16.60%
Total Northumberland	17.10%
North of England	14.38%
England	13.68%

Diabetes

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

Data collected as part of the monitoring arrangements for the QOF shows that the prevalence of diagnosed diabetes in Northumberland is higher than the regional and national average. However, a prevalence model¹⁷ developed to predict the number of people with diabetes suggests a significant gap between predicted and measured (or diagnosed) levels.

Diabetes can remain undiagnosed for many years; people who are undiagnosed will not receive the routine care and monitoring required to optimise wellbeing and minimise long-term complications. Identifying people who are undiagnosed and

¹⁶ Source: Modelled estimates of prevalence of hypertension for PCOs in England, version 2, Eastern Region Public Health Observatory

¹⁷ Source: The APHO Diabetes Prevalence Model, Yorkshire & Humber Public Health Observatory, 2010. <http://www.yhpho.org.uk/default.aspx?RID=81090>

providing systematic care for them is therefore a priority if diabetes is to be managed effectively.

Table 7: Diagnosed diabetes prevalence (% of population aged 17+) 2012/13

Source: Monitoring data on QOF 2012/13, HSCIC

Area	Prevalence
North Northumberland	5.56%
West Northumberland	4.86%
Central	6.10%
Blyth Valley	5.74%
Total Northumberland	5.63%
North of England	5.04%
England	4.83%

Chronic obstructive pulmonary disease (COPD)

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

Table 8: Diagnosed COPD prevalence 2012/13

Source: Monitoring data on QOF 2012/13, HSCIC

Area	Prevalence
North Northumberland	2.36%
West Northumberland	1.75%
Central	3.04%
Blyth Valley	2.43%
Total Northumberland	2.45%
North of England	2.27%
England	1.74%

The female premature mortality rate in Northumberland from respiratory disease considered preventable is 19.5 per 100,000 population. This is significantly higher

than the England average but similar to the regional average¹⁸. COPD is a contributor to health inequalities.

COPD prevalence as recorded within QOF is higher than the average for England as a whole (2.3% versus 1.5%). However, a prevalence model¹⁹ developed to predict the number of people with COPD suggests that there are significant numbers of people who have COPD but who are not on GP practice COPD registers.

3.8 Older persons

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

Population projections indicate the number of persons in Northumberland, aged 65 years and over will increase to over 30% of the total population by 2035. The proportion of people aged 85 and over is projected to increase from 3% of the population to 5% by the year 2030²⁰, creating additional demands for social care, housing support and health services. Long term conditions and dementia will be among the biggest challenges faced by health services going forwards.

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

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

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

¹⁸ Source: *Public Health Outcomes Framework*

¹⁹ Source: *Modelled estimates of prevalence of COPD for PCOs in England, version 4, Eastern Region Public Health Observatory*

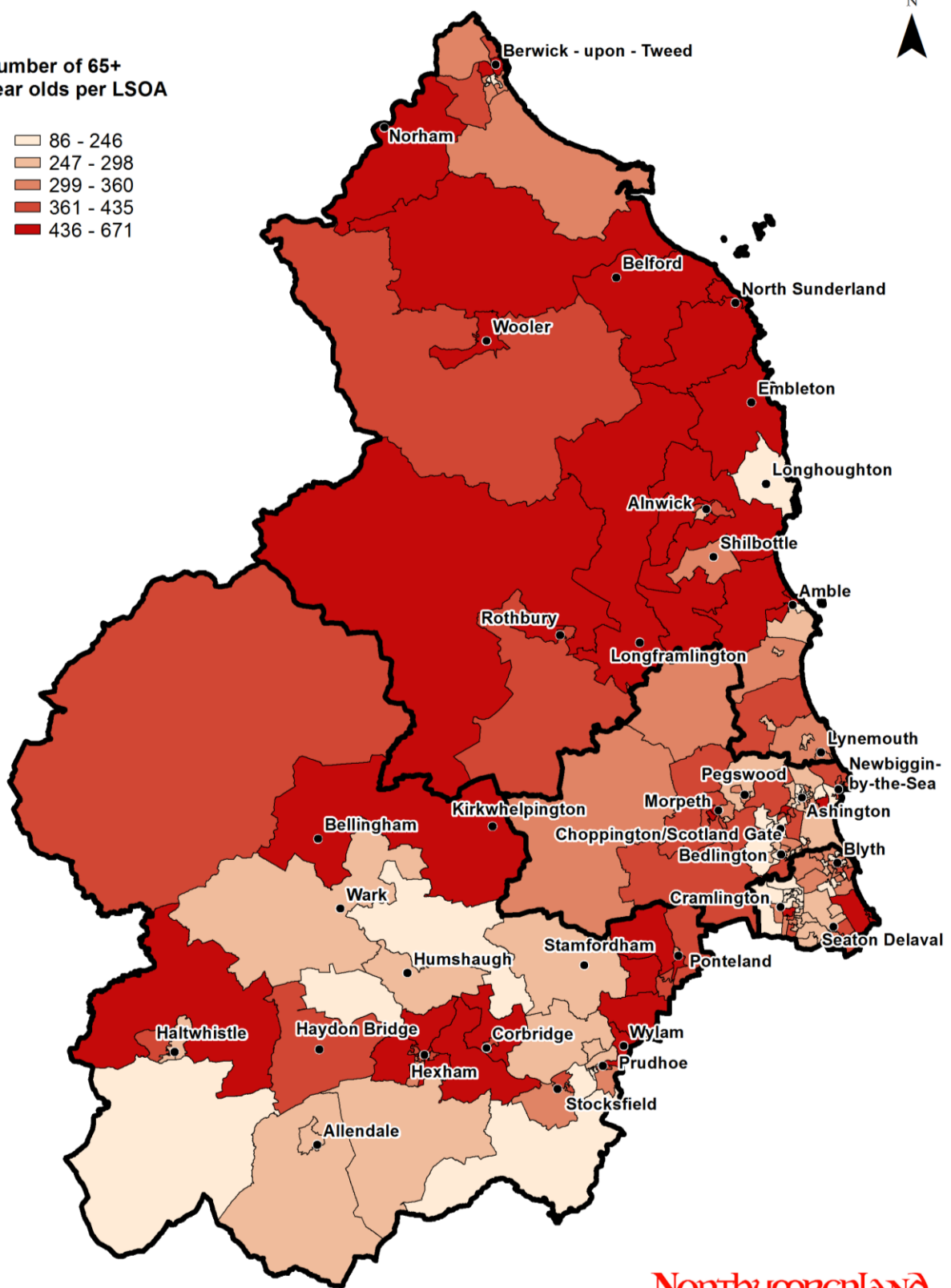
²⁰ Source: *ONS 2012-based population projections*

Map 3: Northumberland mid-2012 population estimates – 65+ population

Data source: ONS population estimates

Number of 65+ year olds per LSOA

- 86 - 246
- 247 - 298
- 299 - 360
- 361 - 435
- 436 - 671



NORTHUMBERLAND
Northumberland County Council

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3.9 Mental health

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

According to the 2012-13 QOF data 0.8% of the Northumberland population have a mental health problem²¹. Depression in adults is higher than the England average with 6.9% of adults diagnosed with depression on practice disease registers.²² The estimated prevalence of any mental health disorder in those aged 5 to 16 years is 9.5%²³.

3.10 Learning Disability

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

Practice registers show that 6.43 adults per 1,000 registered with a GP have a known learning disability. This is significantly higher than the England average of 4.54 per 1,000. The rate of children known to have learning difficulties is 25.19 per 1,000 pupils.²⁴

3.11 Immunisation

Northumberland compares favourably with both the North East and England with regard to immunisation rates for children. It also compares favourably with regard to pneumococcal and influenza vaccine rates for the over 65s, which are 74% and 76% respectively²⁵.

²¹ Schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers

²² Source: *PHE Community Mental Health profiles*

²³ Source: *PHE Children's and Young People's Mental Health and Wellbeing profiles*

²⁴ Source: *PHE Learning Disabilities profiles*

²⁵ Source: *Public Health Outcomes Framework*

3.12 Prison health needs

Northumberland has one prison, HMP Northumberland. It is a category C prison holding 1,348 male offenders. As in the general population, the average age of prisoners is increasing and consequently their health needs reflect this aging population.

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

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

3.13 Holidaymakers

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

3.14 Travellers

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

Section 4:

Current provision – pharmaceutical services

4.1 Definition of pharmaceutical services

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

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

4.2 Advanced services

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

Advanced services currently include:

- Medicine Use Reviews (MUR)
- New Medicine Service
- Stoma Appliance Customisation Service
- Appliance Use Review.

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

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

Each pharmacy can provide a maximum of 400 MURs per year and at least 70%²⁶ of the reviews must be with patients who fall into one of the national target groups, namely:

- High risk medicines
- Patients recently discharged from hospital
- Patients taking respiratory medicines
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines (from late 2014).

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

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

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

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

4.3 Locally commissioned services

Pharmacy services are currently commissioned locally by Public Health Teams, Clinical Commissioning Groups and the local area team of NHS England. Most of the services provided locally were previously commissioned by the Primary Care Trust to meet local health need. Since April 2013 responsibility for these services has moved to Local Authorities, Clinical Commissioning Groups and NHS England.

Service reviews have been undertaken and new service specifications developed for services commissioned by the Public Health Department of Northumberland County Council. Northumberland Clinical Commissioning Group is currently reviewing the services they commission and new service specifications and contracts will be needed to replace the old PCT contracts.

²⁶ This service was reviewed and updated nationally in September 2014, with the 70% target for MURs from specified groups coming into effect from 1st April 2015

Public Health currently commissions the following services from community pharmacies:

- Supervised consumption of opiates
- Needle exchange
- Intermediate smoking cessation services
- Pharmacy Direct dispensing service for smoking cessation products
- Plan B emergency contraception
- C.Card distribution
- Healthy Living Pharmacies.

Northumberland CCG currently commissions the following services from community pharmacies (all currently under review):

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

NHS England currently commissions community pharmacies to provide seasonal influenza vaccines to at risk patients.

4.4 Self-care

Community pharmacies are expected to promote self-care through the sale of “over the counter” medicines and by giving advice. Support for “self-care” is an NHS essential service, and the population is encouraged to use community pharmacies to treat minor illness, reserving GP appointments for more serious conditions. Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets, and give advice on when and how to use them.

4.5 Dispensing doctors

Some rural general practices provide dispensing services to some of their patients. Dispensing doctors can provide dispensing services to patients who live in *controlled localities*²⁷ more than 1.6 kilometres (1 mile) away from a community pharmacy. 17 of Northumberland’s 46 general practices provide dispensing services to some of their patients. Some rural practices dispense from more than one of their surgery premises to provide a localised service in remote areas. In rural areas of Northumberland, dispensing doctors contribute an important element to the provision

²⁷ A controlled locality is an area that has been determined, by NHS England, a predecessor organisation or on appeal by the NHS Litigation Authority’s Family Health Services Appeal Unit (FHSAU), to be ‘rural in character’.

of the network of medicines supply. Maps showing designated rural areas for Northumberland are shown in Appendix 2 (Maps 4a to 4d).

4.6 Dispensing appliance contractors

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

4.7 Hospital services

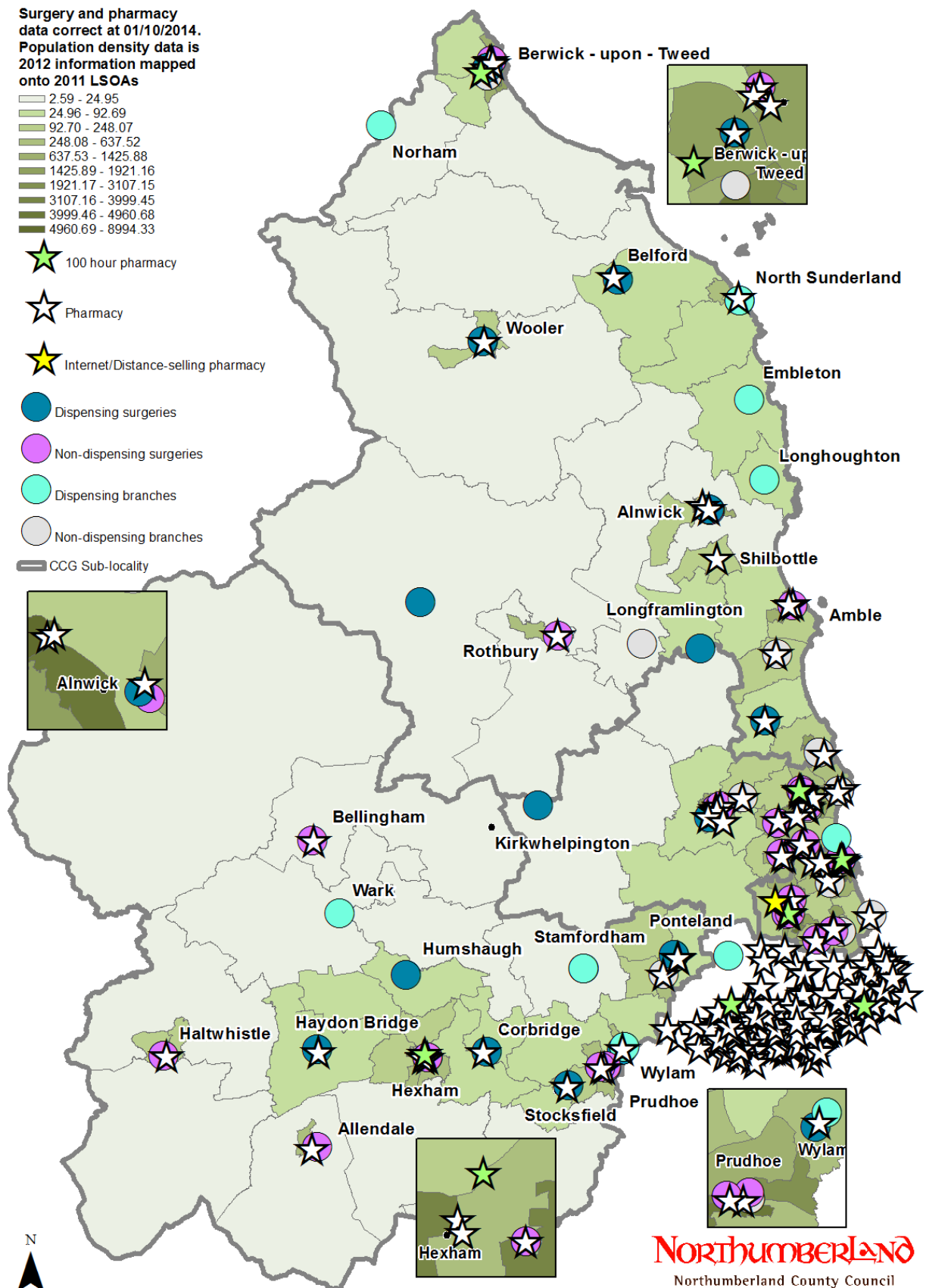
NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are in the scope of a PNA. NHS hospitals within Northumberland work closely with community pharmacists to ensure that discharged patients get the most from their medicines.

4.8 Current provision of essential pharmaceutical services

Maps 5 and 5a identify the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. **Copies of these maps are duplicated in Appendix 1 with a key identifying all pharmacies, GP main surgeries, branch surgeries and "dispensing doctor" premises. The maps in Appendix 1 are continually updated and will be used in the determination of pharmacy applications.**

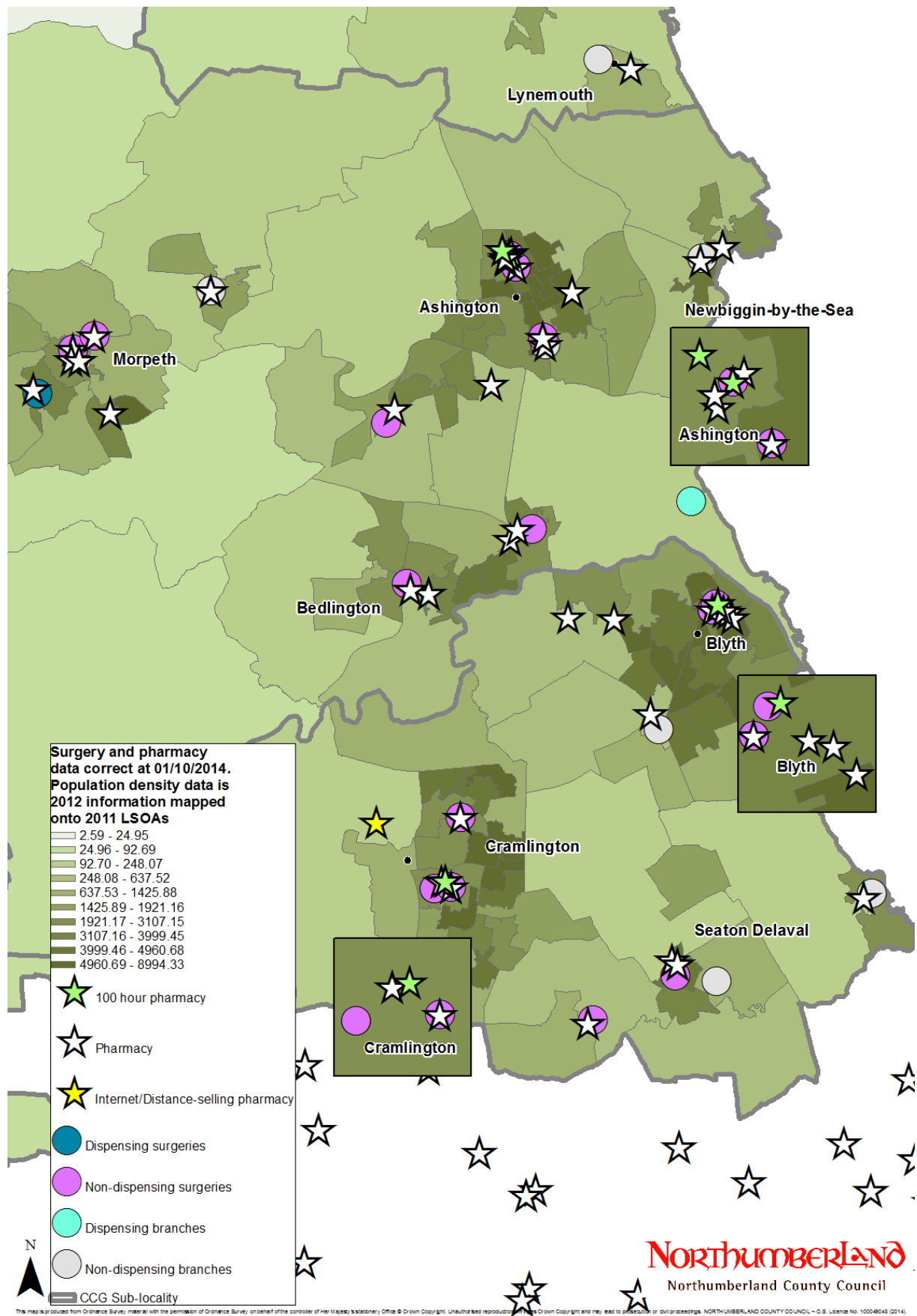
Pharmacies in Newcastle and North Tyneside which may provide services to residents of Northumberland are shown. This includes city centre pharmacies and those at Kingston Park, many of which open for extended hours. Pharmacies within Gateshead, County Durham and Cumbria have not been included due to the natural barriers of the river Tyne and rural geography. It is recognised that some patients may use the pharmacies in the Metro Centre in Gateshead due to extended opening hours and easy parking.

Map 5: GP practices and pharmacies in Northumberland, August 2014



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Map 5a: GP practices and pharmacies in South East Northumberland, August 2014



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

Since the last PNA was written in 2010, a 100 hour pharmacy has opened in Berwick, and a 40 hour contract has opened in Widdrington. Two 100 hour pharmacies have closed in Hexham and Morpeth, and pharmacies with 40 hour contracts have closed in Hexham and Blyth. A distance selling pharmacy has opened in Cramlington.

Table 9: Average number of pharmacies per 100,000 population, August 2014

Sources: [§]Population Estimates Unit, Office for National Statistics (ONS) © Crown copyright; *Health and Social Care Information Centre²⁸; [†]NHS England

Locality	No. of pharmacies	Population (mid-2012 resident population) [§]	Pharmacies per 100,000 population
Blyth Valley	17	82,282	20.6
Central	24	81,559	29.4
North Northumberland	18	78,034	23.1
West Northumberland	16	77,518	20.6
TOTAL	75	316,000	23.7
England (2013)	11,495*	53,493,729	21.5
North East (2013)	619	2,602,310	23.8[†]

Table 9 shows that Northumberland is well serviced by community pharmacies, having a similar number of pharmacies per 100,000 population to the North East generally and the England average. In North and West Northumberland dispensing doctors provide additional capacity for the dispensing of prescriptions. Blyth appears to have fewer pharmacies per 100,000 population than the England average, but a pharmacy closed in Blyth in 2012 for commercial reasons.

²⁸<http://www.hscic.gov.uk/searchcatalogue?productid=13373&q=general+pharmaceutical+services&topics=1%2fPrimary+care+services%2fCommunity+pharmacy+services&sort=Most+recent&size=10&page=1#top>

Table 10 shows the number of prescriptions issued by practices for each locality. These figures do not take into account prescriptions issued by dentists.

Table 10: Average number of prescription items issued per pharmacy ²⁹

Data source: NHS Business Services Authority

*May 2014; **June 2013 – May 2014; §Practices have been assigned to a locality based on the location of the main surgery

Locality	No. of pharmacies*	Number of Prescription items issued by practices** §	Average no. of prescription items per pharmacy per annum
Blyth Valley	16	1,920,997	120,062
Central	24	2,346,633	97,776
North Northumberland	18	1,590,771	88,376
West Northumberland	16	1,783,143	111,446
TOTAL	74	7,641,544	103,264

North and West Northumberland have 26 dispensing surgeries which contribute significantly to the dispensing of prescriptions, therefore the actual number of prescriptions which pharmacies need to dispense is lower. There are 3 dispensing practices in Central locality. Nationally, 7% of prescriptions are dispensed by GP practices; however that figure rises to 9% in Northumberland. 10% of patients in Northumberland are registered as dispensing patients.

Northumberland has an adequate number of pharmacies and dispensing doctors to meet the needs of patients who require prescriptions dispensed.

Repeat Dispensing

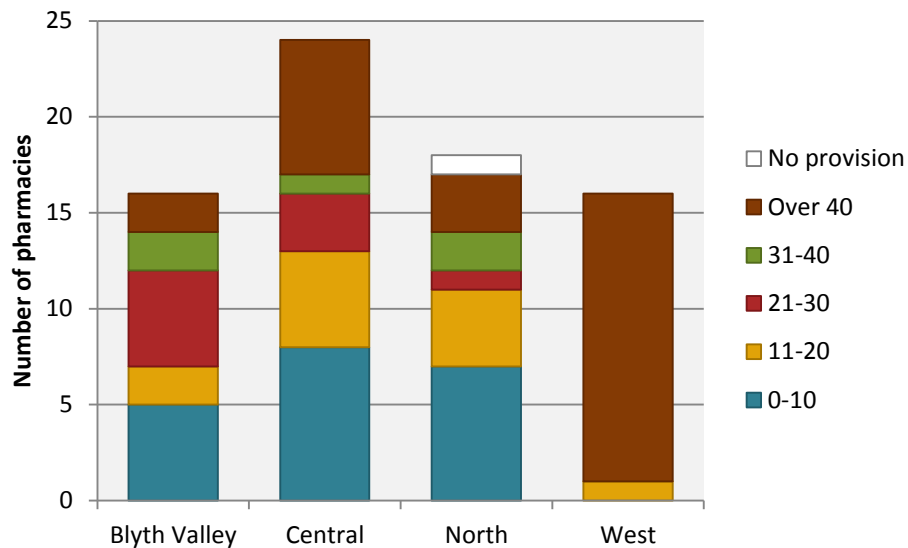
As part of the essential services component of the NHS contract, all pharmacies are expected to provide a repeat dispensing service for patients who are considered by their GP to have a stable long term condition. Patients are dispensed up to a year's supply of medicines, usually in monthly instalments.

²⁹ This does not include the internet/distance selling pharmacy as patients cannot walk into this pharmacy to have a prescription dispensed. A patient could use any of the distance selling pharmacies across the UK to have a prescription dispensed.

Some GP practices identify fewer patients suitable for this service, and some have indicated that they will wait for more advanced electronic prescribing to be activated before introducing the majority of suitable patients.

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

Source: *Pharmaceutical needs assessment questionnaire*



4.9 Hours of provision of medical services

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide more, routine appointments outside of these core hours. Pharmacy opening hours are not always required to mirror these extended surgery hours, as most appointments are pre-booked and the need for immediate provision of medicines is rare.

Additionally, Wansbeck Primary Care Access Centre operates Monday to Friday 9am - 6pm (except bank holidays). This is a nurse led facility based next to Accident & Emergency on the Wansbeck General Hospital site. Patients are either given an FP10 (ordinary) prescription or medication by the nursing staff via a Patient Group Direction. There are also five walk in centres in Newcastle; the one on Ponteland Road operates from 8am to 8pm 7 days per week.

Northern Doctors Urgent Care provides home and centre visits between 6.30pm and 8am seven days a week, and 24 hour access at weekends and bank holidays. Patients requiring urgent medication are issued with one week's supply of medication at the time of consultation.

Minor Injuries Units are open 24 hours a day in Berwick and Alnwick, and Accident & Emergency Services are provided at Hexham General, Wansbeck Hospital and Rake Lane Hospital (North Tyneside). The new emergency care hospital at Cramlington is due to open in 2015 and a new hospital is planned for Berwick.

An existing surgery in Cramlington plans to relocate to the new hospital site at some future date. No other new surgeries are planned in the near future.

4.10 Pharmacy opening hours

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

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

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

In relation to Figure 5a, if a pharmacy's hours differed on one day of the week from the other four days this difference is ignored on the chart. Therefore if a pharmacy opens one evening per week to mirror a surgery's late opening this is not reflected in these tables.

82% of pharmacies in Northumberland open for more than the core contract hours. However, one of the pharmacies is only open for 35.5 hours per week. This pharmacy was previously an "Essential Small Pharmacy"³⁰ and when the contract was reviewed by NHS England in July 2013, it was directed to open for 35.5 hours per week. This decision will be reviewed in July 2015. Table 11 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services.

³⁰ An essential small pharmacy was under the previous pharmacy regulations a small pharmacy which was essential to a (usually) rural area and dispensing less than 26,400 prescriptions per annum

Figures 5a – 5c: Opening Hours in Northumberland

Source: NHS England

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

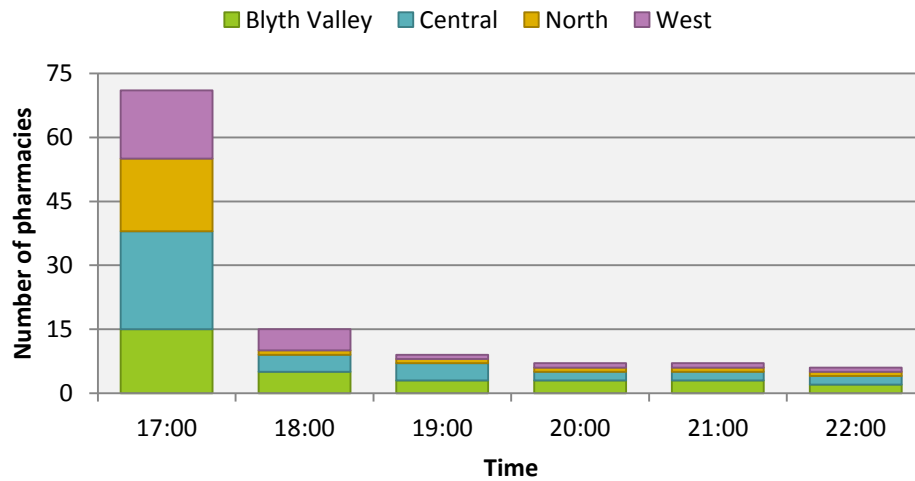


Figure 5b: Number of pharmacies open on Saturdays (excluding internet pharmacy)

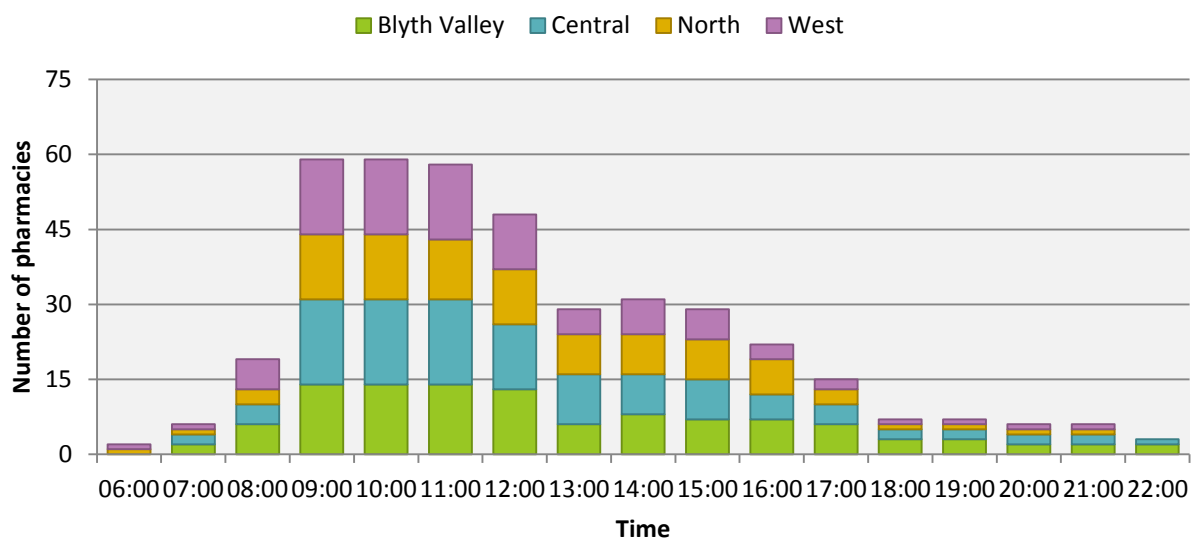


Figure 5c: Number of pharmacies open on Sundays (excluding internet pharmacy)

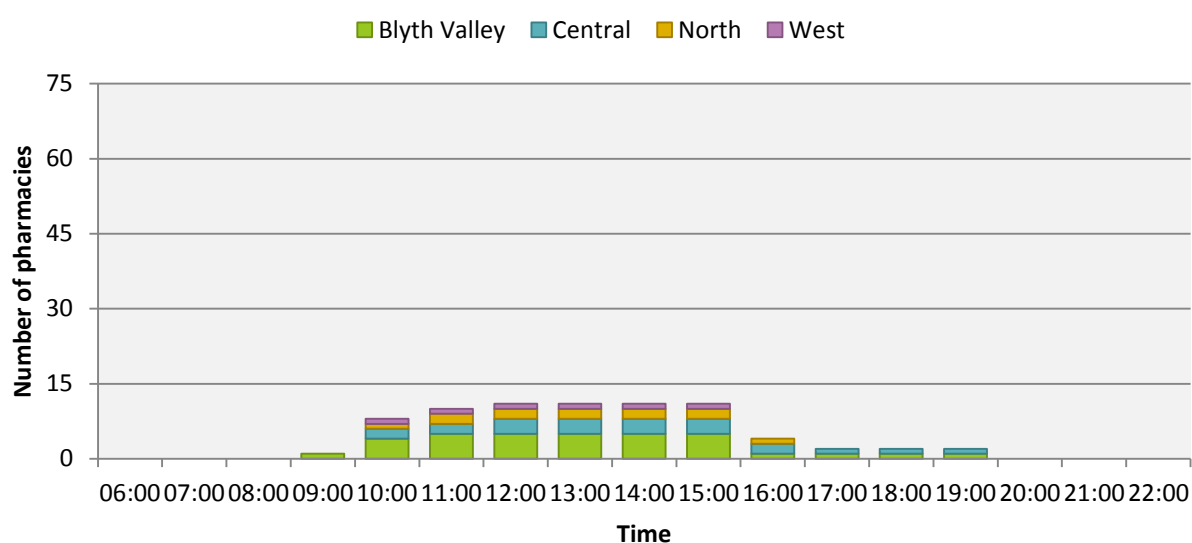


Table 11: Number of hours of pharmaceutical services available each week ³¹

Data source: NHS England

Number of hours	Number	Percentage
Under 40	1	1.4
Exactly 40	8	10.8
More than 40 and up to 45	24	32.4
More than 45 and up to 50	17	23.0
More than 50 and up to 55	12	16.2
More than 55 and up to 60	3	4.1
More than 60 and up to 80	3	4.1
More than 80 but less than 100	0	0.0
100 or more	6	8.1
TOTAL	74*	100.0

Access to community pharmacy across Northumberland is well provided for during core hours. Many pharmacies in town centres are open on Saturday afternoons, giving access to working residents, although it is recognised that this does rely to a

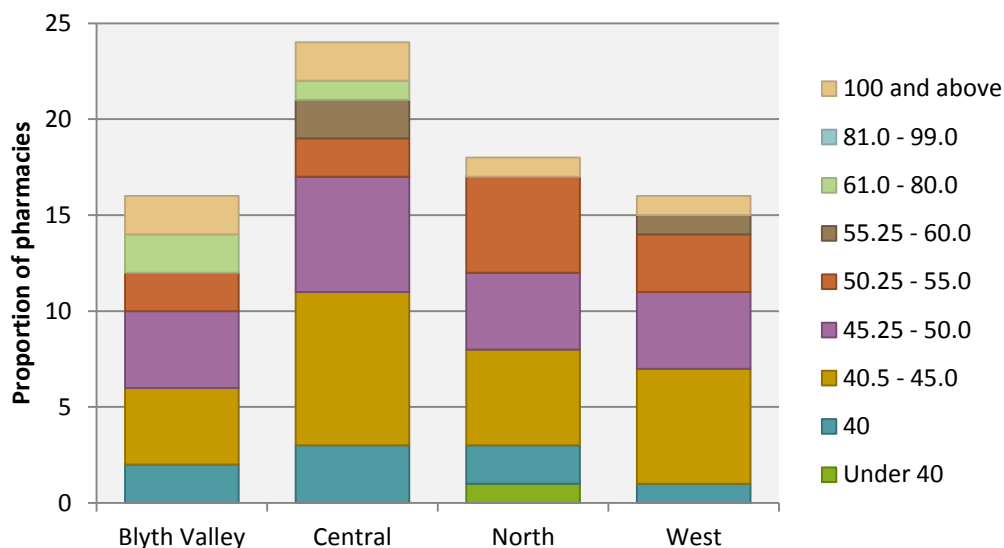
³¹ Excludes internet pharmacy

large extent on the supplementary hours provided by pharmacies and the 100 hour pharmacies.

Pharmaceutical services in north Northumberland after 6pm and at weekends are available at the 100 hour contract in Berwick. In the west of Northumberland the 100 hour pharmacy in Hexham provides access to medicines after 6pm and at the weekend. Central locality has two 100 hour pharmacies in Ashington, and although the 100 hour pharmacy in Morpeth has closed the pharmacy does provide extended evening services on weekdays. Blyth Valley locality has two 100 hour pharmacies. One of the 100 hour pharmacies in Blyth and a pharmacy in Ashington are both open until 8pm on Sundays.

Northumberland has six 100 hour pharmacies which guarantee access to pharmaceutical services in the evenings and at weekends. This is down from eight 100 hour pharmacies at the time of the last PNA. The extended opening hours provided by the 100 hour pharmacies are essential to provide guaranteed access to services outside the 40 hour core contract. In a large geographical area like Northumberland it is important to maintain a network of 100 hour pharmacies in population hubs which are known and advertised and can be accessed by those living in rural areas albeit by private car. The 100 hour pharmacy in Morpeth closed because it was underutilised and not commercially viable, which has resulted in Morpeth being without pharmacy provision on a Sunday. The nearest 100 hour pharmacy for residents of Morpeth is in Ashington, seven miles away.

Figure 6: Number of hours of pharmaceutical services available each week by CCG locality
Data source: Pharmaceutical needs assessment questionnaire, July 2014



There are also pharmacies with extended opening hours in Newcastle and North Tyneside which patients in south Northumberland can conveniently access. Due to the restrictions of Sunday opening hours, access to pharmaceutical services outside the hours of 10am to 5pm is limited. Two pharmacies (one in Blyth and one in

Ashington) are open until 8pm on Sundays. Previously, in 2010, four pharmacies in Northumberland were open until 8pm on Sundays, however it was not found to be commercially viable to continue with these services.

After considering all the elements of the PNA, Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. Northumberland County Council considers that the network of extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.

4.11 Current Provision of Advanced Services

Consultation rooms

A consultation room is essential to provide advanced services, e.g. Medicine Use Reviews (MURs) and many locally commissioned services. Standards for consultation rooms are specified in the service specification for MURs³². They include:

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

Three pharmacies do not have a consultation area; two plan to have one and one pharmacy does not have one due to the landlord objecting to structural alterations to the building.

Of the 71 pharmacies which had a consultation room, 56 (79%) could access hand washing facilities either in the consultation area or close to it. It is not a requirement to have hand-washing facilities within the consultation room, as these will be available in the dispensary. However, it would be advantageous to have hand-washing facilities close to the consultation room for some locally commissioned services.

³² http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf

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

Data source: Pharmaceutical needs assessment questionnaire, July 2014

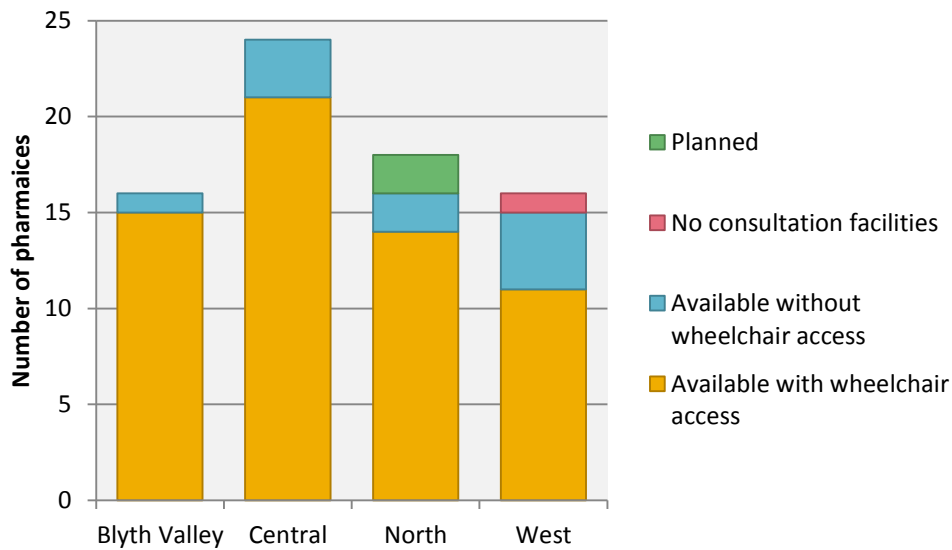
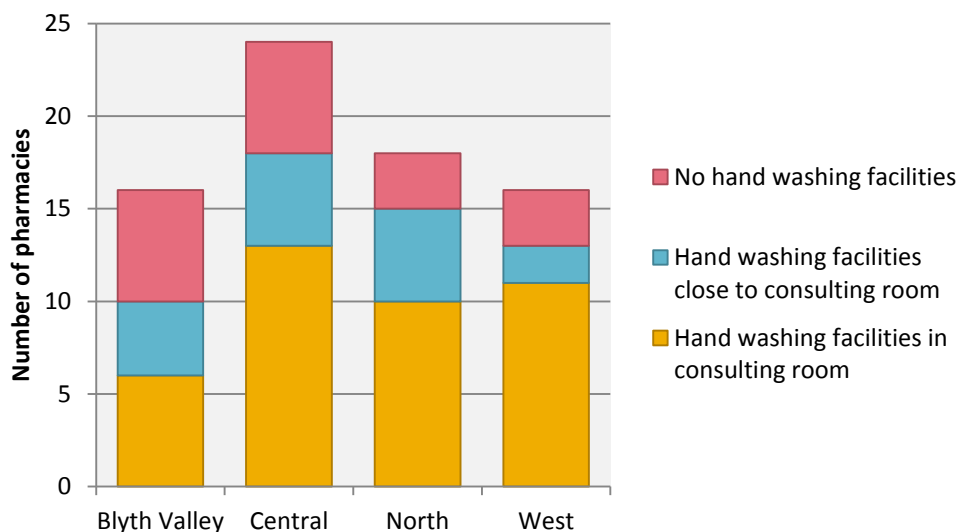


Figure 8 - Question: Does your pharmacy have hand washing facilities close to the consulting room?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



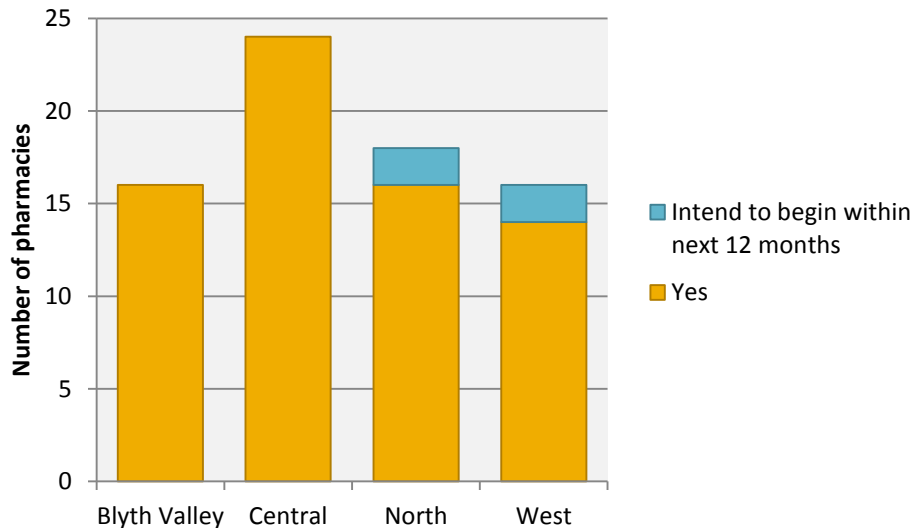
Medicines Use Review service

Most pharmacies (70 out of 74) provide Medicines Use Review (MUR) services; one pharmacy in West Northumberland is not able to provide the service as the premises do not have a consulting room. The pharmacy hopes that a consultation room will be available within the next 12 months. Distance selling pharmacies cannot provide this or any service which requires face to face contact with patients. As pharmacists have to gain an extra qualification to provide this service, it may be that those

pharmacies intending to provide the service in the next 12 months are expecting pharmacists to qualify in the next 12 months.

Figure 9 - Question: Does the pharmacy provide Medicines Use Review?

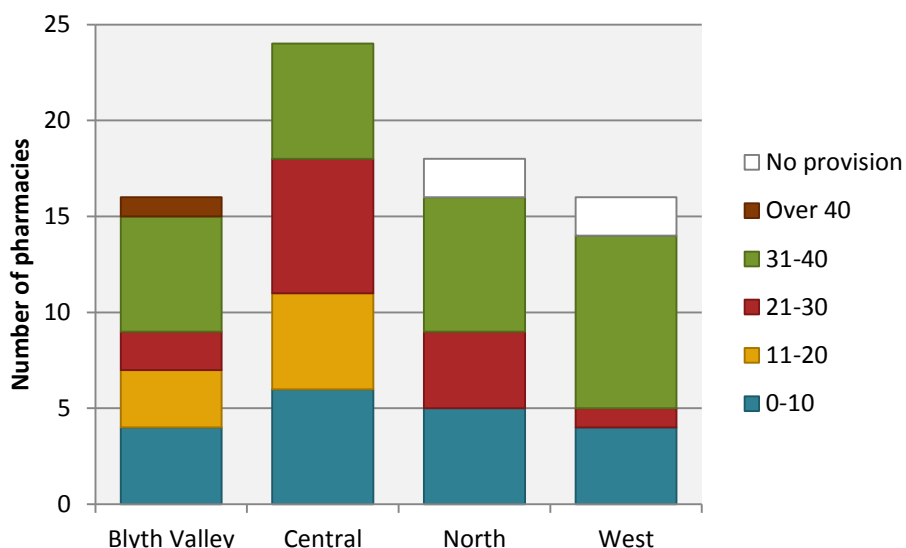
Data source: Pharmaceutical needs assessment questionnaire, July 2014



Most pharmacies do between 21 and 40 MURs per month. This will be driven by the fact that pharmacies can be paid for doing up to 400 MURs per year.

Figure 10 - Question: How many Medicines Use Reviews are performed in an average month?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



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

New Medicines Services

The majority of pharmacies in Northumberland (68 out of 74 or 92%) provide this service. The MUR qualification is required to provide this service.

As this service was only introduced in 2013, it would be expected that patient numbers would be less than for MURs, which are well established. Work is ongoing with Northumbria Healthcare Trust and Newcastle Hospitals to develop systems to identify patients discharged from hospital that would benefit from this service.

Figure 11 - Question: Does the pharmacy provide the New Medicines Service (NMS)?

Data source: Pharmaceutical needs assessment questionnaire, July 2014

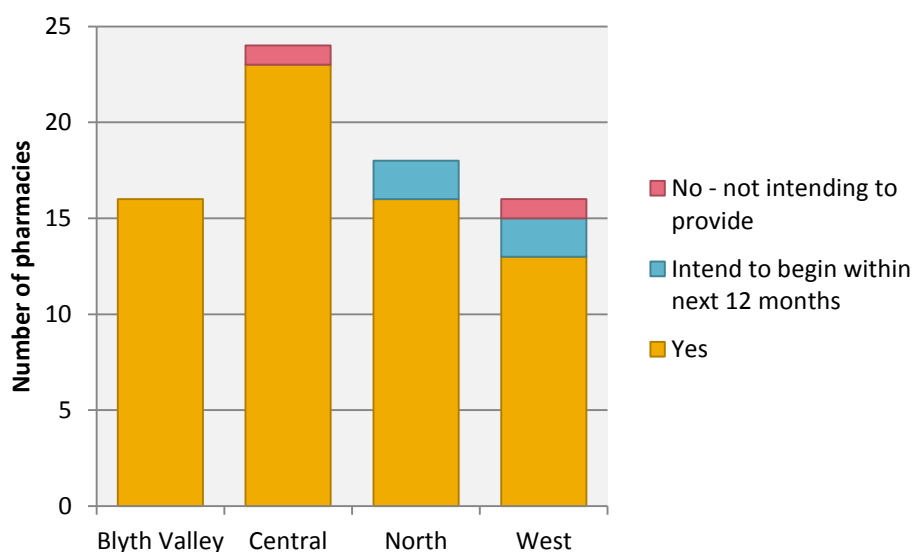
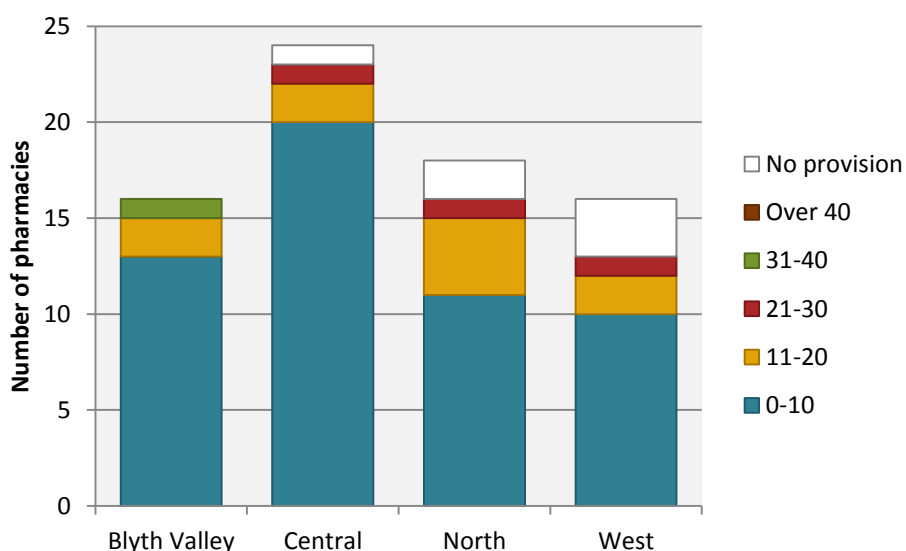


Figure 12 - Question: What is the average monthly number of New Medicines Service reviews?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



4.12 Appliance services

Most pharmacies in Northumberland (58 out of 75) currently supply appliances on prescription. All but one of these pharmacies dispense both dressings and appliances. Regulations which came into force in 2010 defined the essential and advanced services, which apply to pharmacies and appliance contractors who supply appliances on NHS prescriptions. This stricter service specification probably accounts for the reduction in the number of pharmacies providing this service across Northumberland. Further details of the services and the payments applicable to each service can be found in the Drug Tariff³³.

Essential services

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

Advanced services

- Stoma Appliance Customisation
- Appliance Use Reviews

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

Nursing teams in Northumberland use dressings from stock drawn from NHS Supplies to apply at dressings changes undertaken by them. They are allowed to change a dressing up to a maximum of 4 times using their own stock, thereafter a prescription must be issued in the normal way. The scheme aims to reduce waste and ensure that a dressing is available at the first visit to the patient.

4.13 Distance Selling Pharmacies

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

³³ The Drug Tariff is a monthly publication produced by the NHS Business Authority (prescription pricing division). It is used as a reference for the payment and repayment of NHS prescription costs by pharmacists or doctors dispensing in primary care.

4.14 Essential Small Pharmacies

There was one essential small pharmacy in Northumberland (Haydon Bridge). An essential small pharmacy was, under the previous pharmacy regulations, a small pharmacy which was essential to a (usually) rural area but was only doing a small number of prescriptions –less than 26,400 per annum. The pharmacy in Haydon Bridge is now dispensing more than 26,400 prescriptions annually and has re-joined the Pharmaceutical list.

When another rural pharmacy had its contract reviewed by NHS England in July 2013, it was directed to open for 35.5 hours per week. This decision will be reviewed in July 2015.

4.15 Electronic Transfer of Prescriptions

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

Release 1: In EPS release 1 the paper prescription form remained the legal prescription with a parallel electronic message flow linked via a barcode on the prescription which could be used to support the processing of the paper prescription. EPS Release 1 was not intended to deliver significant direct benefits, but rather to provide a safe environment to establish the EPS infrastructure without the risk of disruption to the supply of medicines to patients.

Release 2: Release 2 supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, and the electronic submission of reimbursement claims to NHS Prescription Services. Not all GP practices in Northumberland have been Release 2 enabled.

Most pharmacies are able to process electronic prescriptions. Routine use of electronic prescriptions in the local health economy is largely dependent on the speed of progress of local practices. According to the Health and Social Care Information Centre (HSCIC), all pharmacies in Northumberland are now EPS R2 enabled.

Figure 13 - Question: Is the pharmacy EPS (Electronic Prescription Service) enabled?

Data source: Pharmaceutical needs assessment questionnaire, July 2014

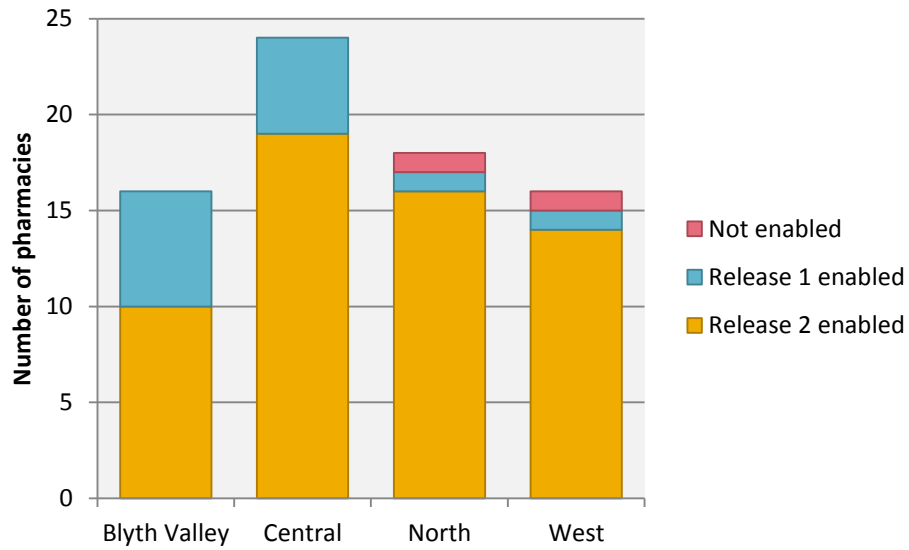
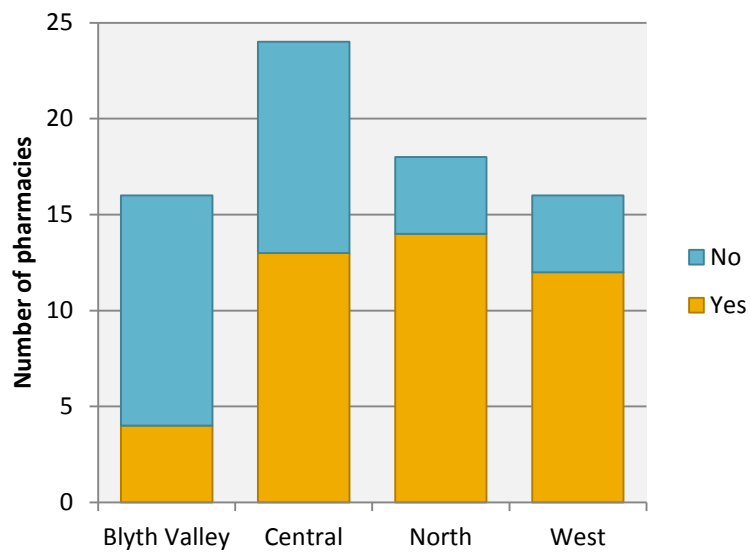


Figure 14 - Question: Are you currently processing electronic prescriptions?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



Section 5:

Current provision of locally commissioned services

Since 2013, services are now commissioned from community pharmacies by several commissioners; namely Public Health departments of local councils, Clinical Commissioning Groups and NHS England. Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility.

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

5.1 Think Pharmacy First

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

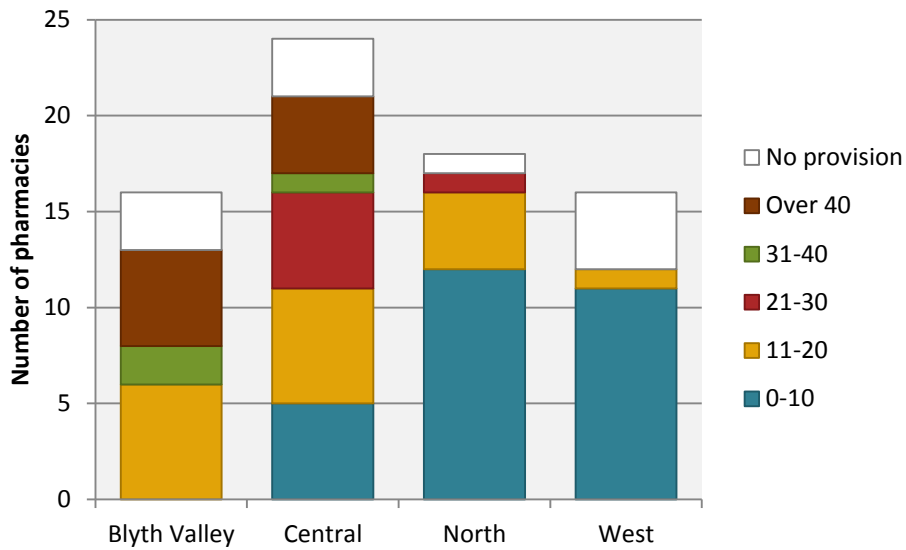
Maps 6 and 6a (in Appendix 3) show the pharmacies within Northumberland which provide medicines directly to patients through the *Think Pharmacy First* scheme, plotted against the index of multiple deprivation.

Several pharmacies in each locality do not provide this service. Further work needs to be undertaken to understand why these pharmacies have chosen not to participate. When the previous PNA was written only one pharmacy in Northumberland was not providing this service.

It is one of the strategic goals of the CCG to make better use of self-care and community pharmacists, reserving GP appointments for the more serious conditions which need medical input. It will therefore be important to understand which conditions are being treated in the *Think Pharmacy First* scheme, and which drugs are being prescribed, before making plans for any major re-launch of the scheme.

Figure 15 - Question: What is the average monthly number of clients using *Think Pharmacy First*?

Data source: *Pharmaceutical needs assessment questionnaire, July 2014*

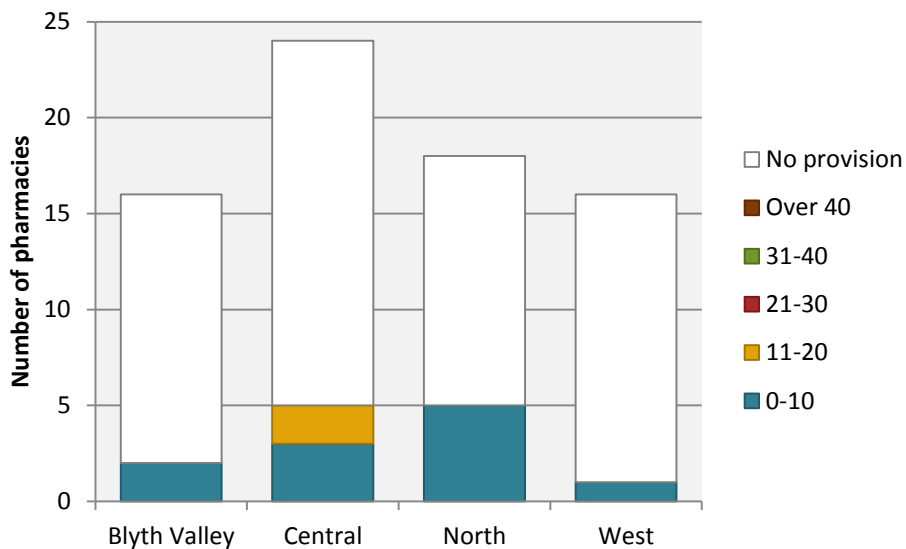


There are no gaps in the provision of this service in deprived areas, because most pharmacies provide the service. Those pharmacies which do not provide the service are mainly in affluent areas.

5.2 Specialist drug access service

Figure 16 - Question: What is the average monthly number of clients accessing Specialist Drug Services?

Data source: *Pharmaceutical needs assessment questionnaire, July 2014*



Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs e.g.

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

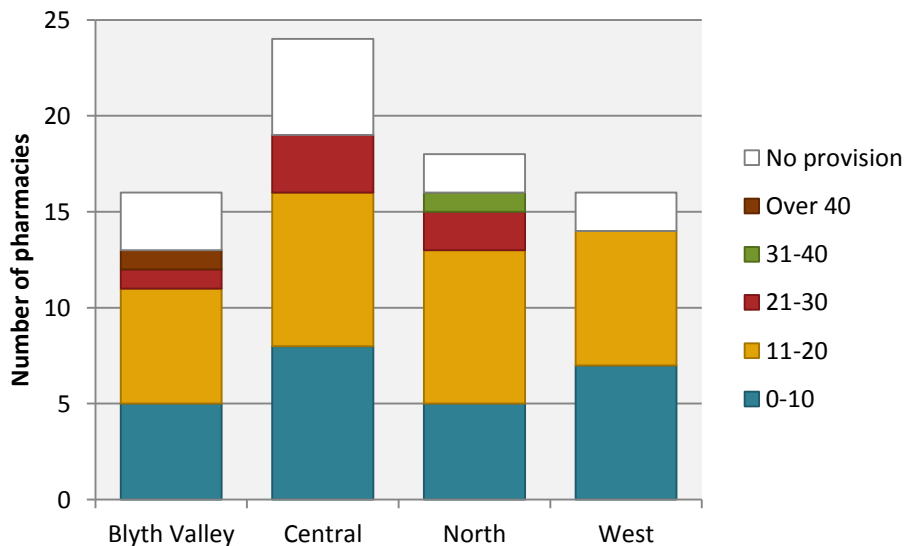
There is adequate provision of this service across the county with many other pharmacies willing to provide the service if commissioned.

5.3 Sharps collection service

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

Figure 17 - Question: What is the average monthly number of clients using the Sharps collection service?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



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

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

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

5.4 Alcohol and drug misuse services

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

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

Needle exchange

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

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

When community pharmacy is considered with other providers of Needle Exchange services, there is potentially further scope to extend this service. A specific review of health needs will be done to ensure that there is no unmet need within Northumberland.

Supervised opioid consumption

Services have been commissioned from community pharmacies to provide a supervised consumption scheme for methadone for those individuals who have

made the decision to reduce their illegal opiate use. Substance misuse services prescribe an opiate substitute, tailoring the dose to the individual's needs. When a pharmacist supervises the patient's consumption of the methadone in the pharmacy, it will not end up being traded on the street, or accidentally being taken by children in the home. This also reduces the potential for criminal activity.

Although 57 pharmacies stated that they provide a Supervised Opioid Consumption service in their responses to the questionnaire, only 55 are commissioned to provide the service. Some confusion may have arisen as the questionnaire was completed midway through the commissioning process.

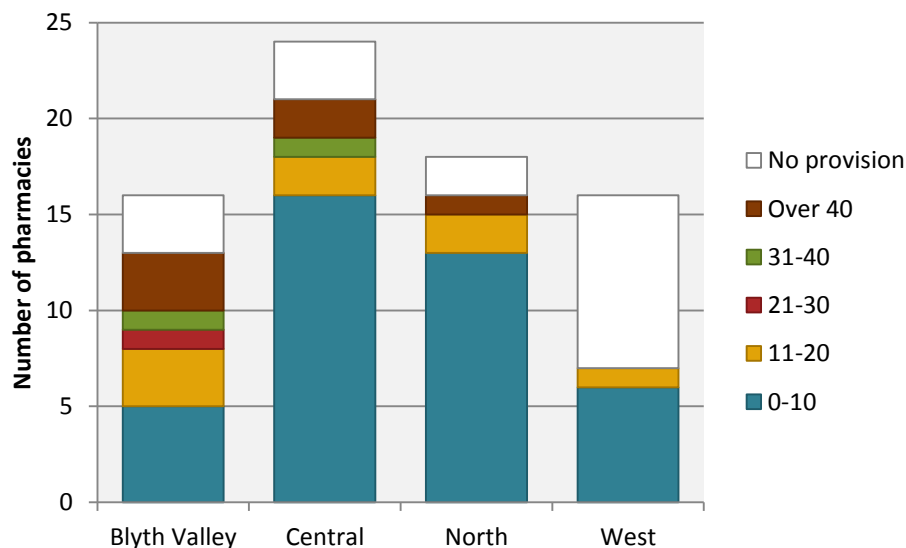
The number of pharmacies commissioned from April 2014 to provide supervised opioid consumption services in each of the localities is as follows:

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

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

Figure 19 - Question: What is the average monthly number of clients using the supervised opioid consumption services?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



Most pharmacies provide this service to less than 10 clients per month. In most cases there is daily contact which allows the pharmacy staff to get to know their clients, and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client's health status, sign-posting to other relevant services. It is important that pharmacies providing supervised consumption

services are linked into the support services offered by the Public Health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all of the customer's health needs.

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

5.5 Sexual health services

Plan B (EHC)

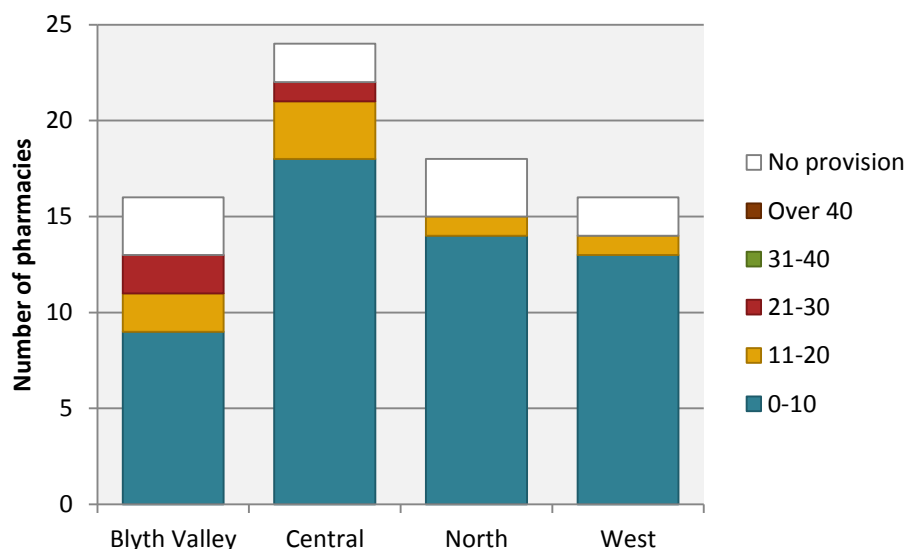
To meet public health targets to reduce teenage pregnancy, a locally commissioned service was developed to make emergency hormonal contraception (EHC) more readily available. Although EHC is available without prescription the retail cost (around £25) means it is unaffordable for many of the target group, and it is not licensed for women under 16. Pharmacists providing the service undergo extra training, and provide treatment against a Patient Group Direction in an attempt to reduce unintended pregnancies and subsequent terminations.

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

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

Figure 20 - Question: What is the average monthly number of clients using Plan B?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



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

Chlamydia screening

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

5.6 Stop smoking services

Northumberland Public Health team has a well-developed NHS Stop Smoking service including intermediate and specialist provision. Pharmacies provide one of the locations for intermediate level stop smoking services and complement the services provided in general practice and the community. Maps 12 and 12a in Appendix 3 show the locations of these services.

Specialist services are provided by staff from multiple locations, but some are located in community pharmacies. The majority of Healthy Living Pharmacies

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

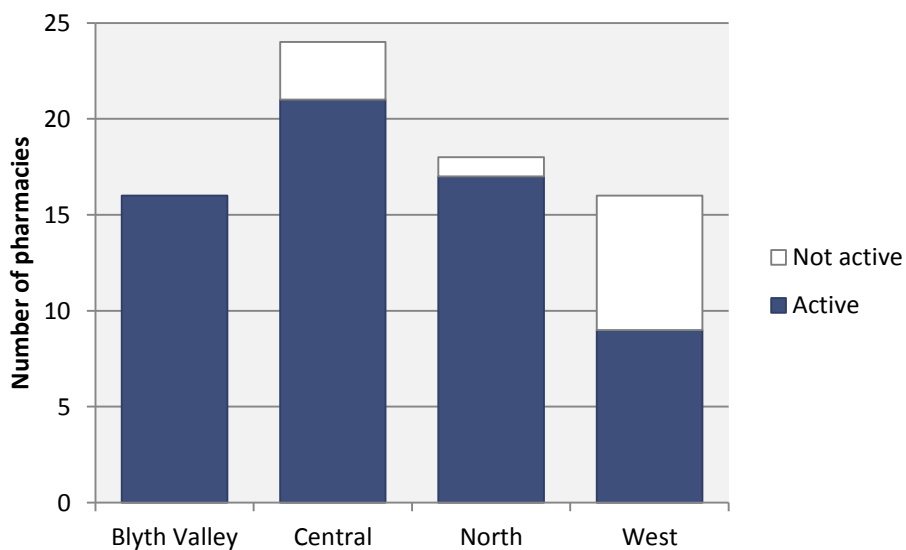
Table 12: Pharmacies providing Intermediate Stop Smoking services by CCG locality

Data source: Pharmacy claims data, 2013/14

CCG locality	Number of pharmacies
Blyth Valley	12
Central	21
North	14
West	9

Figure 21: Northumberland pharmacies actively providing Pharmacy Direct in 2013/14

Data source: Pharmacy claims data, 2013/14



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

5.7 Healthy Living Pharmacies

Public health activities aim to provide conditions in which people can be healthy across entire populations. There are many factors that influence public health over the course of a lifetime. Northumberland County Council's Public Health team

recognise the importance of building capacity to upscale health improvement awareness and advice to the population of Northumberland. It is a challenge to cover the wide geographical area, hence the importance of engaging Pharmacies, which should be the accessible hubs of health in local communities.

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

There are 27 pharmacies in Northumberland which have been awarded the Healthy Living Pharmacy status at Level 1. The Pharmacies are natural community hubs, which are well known and trusted sources of support and health advice. The number of applications received exceeded expectations, and currently the team are in phase three of recruitment at Level 1. The development and expansion of the programme is in progress to move successful pharmacies into level 2 and one pharmacy is currently piloting the Level 2 programme.

Map 13 in Appendix 3 shows the current spread of Healthy Living Pharmacies, by population density. Phase 3 of recruitment will see a targeted approach to ensure equity of geographical spread.

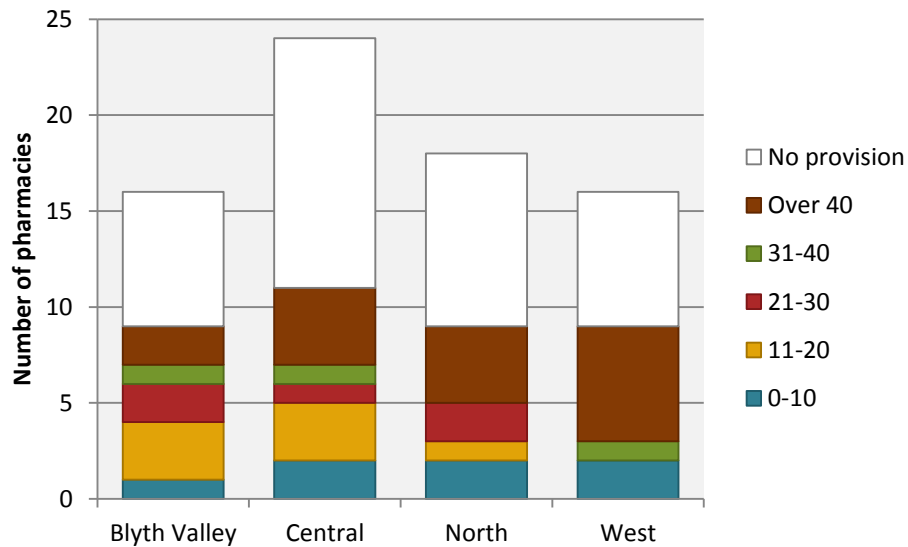
5.8 Seasonal Influenza Vaccination

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

As many more pharmacists have attended training sessions over the summer of 2014, it is hoped that pharmacy will contribute significantly more to the 2014 campaign, particularly in the harder to reach target groups.

Figure 22 - Question: How many NHS patients did you vaccinate against flu last winter?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



5.9 Current provision of locally commissioned services

Figures 23 –27 summarise the current provision of locally commissioned services according to the Pharmaceutical needs assessment questionnaire results and Public Health commissioning data.

Figure 23: Proportion of Northumberland pharmacies that provide sexual health services by CCG locality

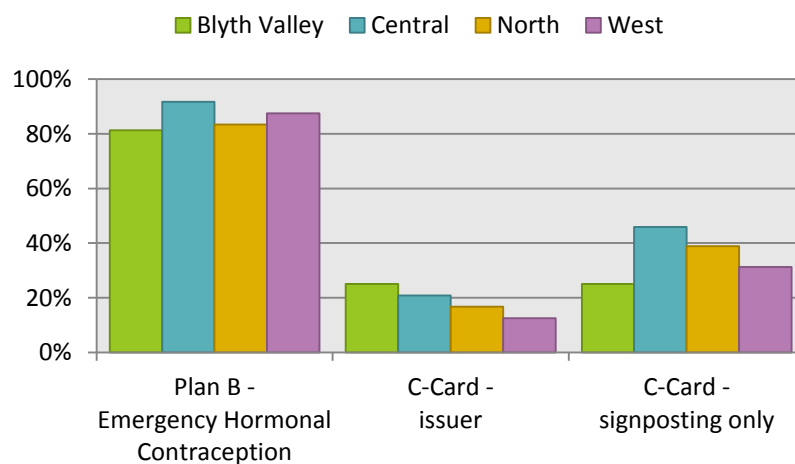


Figure 24: Proportion of Northumberland pharmacies that provide drug services by CCG locality

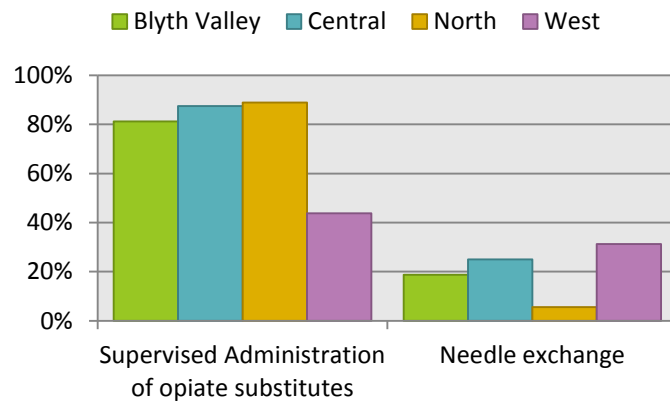


Figure 25: Proportion of Northumberland pharmacies that provide other public health services by CCG locality

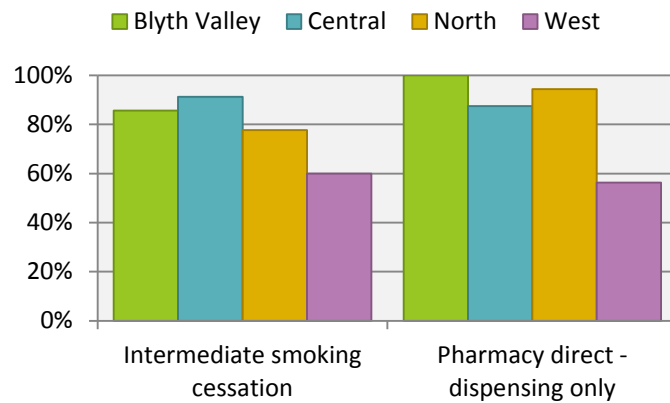


Figure 26: Proportion of Northumberland pharmacies that provide other CCG commissioned services by CCG locality

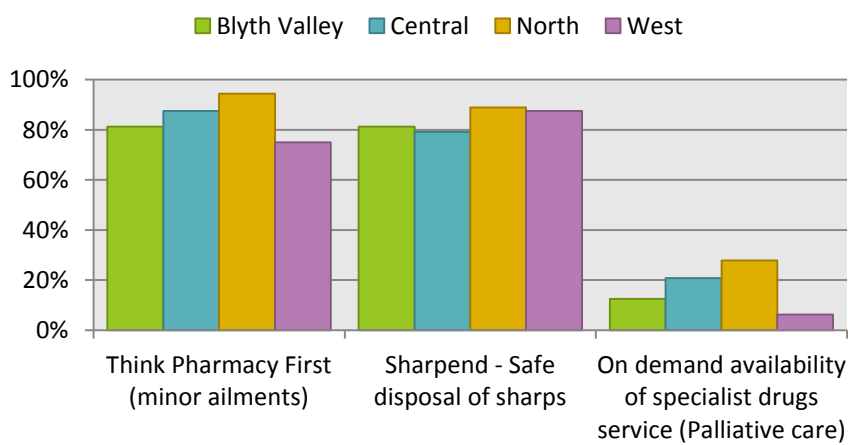
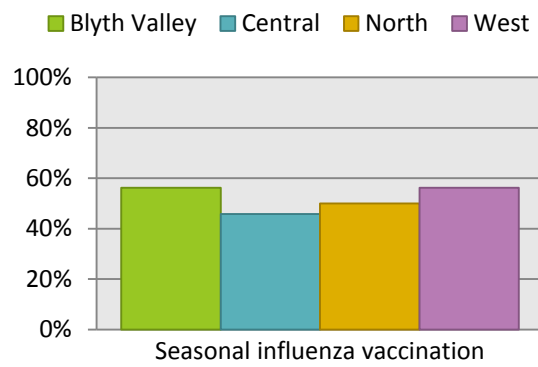


Figure 27: Proportion of Northumberland pharmacies that provided seasonal influenza vaccination by CCG locality in 2013



Section 6:

Non-commissioned services

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

Table 13: Non-commissioned services identified in the PNA questionnaire

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

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's

overhead costs. Non-commissioned services identified in the pharmaceutical needs assessment questionnaire are detailed in Table 13 above.

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

Collection and delivery services

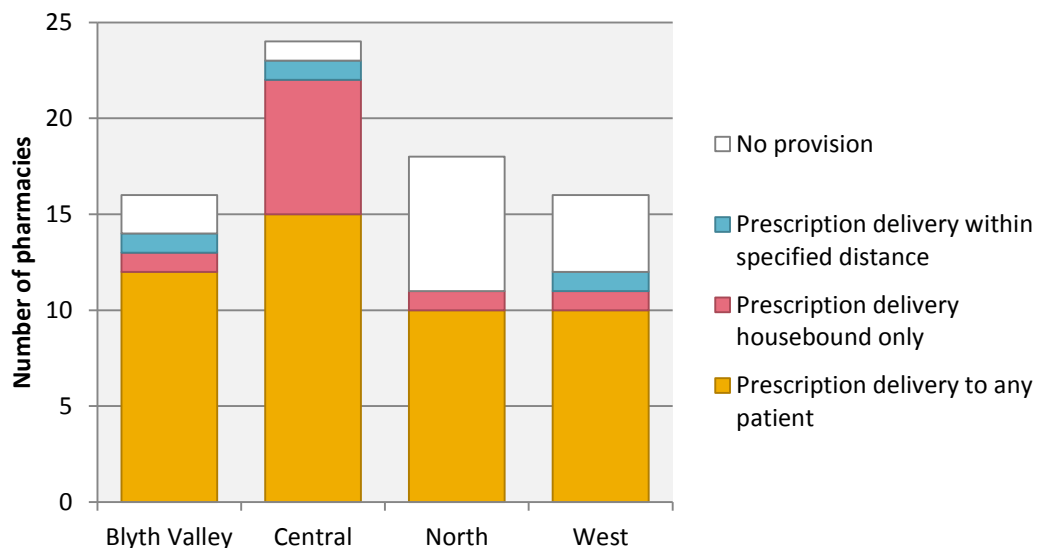
Two of the services which customers find extremely useful are the prescription collection from the surgery and home delivery services. Patients are often surprised to find that these are not NHS services.

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

Most pharmacies (61 out of 75) provide a prescription home delivery service.

Figure 28 - Question: Do you provide a prescription delivery service?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



Some pharmacies do put a limit on this service with regard to distance, and some only provide this service to housebound patients. Pharmacists are continually trying to balance the desire of customers to have their medicines delivered to their home, with the need to personally advise patients on their medicines. The opportunity to provide this advice is reduced when medicines are delivered, as the pharmacist cannot leave the pharmacy to make the deliveries.

Monitored dosage systems

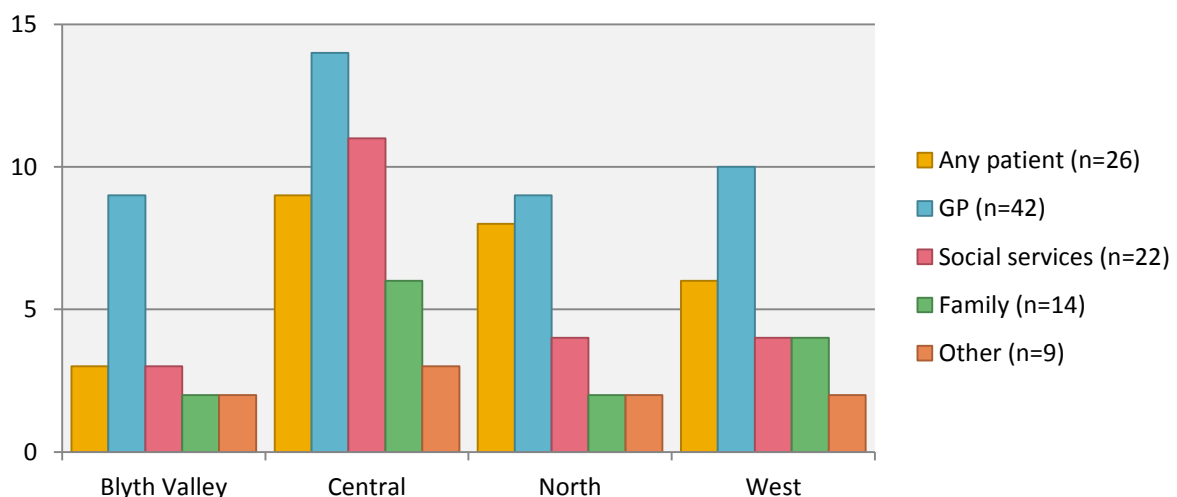
Pharmacies are expected to make suitable arrangements for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor. This will sometimes require the use of monitored dosage system (MDS) cassette boxes to help patients take complicated drug regimens.

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

There has been an increase of MDS boxes where not necessarily indicated and has associated cost implications. Some pharmacies do insist on an assessment by GP, social services or other suitable professional before agreeing to provide this service.

Figure 29 - Question: Which patients may access MDS boxes?

Data source: Pharmaceutical needs assessment questionnaire, July 2014



Section 7:

Future provision

The CCG vision for community pharmacy is to complement dispensing medicines by the provision of a wider range of services from community pharmacies, better utilising pharmacists' clinical skills. This is consistent with the pharmacy white paper (April 2008)³⁴.

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

Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and help to deal with everyday health concerns and problems. The role of pharmacies in promoting self-care will become even more important as the healthcare budget becomes stretched, and GPs have less time to spend on those with more minor health conditions.

The pharmacy white paper quotes a survey showing that 84% of adults visit a pharmacy at least once a year. Pharmacists in Northumberland are accessible and offer extended opening times (late into the evenings or at weekends) to suit patients and customers. Furthermore, most pharmacies now have dedicated consultation areas specifically designed for private discussion.

7.1 Potential future roles

Northumberland Clinical Commissioning Group considers community pharmacists a vital element in their plan to transform primary care. The CCG principles for medicines are to ensure quality safe prescribing, reduce waste medicines, increase cost effective prescribing and ensure patient satisfaction.

The aim is to improve access to a broader range of pharmacist services than the traditional model of dispensing and supply of medicines, for the patients and carers who live in Northumberland. The CCG wishes to use the expertise of community pharmacists to support patients with minor illness, promote health and healthy life styles, and help people avoid admission and re-admission to hospital. The CCG strive to have a medicines optimisation approach to help patients to improve their

³⁴ Pharmacy White Paper April 2008

outcomes, taking their medicines correctly, avoid taking unnecessary medicines, reducing wastage of medicines and improve medicines safety.

The CCG sees pharmacists working more closely across primary, secondary and community care. The CCG vision is to have a fully integrated structured medication review system provided for the patients of Northumberland. To enable this to work effectively, shared decision making between the patient, pharmacist and clinician is key. The CCG will build upon the current IT system to ensure further integration, to allow structured medication reviews to take place in the most appropriate setting. This will involve pharmacists working outside of the pharmacy in outreach teams, residential care, hospices and General Practice, helping patients to manage their illness, provide health checks, support best use of medicines and detect early deterioration in patients' conditions.

The Northumbria Care Home project³⁵ showed that pharmacists have a vital role in the structured review of prescribed medicines in the care home setting, saving money, reducing the risk of harm, and shortening drug rounds, which frees staff for more patient centred activities. This project was undertaken by hospital clinical pharmacists, but with training this model could be rolled out to community pharmacists. The second stage of the project was to ask GPs to identify patients at high risk, and then a hospital pharmacist would go and visit the patient in their own home to review their medication use. Again, this model could be developed to involve community pharmacists.

The Local Pharmaceutical Committee is working closely with senior hospital pharmacists to develop systems which target those patients who would get maximum benefit from the New Medicines Service. This would help meet a key target of the CCG, namely reduced re-admissions to hospital.

7.2 Potential future services

There is the potential to widen the Healthy Living Pharmacy scheme. By encouraging more pharmacies to sign up there will be clear benefits around the health promotion agenda, in relation to the lifestyle challenges in Northumberland.

The Healthy Living Pharmacy programme has a vision of a trained health promotion professional in at least one pharmacy in every community. The pharmacy would then act as a hub for health promotion activities and knowledge within that community – a one stop shop, gaining the trust and support of local residents and increasing footfall.

³⁵ Multidisciplinary review of medicines in care homes: <http://www.health.org.uk/areas-of-work/programmes/shine-twelve/related-projects/northumbria-healthcare-nhs-foundation-trust/>

Development of the pharmacy workforce will build effective foundations for Public Health capacity across Northumberland. At the same time the pharmacy team will develop multidisciplinary links and positive working relationships with other health services which will improve collaborative working to improve patient care and deliver better service outcomes.

There may also be opportunities to develop NHS health checks through pharmacy. Perhaps some of the harder to reach groups might be encouraged to attend the less formal environment of a Healthy Living Pharmacy. There may be other services that are being delivered by other providers, but are not currently reaching all the target population as has been demonstrated by the influenza campaigns.

Community pharmacists have an important role to play in promoting the safe and effective use of medicines, and implementing Medicines Use Review (MUR), particularly with patients with greatest clinical complexity, reducing inappropriate hospital admissions, and ensuring that integrated care supports patients as they move between hospital and the community, with an increased focus on services for housebound patients.

Community pharmacists can also use their expertise to tackle problems related to adverse effects and poor use of medicines, as well as ensure the safe disposal of unwanted medicines.

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

Community pharmacists in Northumberland are ideally placed, and have the potential, to make a significant contribution to the delivery of services to meet the health needs of the population of Northumberland.

Section 8:

Conclusions and recommendations

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

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

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

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

Services for drug users – needle exchange and supervised consumption - have adequate coverage in the areas where the service is needed. More pharmacies have stated that they are willing to provide this service if commissioned. Some extra provision for needle exchange may be needed in North Northumberland, particularly in Alnwick. A review will determine whether extra provision is needed.

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

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

Community pharmacists have already been commissioned to provide flu vaccine to target groups. More pharmacists have undergone training in advance of the 2014

campaign, and this will help Northumberland reach more of the target at risk population.

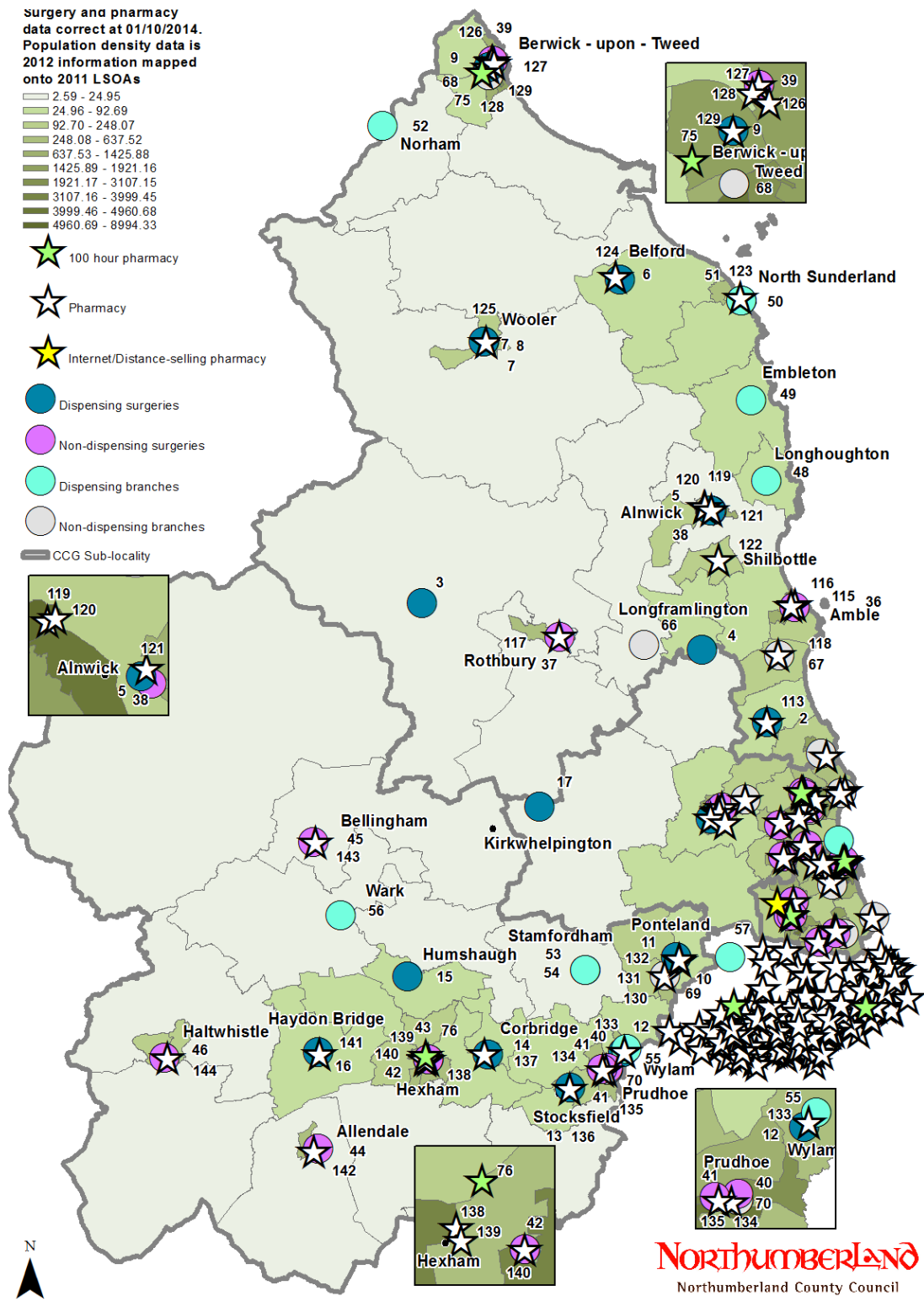
There is the potential to widen the Healthy Living Pharmacy scheme. By encouraging more pharmacies to sign up there will be clear benefits around the health promotion agenda, in relation to the lifestyle challenges in Northumberland. There may also be opportunities to develop NHS health checks through pharmacy to target the harder to reach groups who do not attend GP surgeries.

After considering all the elements of the PNA, Northumberland County Council concludes that there is adequate provision of NHS pharmaceutical services across Northumberland. However, further consideration does need to be given to the provision of pharmacy advice and support to patients who are physically unable to pick up their prescriptions, such as housebound, patients in residential care and people with mobility issues. Northumberland County Council considers that the network of extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.

Services currently commissioned from pharmacies in Northumberland include emergency contraception, smoking cessation, needle exchange, supervised consumption of opioids, minor ailments, disposal of sharps and specialist palliative care drugs. **There is adequate provision of all of these services except perhaps needle exchange in North Northumberland. This will be reviewed.**

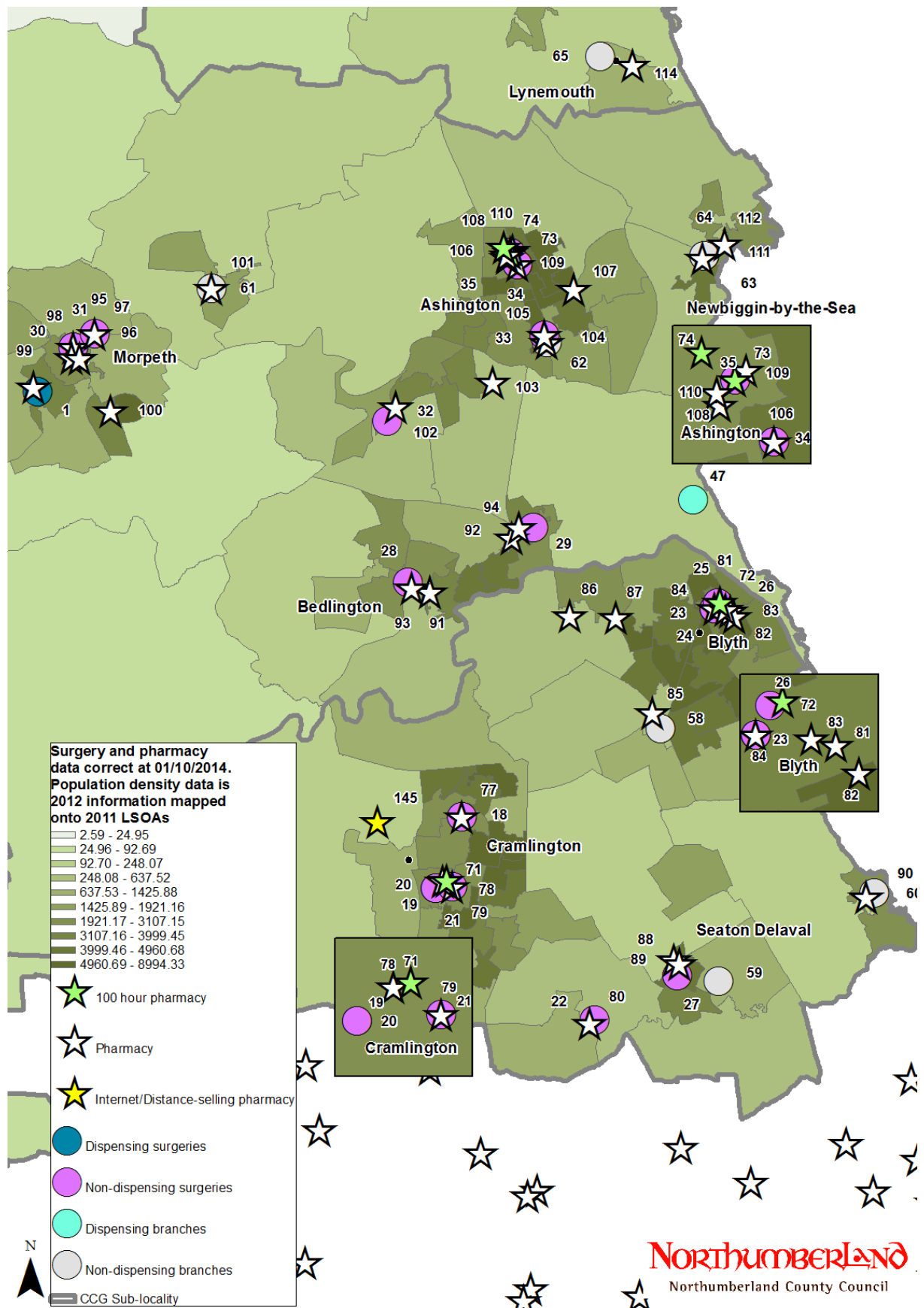
Appendix 1: Maps of essential pharmaceutical services

Map 5. GP practices and pharmacies in Northumberland



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Map 5a. GP practices and pharmacies in South East Northumberland



Number	Category	Details
1	Dispensing surgeries	O'Neill and Partners , Gas House Lane Surgery, Morpeth NHS Centre, The Mount, Morpeth, NE61 2JX
2	Dispensing surgeries	Waite and Partner , Widdrington Surgery, Grange Road, Widdrington, NE61 5LX
3	Dispensing surgeries	Miah, Harbottle Surgery, The Village Hall, Harbottle, NE65 7DQ
4	Dispensing surgeries	Horner and Partners , Middle Farm Surgery, 51 Main Street, Felton, NE65 9PR
5	Dispensing surgeries	Stevenson and Partners , Infirmary Drive Medical Group, The Consulting Rooms, Infirmary Drive, Alnwick, NE66 2NR
6	Dispensing surgeries	Gill and Partners , Belford Medical Group, Croft Field, Belford, NE70 7ER
7	Dispensing surgeries	Dean and Partner, Glendale Surgery, Cheviot Primary Care Centre, Padgepool Place, Wooler, NE71 6BL
8	Dispensing surgeries	Lambourn and Partner, Cheviot Medical Group, Cheviot Primary Care Centre, Padgepool Place, Wooler, NE71 6BL
9	Dispensing surgeries	Ruffe and Partners , Union Brae & Norham Practice, Union Brae Surgery, Tweedmouth, Berwick-Upon-Tweed, TD15 2HB
10	Dispensing surgeries	Adams and Partners , Ponteland Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
11	Dispensing surgeries	McHugh and Partners , White Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
12	Dispensing surgeries	Knapton and Partners , Riversdale Surgery, 51 Woodcroft Road, Wylam, NE41 8DH
13	Dispensing surgeries	Corbett and Partners , Branch End Surgery, Main Road, Stocksfield, NE43 7LL
14	Dispensing surgeries	Kingett and Partners , Corbridge Medical Group, Corbridge Health Centre, Newcastle Road, Corbridge, NE45 5LG
15	Dispensing surgeries	Keep and Partners , Humshaugh & Wark Medical Group, The Surgery, Humshaugh, NE46 4BU
16	Dispensing surgeries	Henderson and Partners , Haydon Bridge & Allendale Practice, North Bank, Haydon Bridge, NE47 6LA
17	Dispensing surgeries	Winslow and Partners , Scots Gap Medical Group, The Surgery, Scots Gap, NE61 4EG
18	Non-dispensing surgeries	Dove and Partners , Brockwell Medical Group, Brockwell Centre, Northumbrian Road, Cramlington, NE23 1XZ
19	Non-dispensing surgeries	Leith and Partners , Cramlington Medical Group, The Health Centre, Forum Way, Cramlington, NE23 6QN
20	Non-dispensing surgeries	Naylor and Partners , Forum Family Practice, The Health Centre, Forum Way, Cramlington, NE23 6QN

Number	Category	Details
21	Non-dispensing surgeries	MacMillan and Partners , Village Surgery, Dudley Lane, Cramlington, NE23 6US
22	Non-dispensing surgeries	Brown and Partners, Netherfield House Surgery, Station Road, Seghill, NE23 7EF
23	Non-dispensing surgeries	Allen and Partners , Marine Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE24 1DX
24	Non-dispensing surgeries	Kimmitt and Partners , Waterloo Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE24 1DX
25	Non-dispensing surgeries	Van Den Bos and Partners , Collingwood Medical Group, The Health Centre, Thoroton Street, Blyth, NE24 1DX
26	Non-dispensing surgeries	McEvedy and Partners , Station Medical Group, Gatacre Street, Blyth, NE24 1HD
27	Non-dispensing surgeries	McDaid and Partners , Elsdon Avenue Surgery, Elsdon Avenue, Seaton Delaval, NE25 0BW
28	Non-dispensing surgeries	Munro and Partners , Bedlingtonshire Medical Group, Glebe Road, Bedlington, NE22 6JX
29	Non-dispensing surgeries	Harrison and Partners , Gables Medical Group, 26 St Johns Road, Bedlington, NE22 7DU
30	Non-dispensing surgeries	Marr and Partners , Wellway Medical Group, Wellway, Morpeth, NE61 1BJ
31	Non-dispensing surgeries	Ridley and Partners , Greystoke Surgery, Morpeth NHS Centre, Morpeth, NE61 1JX
32	Non-dispensing surgeries	MacDonald and Partners , Guide Post Medical Group, North Parade, Guide Post, NE62 5RA
33	Non-dispensing surgeries	Roberts and Partners , Seaton Park Medical Group, Seaton Hirst Primary Care Centre, Norham Road, Ashington, NE63 0NG
34	Non-dispensing surgeries	De and Partners , Laburnum Medical Group, 14 Laburnum Terrace, Ashington, NE63 0XX
35	Non-dispensing surgeries	Chopra and Partners , Lintonville Medical Group, Lintonville Terrace, Ashington, NE63 9UT
36	Non-dispensing surgeries	Watkins and Partners , Coquet Medical Group, Amble Health Centre, Percy Drive, Amble, NE65 0HD
37	Non-dispensing surgeries	Cameron and Partners , Rothbury Practice, 3 Market Place, Rothbury, NE65 7UW
38	Non-dispensing surgeries	Fraser and Partners , Bondgate Surgery, Infirmary Close, Alnwick, NE66 2NL
39	Non-dispensing surgeries	Watson and Partners , Well Close Medical Group, Well Close Square, Berwick-Upon-Tweed, TD15 1LL
40	Non-dispensing surgeries	Haywood and Partner, Adderlane Surgery, 16a Adderlane Road, West Wylam, NE42 5HR

Number	Category	Details
41	Non-dispensing surgeries	Quilliam and Partners , Prudhoe Medical Group, Kepwell Bank Top, Prudhoe, NE42 5PW
42	Non-dispensing surgeries	Gold and Partners , Sele Medical Practice, Hexham Primary Care Centre, Corbridge Road, Hexham, NE46 1QJ
43	Non-dispensing surgeries	Helliwell and Partners , Burn Brae Medical Group, Hexham Primary Care Centre, Corbridge Road, Hexham, NE46 1QJ
44	Non-dispensing surgeries	Hadaway and Partner, Allendale Medical Practice, Allendale Health Centre, Shilburn Road, Allendale, NE47 9LG
45	Non-dispensing surgeries	Thompson and Partners , Bellingham Practice, Health Centre, Bellingham, NE48 2HE
46	Non-dispensing surgeries	Thomson and Partners , Haltwhistle Medical Group, Greencroft Avenue, Haltwhistle, NE49 9AP
47	Dispensing branches	Harrison and Partners , Gables Medical Group, 26 St Johns Road, Bedlington, NE22 7DU
48	Dispensing branches	Fraser and Partners , Bondgate Surgery, Infirmary Close, Alnwick, NE66 2NL
49	Dispensing branches	Fraser and Partners , Bondgate Surgery, Infirmary Close, Alnwick, NE66 2NL
50	Dispensing branches	Gill and Partners , Belford Medical Group, Croft Field, Belford, NE70 7ER
51	Dispensing branches	Fraser and Partners , Bondgate Surgery, Infirmary Close, Alnwick, NE66 2NL
52	Dispensing branches	Ruffe and Partners , Union Brae & Norham Practice, Union Brae Surgery, Tweedmouth, Berwick-Upon-Tweed, TD15 2HB
53	Dispensing branches	Winslow and Partners , Scots Gap Medical Group, The Surgery, Scots Gap, NE61 4EG
54	Dispensing branches	McHugh and Partners , White Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
55	Dispensing branches	McHugh and Partners , White Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
56	Dispensing branches	Keep and Partners , Humshaugh & Wark Medical Group, The Surgery, Humshaugh, NE46 4BU
57	Dispensing branches	Adams and Partners , Ponteland Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
58	Non-dispensing branches	Kimmitt and Partners , Waterloo Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE24 1DX
59	Non-dispensing branches	Dove and Partners , Brockwell Medical Group, Brockwell Centre, Northumbrian Road, Cramlington, NE23 1XZ
60	Non-dispensing branches	Dove and Partners , Brockwell Medical Group, Brockwell Centre, Northumbrian Road, Cramlington, NE23 1XZ

Number	Category	Details
61	Non-dispensing branches	Marr and Partners , Wellway Medical Group, Wellway, Morpeth, NE61 1BJ
62	Non-dispensing branches	Roberts and Partners , Seaton Park Medical Group, Seaton Hirst Primary Care Centre, Norham Road, Ashington, NE63 0NG
63	Non-dispensing branches	Marr and Partners , Wellway Medical Group, Wellway, Morpeth, NE61 1BJ
64	Non-dispensing branches	Roberts and Partners , Seaton Park Medical Group, Seaton Hirst Primary Care Centre, Norham Road, Ashington, NE63 0NG
65	Non-dispensing branches	Marr and Partners , Wellway Medical Group, Wellway, Morpeth, NE61 1BJ
66	Non-dispensing branches	Cameron and Partners , Rothbury Practice, 3 Market Place, Rothbury, NE65 7UW
67	Non-dispensing branches	Watkins and Partners , Coquet Medical Group, Amble Health Centre, Percy Drive, Amble, NE65 0HD
68	Non-dispensing branches	Watson and Partners , Well Close Medical Group, Well Close Square, Berwick-Upon-Tweed, TD15 1LL
69	Non-dispensing branches	Adams and Partners , Ponteland Medical Group, Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD
70	Non-dispensing branches	Knapton and Partners , Riversdale Surgery, 51 Woodcroft Road, Wylam, NE41 8DH
71	100 hour pharmacy	Sainsburys Pharmacy, Manor Walks Shopping Centre, Cramlington, Northumberland, NE23 6RT
72	100 hour pharmacy	Your Local Boots Pharmacy, 60 - 62 Maddison Street, Blyth, Northumberland, NE24 1EY
73	100 hour pharmacy	Central Pharmacy, Lintonville Medical Group, Lintonville Tce, Ashington, Northumberland, NE63 9UT
74	100 hour pharmacy	Asda Pharmacy, Lintonville Terrace, Ashington, Northumberland, NE63 9XG
75	100 hour pharmacy	Tesco Instore Pharmacy, Tweedside Trading Estate, Ord Road, Berwick upon Tweed, Northumberland, TD15 2XB
76	100 hour pharmacy	Tesco Instore Pharmacy, Tynedale Retail Park, Alemouth Road, Hexham, Northumberland, NE46 3PJ
77	Pharmacy	Lloyds Pharmacy, 9 Brockwell Centre, Northumbrian Road, Cramlington, Northumberland, NE23 1XZ
78	Pharmacy	Boots the Chemist, 29-30 Manor Walks, Cramlington, Northumberland, NE23 6QE
79	Pharmacy	The Co-operative Pharmacy, Village Surgery, Dudley Lane, Cramlington, Northumberland, NE23 6US
80	Pharmacy	The Co-operative Pharmacy, 15 Station Road, Seghill, Northumberland, NE23 7SE

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

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

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

Number	Category	Details
142	Pharmacy	Walker (Allendale) Ltd, A, The Pharmacy, 3 Shields Street, Allendale, Northumberland, NE47 9BP
143	Pharmacy	Parkside Pharmacy, Front Street, Bellingham, Northumberland, NE48 2AA
144	Pharmacy	Your Local Boots Pharmacy, Eden House, Westgate, Haltwhistle, Northumberland, NE49 9AF
145	Internet/ Distance-selling pharmacy	Pharmacy 2000 Ltd, South Nelson Road, South Nelson Industrial Estate, Cramlington, Northumberland NE23 1WF

Appendix 2: Maps of rural areas

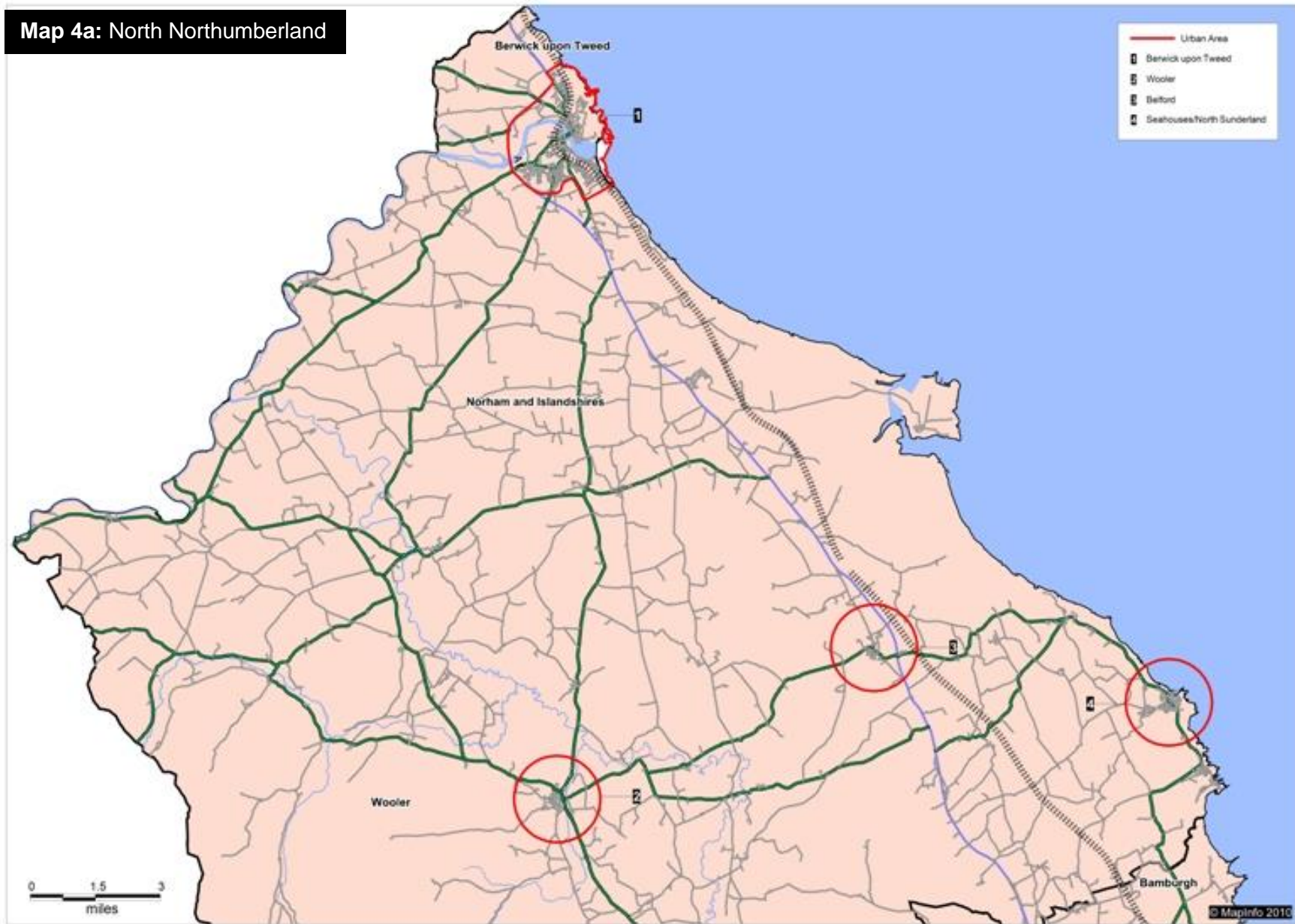
Map 4a: North Northumberland p84

Map 4b: Central Northumberland p85

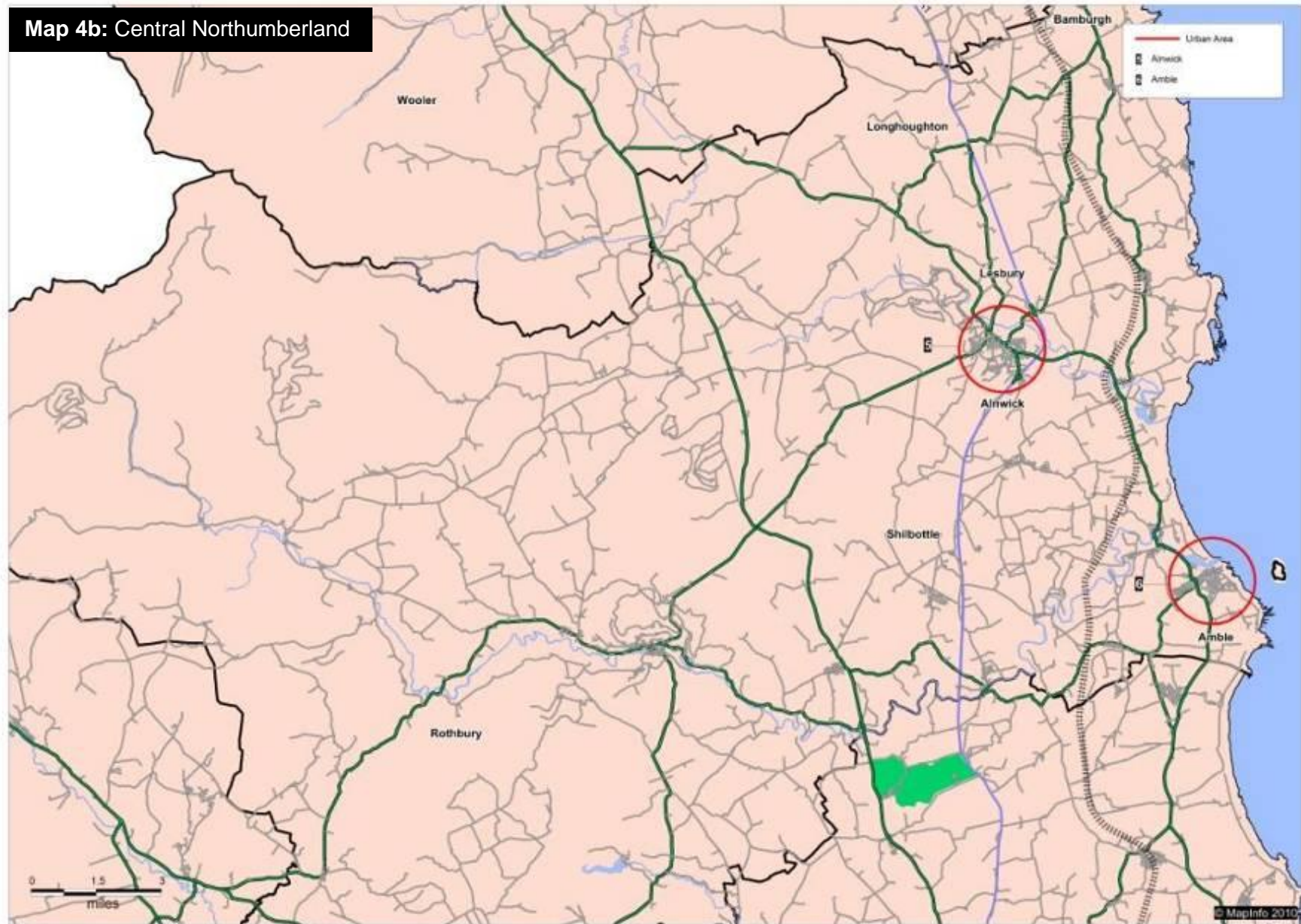
Map 4c: South East Northumberland p86

Map 4d: West Northumberland p87

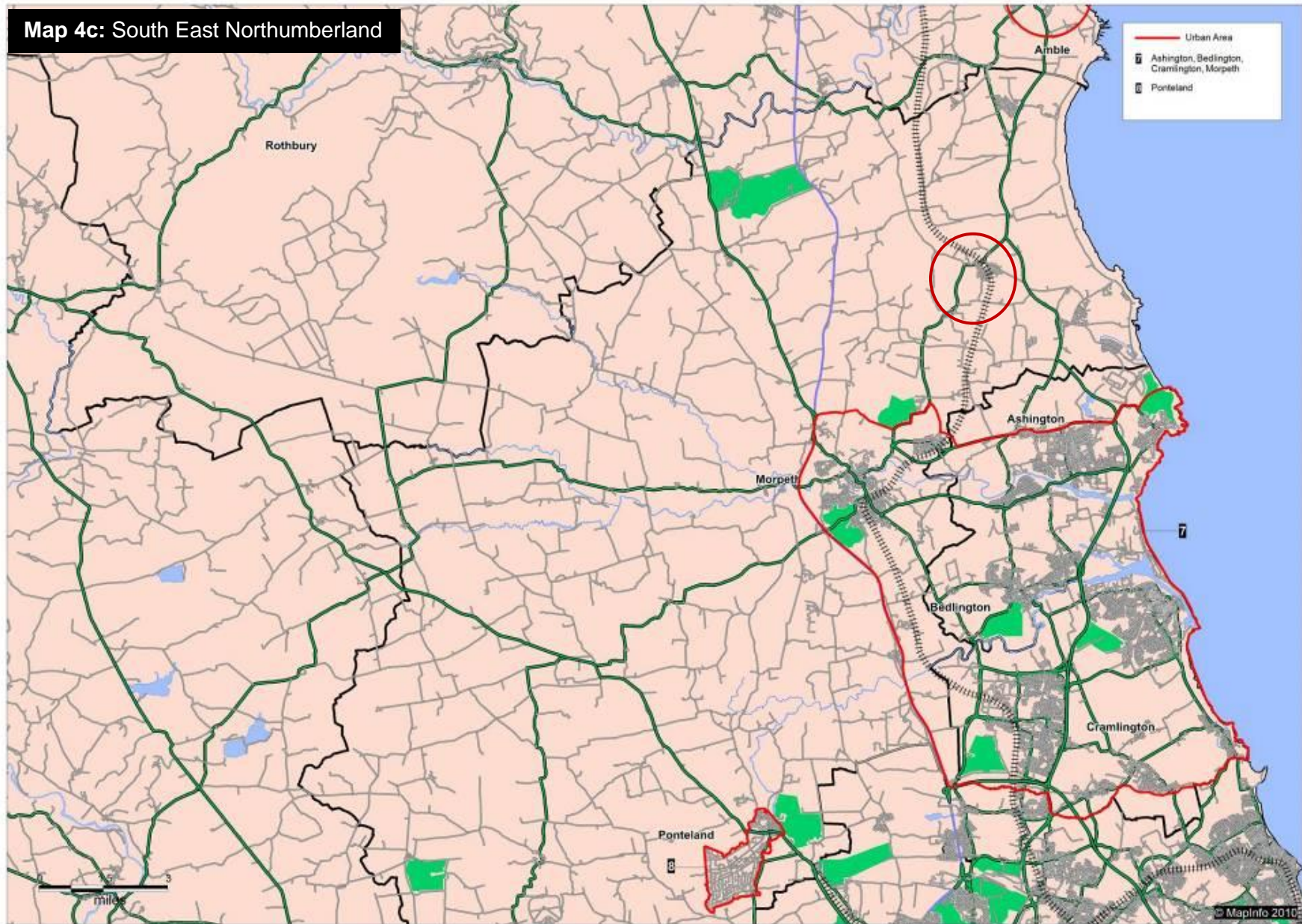
Map 4a: North Northumberland



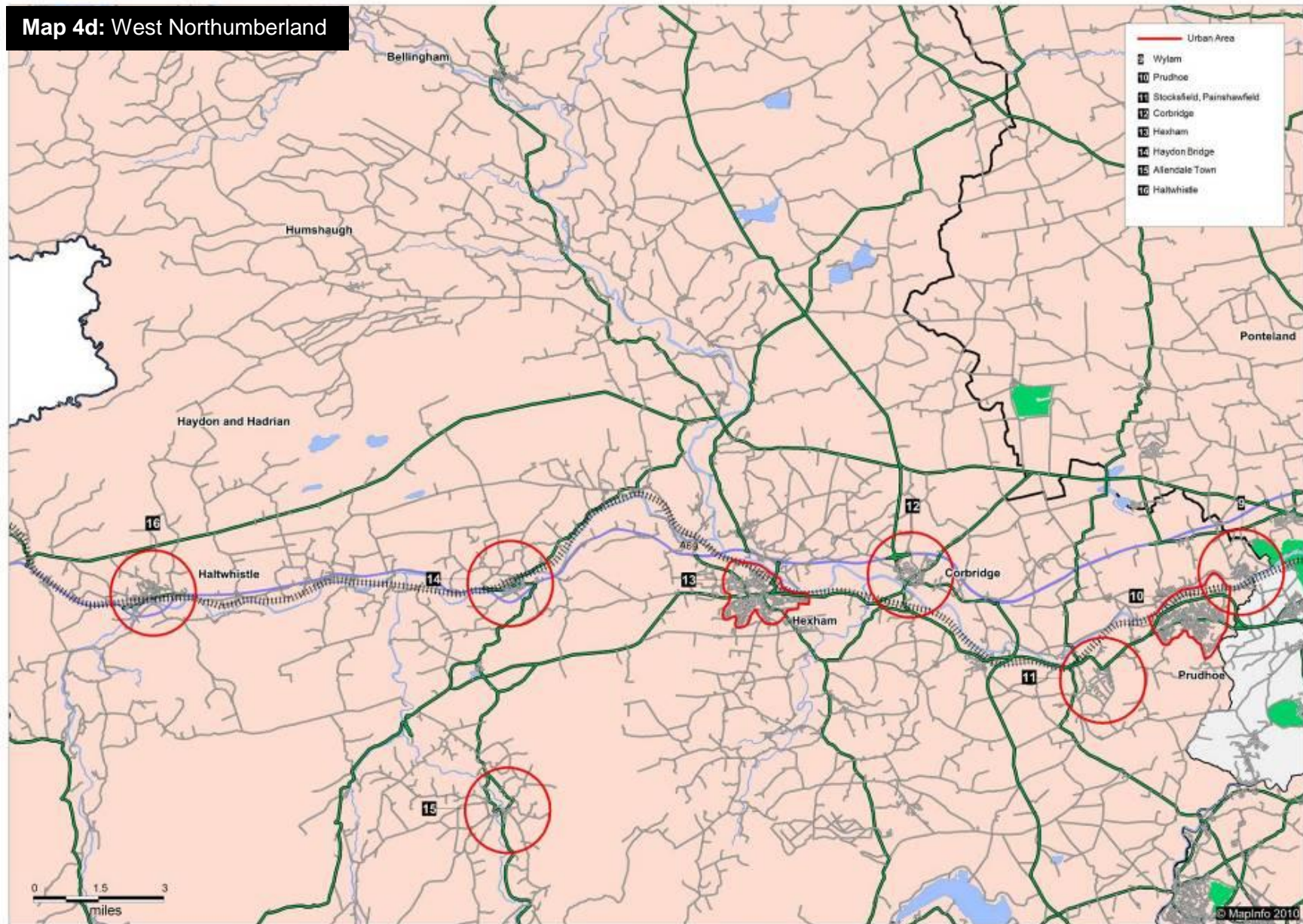
Map 4b: Central Northumberland



Map 4c: South East Northumberland



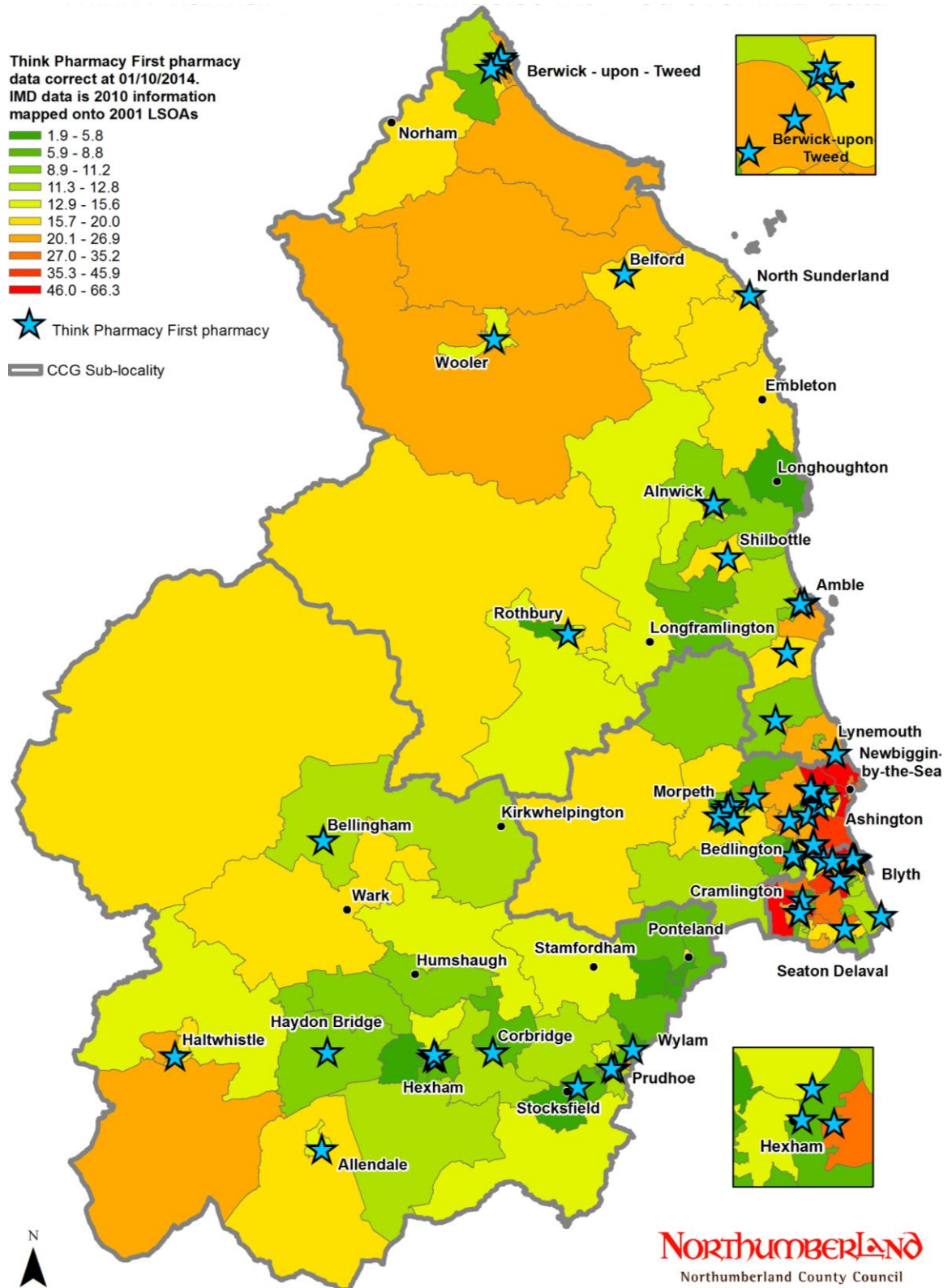
Map 4d: West Northumberland



Appendix 3: Maps of currently commissioned services

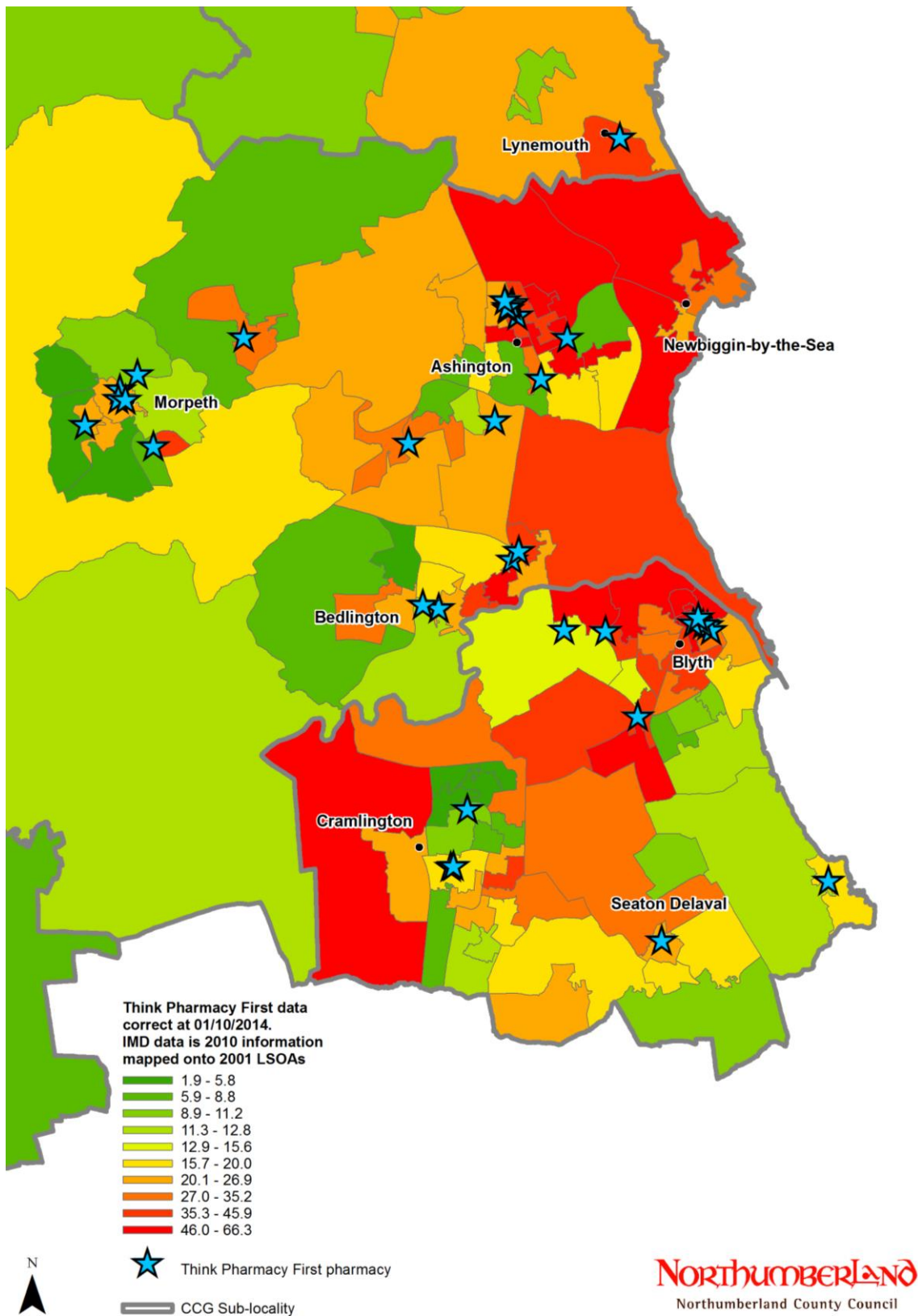
Map 6: <i>Think Pharmacy First</i>	p86
Map 7: On demand access to specialised drugs	p.88
Map 8: <i>Sharpend</i>	p89
Map 9: Needle exchange	p91
Map 10: Supervised opioid consumption	p92
Map 11: Plan B	p94
Map 12: Stop smoking	p96
Map 13: Healthy Living Pharmacies	p98

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

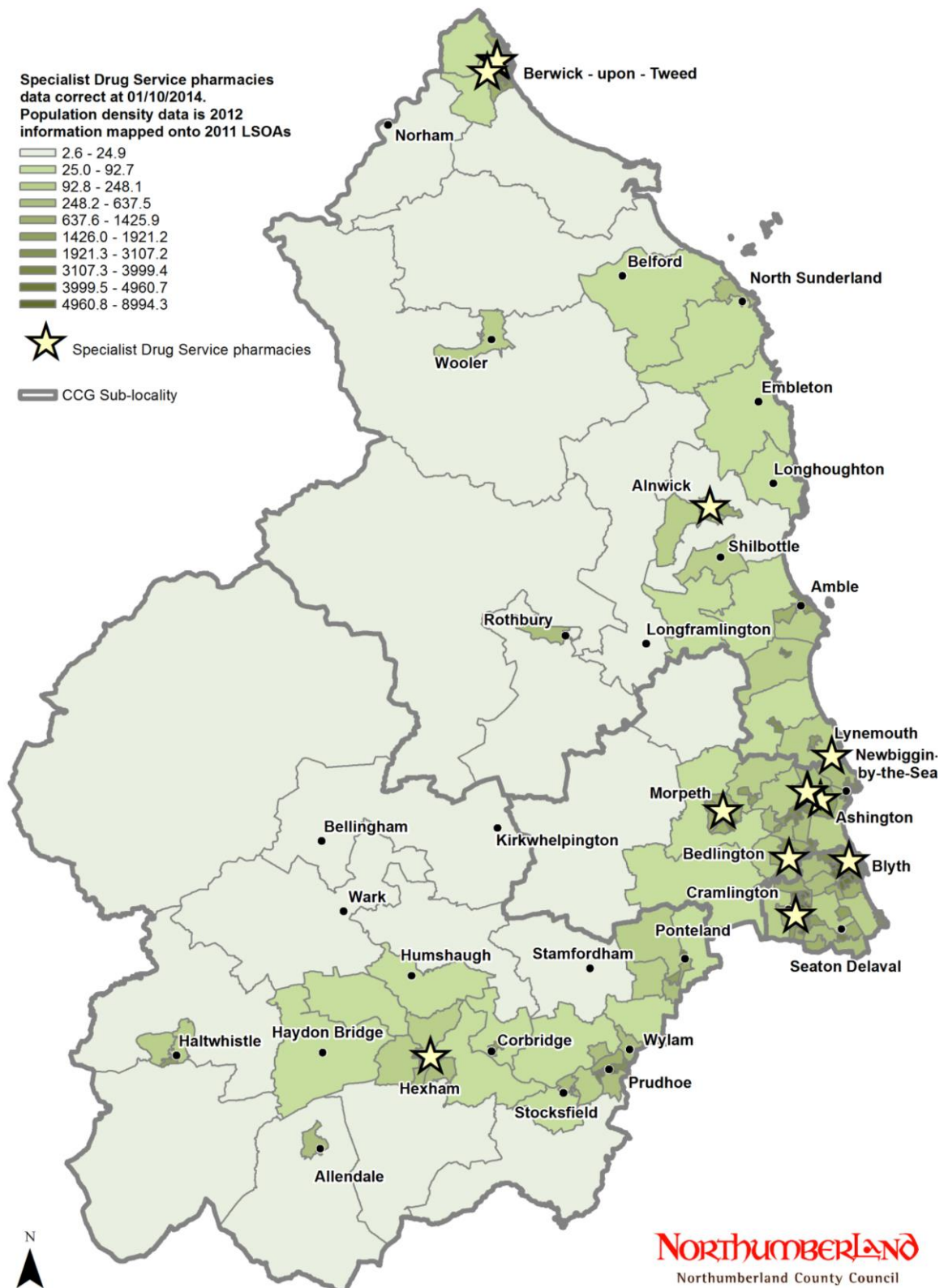


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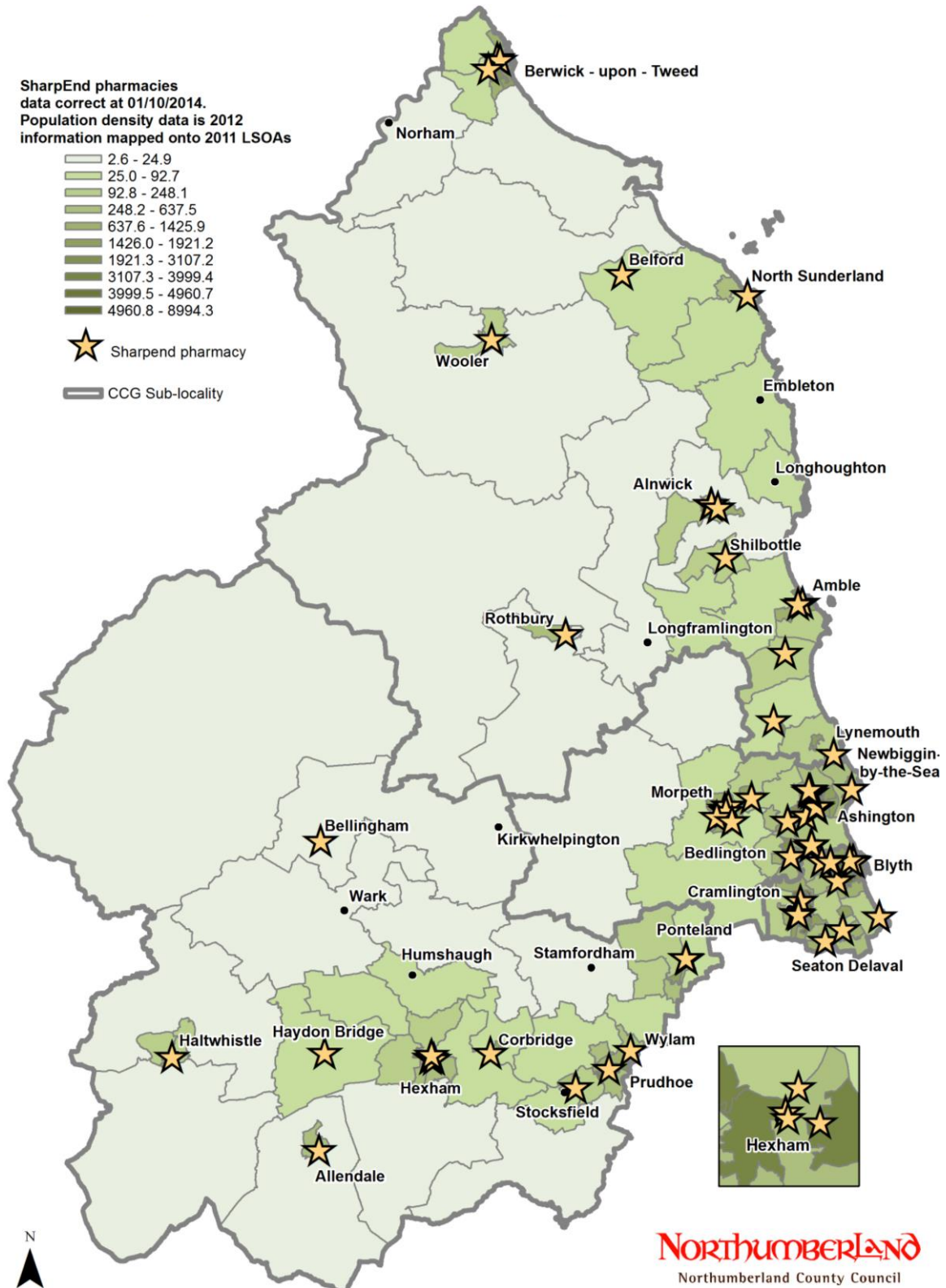
Map 6a: South East Northumberland pharmacies providing *Think Pharmacy First*, mapped over IMD by LSOA



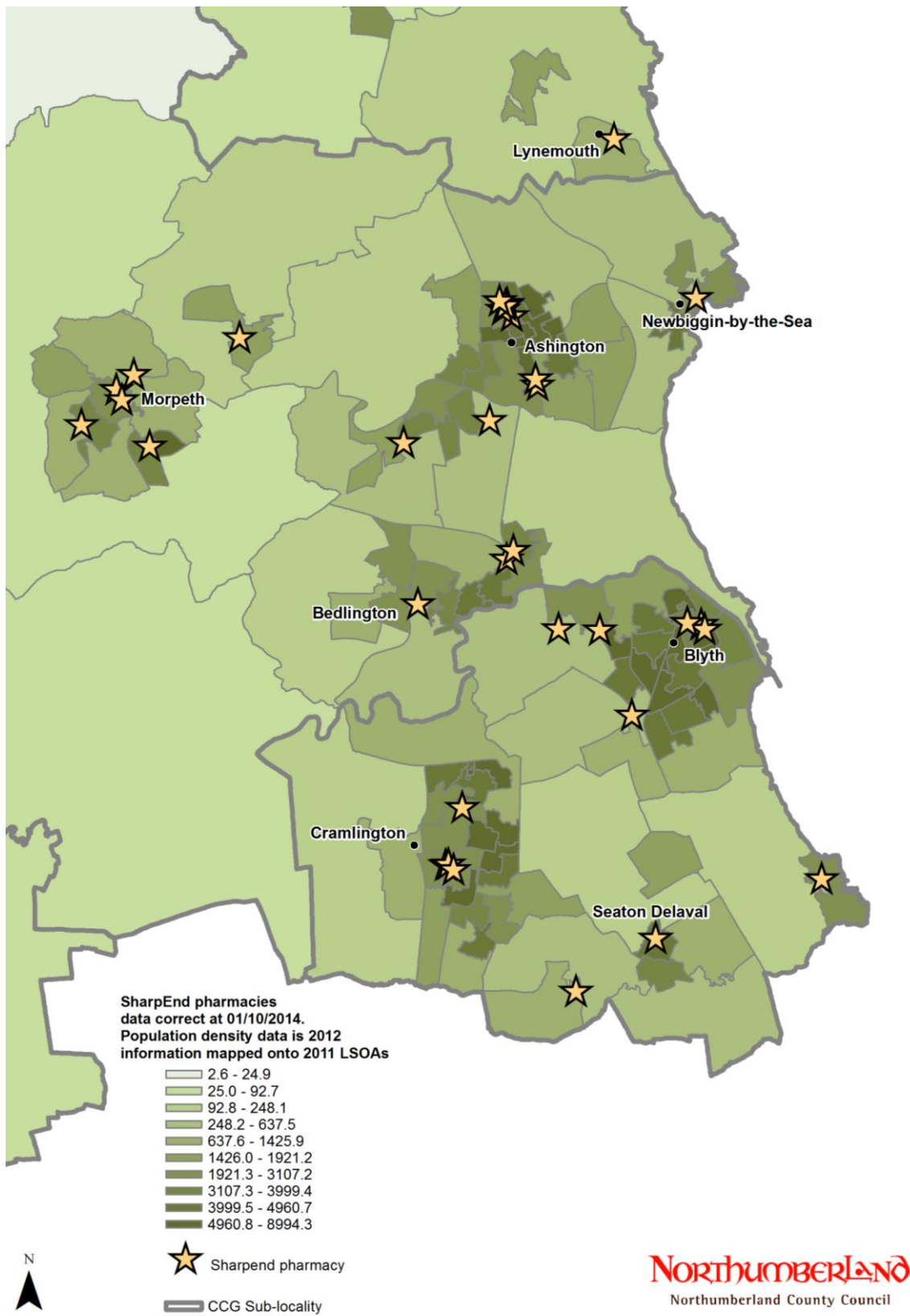
Map 7: Northumberland pharmacies providing on demand access to specialised drugs, mapped over population density by LSOA



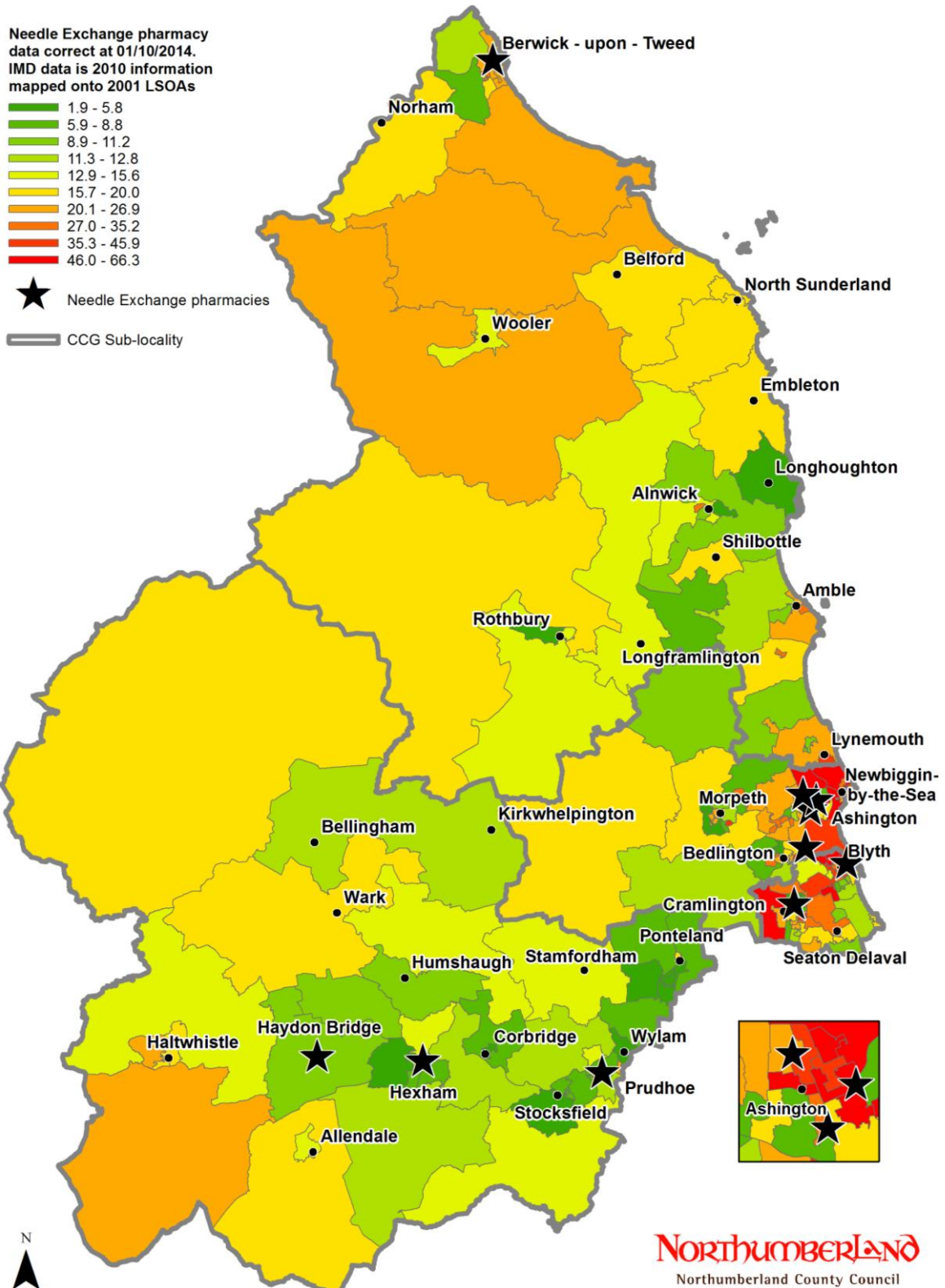
Map 8: Northumberland pharmacies providing *SharpEnd*, mapped over population density by LSOA



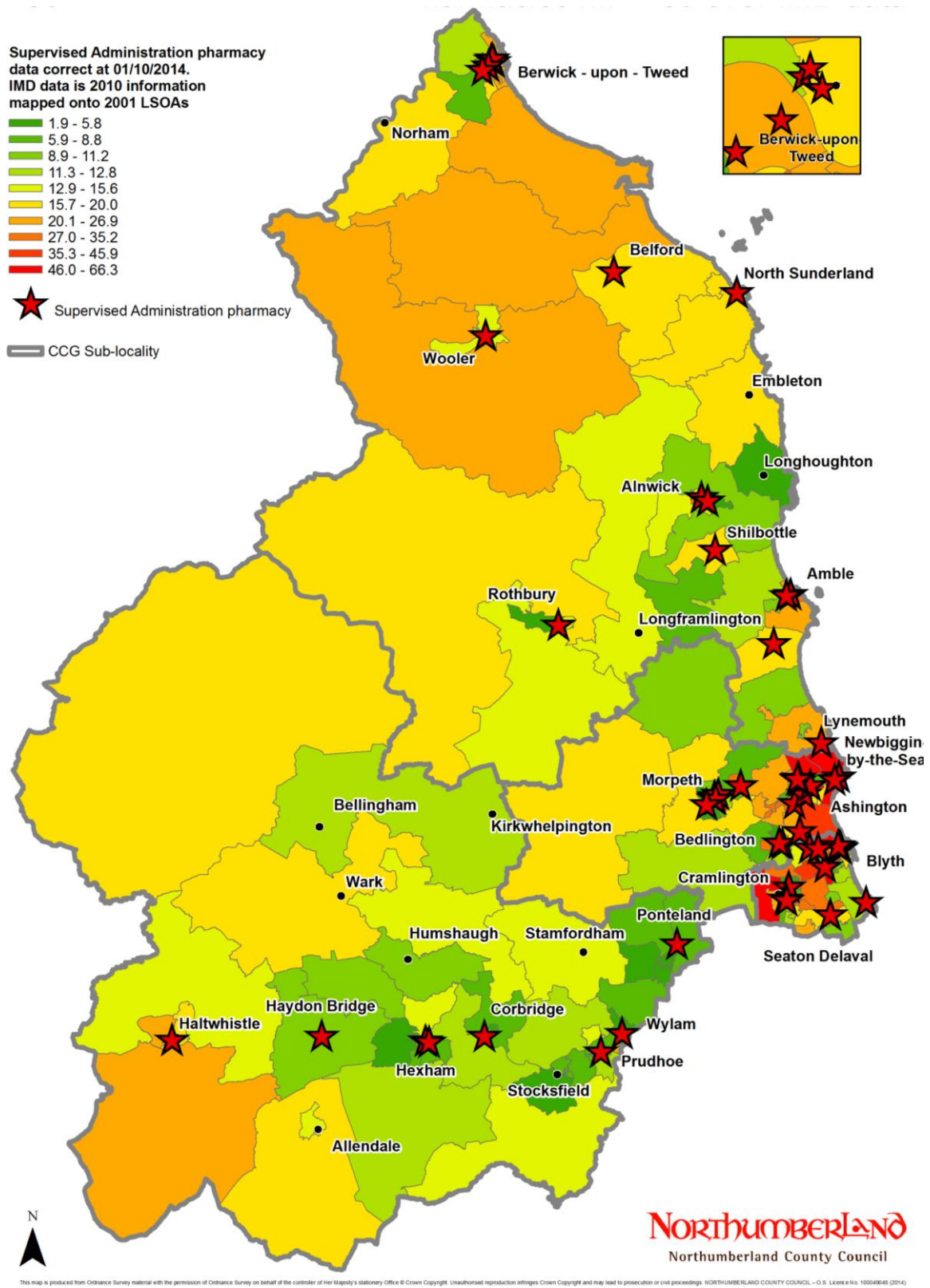
Map 8a: South East Northumberland pharmacies providing *SharpEnd*, mapped over population density by LSOA



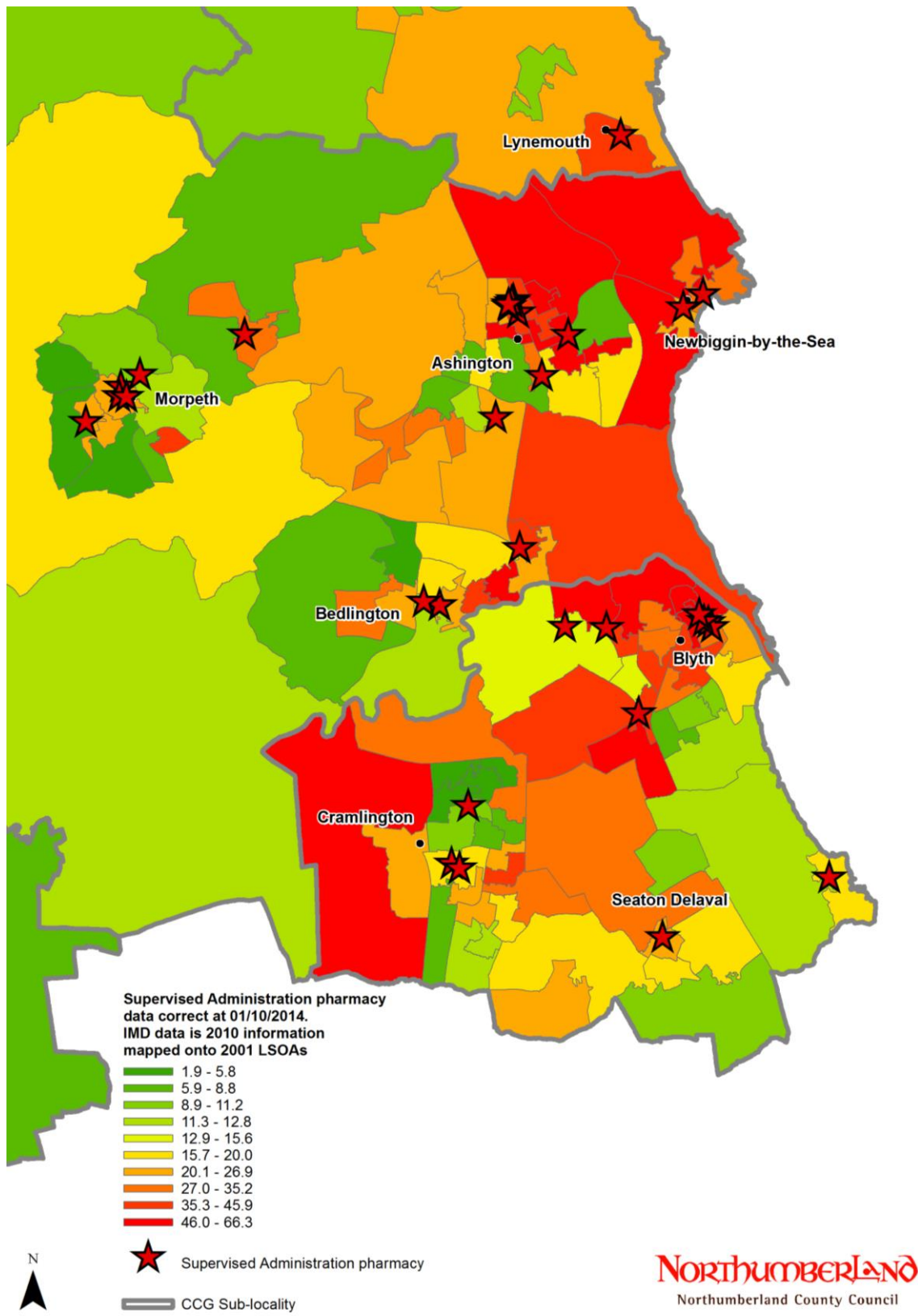
Map 9: Northumberland pharmacies providing Needle Exchange services, mapped over IMD by LSOA



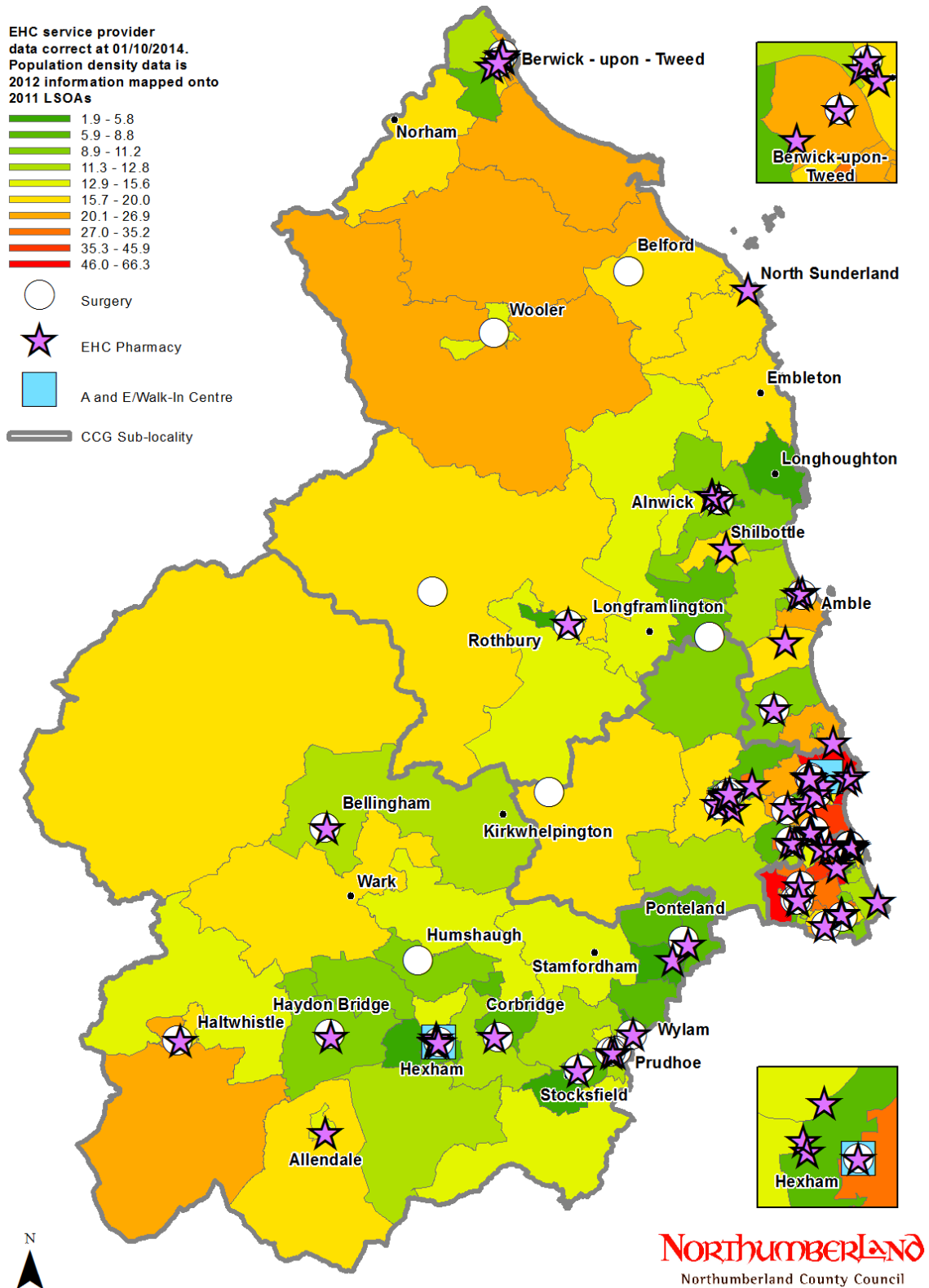
Map 10: Northumberland pharmacies providing Supervised Opioid Consumption services, mapped over IMD by LSOA



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

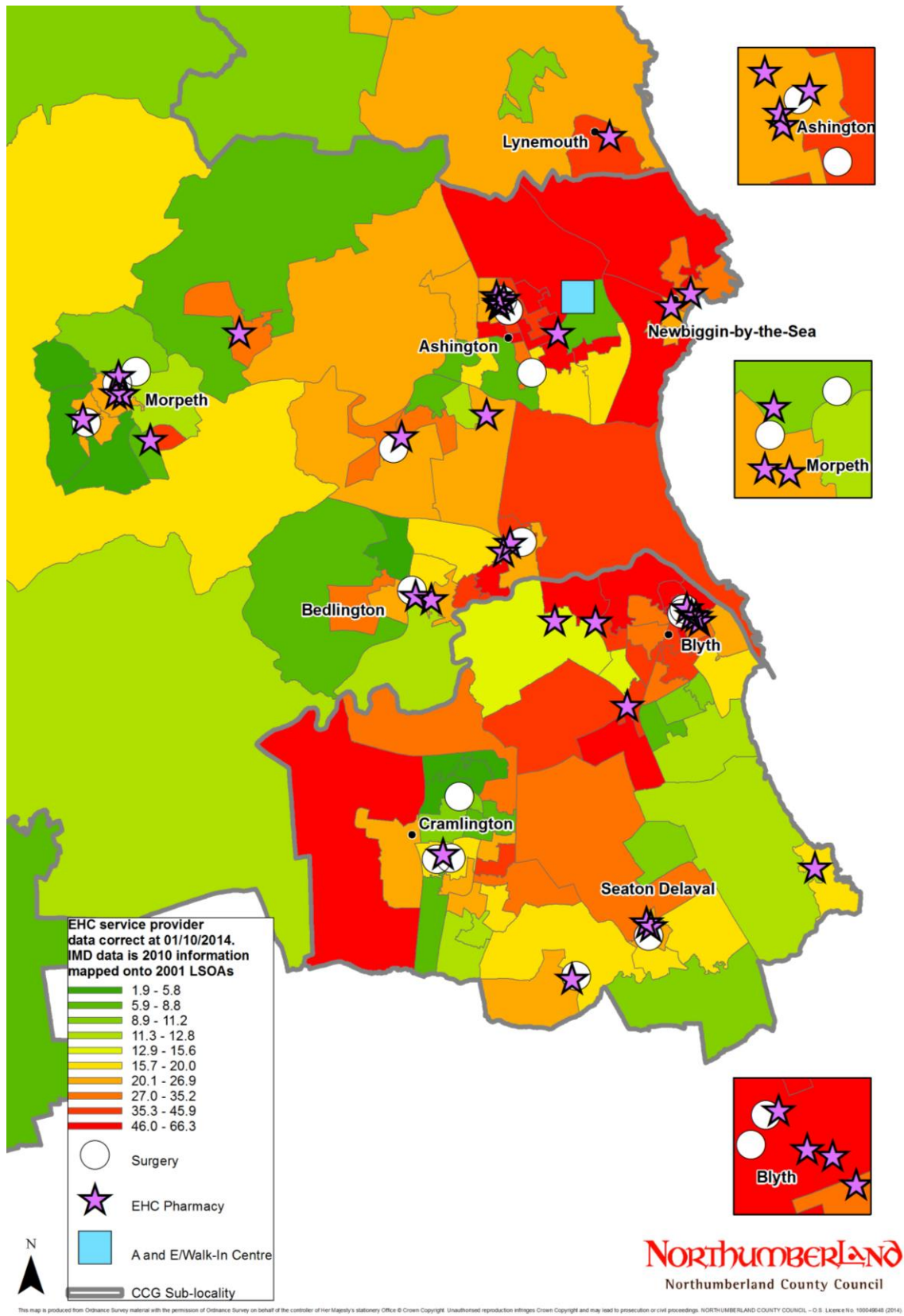


Map 11: Northumberland providers of Plan B, mapped over IMD by LSOA

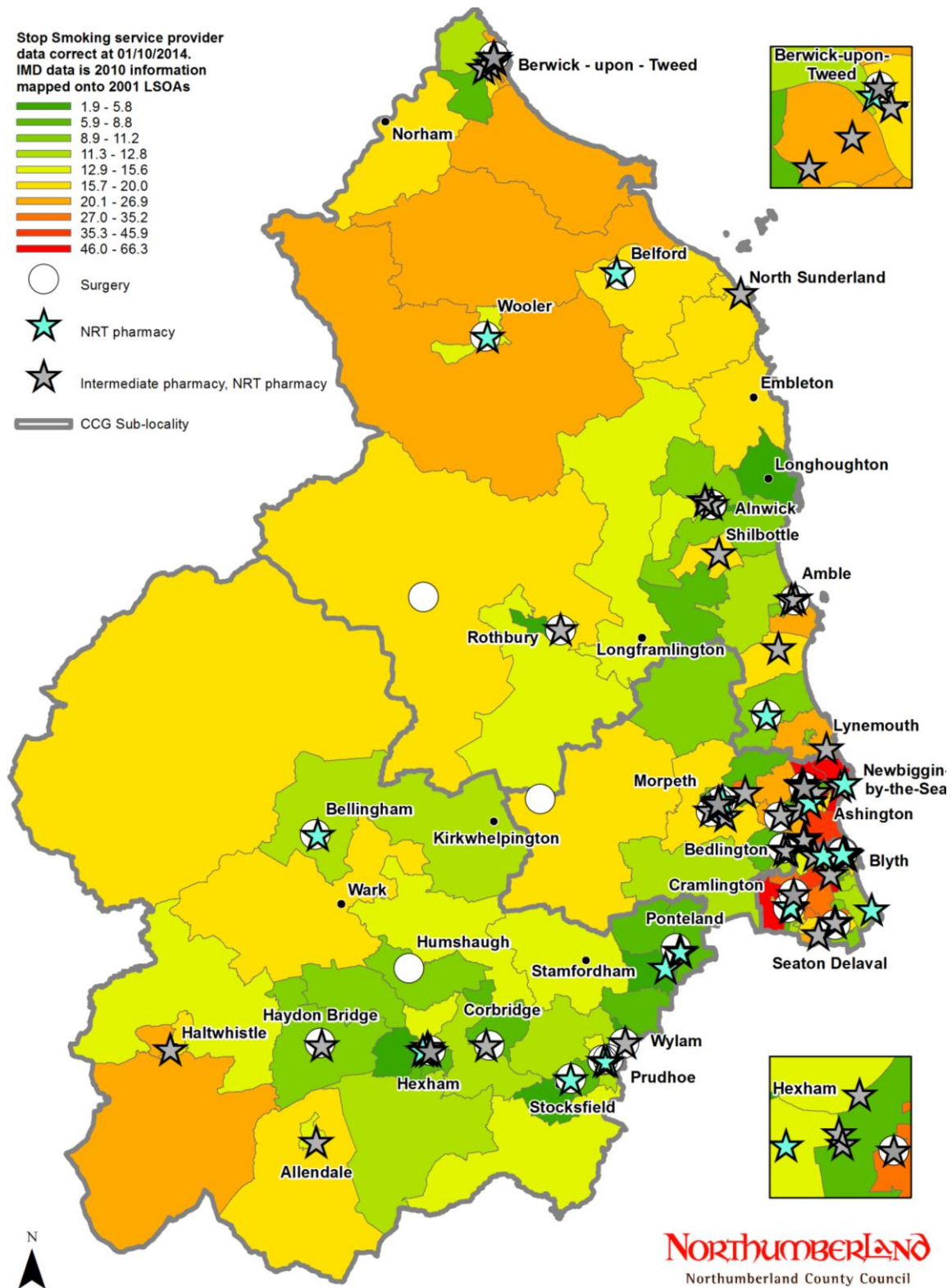


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Map 11a: South East Northumberland providers of Plan B, mapped over IMD by LSOA

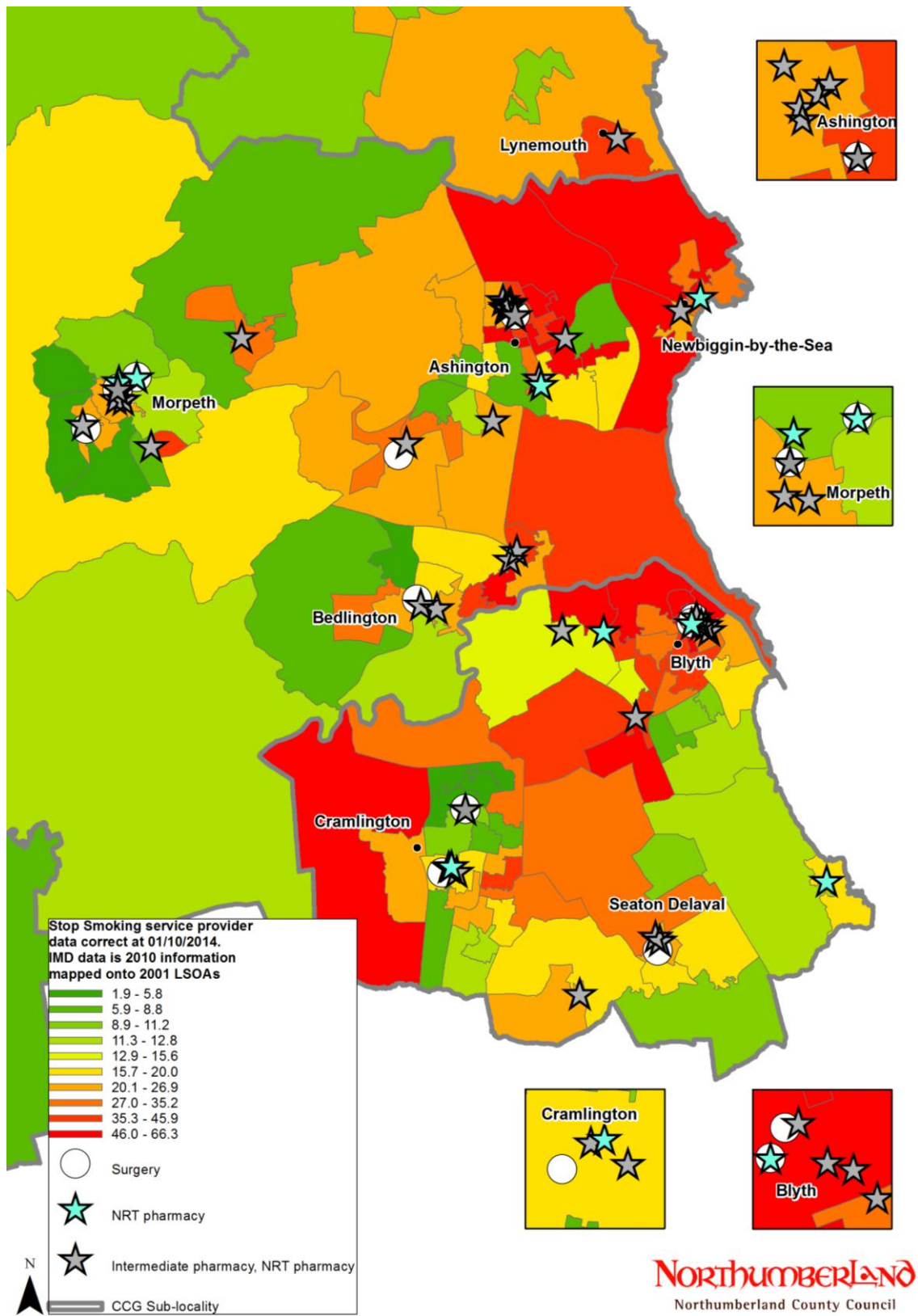


Map 12: Northumberland providers of Stop Smoking services, mapped over IMD by LSOA

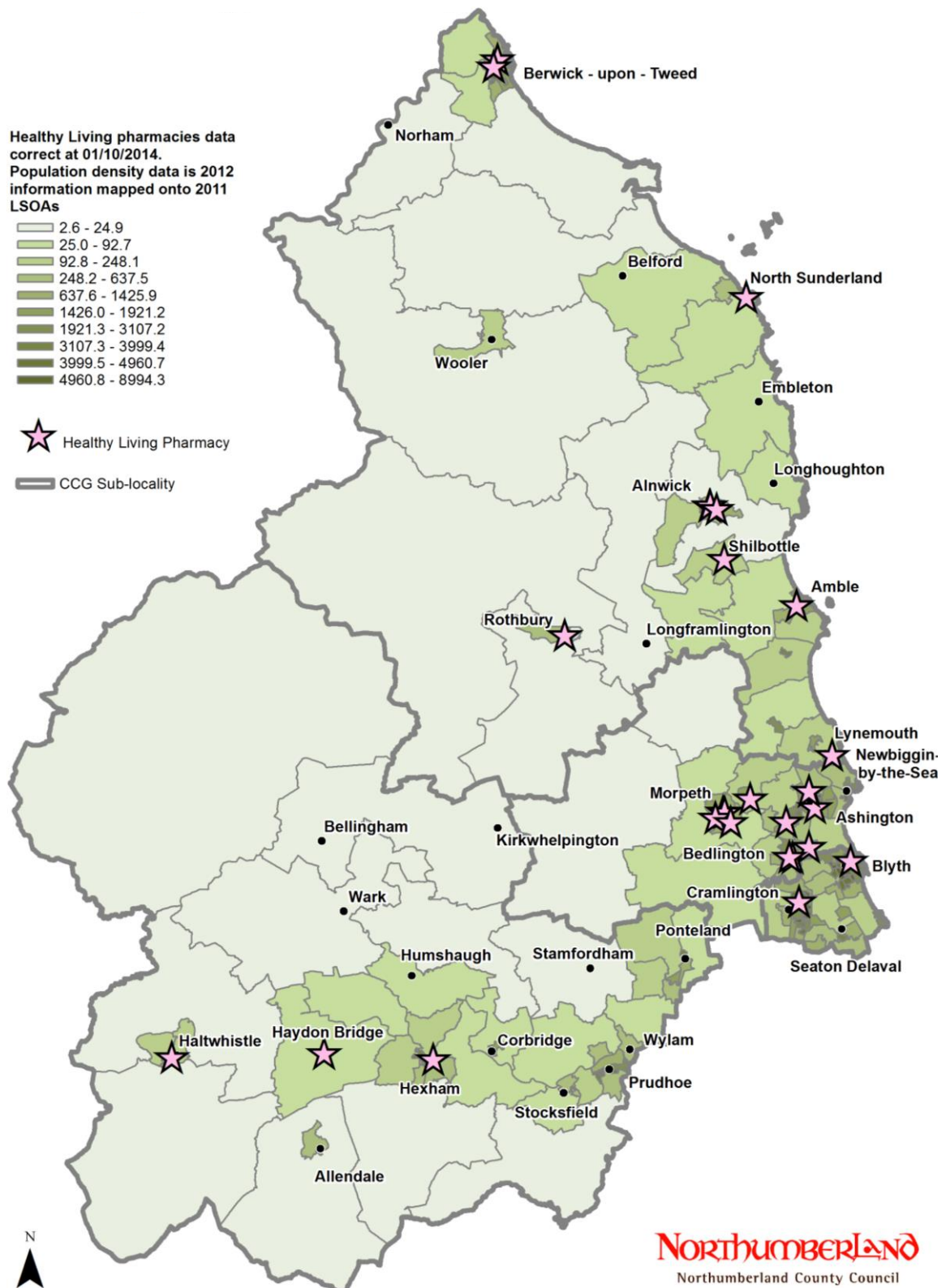


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Map 12a: South East Northumberland providers of Stop Smoking services, mapped over IMD by LSOA



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



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Appendix 4: Data sources

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

Appendix 5: Consultation report

The formal consultation on the draft PNA for Northumberland ran from 14th November 2014 to 30th January 2015 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

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

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

In addition the following were also consulted

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

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

Nine responses were received before the consultation deadline. There were responses from NHS England, Northumberland CCG, Northumbria Health Care Trust, Broomley and Stocksfield Parish Council, County Durham Health and Wellbeing Board, North of Tyne Local Pharmaceutical Committee, Boots Ltd, Lloyds Ltd and Wellway Pharmacy Ltd.

The three responses received from contractors, mainly concerned factual accuracy of some of the information within the document. Any factual inaccuracies were corrected, and any other concerns were considered.

The Local Pharmaceutical Committee responded with concerns about factual inaccuracies, including the omission of the distance selling pharmacy from the draft document. This omission, along with any other factual inaccuracies has been corrected in the final document.

A concern raised by Boots Ltd, Wellway Pharmacy Ltd and the LPC was around a gap in services in Morpeth on Sundays and Bank Holidays. Boots Ltd provided information that its branch at 41 Bridge Street Morpeth is open between 10am and 4pm on Good Friday, Easter Monday, Spring Bank Holiday and August Bank Holiday, only closing on Christmas Day, Boxing Day, and New Year's Day bank holidays.

Information was provided by Wellway Pharmacy Ltd and the LPC around the identified gap in Sunday services in Morpeth. Information supplied by Wellway showed that when the 100 hour pharmacy was open on Sundays it did very little business and very few urgently needed prescriptions. There are systems which allow the Northern Doctors Urgent Care service to issue medicines at the time of consultation for those who would have difficulty accessing a community pharmacy.

The LPC also identified new services which are in the process of being commissioned by NHS England to ensure patients can get emergency supply of medicines if they run out (without seeing a doctor) and community pharmacy being used more readily within the NHS 111 algorithms. These initiatives should reduce demand on A&E and walk in centres.

Northumbria Healthcare Trust requested that the document takes more account of the Pharmacy Vision statement and medicines optimisation strategy with regard to the future delivery of pharmacy services. They also requested that palliative care pharmaceutical services are procured from community pharmacies in Northumberland, to reduce the use of the hospital emergency on-call service for this.

Northumbria Healthcare Trust also requested that pharmacy services beyond 10pm are considered, to take account of the potential demand generated by minor ailment services as recommended by DH guidance Putting Pharmacy First highlighting that this service will only reduce A&E attendances if it is available at weekends and when GP surgeries are closed.

The main themes which have emerged from the consultation are the gap in services in Morpeth on Sundays and Bank holidays and the potential impact of a more heavily advertised minor ailments scheme on the need for extended opening hours. The final document will consider these issues in greater depth.

Appendix 6: PNA questionnaire

The questionnaire used to inform this Pharmaceutical Needs Assessment can be found here: <https://www.snapsurveys.com/wh/surveypreview.asp?k=139704422895>

In addition, a hard copy is attached overleaf.

NORTHUMBERLAND

Northumberland County Council

PNA pharmacy questionnaire

This questionnaire is intended for current providers of pharmaceutical services in Northumberland. It will help Northumberland County Council map the current provision of services as part of its Pharmaceutical Needs Assessment. The questionnaire will also help commissioners map which pharmacies are willing to consider the provision of additional services if they are commissioned in the future. It will also provide an indication of the range of services provided through community pharmacies, over and above the commissioned services.

The content of the questionnaire has been agreed by the LPC. All information provided through the questionnaire will be considered commercially sensitive and will be amalgamated to provide a locality perspective of service provision.

The closing date for completing this survey is Friday 16th May 2014

For further information, please contact Anne Everden: anneeverden@nhs.net

Premises details

Q1 **Please enter the premises details below**

Contractor Code (ODS
or F code)

Name of Contractor

Trading Name

Postcode of Premises

Pharmacy email
address *

Pharmacy Telephone
No

* By providing this email address, you consent to being contacted by Northumberland County Council or North of Tyne Local Pharmaceutical Committee using this email

Consultation Facilities

Q2 Is there a consultation area (meeting the criteria for Medicines Use Review service)?

- No consultation facilities
- Available with wheelchair access
- Available without wheelchair access
- Planned
- Other

Please specify

Q3 During consultations are there hand washing facilities?

- No hand washing facilities
- Hand washing facilities in consulting room
- Hand washing facilities close to consulting room

Q4 Do patients attending for consultations have access to toilet facilities?

- Yes
- No

IT Facilities

Q5 Electronic Prescription Service

Please tick all that apply

- Release 1 enabled
- Release 2 enabled
- Processing electronic Rxs
- Intending to become Release 1 enabled within next 12 months
- Intending to become Release 2 enabled within next 12 months
- No plans for EPS at present

Essential Services

Q6 Does the pharmacy dispense appliances?

- Yes
- None

Q7 **If yes, what type of appliances does the pharmacy dispense?**

- All types
- All excluding stoma appliances
- All excluding incontinence appliances
- All excluding stoma and incontinence appliances
- Just dressings
- Other

Please specify

Q8 **Does the pharmacy provide repeat dispensing services**

- Yes
- No

Q9 **If yes, what is the average monthly number of repeat dispensing clients?**

- 0-10
- 11-20
- 21-30
- 31-40
- Over 40

Advanced Services

Q10 **Does the pharmacy provide the following services?**

Please tick for each service

	Yes	Intend to begin within next 12 months	No - not intending to provide
Medicines Use Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Medicines Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appliance Use Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Appliance customisation service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 **If yes, what is the average monthly number?**

Medicines Use Review	<input type="text"/>
New Medicines Service	<input type="text"/>
Appliance Use Review	<input type="text"/>
Stoma Appliance customisation service	<input type="text"/>

Enhanced and Locally Commissioned Services

Q12 Commissioned by Northumberland County Council

Note that items in green are not currently commissioned in Northumberland

Please tick for each service

	Providing Currently	Willing to provide if commissioned	No - not intending to provide
Plan B - Emergency Hormonal Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia screening as a stand alone service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LARC - Contraceptive Implants		<input type="radio"/>	<input type="radio"/>
Chlamydia Treating and partner notification		<input type="radio"/>	<input type="radio"/>
Needle exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administrations of opiate substitutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Direct - dispensing only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Management		<input type="radio"/>	<input type="radio"/>
Alcohol brief advice		<input type="radio"/>	<input type="radio"/>

Q13 What is the monthly average number of clients for each service?

Please tick for each service

	0-10	11-20	21-30	31-40	Over 40
Plan B - Emergency Hormonal Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Screening as a stand alone service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration of opiate substitutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Direct - dispensing only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 Commissioned by CCG
Please tick for each service

	Providing Currently	Willing to provide if commissioned	No - not intending to provide
Think Pharmacy First (minor ailments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On demand availability of specialist drugs service (Palliative care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharpend - Safe disposal of sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Card issuer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Card signposting only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 What is the monthly average number of patients for each service?

	0-10	11-20	21-30	31-40	Over 40
Think Pharmacy First	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On demand availability of specialist drugs service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharpend - Safe disposal of sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Cards issues/registered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C-Card signposts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Commissioned by Public Health England

Note that items in green are not currently commissioned in Northumberland

Please tick for each service

	Providing Currently	Willing to provide if commissioned	No - not intending to provide
Seasonal influenza vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumococcal vaccination service		<input type="radio"/>	<input type="radio"/>
Childhood nasal flu vaccination		<input type="radio"/>	<input type="radio"/>

Q17 What is the monthly average number of patients treated annually?

	0-10	11-20	21-30	31-40	Over 40
Seasonal influenza vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Services provided by pharmacy which are not commissioned

Q18 Which services do you provide that are not commissioned?

Please tick all that apply

	Currently provided	Intend to begin within next 12 months	Not intending to provide
Pregnancy testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for coils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for further contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood glucose checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood cholesterol checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance Aid Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erectile dysfunction service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription collection service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice/support to care homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Do you provide a prescription delivery service?

Yes

No

Q20 If yes, who do you provide the service to?

Prescription delivery to any patient

Prescription delivery housebound only

Prescription delivery within specified distance

Please state distance in miles

Q21 **Do you fill dosette boxes or other monitored dosage systems?**

Yes

No

Q22 **If yes, which patients may access this service?**

Please tick all that apply

Any patient

Only those assessed / requested by GP

Only those assessed / requested by social services

Only those requested by family

Other

Please specify

Q23 **Are there any other services which you provide from your pharmacy which have not been mentioned in this questionnaire?**

Please list

Thank you for taking the time to complete this survey.

Your responses will be treated in confidence.

Please click *Submit*.