

Northumberland Pharmaceutical Needs Assessment 2025-28

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This analysis and mapping of pharmaceutical services against local health needs provides the Northumberland HWB with a framework to support the local care system to

- Gain a clear picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS contracts
- Commission appropriate and accessible services from community pharmacies
- Target services to reduce health inequalities within local health communities.

This PNA has been produced through the PNA Steering group on behalf of Northumberland HWB. Data presented throughout the document is correct as of 31st January 2025 unless stated otherwise. Any subsequent changes will be monitored, and any changes updated through supplementary statements (published alongside the PNA document) when necessary.

NHS Pharmaceutical Services in Northumberland are provided by contractors on the “Pharmaceutical List” held by North East and North Cumbria Integrated Care Board.

Types of providers include:

- Community Pharmacy Contractors (Including distance selling pharmacies)
- Dispensing Appliance Contractors (DACs) -none in Northumberland
- Local Pharmaceutical Services (LPS) providers –none in Northumberland
- Dispensing GP surgeries.

Community Pharmacies are still operating under the 2019-2024 Community Pharmacy Contractual Framework (CPCF) which sets out three levels of service.

- Essential services – provided by all pharmacies. Negotiated nationally and commissioned by NHS England
- Advanced Services –provided by pharmacies which choose to. Negotiated nationally and commissioned by NHS England

- Enhanced Services/Locally commissioned services – provided by some pharmacies depending on commissioning. Negotiated locally and commissioned by local authorities, Integrated Care Board or the NHS to address local needs.

For the purposes of this PNA, Essential Services and GP dispensing services are defined as necessary services, while Advanced and Enhanced Services are defined as other relevant services.

Identified health needs

Northumberland is geographically diverse, including large, sparsely populated areas, market towns and some post-industrial semi-urban areas. The majority of the most deprived communities are in Blyth Valley and Wansbeck, although there are also deprived areas elsewhere particularly in Berwick, Haltwhistle, Alnwick, Amble and some rural areas. For this assessment, Northumberland has been divided into four geographical localities which have been used in the two previous PNAs. This is because local groupings of GP practices in Primary Care networks are not geographically based.

Across a range of long-term diseases and conditions (e.g. coronary heart disease, hypertension, diabetes, chronic obstructive airways disease and cancer) Northumberland has above average levels of need particularly in its most deprived communities. Local priorities include supporting people to stop smoking, reducing alcohol related harm, promoting healthy weight, increasing physical activity levels, 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 68 pharmacies in Northumberland, including five¹ “100-hour” pharmacies² and one³ internet/distance selling pharmacy. Access to community pharmacies across Northumberland is well provided for Monday to Friday, 9am to 5pm. All localities include at least one “100hour” pharmacy and some services at the weekends. Newsham, a deprived community adjacent to Blyth, has a need for essential pharmaceutical services, Monday to Saturday and would also benefit from advanced and locally commissioned services.

Enhanced or locally commissioned services currently commissioned through pharmacies in Northumberland include emergency contraception, stop smoking services, Nicotine Replacement Therapy (NRT) voucher scheme, needle exchange,

¹ An application to close one 100 hour pharmacy in Ashington is currently being processed.

² Legislation changed in 2023 to reduce the hours of 100 hour pharmacies to a minimum of 72hours per week, but kept the name 100 hour pharmacies as this reflects their legal status.

³ An application for a second distance selling pharmacy has been approved but has not yet opened

supervised consumption of methadone, minor ailments, disposal of needles and other sharps for diabetic patients, and guaranteed availability of drugs for end-of-life care.

Northumberland Health and Wellbeing Board concludes that there are adequate numbers of pharmacies for the provision of essential NHS pharmaceutical services across Northumberland apart from Newsham, where there is a current need for essential pharmaceutical services.⁴

The Health and Wellbeing Board considers that the current network of extended hour pharmacies is essential to meet patients' needs by widening access to pharmaceutical services outside core hours when other pharmacies are closed.

The Pharmacy providing Sunday services in Alnwick is essential for the tourist population in the wider area.

The Health and Wellbeing Board considers that there would be a future need for essential pharmacy services during core hours should there be a total and permanent loss of essential pharmacy provision in the areas of Wooler, Belford, Seahouses, Hadston, Lynemouth, Rothbury, Haltwhistle, Bellingham and Allendale.

⁴ At the time of writing a number of unforeseen benefit applications are being considered by the ICB. Should any of these application be granted, the Health and Wellbeing Board would judge that the current need for essential pharmaceutical services in Newsham would be met.

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1. Introduction

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA) at least every 3 years. This document therefore replaces the 2022-25 Pharmacy Needs Assessment. This analysis and mapping of pharmaceutical services against local health needs provides the Northumberland HWB with a framework to support the local care system to

- Gain a clear picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS contracts
- Commission appropriate and accessible services from community pharmacies
- Target services to reduce health inequalities within local health communities.

The landscape of the services offered by community pharmacies is changing rapidly. The introduction of Pharmacy First in February 2024 heralded a new dawn. Pharmacists are recognised as a safe source of advice and treatment previously hampered by restrictive regulations which did not allow pharmacists to supply prescription only medicines without a prescription. Pharmacists can provide medicines for seven clinical pathways, ensuring that patients can obtain timely advice and medication, without the need for a GP consultation.

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 national strategic plans, e.g. NHS Long Term 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 Northumberland Joint Strategic Needs and Assets Assessment (JSNAA) and the local Integrated Care Board (ICB) commissioning plan.

The PNA will be used as a tool to inform future service developments aimed at meeting the objectives of the ICB 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.

There have been several pharmacy closures since the 2022 PNA was produced: two pharmacies in Blyth, one in Prudhoe and one in Cramlington. Applications have been received in Alnwick and Blyth to open new pharmacies. Following an appeal, a new pharmacy has opened in Cramlington. The withdrawal of Lloyds Limited from the community pharmacy market has resulted in one pharmacy closure and six changes of ownership. Market forces have led to several other pharmacy sales, especially by multiples. Therefore, a refreshed assessment of need will help give an up-to-date picture of pharmacy need and provision in Northumberland taking account of these changes.

The expansion in the role of community pharmacy to deliver primary care services e.g. Pharmacy First, will also be considered in the production of the 2025-28 PNA.

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,
- 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 authorities. The local Integrated Care Boards (ICB) through Primary Care Support England (PCSE) will use the PNA to determine applications to open new pharmacies in each local council area.

An update to the Pharmacy Regulations in December 2016⁵ allows two pharmacies to merge without creating a gap in pharmaceutical services. This provision was introduced to allow two closely located pharmacies to merge and remain a viable business entity and yet produce an enhanced service to the local community.

The Health and Wellbeing Board has the responsibility of scrutinising any applications to consolidate (merge) pharmacies and must make a statement or representation back to NHS England within 45 days, stating whether the consolidation would or would not create a gap in pharmaceutical services provision. The Integrated Care Board will then inform the HWB of its decision and require the HWB to publish a supplementary statement⁶ saying that closure of the pharmacy will not create a gap in pharmaceutical services, and to update the map of premises where pharmaceutical services are provided. (Appendix 1).

It is essential that the Health and Wellbeing Board are aware of pharmacy services needed in the community, together with any gaps or opportunities in wider service provision so that these can be commissioned directly by the council, or by other health partners through the HWB, to support more effective patient care.

Should a pharmacy close in Northumberland, the Health and Wellbeing board will issue a supplementary statement stating the change in provision and will update the map of premises where pharmacy services are provided.

The Health and Wellbeing Board will also regularly update the map to reflect all changes in pharmaceutical service provision across the county in line with Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

⁵ <http://www.legislation.gov.uk/ukxi/2016/1077/regulation/7/made/data.xht?wrap=true>

⁶ A supplementary statement forms part of the Pharmacy Needs Assessment (PNA) and is a statement of relevant changes since the PNA was published, which may affect an application for a new pharmacy;

2. Pharmaceutical needs assessment 2025-28

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

2.1 Steering group

A Pharmaceutical Needs Assessment Steering Group was set up on behalf of Northumberland Health and Wellbeing Board to guide the assessment and the production of this document. Membership of the steering group and the Terms of Reference are attached in Appendix 5.

2.2 Identification of health need

Population health needs across the county were identified by the Northumberland County Council Public Health Team. This 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 local team of the Integrated Care Board. This included a number of initiatives where the potential of using community pharmacies had been explored.

2.3 Assessment of current pharmaceutical provision

Information was also gathered from a number of sources including the Integrated Care Board, NHS Business Services Authority, local commissioners, Local Medical Committee, and the Local Pharmaceutical Committee. A full list of data sources used in the development of the PNA are listed in Appendix 6.

In our previous 2022-25 PNA there was a poor response to the questionnaire sent to local pharmacies. A decision was made by the PNA steering group to gather information from commissioners who would have up to date information on service uptake, and to target information gathering from those pharmacies which were under new management for this PNA. This group was identified as the pharmacies most likely to have changed the services provided in that pharmacy.

Healthwatch undertook a public consultation exercise to explore public perceptions of pharmacy services. Particular focus was given to areas which had experienced pharmacy closures or pharmacy applications. A report of the engagement exercise is given in Chapter 8. Details of the questionnaire and results are given in Appendix 10.

2.4 Public engagement

The formal public consultation on the draft PNA for Northumberland will run from Friday 23 May 2025 to Wednesday 23rd July 2025 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 will be 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;
- Primary Care networks (based in Northumberland)
- Northumberland Healthwatch
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and CNTW Mental Health NHS Foundation Trusts
- Integrated Care Board
- Neighbouring HWBs in Newcastle, Durham, Cumbria and North Tyneside.

In addition, the following will also be consulted

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

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

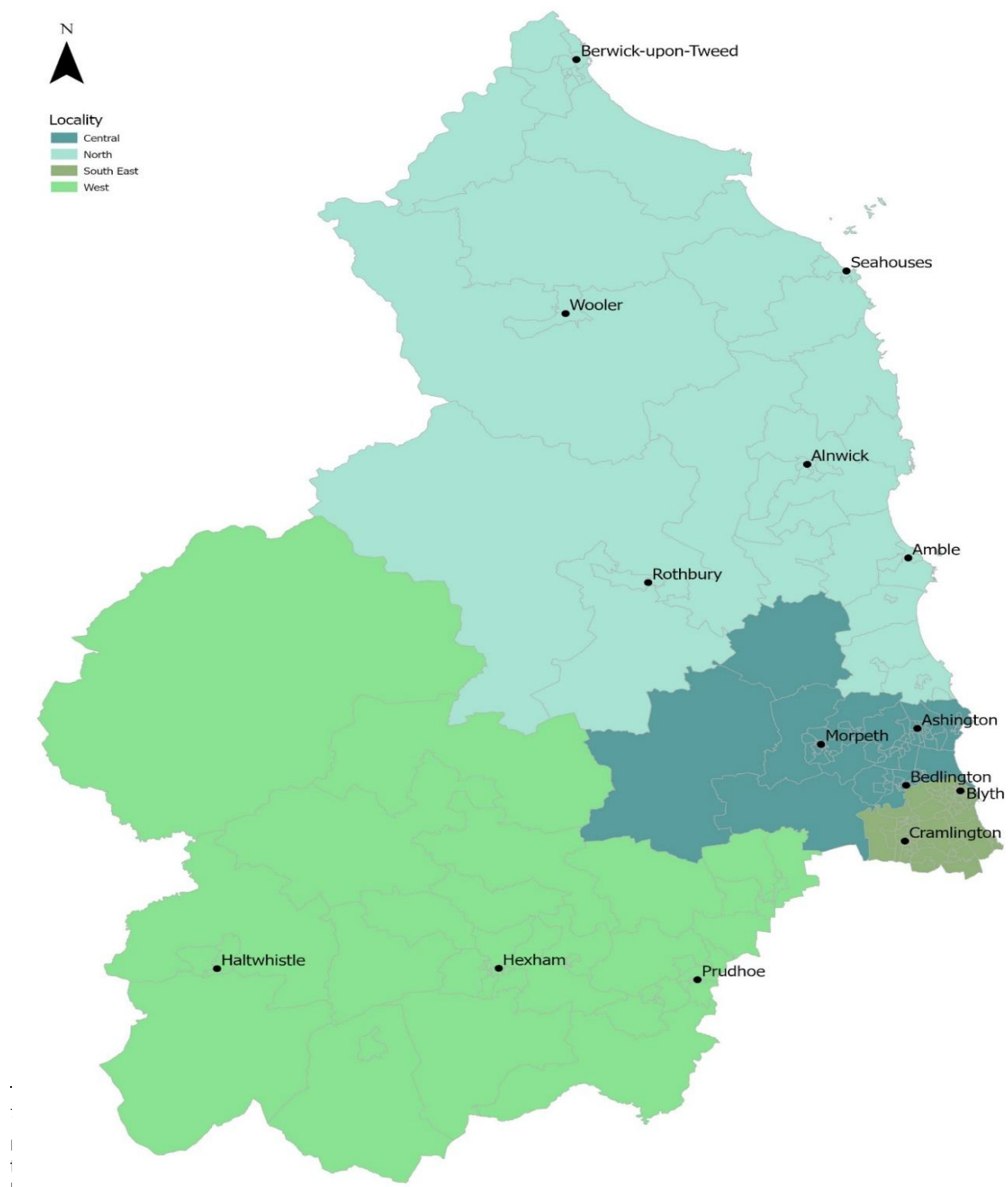
“a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation”.

All factual inaccuracies will be corrected in the final document, and consideration given to all issues raised during the consultation. A copy of the report on the consultation will be included in the final document. The revised document will be considered for final approval by the HWB.

2.5 Identification of localities

The PNA has adopted four localities for this PNA which are based on groupings of Middle Layer Super Output Areas (MSOAs)⁷ (see Map 1), as at July 2017. While originally this mirrored the Clinical Commissioning Groups in 2017, further iterations of the way GP practices were grouped into Primary Care networks did not follow any geographical boundaries. This would have made it difficult to compare the needs of populations for pharmacy services, and therefore the same 2017 locality boundaries were used in the 2022 PNA and this 2025 PNA.

Map 1: Northumberland PNA localities mapped over Northumberland LSOAs



3. Northumberland profile

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

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

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

Central Northumberland contains the relatively affluent market town of Morpeth and its rural environs and Ashington, which in contrast is an area with high deprivation in post-industrial surroundings.

The southeast corner of the county is compact coastal lowland intersected by several river estuaries. It is built up in comparison to the rest of the county but still has scattered communities with poor transport infrastructure. The county's largest towns of Blyth and Cramlington are in the northern fringe of Tyneside. Many of the communities in this area are characterised by high levels of multiple deprivation following the decline of coal mining and other industries. Much of the new house building has occurred in these areas to attract families from Tyneside.

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

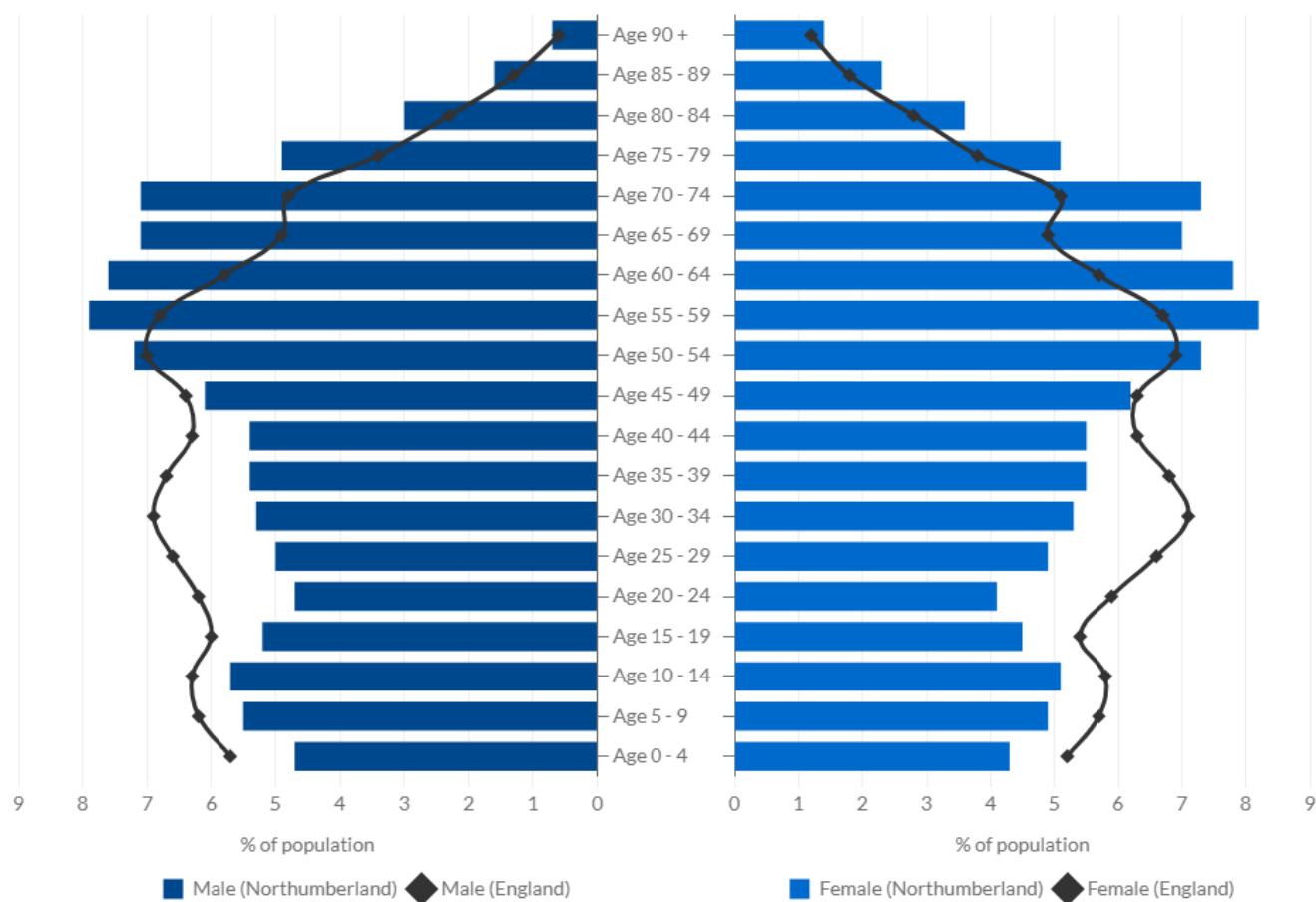
3.1 Population demographics

The last official estimate of the Northumberland population was produced by the 2021 Census and this was confirmed by the Office for National Statistics in July 2024 as a mid-2023 population estimate of 327,055. Currently 340,831 patients are registered with GPs in Northumberland.

The mid-2023 age profile for Northumberland is considerably different to that of the North East and England in that Northumberland has much smaller populations for those aged 20 to 40, then much larger populations aged between 50 and 70. The population lessens for the older ages, with higher populations among females than

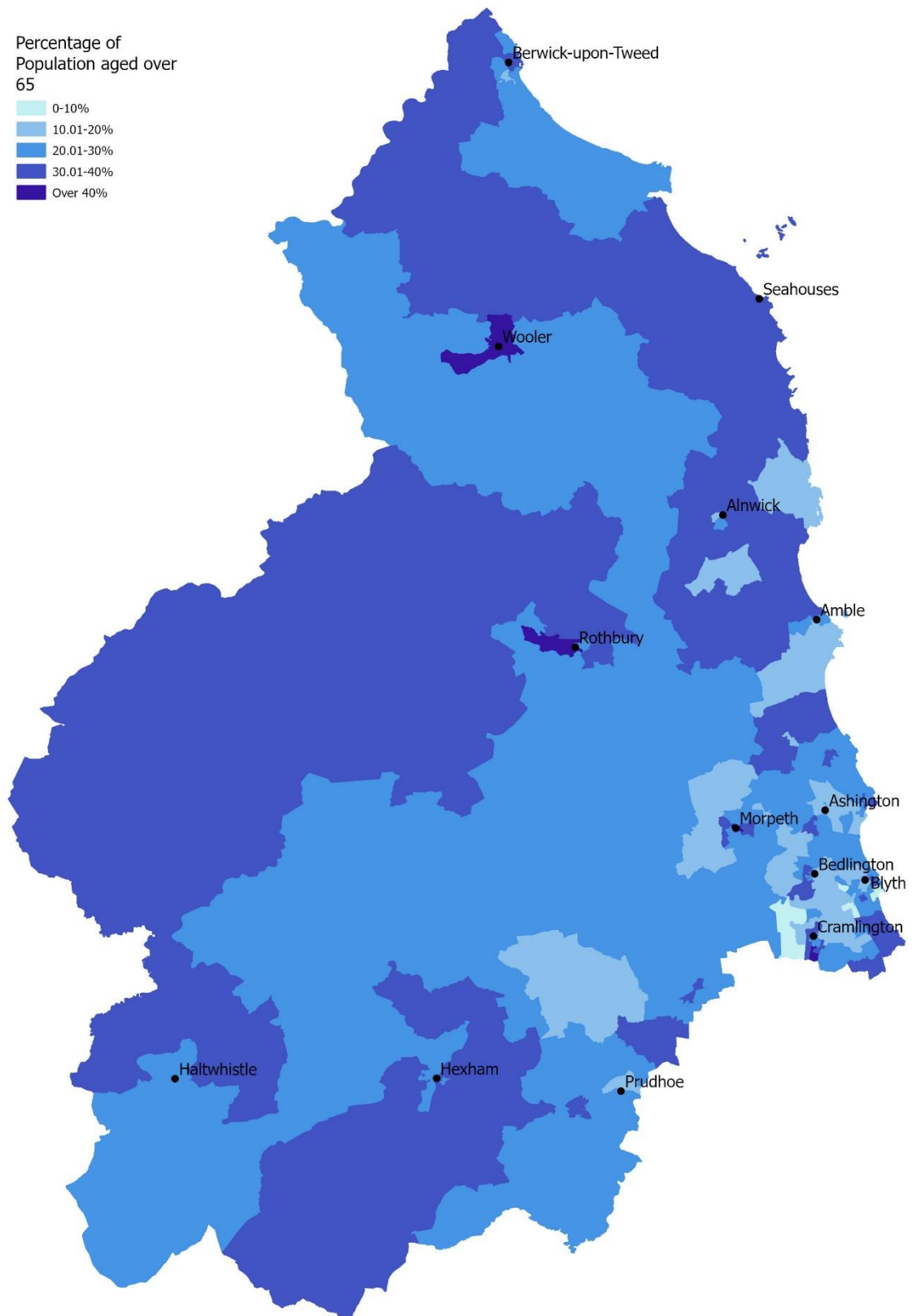
the corresponding male age groups (see Figure 3.1). Northumberland has a high number of over 65s, accounting for 26.3.% of its population, compared to 20.8% across the North East and 18.7% across England⁸.

Figure 3.1: Population pyramid of Northumberland compared to England
Source: Census 2021



⁸ Data source: ONS mid-2023 population estimates

Map 2: Percentage of population aged over 65
Source: ONS 2022 Mid-year population estimates



The over 65 population is expected to account for approximately 33% of the total population in Northumberland by 2040⁹. The rural areas of North Northumberland, West Northumberland and Morpeth already have a high proportion of their population over 65. These dramatic changes in the balance of the population are part of an historic shift which is being experienced across the developed world; but they are happening earlier in Northumberland (especially rural Northumberland) than in most of England. The projected rise in number of over 65s is expected to increase demand on health services.

Ethnicity and culture

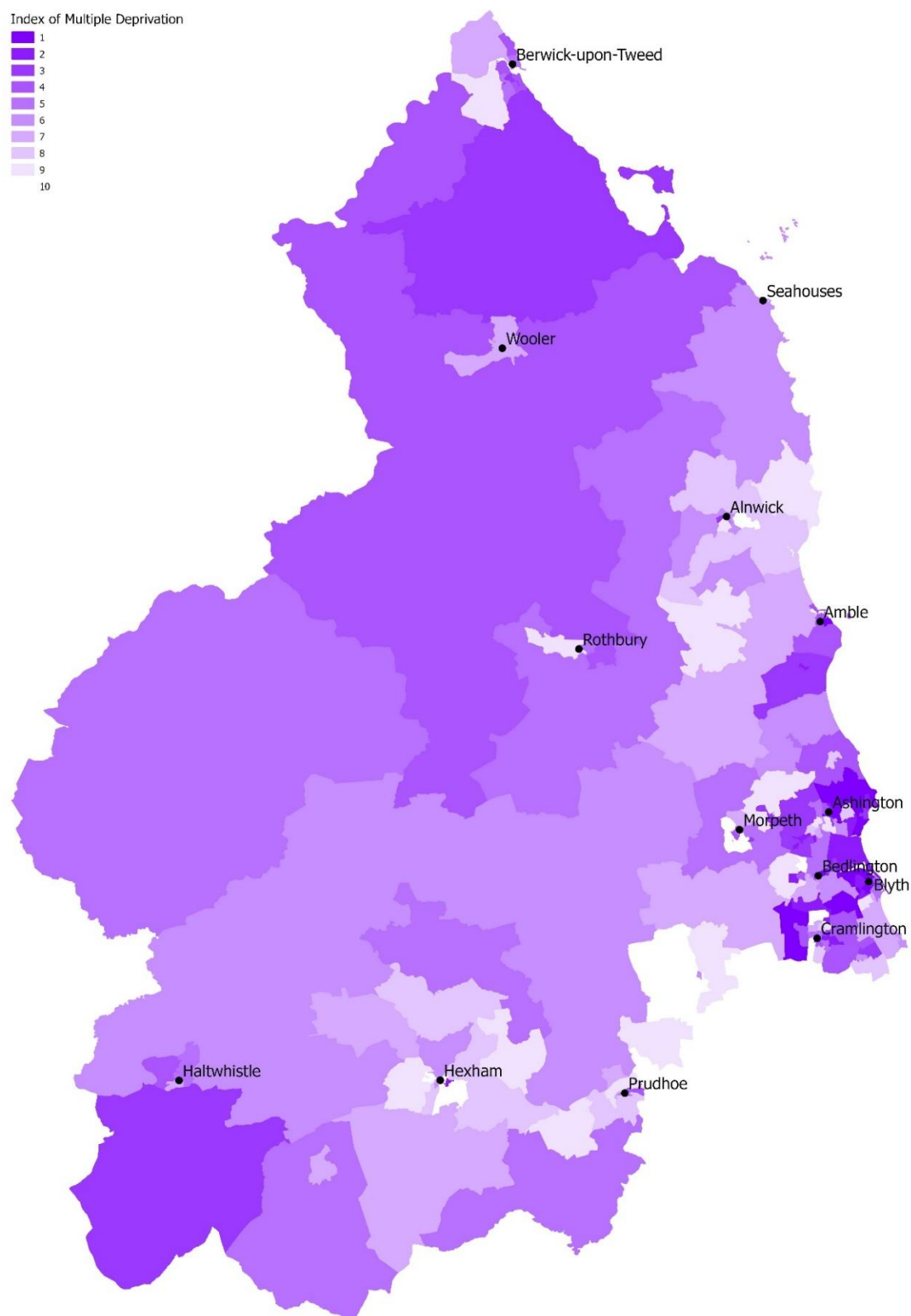
Culture and ethnicity may influence health beliefs and behaviours and may therefore impact on health and wellbeing. In the 2021 Census (the latest year for which data are available), 97.6% of the population of Northumberland classified themselves as White. People from ethnic minority groups now represent 2.4% of the Northumberland population, compared with 7.0% in the North-East and 19.0% nationally.

Area 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 socioeconomic breakdown is similar to the national average with pockets of significant affluence and areas of rural deprivation along with multiple deprivation in the former mining communities. (see Map 3).

⁹ Source: ONS population projections

Map 3: Distribution of Index of Multiple Deprivation 2019 in Northumberland
Source: *Northumberland InfoNet research report – English Indices of Deprivation 2019*



3.2 Planning and housing

Northumberland's Local Plan is the statutory development plan. To assist in the delivery of economic growth the local plan makes provision for the delivery of at least 17,700 new homes over the plan period 2016 to 2036. It sets out a plan for an appropriate mix of sizes, types and tenures, to address market and affordable housing needs. It will ensure a continuous supply of housing over the plan period, that is aligned to job growth and infrastructure capacity.

The Local Plan sets out the overall approach to the distribution of development. The approach focuses the majority of new development in Northumberland's key settlements, with smaller scale developments allowed elsewhere in order to support local services and the rural economy. It restricts development in the open countryside.

The main towns in Northumberland are Cramlington, Hexham, Ponteland, Morpeth, Ashington, Berwick, Blyth, Alnwick, Amble, Bedlington, Prudhoe, Haltwhistle and Ponteland.

The best information on future additional housing numbers available at present is contained in Table 3.1, which shows the number of homes completed since 2016, and the number of homes which are projected for completion in each of the years from 2023/24 onwards.

Table 3.1 Housing Plan – completions since 2016 and projected future completions
Source: Northumberland County Council Planning Department December 2024

Northumberland Housing Data			Forecast Future Completions 2023 to 2028 (based on latest published data)					
Delivery Area	Main Settlements (Parish or Neighbourhood Area-based)	Past Completions (total)	2023/24	2024/25	2025/26	2026/27	2027/28	Future Forecast Completions (total)
South East	Amble (incl. part of Warkworth)	382	84	89	172	120	85	550
	Ashington	1,026	119	115	120	122	132	608
	Bedlington	379	73	50	49	64	42	278
	Blyth	1,575	107	60	34	31	0	232
	Cramlington	1,359	278	267	267	269	139	1,220

	Choppington (Guidepost, Stakeford)	25	30	30	36	30	30	156
	Newbiggin-by-the-Sea	47	5	5	7	3	3	23
	Seaton Valley (Seaton Deleval, Seghill, New Hartley)	256	34	28	36	36	36	170
	Rest of South East Delivery Area	376	101	101	107	58	53	420
	South East sub-total	5,425	831	745	828	733	520	3,657
Central	Morpeth (with Hebron, Hepscott, Mitford, Pegswood)	1,546	166	185	162	178	40	731
	Ponteland	422	26	11	41	4	0	82
	Corbridge	194	63	0	0	0	0	63
	Hexham	233	64	31	39	3	3	140
	Prudhoe	192	71	68	65	47	45	296
	Rest of Central Delivery Area	720	87	88	63	38	9	285
	Central sub-total	3,307	477	383	370	270	97	1,597
North	Berwick-upon-Tweed (with Ord)	142	29	48	126	133	115	451
	Belford	57	20	25	23	0	2	70
	Seahouses / North Sunderland	26	0	0	0	0	0	0
	Wooler	88	21	3	8	4	4	40
	Alnwick (with Denwick)	475	70	76	100	69	37	352
	Rothbury (with Cartington, Thropton, Whitton & Tosson)	76	2	38	36	11	0	87
	Rest of North Delivery Area (excl. Amble)	988	104	116	96	47	2	365

	North sub-total	1,852	246	306	389	264	160	1,365
West	<i>Bellingham</i>	19	0	0	21	22	20	63
	<i>Haltwhistle</i>	29	0	20	20	20	0	60
	<i>Haydon Bridge</i>	120	0	0	0	0	0	0
	<i>Allendale</i>	13	0	4	4	2	0	10
	<i>Rest of West Delivery Area</i>	149	30	17	0	0	0	47
	West sub-total	330	30	41	45	44	20	180

There has been significant development in Cramlington, Blyth and Morpeth over the last 10 years, and generally higher rates of delivery in Northumberland based on historic trends, compared to national norms.

The table above shows where housing is likely to be developed over the next five years. However, national reforms to the planning system mean that Northumberland will need to plan for higher housing numbers looking forward, and there is always the potential for speculative development. The re-opening of the Northumberland Line Railway in southeast Northumberland could potentially present opportunities to meet some of the anticipated needs.

There have been no additional GP premises built in Northumberland to meet the increase in households already delivered. Due to a national shortage of GPs and other clinical staff, primary care has seen increased pressure on its services. There has been a trend towards consolidation of services in practice hubs, with a reduction in the number of branch surgeries still operating.

Alnwick is a small market town which has seen a significant increase in new home completions over the last 5 years, with even more planned over the next 5 years. The population increased from 8000 to 8400 between 2011 and 2021 (National statistics) but there are projections of more than 350 completions since the 2021 census. In the past Alnwick has attracted retirees from more affluent parts of the country, which may result in extra demands on health services as they age and become less able. This will add to the pressures already felt by the one medical practice in Alnwick.

The population of Blyth increased by 6% between 2011 and 2021¹⁰. However, over this period one GP surgery closed with the two remaining practices obliged to take on the displaced patients. Cramlington currently has three GP surgeries, but again

¹⁰ HM Govt: Dept for levelling up Blyth March 2024 [Blyth \(Northumberland\) -local data profile](#)

there has been no increase in clinical staffing to cope with the rising numbers of patients registered with these practices.

3.3 Transport

Within Northumberland access to health services can be hampered by transport issues. This is partially because of the problems of rurality, (a very sparsely populated county of more than 2,000 square miles) with greater travel distances to services, coupled with more limited reach of public transport into rural areas. Because of this, bus usage tends to be lower than average with Northumberland having an estimated 23 trips per person year, compared to an estimated 49 trips in the North East.¹¹ However the re-opening of the Northumberland Line is expected to improve connectivity particularly for those in the South East and Central PNA localities.

A detailed Transport and Health Needs Assessment was conducted by Northumberland County Council in 2024, which is published with the Northumberland Joint Strategic Needs and Assets Assessment.

¹¹ Department for Transport, Bus Statistics Table BUS01f.

4. Health needs assessment

4.1 Smoking

Smoking remains the single biggest cause of preventable death and disease; responsible for approximately 80,000 deaths in the UK every year, smoking is a key driver of health inequalities. Cigarettes are a dangerous consumer product; it is estimated that 2 in 3 lifelong smokers will die of smoking related deaths. Additionally, for every smoking-related death, 30 more will suffer a smoking-related health condition including respiratory diseases, cardiovascular diseases and a wide range of cancers.¹² Overall, smoking attributable mortality is similar in Northumberland when compared to the England average, although smoking prevalence is below the England average (8.2% compared to the England average of 11.6%).¹³ It is important to note, however, that there is much disparity within Northumberland and this is not a true reflection of every locality in Northumberland. Stop smoking services and provision of related treatments will continue to play a vital role in reducing the disease burden within Northumberland.

4.2 Alcohol

Alcohol is the second biggest lifestyle risk factor after tobacco use. Alcohol misuse is a major problem within Northumberland in terms of health, social and economic consequences which affect a wide cross section of the county at a considerable cost. Alcohol related health harms are often more pronounced in areas of high deprivation, despite consumption often being lower than in more affluent areas. The effects of alcohol are linked to a range of other factors: some individual, such as metabolism or inherited genetic traits; other environmental, such as diet, smoking, access to healthcare or stress. It is partly because the harmful effects of alcohol are linked to these other factors that we see a social gradient in alcohol harms. There are rising trends in the levels of alcohol related hospital admissions for both men and women in the county. The rate for alcohol-related hospital admissions is 823 per 100,000, worse than the average for England. This represents 2,847 admissions per year.¹⁴ Northumberland has one of the lowest rates of alcohol related deaths in the North East, but is still above the national average. Alcohol related deaths are currently at their highest ever rate in the UK, and the North East has the highest rates in England.¹⁵

4.3 Substance misuse

People who use drugs problematically are at significant risk of early mortality. The North East has the highest rates of drug related deaths in England. Data for 2021 –

¹² Tobacco JSNAA Northumberland 2024

¹³ Data Source: [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

¹⁴ Data Source: [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

¹⁵ [Alcohol-specific deaths in England and Wales by local authority - Office for National Statistics](#)

2023 demonstrates that the region had a rate of 9.8 deaths per 100,000 people, compared to the national rate of 5.5 per 100,000¹⁶. Though Northumberland has the lowest rate of drug related deaths in the North East at 5.8 per 10,000 people, the county is still slightly above the national average for England.¹⁷

Drug addiction is intrinsically linked to crime and causes significant health and social harms. The estimated cost of addiction to society is almost £20 billion. Structured treatment is evidenced as being able to reduce crime, improve health and increase the opportunity for people to recover from their addiction and lead a drug free life. For every £1 invested in drug treatment there is a £2.50 benefit to society¹⁸. Tables 4.1 and 4.2 show the estimated prevalence of drug misuse in Northumberland and the number of adults in treatment.

Table 4.1: Prevalence estimates of drug and alcohol dependence (2019/20).

Data source: www.ndtms.net

Substance	Rate per 1,000 pop. Northumberland	Rate per 1,000 pop. North East
Opiate	8.7	9.8
Crack	1.1	1.6
Opiate and Crack	1.0	2.0
Alcohol	13.22	17.73

Northumberland has lower rates of prevalence of problematic substance misuse when compared to the North East.

Table 4.2: Numbers of adults in treatment by substance (2023/24)

Data source: www.ndtms.net

Substance	Adults in Treatment
Opiates	911
Crack	71
Opiate and Crack	135
Alcohol	580

Overall, numbers in treatment have been increasing since the end of 2023, with Crack and Alcohol showing the greatest rise.

4.4 Promoting Healthy Weight

Tackling obesity and helping people achieve or maintain a healthier weight is complex. The causes of obesity exist in the places where we live, work and play, where the food

¹⁶ Data source: www.ndtms.net

¹⁷ Data Source: [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics](#)

¹⁸ [Evidence review on drug misuse treatment published - GOV.UK](#)

and built environment often makes it difficult to make healthier lifestyle choices. Overweight and obesity are associated with a range of health conditions including Type 2 Diabetes, cardiovascular disease and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year. In Northumberland 69.8% of adults were classed as overweight or obese, this is higher than the England value of 64.0%.¹⁹ The Health Survey for England (HSE) 2022 indicates that 28% of men and 30% of women are obese, but that men are more likely to be overweight (31% for women and 39% for men). This also shows that the adult prevalence of morbid obesity is 3%.

Between 2015/16 and 2022/23 levels of overweight and obesity in Northumberland have risen by 7.2 percentage points from 62.6% to 69.8%, whereas national prevalence within the same time period has risen by 2.8 percentage points.. Women living in lower income households are more likely to be obese: obesity prevalence in women falls from 31% in the lowest income quintile to 19% in the highest income quintile. There is no clear pattern for men. The majority of children and young people in Northumberland remain a healthy weight. However, this is not the case for every child, and particularly so for those living in our more deprived areas. The latest data from the National Child Measurement Programme (NCMP) identified that 11.5% of Reception aged children were obese (including those with severe obesity). By Year 6, this figure rises to 23.6%.²⁰

4.5 Sexual health and teenage pregnancy

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

Teenage conceptions (under 18 conception rate) in Northumberland for 2021 was 13.8 per 1000 women. This is one of the lowest in the North East, but slightly higher than the average figure for England which is 13.1. Figures have been declining in recent years and have halved since 2012. Just under half (44.8%) of all under 18 conceptions result in an abortion in Northumberland, which is below both the regional and national figure.²¹ Within Northumberland, there are a number of identified 'hot spots' based on

¹⁹ Data Source: [Obesity Profile - Data | Fingertips | Department of Health and Social Care](#)

²⁰ Data Source: [Obesity Profile - Data | Fingertips | Department of Health and Social Care](#)

²¹ Data Source: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

teenage pregnancy rates within different parts of the county. Many wards with higher levels of deprivation typically have higher levels of teenage conception rates.

The reduction of the under 18 conception rate has been a key target across Northumberland for many years. Key actions have included raising the profile of proactive contraception and targeting support for young people in schools, and communities in teenage pregnancy 'hot spot' areas. The objectives are to improve access to responsive sexual health services and increase the use of long acting reversible contraceptive (LARC) methods and ensure Young People access timely Emergency Contraception. Northumberland has a very successful LARCS programme in place and currently prescribes LARCS at a rate of 61.7 per 1,000 population, which is higher than both the regional figure (39.3) and the national figure for England (44.1).²²

The 2024-2029 Northumberland Sexual Health Strategy 2024-2029 includes four key priorities, Teenage Pregnancy and Young People, Education across the Life Course, Reducing STI's and HIV prevention, and Contraception and Reproductive Health.

4.6 Long term conditions

Death rates from all cancers have decreased significantly over the last two 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 45.8 per 100,000 population in Northumberland. This is lower than the England figure (50.5) and significantly lower than the regional average of 62.1.²³ Pharmacies can play an important role in preventing some forms of cancer by helping patients to stop smoking. They are also in a good position to raise symptom awareness in their customers and facilitate early diagnoses.

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, including coronary heart disease (CHD), stroke, and peripheral vascular disease (PVD). Key risk factors include smoking, poor diet, obesity, hypertension, diabetes, high cholesterol, and atrial fibrillation. CVD is more prevalent in lower socio-economic and in some ethnic minority groups: CVD is a major contributor to health inequalities in Northumberland.

Hypertension Data collected to monitor the primary care Quality and Outcomes Framework (QOF) showed hypertension prevalence to be higher than the regional and national average, which may be partially due to better case finding. However, a

²² Data Source: [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

²³ Data Source: [Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#)

prevalence model developed to predict the number of people with hypertension suggests that there are large numbers of people who remain undiagnosed. This group of patients is being targeted nationally with the new pharmacy-based hypertension case finding service.

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires prevention activities to tackle obesity and lifestyle choices about diet and physical activity. Data collected as part of the monitoring arrangements for the QOF showed that the prevalence of diagnosed diabetes in Northumberland is higher than the regional and national average. However, a prevalence model developed to predict the number of people with diabetes suggests a significant gap between predicted and measured (or diagnosed) levels. Diabetes can remain undiagnosed for many years; people who are undiagnosed will not receive the routine care and monitoring required to optimise wellbeing and minimise long-term complications. Identifying people who are undiagnosed and providing systematic care for them is therefore a priority if diabetes is to be managed effectively.

For more information on CVD and Diabetes, please see the JSNAA section [here](#).

Chronic obstructive pulmonary disease (COPD) COPD is a chronic lung condition resulting from damage to the lung and leads to breathing difficulties. One of the main causes of COPD is smoking, so prevention of COPD is linked to smoking cessation activities, which can be provided by community pharmacies. The premature mortality rate in Northumberland from respiratory disease considered preventable is 14.9 per 100,000 population. This is not significantly different to the England average but lower than the regional average. COPD is a contributor to health inequalities. COPD prevalence as recorded within QOF is higher than the average for England as a whole (2.7% versus 1.8%).²⁴ However, a prevalence model 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.

Asthma is a chronic lung condition characterized by inflammation and narrowing of the airways, leading to breathing difficulties and wheezing. When these symptoms worsen, it may indicate an asthma attack, which can require hospital treatment. While asthma has no cure, medications help control symptoms and reduce the risk of attacks. Preventer and reliever inhalers are commonly prescribed, with most asthma patients using both. Typically, preventer inhalers last 1–2 months, while reliever inhalers may last longer if asthma is well managed. Northumberland has the highest recorded asthma prevalence in England, with a QOF prevalence of 8.3% compared to

²⁴ Data Source: [Fingertips | Department of Health and Social Care](#)

the national average of 6.3% in 2022–2023.²⁵ Asthma-related hospital admissions have also exceeded the England average since 2016, with approximately half of these being multiple admissions. Additionally, there are notable inequalities in asthma admissions. Northumberland also reports higher rates of high-dose inhaled corticosteroid (ICS) prescribing at 29.6%, compared to 23.9% across England. Collectively, these factors suggest a sustained demand on local pharmacies.

For more information on respiratory disease, please visit our JSNAA website.

Pharmacists can contribute to the care of those with long term conditions 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. Pharmacists also have a role in advising and supporting changes to health-related behaviours, and in early identification and management of risk factors such as hypertension, high cholesterol, diabetes, and atrial fibrillation.

4.7 Older persons

The risk of ill health increases with age, and use of some healthcare services increases with age, including community pharmacy. 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 2030,²⁶ potentially creating additional demands for social care, housing support and health services unless people are healthier at older ages in the future. An ageing population may be associated with a greater prevalence of falls, including more emergency hospital admissions for fractured proximal femur. 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 Northumberland, provision of these services will be difficult and costly due to the rural nature of the County.

Rising rates of dementia will be among the biggest challenges faced by health services going forwards. People with dementia require substantial amounts of care, particularly social care. The number of patients with dementia is expected to rise as the number of elderly people in Northumberland increases. For more information on Dementia, please see the JSNAA [section here](#).

Older adults are at greater risk of social isolation, due to loss of friends and family, mobility limitations and managing long term conditions. Face to face contact with community pharmacy can be an important point of regular social interaction.

²⁵ Data Source: [Fingertips | Department of Health and Social Care](#)

²⁶ Data Source: [Population projections - Office for National Statistics](#)

For more information about the health and wellbeing needs of older adults, visit Northumberland's Joint Strategic Needs Assessment ([Ageing Well Chapter](#))

4.8 Mental health

Poor mental health and wellbeing in parts of the county are linked to socio-economic deprivation and vulnerability and premature mortality. People suffering from severe 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.

For those aged between 10-24 years old, the hospital admission rate for self-harm is more than double the rate in England.

In 2023/24, 74.1% of people with a severe mental illness on their GP records had all six elements of physical health checks, compared to 68.1% for England.²⁷

Primary care data indicates that 14.4% of patients (18 years and over) in Northumberland are registered as having had depression, higher than the 13.2% England average (QOF, 2022-2023)

The number of adults who are in contact with mental health services and live in stable and appropriate accommodation has improved and is similar to England but worse than the North-East.

ONS data on personal wellbeing estimates show that Northumberland has lower levels of anxiety than the North-East and England, and higher levels of life satisfaction, happiness and feeling that life is worthwhile.

4.9 Learning Disability

Life expectancy for people with learning disabilities is lower than for the rest of the population. Evidence shows that people with learning disabilities are 2.5 times more likely to have health problems than other people but are less likely to receive regular health checks or to access screening programmes. Practice registers show that 7.9 adults per 1,000 registered with a GP have a known learning disability. This is significantly higher than the England average of 5.8 per 1,000.²⁸ The rate of children known to have learning difficulties known to schools is 28.7 per 1,000 pupils.²⁹

4.10 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 75.2% and

²⁷ Data Source: [Statistics » Mental health: physical health checks for people with severe mental illness](#)

²⁸ Data Source: [Quality and Outcomes Framework, 2023-24 - NHS England Digital](#)

²⁹ Data Source: [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#)

81.7% respectively.³⁰ However, where data are available, there are socioeconomic and other inequalities and variation in uptake and coverage within Northumberland.

Community pharmacy is increasingly being used in national immunisation campaigns e.g. flu and COVID. There is scope to increase the range of immunisations delivered through community pharmacy.

4.11 People in prison and others in contact with the criminal justice system

Northumberland has one prison, HMP Northumberland. It is a category C prison holding 1,348 male offenders.³¹ 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 drug issues.

4.12 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. Holidaymakers often rely on pharmacy services to help out when they have left medicines at home. This now involves confirmation through NHS 111.

4.13 Travellers

There are communities living in three permanent traveller sites in Northumberland. There is also a small travelling community within Northumberland which makes infrequent but regular camps within the county. Permanent residents will normally be registered with a GP; others will normally be treated as temporary residents or receive self-care from community pharmacies.

³⁰ Data Source: [Fingertips | Department of Health and Social Care](#)

³¹ Data Source: [About the prison](#)

5. Definitions and descriptions of pharmacy services

Pharmaceutical services' is a collective term for the range of services previously commissioned by NHS England which is now the responsibility of the ICB. In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors (DACs) - there are no DACs in Northumberland
- the dispensing service provided by some GP practices in rural areas
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services (Northumberland does not have any LPS contracts).

5.1 Essential services

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

- Dispensing of medicines
- Dispensing of appliances
- Repeat dispensing for prescriptions which contain more than one month's supply of medicines, and e-repeat dispensing
- Disposal of unwanted medicines
- Healthy living pharmacies.
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Discharge medicines service.

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

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

5.2 Advanced services

In addition to the essential services, the community pharmacy contract allows for “advanced” services. There are currently nine Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF), also known as the ‘pharmacy contract’. Pharmacy owners can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions. They include:

- Pharmacy First
- Flu vaccination service
- Pharmacy Contraception service
- Hypertension Case finding service
- New Medicines Service
- Smoking Cessation service
- Lateral Flow Device service
- appliance use reviews, and
- stoma appliance customisation

The latter two services are normally provided by dispensing appliance contractors, but pharmacies can choose to provide them as well.

The Smoking Cessation service classified as an Advanced Service is a nationally commissioned service for patients leaving hospital. This differs from the locally commissioned stop smoking service, which helps patients in the community with their quit attempt.

From June 2025, pharmacies which want to deliver the Pharmacy First service, must also undertake to provide hypertension case finding and contraception services as part of a care bundle. From October 2025 there will be a national emergency hormonal contraception service, which will supersede the public health commissioned services.

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

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

5.3 Locally commissioned (other NHS) services

Pharmacy services are currently commissioned locally by Public Health Teams, Integrated Care Boards, and secondary care providers,

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

- Supervised consumption of opiates
- Needle exchange
- Intermediate stop smoking service
- Pharmacy Direct Nicotine Replacement Therapy (NRT) voucher dispensing service for NRT products

Services for emergency contraception form part of the sexual health contract currently provided by Northumbria Healthcare Trust. The trust therefore commissions emergency contraception “Plan B” services from community pharmacies.

ICB (North-East and Cumbria) currently commissions the following services from community pharmacies in Northumberland:

- *Think Pharmacy First* – minor ailments scheme
- *Sharpend* – safe disposal of medicinal needles and sharps for diabetes patients
- On demand availability of specialist drugs for palliative (end of life) care. (See Appendix 8)

All of the services commissioned by the ICB are currently under review, with the aim of developing an integrated service across the footprint of the ICB.

5.4 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.

Even more emphasis is now being placed on the self-care agenda as a vital element of the pyramid of care, to reduce reliance on GP surgery appointments, walk in centres and A&E departments.

Community pharmacies can sell a wide range of medicines which are not available through other retail outlets and give advice on when and how to use them. The pharmacist, following a consultation with the patient, can treat, or escalate to the GP or other services as appropriate.

5.5 Dispensing GP practices

Some rural general practices provide dispensing services to some of their patients. Dispensing doctors can provide dispensing services to patients who live in controlled

localities³² more than 1.6 kilometres (1 mile) away from a community pharmacy. Some rural practices dispense from more than one of their surgery premises to provide a localised service in remote areas. As of 31st January 2025, twelve of Northumberland's general practices provide dispensing services to some of their patients from 19 main and branch surgeries. This means that 23,816 of the 340,831 or 7% of patients registered with GPs in Northumberland are dispensing patients. This is down from 10% of Northumberland patients in previous PNAs. In rural areas of Northumberland, dispensing doctors contribute an important element to the provision of the network of medicines supply.

Maps showing designated rural areas for Northumberland are shown in Appendix 4 (Maps 4a to 4d).

Table 5.1 Dispensing GP practices

	Number of Practices	Number of Sites
North	5	9
West	4	7
Central	3	3
South East	0	0

Alnwick Medical Group have closed their branch surgery at Longhoughton.

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

5.6 Distance selling pharmacies

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

There is one distance selling pharmacy in Northumberland, based in Cramlington, and a second distance selling pharmacy has received approval to operate from Prudhoe, although it has not yet opened. The 2025 pharmacy contract does not allow distance

³² 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 (FHS AU), to be 'rural in character'.

[2]<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>

selling pharmacies to provide advanced and enhanced pharmacy services from their pharmacy, but allows for remote consultations.

5.7 Dispensing appliance contractors

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

5.8 Hospital services

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

A new community hospital is due to open in Berwick in summer 2025. This facility will have 24 inpatient beds, but most patients will be seen as outpatients, to reduce travel to Wansbeck and North Tyneside hospitals. As the base hospitals are an hour away from the new hospital, innovative ways of providing discharge medication will need to be considered.

6. Current provision of pharmaceutical services

6.1 Geographical distribution of pharmacies and medical practices

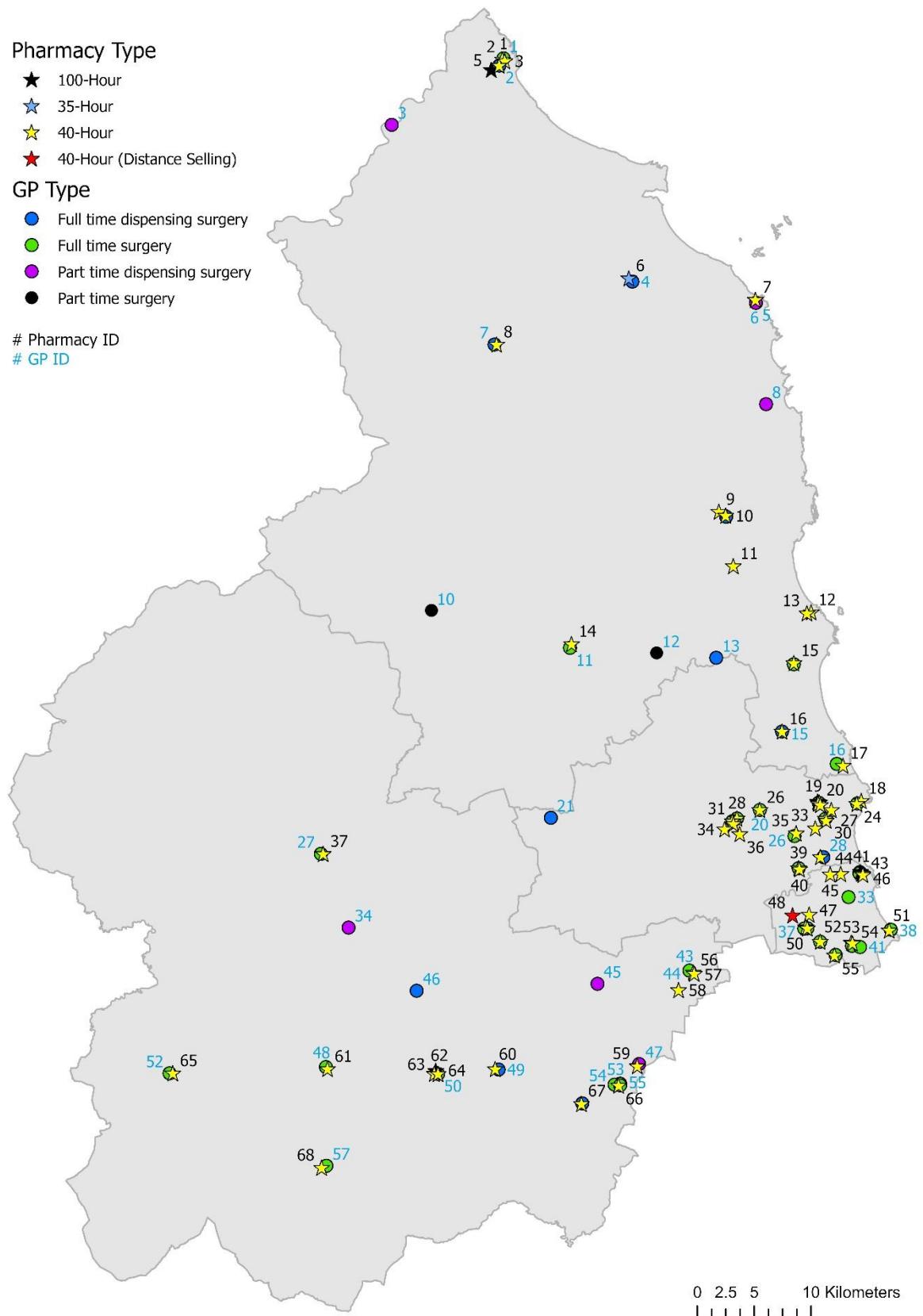
Maps 5 and 5a below identify the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts.

Copies of these maps are duplicated in Appendix 1 with a key identifying all pharmacies, GP full time surgeries, part time branch surgeries and “dispensing doctor” premises (full and part time). The maps in Appendix 1 are continually updated in an online version, and will be used in the determination of pharmacy applications.

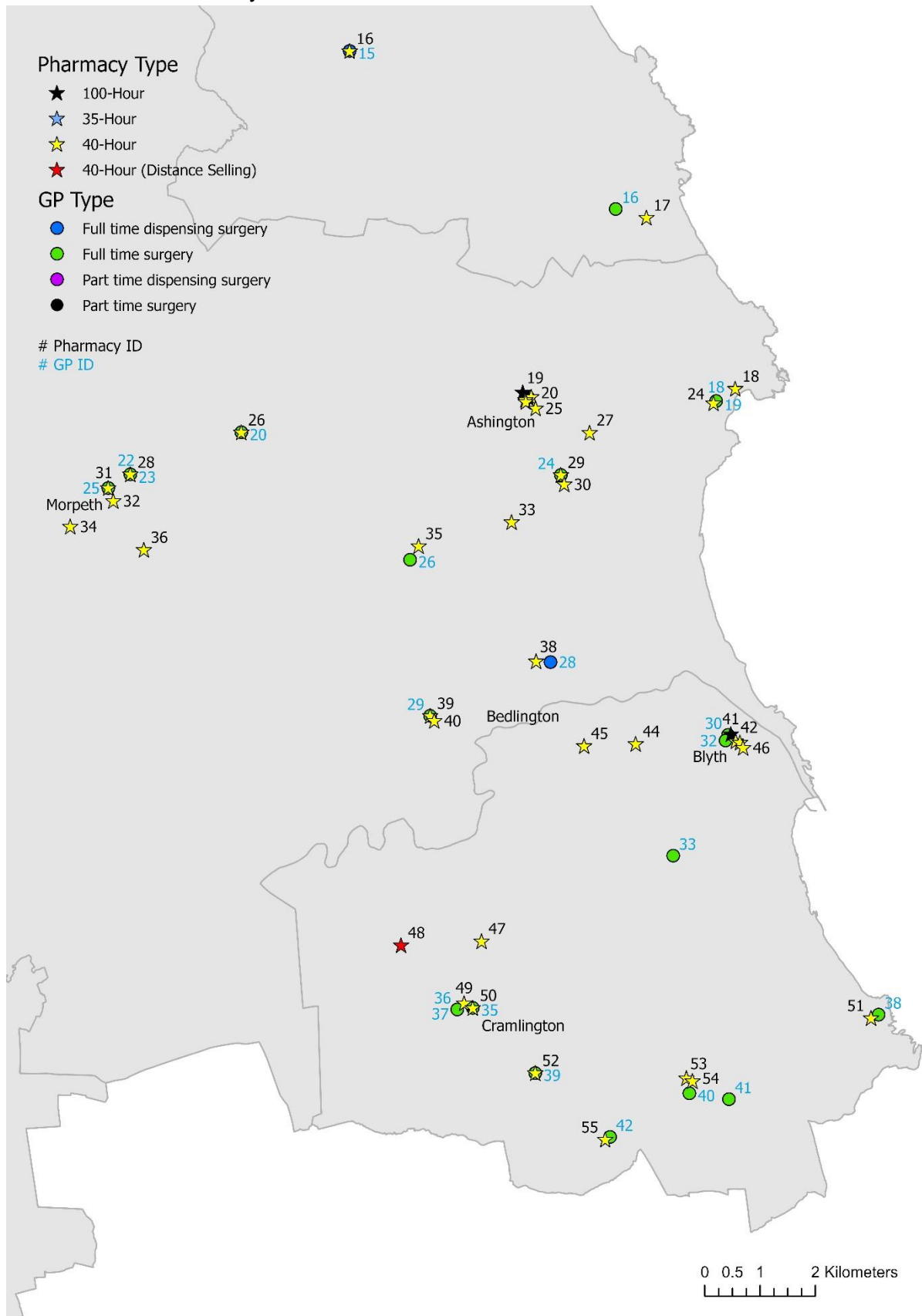
Pharmacies in Newcastle and North Tyneside which may provide services to residents of Northumberland are shown. This includes city centre pharmacies and those at Kingston Park and Silverlink, many of which open for extended hours. Pharmacies within Gateshead, County Durham and Cumbria have not been included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

There is currently one distance selling pharmacy based in Northumberland and no appliance contractors. A second distance selling pharmacy has been given permission to operate from Prudhoe.

Map 5: Map of General Practice and Pharmacy Premises in Northumberland, correct as at 31st January 2025



Map 5a: Map of General Practice and Pharmacy Premises in South East Northumberland, correct as at 31st January 2025



As of 1st January 2025, there are 68 pharmacies in Northumberland, including five “100” hour³³ pharmacies and one internet/distance selling pharmacy, although a second distance selling pharmacy has been licensed, it is not yet open. 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.

Since the last PNA was written in 2022, there have been four pharmacy closures: one in Cramlington, two in Blyth and one in Prudhoe. One pharmacy has opened in Cramlington. Supplementary Statements were published at the time of each closure.

Closure of dispensing branch surgeries may have affected the provision of adequate pharmacy services in rural areas. There has been a closure of a branch surgery at Longhoughton since the last PNA was produced, although the practice in Alnwick continue to provide medicines to their patients in Longhoughton using a manned hub in the village. The surgery in Felton is due to be rebuilt and a temporary move of the dispensary has been approved while the new surgery is built. Other changes to pharmacy services have mainly been changes to supplementary opening hours.

Table 6.1: Scripts Issued and dispensed within Northumberland

Financial year	Scripts written in Northumberland	% scripts dispensed in Northumberland
2021/2022	8,779,792	95.0%
2022/2023	9,093,138	94.9%
2023/2024	9,454,112	94.6%
2024/2025 (4 months)	3,251,489	94.1%

From table 6.1 above it can be seen that there has been an increase of 0.9% in the percentage of prescriptions dispensed out of area. This may be due to an increase in internet pharmacy use or increased use of appliances.

Most prescriptions dispensed out of area, are for dressings and appliances, because there are no appliance contractors located in Northumberland. Some prescriptions are dispensed in Scotland. As the northern border of Northumberland is with Scotland, this cross- border migration of prescriptions is to be expected.

Table 6.2 shows that Central and North Northumberland is well serviced by community pharmacies, having a similar number of pharmacies per 100,000 population to the North-East generally, although above the England average.

³³ 100hour pharmacies have been permitted to open or 72hours per week provided they stay open until 9pm weekdays and maintain their Sunday hours of opening.

Table 6.2: Average number of pharmacies per 100,000 population,

Locality	No. of pharmacies	Population ^{\$}	Pharmacies per 100,000 population	Pharmacies per 100,000 population in 2022	Pharmacies per 100,000 population in 2017
South East	14	86,349	16.2	18.8	20.6
Central	22	90,365	24.3	24.5	29.4
North Northumberland	17	72,689	23.4	23.2	23.1
West Northumberland	14	74,959	18.7	19.8	20.6
TOTAL	67*	324,362	20.7	21.9	23.7
England (2025)	10454	57,112,542	18.3	20.5	21.5
North East and North Cumbria (2025)	612	2,958,430	20.7	N/A	N/A
<i>Sources: ^{\$}Mid-2022 resident population, Population Estimates Unit, Office for National Statistics (ONS) © Crown copyright</i> <i>* 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, and the delivered.</i>					

The South East locality has the lowest number of pharmacies per 100,000 population (16.2), but this is also the most compact and urban area. Blyth has 6 pharmacies to serve its nearly 40,000 residents, whereas Cramlington has 4 pharmacies for its approximately 29,000 residents. More development is planned in Cramlington over the next 3 years. (See Table 3.1)

In North and West Northumberland dispensing doctors provide additional capacity for the dispensing of prescriptions. West Northumberland has four dispensing doctor practices which currently dispense for 11.6% of the locality population, down from 16.5% in the 2022 PNA.

Northumberland has 12 dispensing practices which run 12 full time and 7 part time or branch dispensaries which contribute to the dispensing of prescriptions. The number of practices which dispense to their patients has reduced over the last 10 years as costs have risen. In Northumberland as a whole, 7% of patients are registered as dispensing patients.

6.2 Hours of provision of medical services

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide

more, routine appointments outside of these core hours. In Northumberland, practices have coalesced around hubs to provide these services, which enable patients to book an appointment through their surgery, for an appointment at the hub. In some parts of the county the hub is fixed and provides extra appointments every weekday, and some weekend days. In other parts of the county, practices within the hub provide services on different days of the week. This service has been in place since 2017, and the arrangements as of January 2025 are given in Appendix 12.

Current pharmacy opening hours endeavour to mirror these extended surgery hours, although increased staffing costs do not always make this viable. Some of the hubs are served by pharmacies with longer opening hours, however, some of the more rural hubs do not currently have this level of service. Appointments are pre-booked for routine treatment and the need for immediate provision of medicines is low.

Work is ongoing to assess whether any mismatch in opening times of GP practices and nearby pharmacies produces any gaps in pharmaceutical services, and whether the current network of pharmacies can be persuaded or commissioned to accommodate these services, or a rota or directed services being commissioned.

There are also two walk-in centres in Newcastle; they operate from 8am to 8pm 7 days per week. These walk-in centres have closely located pharmacies.

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.

Northumbria Specialist Emergency Care Hospital in Cramlington provides emergency care for seriously ill and injured patients. Most patients arrive by ambulance or via emergency GP admission but there are also a number of walk-in attendances as well. Walk-in services at Hexham, North Tyneside and Wansbeck general hospitals provide urgent care for less serious conditions. Urgent care centres at Hexham, North Tyneside and Wansbeck general hospitals are open 8am until 10pm, seven days per week.

Minor Injuries Units are open every day between 7.45am and 8.30pm in Berwick and 10am until 8pm in Alnwick. The new hospital in Berwick will open in summer 2025. The new hospital will have 24 inpatient beds, multiple outpatient suites and will accommodate a relocated GP practice. Discharge medication for inpatients will normally come from hospitals sites in Wansbeck or North Tyneside, but there may be the need for urgent scripts to be supplied by local community pharmacies.

6.3 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. (One pharmacy in North Northumberland currently has a contract to provide services for 35 hours per week). These core hours

are provided as an 'essential' pharmacy service. The 2025 pharmacy contract gives greater flexibility to change core hours.

There are currently five 100-hour pharmacies in Northumberland. Changes to the legislation in 2023 means that these pharmacies must be open for at least 72 hours per week including 9pm Monday to Saturday. Confusingly these are still referred to in the legislation as 100-hour pharmacies even though they are no longer required by the legislation to be open for 100 hours per week. This is to distinguish them from pharmacies which hold 40-hour contracts.

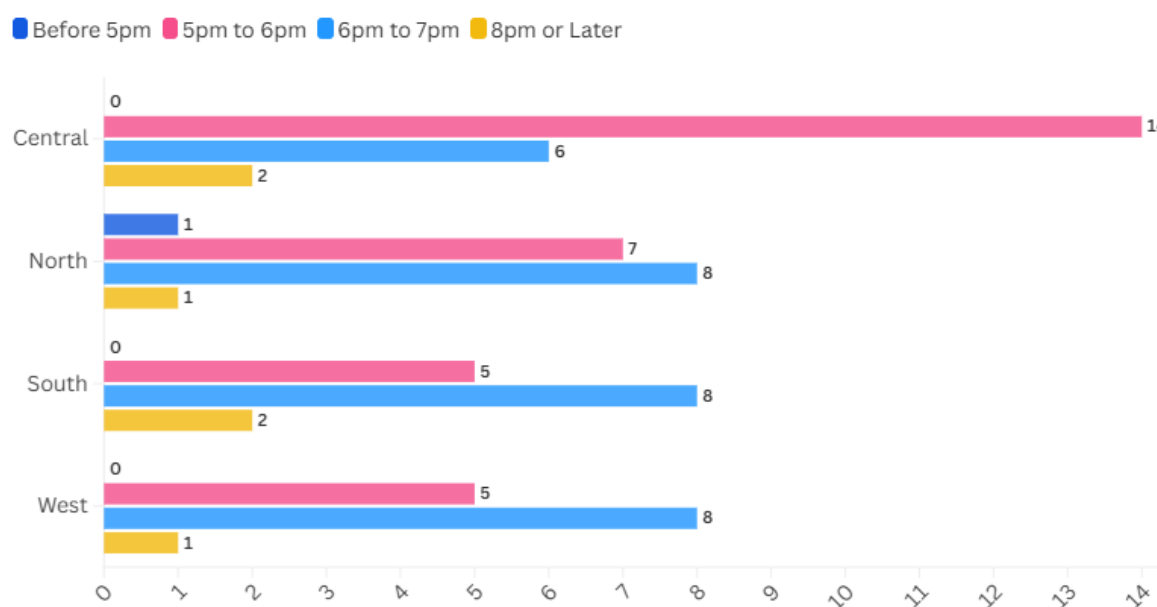
Supplementary hours: These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e. they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 5 weeks' notice of the intended change.

Figure 6.1 shows, by locality, the numbers of pharmacies open outside Monday to Friday, 9am to 5pm core trading hours. Numbers are for total hours, i.e. including both core and supplementary hours.

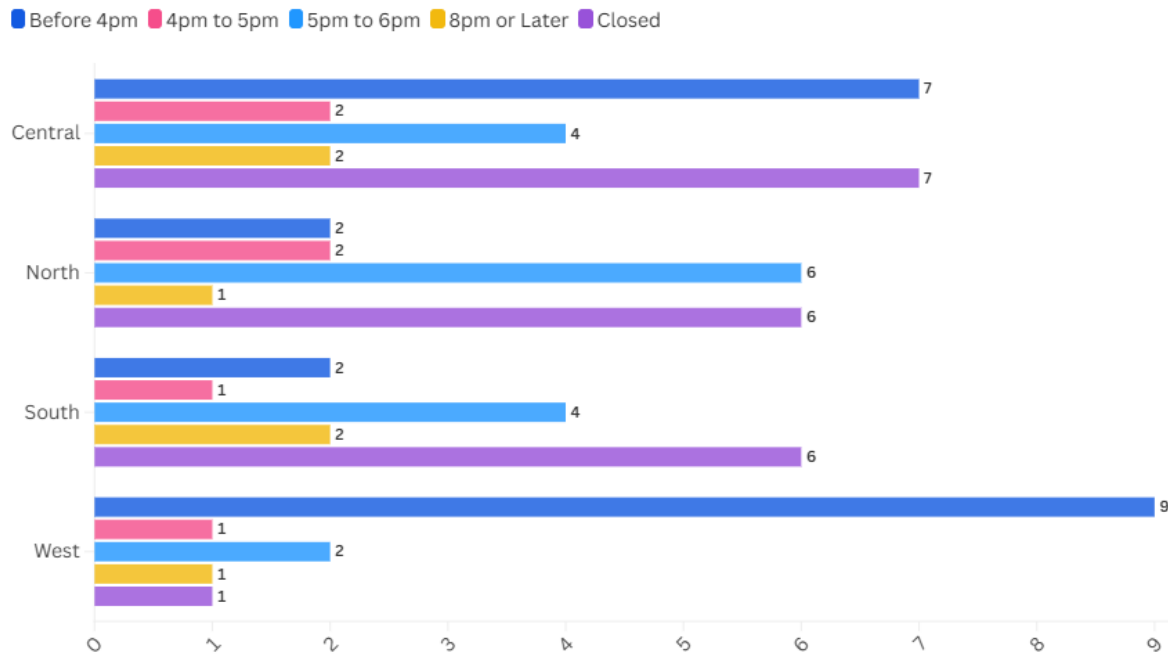
Figure 6.1: Opening Hours in Northumberland

Source: NHS England

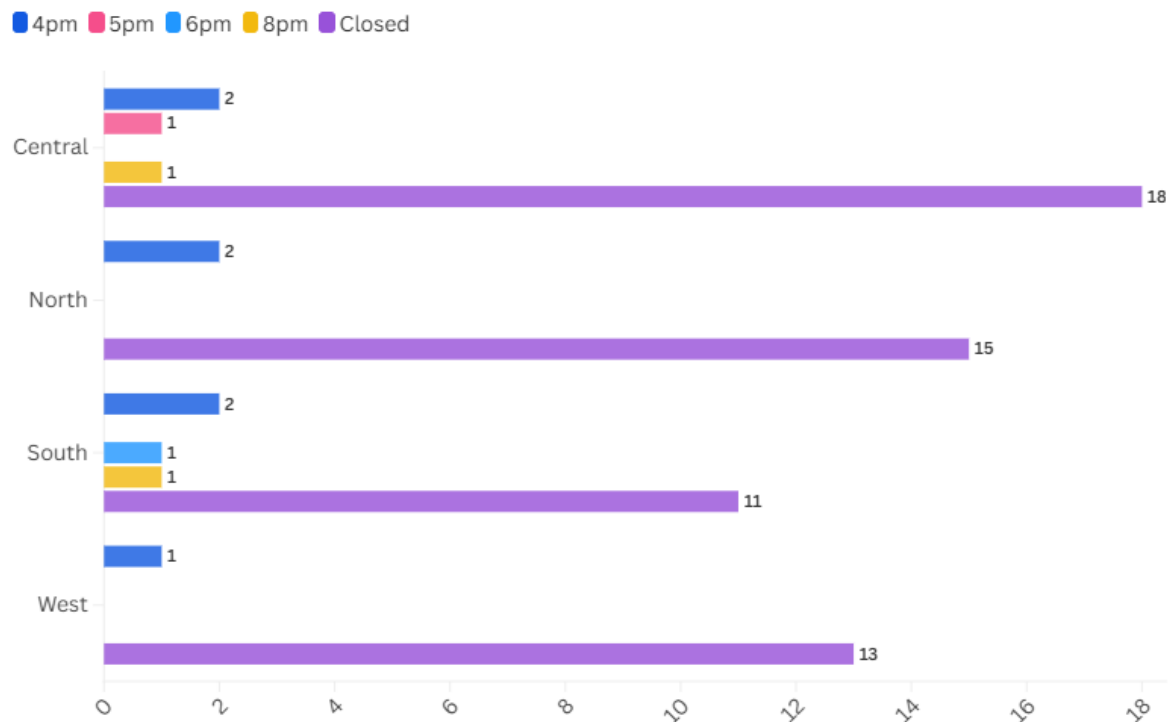
Closing Times Weekdays³⁴



³⁴ One pharmacy in central closes at noon on Thursdays and 5pm other weekdays



Closing Times Sunday



Please note that opening hours above were correct as of 31st January 2025. We are aware of 2 applications to change opening hours since this date, which will be reflected in the next PNA. If reductions of hours produces a significant reduction in service, then the Health and Wellbeing Board will issue a supplementary statement.

The number of hours which pharmacies are open has decreased every year since 2017, as pharmacies have been hit by higher staff and other costs. The pharmacy contract introduced in 2017 reduced profit margins, and pharmacies are choosing to close earlier to reduce losses.

89.5% of pharmacies in Northumberland open for more than the core contract hours. Table 6.3 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services. These supplementary hours can be withdrawn at any time following 5 weeks' notice.

Table 6.3: Number of hours of pharmaceutical services available each week

Data source: NHS England

Number of hours	Number in 2017	Percentage	Number 2025	Percentage
Exactly 40	4	5.4%	7	10.5%
More than 40 and up to 45	25	33.8%	22	32.8%
More than 45 and up to 50	17	23.0%	16	23.9%
More than 50 and up to 55	13	17.6%	15	22.4%
More than 55 and up to 60	7	9.5%	0	0.0%
More than 60 but less than 100	4	5.4%	7	10.4%
100 or more	6	8.1%	0	0.0%
TOTAL	75*	100.0%	67*	100.0%

* excludes internet pharmacy

6.4 Repeat Dispensing

As part of the essential services component of the NHS contract, all pharmacies are expected to provide a repeat dispensing service for patients who are considered by their GP to have a stable long term condition. Patients are dispensed up to a year's supply of medicines, usually in monthly instalments. All practices provide electronic repeat prescriptions, although dispensing practices have in house electronic and repeat prescriptions counted differently, as the prescriptions are not logged on the national electronic spine.

6.5 Pharmacy Access Scheme

The Pharmacy Access Scheme (PhAS) was introduced in 2022 to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. It has been designed to protect the pharmacy network in those areas where patient and public access would be affected if they should close, for example if a population depends on a single pharmacy. The scheme takes isolation and levels of need into account; dispensing GP practices and distance selling pharmacies are excluded from the scheme

To qualify for a payment, the pharmacy must,

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

Currently 18 pharmacies in Northumberland are eligible for pharmacy access scheme payments : (See Appendix 8)

- 7 in North locality,
- 5 in West locality
- 3 in Central locality
- 3 in South-East locality.

Before it closed in January 2024, the pharmacy operated by Boots in Newsham was eligible for this payment.

7. Access to pharmacy services and pharmaceutical needs

7.1 Access to essential pharmacy services

Having considered Pharmacy locations and their opening hours this section analyses current access to services and identifies whether provision of essential pharmaceutical services is adequate or a need for services is indicated.

The section also considers future pharmaceutical needs should there be a total and permanent loss of core opening hours in some areas of the county.

South-East Locality

There are two main towns in South-East Locality, Cramlington and Blyth. Both have seen considerable new housing developments over the last 5 years, and more are planned in the next three years. (See Table 3 in Chapter 3).

There are currently 15 pharmacies in South-East locality, including one “100 hour” pharmacy and one internet pharmacy.

During weekdays all pharmacies are open until 5.30 or 6pm. The supermarket pharmacy and the 100 hour pharmacy are open until 8pm and 9pm respectively. Opening hours past 5pm are either supplementary hours or instead of Saturday opening hours.

On Saturdays nine of the fifteen pharmacies are open, but only four have Saturday opening as part of their core hours. Seven pharmacies are open on Saturday afternoons and two on Saturday evenings.

On Sundays there are 4 pharmacies open, two in Cramlington and two in Blyth. Asda in Blyth (Cowpen) is open between 10am and 4pm, and the pharmacy in Maddison Street, Blyth is open from 10.00am until 8.00pm. In Cramlington the pharmacy in manor Walks shopping centre is open from 10am until 4pm, and the new pharmacy near the hospital is open from 1pm until 6pm. Only the 100 hour pharmacy in Blyth has core hours of opening on a Sunday.

Cramlington has 4 pharmacies, of which two are in the town centre. The closure of the 100hour pharmacy, located in Sainsbury’s supermarket, was a blow to the community. Brockwell Medical centre, has relocated to the new health hub and education centre in Northumbria Way, site of the emergency hospital. Community-based health services are co-located in this facility along with a new pharmacy. Currently this pharmacy offers Saturday and Sunday opening but with supplementary hours. The pharmacy in Manor Walks, Cramlington has core hours on a Saturday up till 14.30, thereafter and for Sunday opening it is reliant on supplementary hours.

Currently South-East locality has fewer pharmacies (16.2 per 100,000) patients than the North-east average of 20.7. Two pharmacies in Blyth have closed since the last PNA was produced. Blyth town centre still has three pharmacies, but the closure in Newsham has left a need for essential, advanced and enhanced pharmaceutical services for that community. Newsham is a distinct, and deprived community on the outskirts of Blyth, more than 1.5 miles away. Currently, applications are being considered to meet this need for essential, advanced and enhanced pharmaceutical services in Newsham. If a contract is awarded then this need will be met when the pharmacy opens.

The smaller towns of Seaton Sluice and Seaton Delaval have access to pharmacy services until 6pm on weekdays. Weekend services are limited to one pharmacy opening with supplementary hours on a Saturday morning. Saturday services in the coastal communities of Seaton Delaval, and Seaton Sluice are dependent on supplementary hours.

Current need for essential services:

Newsham has a current need for essential pharmacy services between Monday and Saturday. There is also a current need for advanced services, and locally commissioned services for stop smoking services, supervision of opiates and emergency contraception. Applications for a pharmacy to fulfil these needs are currently under consideration. If a contract is awarded and a pharmacy opens then these needs will be met.

Central Locality

Morpeth and Ashington have both seen considerable new housing developments over the past 5 years, and more new builds are projected particularly for Morpeth. See Table 3. There are 22 pharmacies in the central locality, most providing services on weekdays until 5.30pm or 6.00pm. The two³⁵ 100 hour pharmacies are both located in Ashington approximately 100 metres apart.

Ten pharmacies in Central locality have core hours on a Saturday, with thirteen providing some Saturday services. Seven pharmacies are open on Saturday afternoon, with two of these remaining open until 9.00pm.

Ashington has three pharmacies which open on Sundays, one until 4pm, one until 5pm and one until 8pm, as part of their core hours.

Morpeth no longer has a pharmacy with core hours on a Sunday, but one town centre pharmacy opens on a Sunday between 10am and 4pm. Morpeth used to have a 100-hour pharmacy, which closed about 10 years ago because it was not commercially

³⁵ One of the 100 hour pharmacies is subject to an application to consolidate with a 40 hour contract which would result in the closure of one of the 100 hour contracts.

viable. Morpeth has had 2,000 new homes built since 2017. It currently has 5 pharmacies with a further pharmacy in nearby Pegswood.

Current need for essential services:

There are adequate numbers of pharmacies in Central Locality to meet current need for essential services.

Future need for essential services

If the supplementary hours of the town centre pharmacy in Morpeth were reduced, particularly on Saturday or Sunday, then this would lead to a future need for essential pharmacy services during weekends.

North Locality

The main towns in the North locality are Berwick and Alnwick, but the area is characterised by its rurality and small coastal settlements. Alnwick has seen the development of about 500 homes over the last 8 years, This is a significant increase in a relatively isolated community, with more new housing planned. There are 17 pharmacies in the North locality, and 5 dispensing doctor practices. There is one 100 hour pharmacy based in Berwick.

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

Berwick has a 100 hour pharmacy open on a Saturday until 9 pm, and a town centre pharmacy open until late Saturday afternoon. These are the only two pharmacies in Berwick open on a Saturday. However, only the out of town supermarket is open on Sundays in the North of the County.

The pharmacy in the town centre of Alnwick is open all day Saturday and provides a Sunday service between 11am and 5pm. The Sunday service is dependent on supplementary hours and could therefore close giving five weeks' notice. The pharmacy located in the entrance lobby of the doctors' surgery does not open at the weekend. As the nearest pharmacies which are open on Sundays are the 100 hour pharmacies in Berwick and Ashington, and both Alnwick and Amble being tourist destinations, any permanent loss of the Sunday supplementary hours would lead to a need for pharmacy services.

Current need for essential services:

There are adequate numbers of pharmacies in North Locality to meet current need for essential services.

Future need for essential services:

Northumberland Health and Wellbeing Board is of the opinion that if the pharmacy in Belford, Hadston, Lynmouth, Rothbury, Seahouses, or Wooler closed, leading to permanent loss of the provision of pharmaceutical services by a person included in the pharmaceutical list for the area of Northumberland HWB, there would be a future need for the provision of the following services from pharmacy premises in Belford, Hadston, Lynmouth, Rothbury, Seahouses, and Wooler.

- **All essential services,**
- **The following advanced services**
 - **Pharmacy First**
 - **Flu vaccination service**
 - **Pharmacy Contraception service**
 - **Hypertension Case finding service**
 - **New Medicines Service**
 - **Smoking Cessation service**
 - **Lateral Flow Device service**
- **The following enhanced services**
 - **NRT**
 - **Opiate supervision**
 - **Emergency contraception**

The above services would need to be provided between 09.00 and 17.30 Monday to Friday and 09.00 to 12.30 on Saturdays

If the supplementary Sunday trading hours of the pharmacy in Alnwick were lost, then this would lead to a future need for essential pharmacy services in Alnwick and its environs on Sundays.

Some services are dependent on supplementary hours at the weekend. Loss of supplementary hours at weekends could be filled by directed opening by the ICB.

West Locality

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

The locality has 14 pharmacies and 4 dispensing doctor practices. There is one “100-hour” pharmacy in Hexham, and several within reach of Ponteland at Kingston Park, Cowgate and the Metro centre. All pharmacies open until 5.30 to 6.30pm on weekdays. Six pharmacies have core hours on a Saturday, with thirteen out of 14 opening for

some time on a Saturday. One pharmacy in Ponteland is open until mid-afternoon, with one in Hexham open until 17.00, and the “100 hour” pharmacy open until 9pm.

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

Current need for essential services:

There are adequate numbers of pharmacies in West Locality to meet current need for essential services

Future need for essential services:

Northumberland Health and Wellbeing Board is of the opinion that if the pharmacy in Allendale, Bellingham or Haltwhistle closed, leading to the permanent loss of the provision of pharmaceutical services by a person included in the pharmaceutical list for the area of Northumberland HWB, there would be a future need for the provision of the following services from pharmacy premises in Allendale, Bellingham and Haltwhistle.

- **All essential services,**
- **The following advanced services**
 - **Pharmacy First**
 - **Flu vaccination service**
 - **Pharmacy Contraception service**
 - **Hypertension Case finding service**
 - **New Medicines Service**
 - **Smoking Cessation service**
 - **Lateral Flow Device service**
- **The following enhanced services**
 - **NRT**
 - **Opiate supervision**
 - **Emergency contraception**

The above services would need to be provided between 09.00 and 17.30 Monday to Friday and 09.00 to 12.30 on Saturdays

Some services are dependent on supplementary hours at the weekend. Loss of supplementary hours at weekends could be filled by directed opening by the ICB.

Extended hours across South East, Central, North and West Localities

Northumberland currently has five³⁶ “100-hour” pharmacies which guarantee access to pharmaceutical services in the evenings and at weekends. The extended opening

³⁶ One 100 hour pharmacy in Ashington has applied to consolidate and close.

hours provided by the “100-hour” pharmacies are essential to provide guaranteed access to services outside the 40 hour core contract. In a large geographical area like Northumberland it is important to maintain a network of “100-hour” pharmacies in population hubs which are known and advertised and can be accessed by those living in rural areas albeit by private car.

Some patients with urgent needs still fall through the cracks in the system. Despite “100-hour” pharmacies, and Northern Doctors Urgent Care services (which hold stocks of some drugs which may be needed in an emergency), there will be occasions when the only way a patient can access medicines urgently is by admission to hospital and calling out a hospital based pharmacist. There is the potential for community pharmacies to provide an on-call system to deal with these emergencies if the integrated care Board (ICB) chose to commission this service. The reduction in hours offered by “100 hour” pharmacies has not seen an increase in use of these services.

There are also pharmacies with extended opening hours in Newcastle, the Metro Centre and North Tyneside which patients in south and east Northumberland can conveniently access. Due to the restrictions of Sunday opening hours for supermarkets, access to pharmaceutical services outside the hours of 10am to 5pm is limited. Two pharmacies (one in Blyth and one in Ashington) are open until 8pm on Sundays; this is longer than any other council area in the North-east.

Current need for essential services during extended hours:

There is adequate pharmacy provision during extended hours to meet current need for essential services

Future need for essential services during extended hours

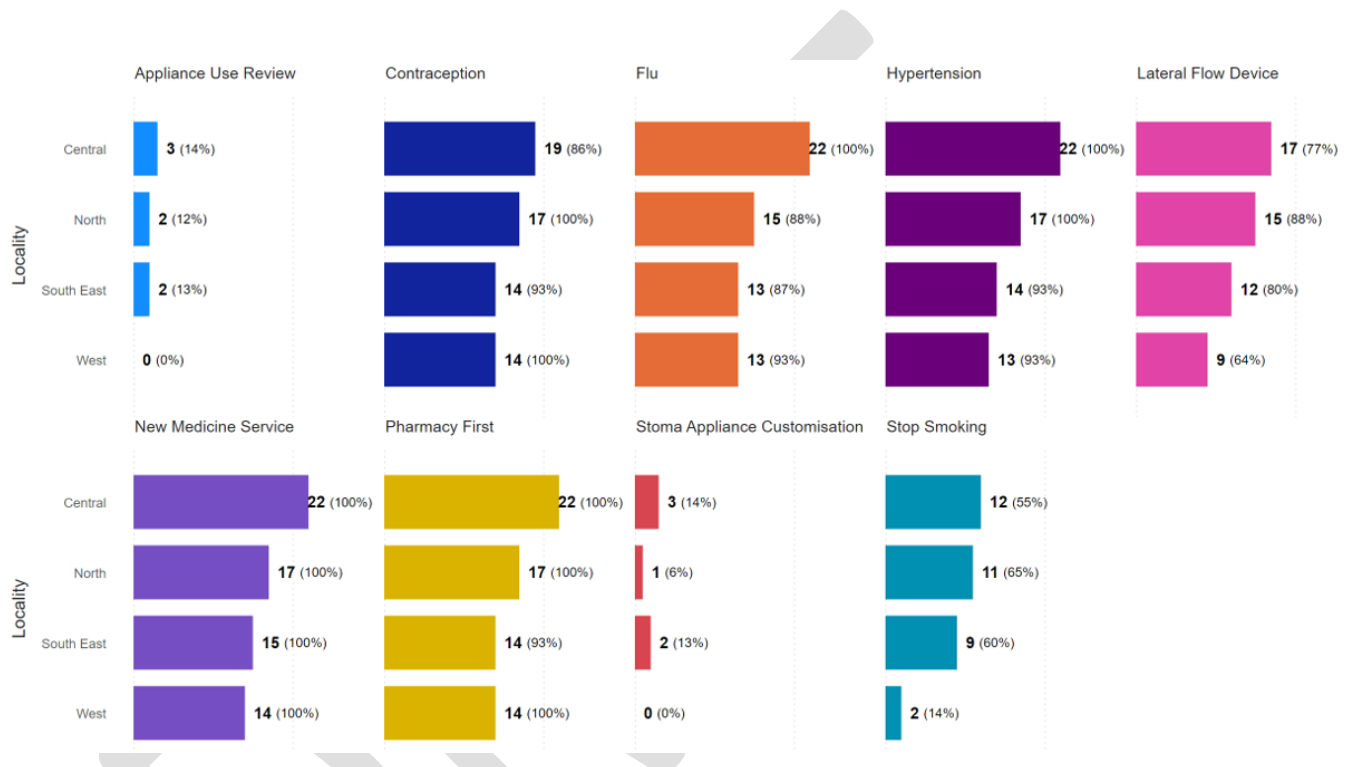
Northumberland Health and Wellbeing Board considers that the current network of extended hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. There is at least one 100-hour pharmacy in each locality. If any of these 100-hour pharmacies were to close, leading to the permanent loss of the provision of pharmaceutical services by a person included in the pharmaceutical list for the area of Northumberland HWB, there would be a future need for the provision of essential pharmaceutical services between 6pm and 9pm on weekdays, and between 10am and 4pm on Sundays

7.2 Access to advanced services

Pharmacies can choose to provide these nationally commissioned services, provided they meet any criteria (e.g. for facilities or training) laid down in the service specification.

Current provision of these services as at 31st January 2025 is illustrated in Figure 7.1 below. Some of these figures may have been affected by changes of ownership, with new owners not yet signed up to deliver the services.

Figure 7.1: NHS CPCF Advanced Services offered by Locality



There is low provision of appliance use review and stoma customisation, but that is to be expected as there are no appliance contractors based in Northumberland, and it is unusual for pharmacies to have the expertise to provide this service.

Most pharmacies provide Pharmacy First, New Medicines Service, contraception services, Hypertension case finding, and flu immunisations. The only service with poor uptake is the Smoking Cessation service, which depends on referral from hospitals.

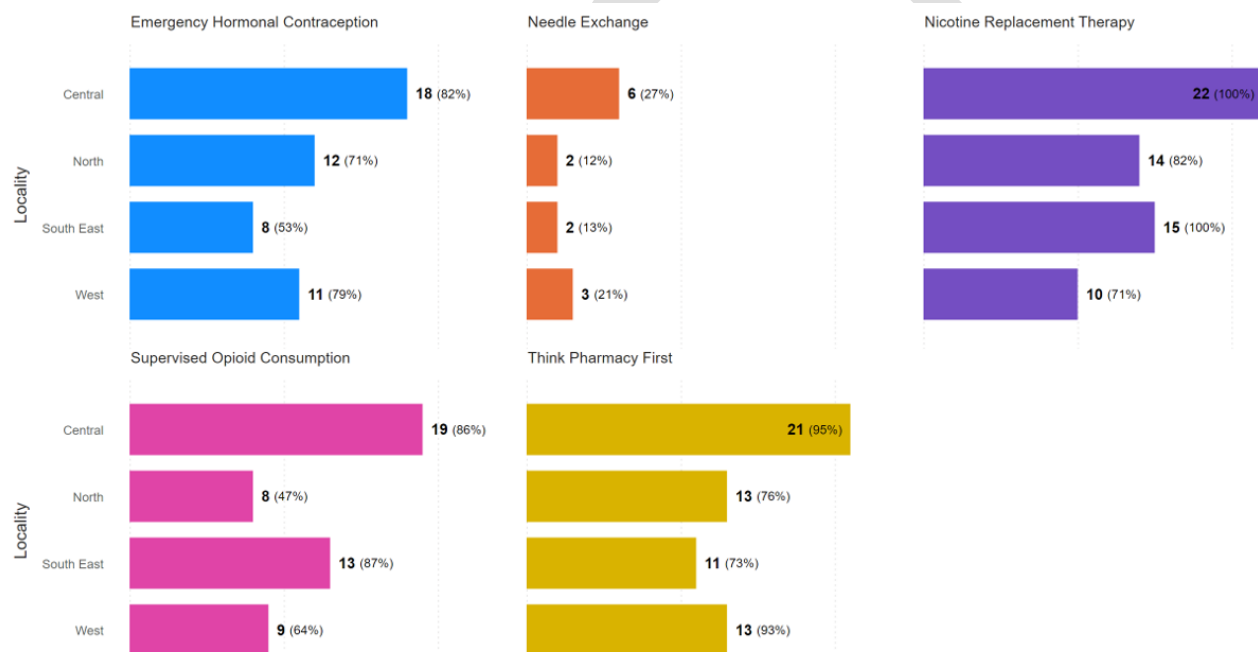
There are adequate numbers of pharmacies for the provision of advanced services across Northumberland to meet current need for such services, except in Newsham where there is a current need for advanced services, as well as essential services (See previous section).

7.3 Access to locally commissioned services

Since 2013, services are also commissioned from community pharmacies by several local commissioners; namely Public Health departments of local authorities, local hospitals and the Integrated Care Board (ICB). 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 were commissioned by Northumberland Clinical Commissioning Group but now form part of the locally commissioned (place) services of the ICB. These services are currently being reviewed with the aim of making all locally commissioned services available across the ICB footprint.

Figure 7.2: Proportion of Pharmacies Delivering Locally Commissioned Services



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. The scope of the service has been reviewed by the ICB and is available across the ICB footprint.

Figure 7.2 shows current proportion of pharmacies active in Think Pharmacy First in the past year. More than 75% of pharmacies in each locality provide this service as well as the national Pharmacy First scheme (see figure 7.1). Review of the provision of this service will be undertaken at the end of 2025. It is one of the strategic goals of the ICB to make better use of self-care and community pharmacists, reserving GP appointments for the more serious conditions which need medical input.

Figure 7.3: Rate of Think Pharmacy First consultations by per 1000 population

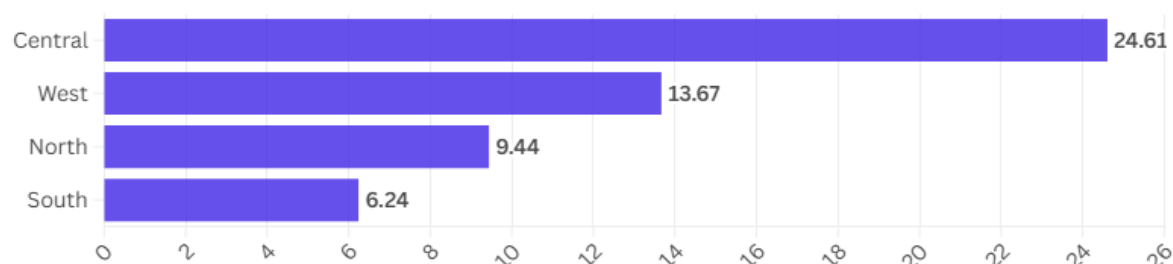


Figure 7.3 shows that the rate of Think Pharmacy First consultations is highest in Central followed by West, North and South East.

There is adequate provision of this service across Northumberland including in deprived areas, because the majority of pharmacies provide the service.

Specialist drug access service

Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs e.g. for terminal care, a few community pharmacies are commissioned to hold them in readiness. See Appendix 9. The community pharmacies commissioned to provide this service are open for long hours and have good parking availability and have a good geographical spread across the county.

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

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. However, changes to the systems used for diabetes management mean that 1 litre containers may not be adequate for some patients. This service will be reviewed as part of the waste disposal contract.

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

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.

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, six in Central locality, two 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 through community pharmacies. In addition, several pharmacies have expressed an interest in providing this service in the future. Activity appears to have fallen both in the service provided through pharmacies as well as other providers. Detailed work will be undertaken to assess need and demand across the county for this service to ensure adequate provision.

Figure 7.4: Needle exchanges as a rate per 1000 of population

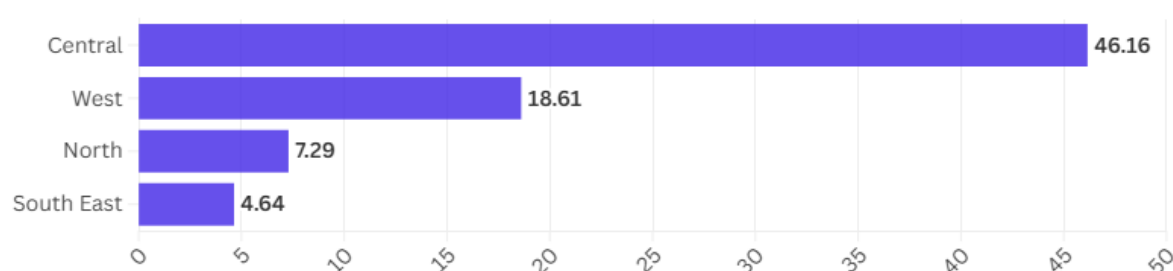


Figure 7.4 shows that the rate of needle exchanges in pharmacies is highest in the central area followed by west, North and South East.

Figure 7.2 shows current proportion of pharmacies active in needle exchange in the past year, and map in Appendix 3 shows the distribution of these and the level of activity of each pharmacy.

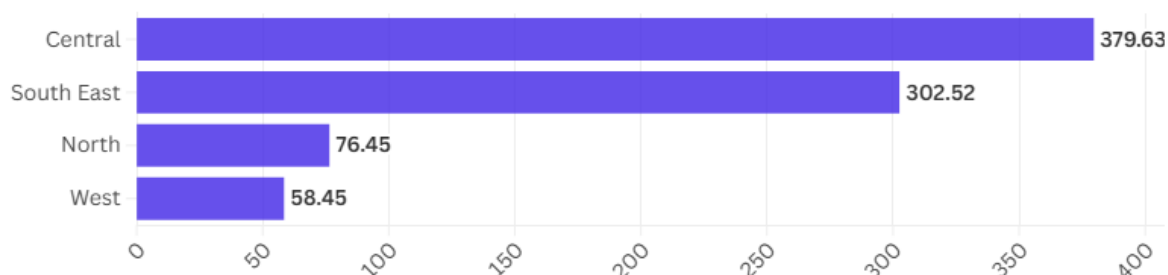
When community pharmacy is considered with other providers of Needle Exchange services, there is adequate provision for current demand.

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. Activity dropped dramatically during the pandemic, with many patients being re-assessed thereafter as being safe without supervision. The number of clients and supervisions has remained at about half pre-pandemic levels.

All pharmacies can provide the service if there is patient need. Most of the need for this service is in Blyth Valley and Ashington. Coverage is adequate in these areas.

Figure 7.5: Supervised consumption episodes as a rate per 1000 population



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.

Figure 7.5 shows that the rate of supervised opiate consumption in pharmacies is highest in Central, followed by the South East, North, and West

Figure 7.2 shows current proportion of pharmacies active in supervised opiate consumption in the past year, and map in Appendix 3 shows the distribution of these and the level of activity of each pharmacy.

There is adequate provision of this service across Northumberland where it is needed. In market towns and other communities there is provision, although choice of provider may be limited.

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 £30) 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.

This service is commissioned through the sexual health contract which is currently with Northumbria Healthcare Trust, who commission local pharmacies to provide the service. A national emergency hormonal contraceptive service may be available from October 2025. It may be that the locally commissioned service will still be needed for patients excluded from the national programme.

Figure 7.6: Emergency Contraception as a rate per 1000 population

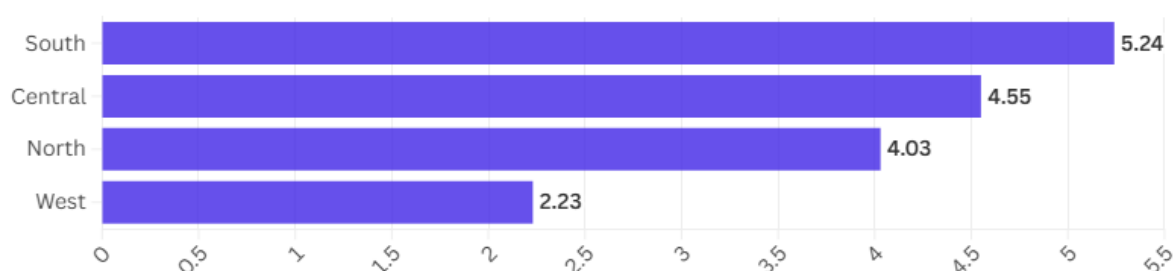


Figure 7.6 shows that the rate of EHC dispensing is highest in the South East, followed by Central, North and the west.

Figure 7.2 shows current proportion of pharmacies active in dispensing EHC in the past year, and map in Appendix 3 shows the distribution of these and the level of activity of each pharmacy.

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. There may be some gaps in provision in West locality on Sundays.

Stop smoking services

Northumberland County Council Public Health team delivers a specialist Stop Smoking Service (NSSS) and commissions 'Intermediate' stop smoking provision from pharmacies and GP practices. The services are under review, and most pharmacy provision of this service has stopped. Due to very low levels of provision, recent pharmacy activity data has not been included in this report.

A new pharmacy stop smoking service will be commissioned and tested from 2025. NCC has worked with the Local Pharmaceutical Committee (LPC) and Pharmacy Services North East (PSNE) to devise a new breifer support model with the focus on Nicotine Replacement Therapy, 'Northumberland NRT+'. It is hoped the service will be more appropriate to pharmacy providers, using their expertise more appropriately and with an improved tariff. The PharmOutcomes system will be piloted for the reporting of this service which is soon to be offered to community pharmacies, at the time of writing this report.

Northumberland County Council also commissions *Pharmacy Direct*, a voucher scheme for the supply of nicotine replacement therapy (NRT) products. All pharmacies can provide this service alongside their own Intermediate stop smoking service and for vouchers generated for clients seen by the council specialist Stop Smoking team.

Figure 7.7: NRT dispenses as a rate per 1000 population

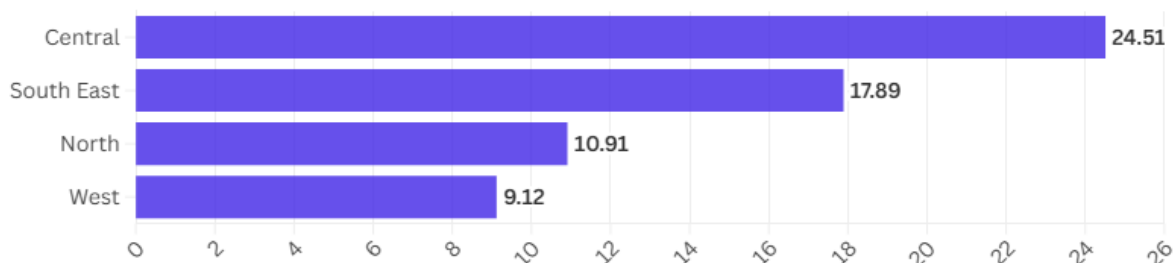


Figure 7.7 shows that NRT dispensing through pharmacies is highest in Central followed by South East, North and West.

Figure 7.2 shows current proportion of pharmacies active in dispensing NRT in the past year. The map in Appendix 3 shows the distribution of these and the level of activity of each pharmacy.

Pharmacy involvement in the provision of stop smoking medications is important in the overall delivery of stop smoking support for Northumberland residents.

The specialist stop smoking team is small yet county-wide and needs to continue its focus on flexible and bespoke support and treatment for target groups with a view to reducing inequalities. It relies on pharmacies for the medication element of the stop smoking service.

Pharmacy delivery of local stop smoking support and treatment would enhance the Northumberland population offer and open up support for those unable to access the NSSS or who would prefer to attend their local pharmacy. A new model will be offered to community pharmacy and piloted in 2025.

Pharmacy dispensing of medications for clients seen by the specialist team is crucial. The maps at Appendix 3 show adequate levels of NRT voucher activity but geographical coverage could be improved, particularly in the North and West.

A regional Patient Group Direction (PGD) for varenicline is hoped to be launched in 2025. Patients being supported by the specialist stop smoking team will need to access varenicline from community pharmacies via this mechanism. Adequate coverage will be required Northumberland-wide.

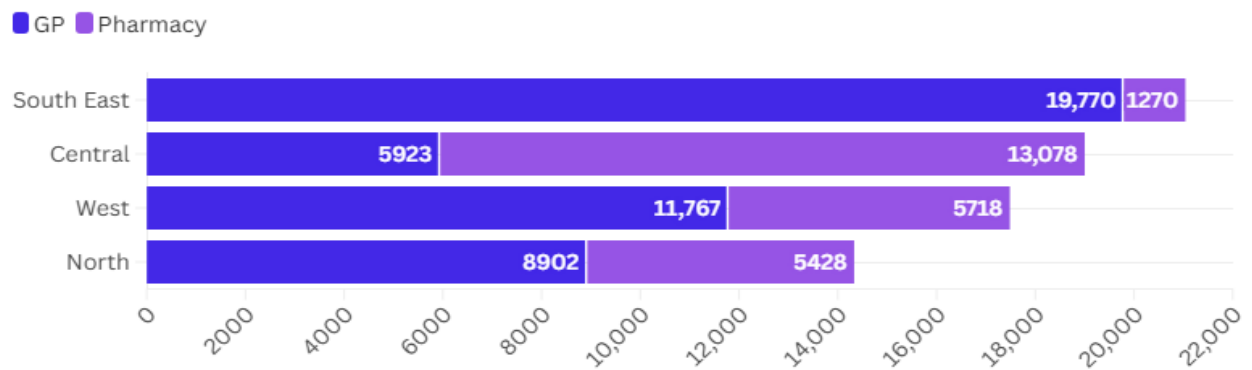
Seasonal Influenza Vaccination

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.

Provision of COVID vaccination services

Pharmacies are important contributors to the national drive to immunise vulnerable populations against COVID. Not all pharmacies are commissioned to provide this service: GP practices and out of area providers contribute to services provided in Northumberland. All providers appear on the National Booking Programme.

Figure 7.8: Covid vaccinations by locality



When GP surgeries and community pharmacies are considered together there is adequate access to COVID vaccinations to the defined patient groups.

Interpretation Services

All community pharmacies have access to an interpretation service commissioned by the ICB.

Details of the service can be found at:

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**Best Practice
in using
Interpreting
and
Translation
Services**



**How to
Work With
Interpreters**



**Cultural
Awareness**



**Linguist
Training
and
Developing**



**Introduction
to
Interpreting**



TELEPHONE INTERPRETING (TI) - (SPOKEN)

Telephone Interpreting is a service that provides instant access to interpreters, with no pre-booking. It covers nearly every language and supports face-to-face environments, as well as three-way phone calls.

- It can be used for person-to-person conversations or three-way conference calls
- It is available on demand, should you need a telephone interpreter immediately
- You can also book our TI service in advance to facilitate scheduled calls

You can call us to arrange your on demand TI whenever you require it. You will be asked for the information below.

1. Your Location ID - this is an eight-digit access code
2. Your name and the department from which you are calling
3. The language you require interpreting - if you need help to identify the correct language you can refer to our Language ID Chart for help

- If the person that requires the TI service is not with you, and you want a three-way conversation, let us know and we will ask you for their contact details so that they can be connected
- You will be placed on hold momentarily while your call is put through to your interpreter
- You will be given the interpreter's ID number
- If you need any further assistance in identifying the language or dialect you require interpreting, we can provide further help

You can pre-book your TI service online, by email or phone. This is especially useful if you need a very rare language (we can advise you on this). When you schedule a telephone interpreter, we can guarantee your service at the time you request and in any of the 500+ languages and dialects we offer. To book your scheduled TI simply log in to our secure LE-LSM™ online booking portal and enter your account number, username and password.

If you cannot access our online portal you can send a completed Interpreter Request Form to bookings@language-empire.com.

You should receive an email acknowledgement. If you do not, please contact us to ensure your request has been received.

You can call our customer services team to book an emergency TI, or if you have any queries relating to a scheduled or planned booking.

When calling about an existing booking, please quote the booking reference number.

On demand TI, simply dial:

0800 1601 786

or

0330 20 20 345

24 HOUR SERVICE, 365 DAYS A YEAR

**Schedule a TI
booking online at:**
www.language-empire.net

FACE TO FACE INTERPRETING (F2F) - (SPOKEN)

Our F2F interpreting service allows you to have an interpreter there in person at your meeting so that all persons present can understand what is being said.

- It is available for simultaneous, consecutive and whispered interpreting
- Specialist services can be arranged for medical, health and mental health settings
- We also offer interpreting services for community events, conferences, media events, interviews, and for legal and other hearings

The easiest and quickest way to book your F2F interpreter is to make your request via our secure LE-LSM™ online booking.

If you cannot access our online portal you can send a completed Interpreter Request Form to bookings@language-empire.com.

You should receive an email acknowledgement. If you do not, please contact us to ensure your request has been received.

You can call our customer services team to book an emergency F2F interpreter, or if you have any queries relating to a scheduled or planned booking.

When calling about an existing booking, please quote the booking reference number.

**Schedule a F2F
booking online at:**
www.language-empire.net

Customer Services Telephone:
0330 20 20 739 (0808 1601 786 or 0845 370 2002)

TRANSLATION, TRANSCRIPTION AND ANCILLARY SERVICES

Our translation services convert your written English documents into other languages, or vice versa. The services include:

- Transcription, which is the conversion of documents into alternative formats such as braille, large print, audio, video or pictorial English and normal print
- Written translation and transcription of audio, tapes and other forms of electronic media
- Ancillary services including voiceovers, subtitles, Easy Read and large print

We can help you with advisory and guidance documents, correspondence, information leaflets, specialist texts (including technical, scientific, legal, medical and financial), verbatim translations, artwork, design, illustration and typesetting, proof reading, translation memory software, multimedia and e-Learning materials, PR, web copy and software localisation.

SENDING YOUR FILES FOR TRANSLATION

If your file is sensitive or confidential you can send it to us using our LE-LSM™ secure online portal.

- Simply log in with your access details and upload your files, providing the information required on the online request form.

You can also send files by email or to our dedicated fax line. If required, we can accept your emailed files through secure transfer platforms such as Globalscape.

LE-LSM™ online portal:
www.language-empire.net

Dedicated email:
translations@language-empire.com

Dedicated fax:
0845 890 5105

Translation Department tel:
0330 20 20 273 / 0845 009 7259

COMPLAINTS AND FEEDBACK

We want you to feel 100% satisfied with the translation and interpreting services we provide.

If you have any feedback about our services, or would like to make a complaint - please contact the practice manager at this venue and provide your feedback to them in person, via email or telephone for this venue which you can ask for at the reception area.

**All complaints must be put in
writing by email:**
complaints@empire-groupuk.com

FURTHER INFORMATION

You can find a range of essential guidance and information about our interpretation and translation services at www.language-empire.net. Simply follow the link to our Customer Hub. Additional information, advice and guidance on the Language Empire services that are directly relevant to you can be found on your organisation's intranet.

TRAINING AND DEVELOPMENT

To support your use of interpreting and translation service, we offer a range of half- and full-day CPD certified training and development courses.

HOW TO ACCESS OUR SERVICES

This session teaches you how to access all the Language Empire services you need. You will learn how to use our online booking portal and access services, the legal and statutory requirements, the aims and objectives of the service, how to provide feedback and make a complaint, and how to obtain further information and additional support. You will receive a welcome pack containing service support materials and will have an opportunity to ask questions that you have about our services.

HOW TO WORK WITH INTERPRETERS (SPOKEN)

It can be very difficult to know just how you should use and interact with your interpreter. This training aims to place you at ease so you can make the most of their services. We explore best practice by providing you with plenty of real-life examples and tips. The training is summarised in a booklet that all attendees can take away to refer back to.

BEST PRACTICE IN USING INTERPRETING AND TRANSLATION SERVICES

This course will show you which service is the most appropriate for the various circumstances in which interpreters and translators are required. For example, we will help you explore when to book a face-to-face interpreter or a telephone interpreter. By exploring a range of scenarios you will gain insight in to which services should be utilised and when. Your learning will be supported by documents that summarise the course content and a question & answer session.

CULTURAL AWARENESS

If you work with linguists and non-English speakers of different cultural backgrounds, you need to be aware of the different practices, attitudes, values and beliefs that can impact upon your appointment. This training session will help you to gain a better awareness of different cultures and of cultural difference itself. The training features some of our professional linguists who provide additional support and can answer your questions about different practices.

INTRODUCTION TO INTERPRETING

This course is perfect for professionals who speak a foreign language and wish to explore exactly what is involved in being an interpreter. It explores exactly what an interpreter's role is, the essential skills it requires, role boundaries, codes of conduct, examples of good practice, the different types of interpreting, and the various modes and models of interpreting.

LINGUIST TRAINING AND DEVELOPMENT

We are always looking for ways to help our clients and would welcome any suggestions for specialist training that you think could benefit you or your organisation. We also want our linguists' knowledge to be as relevant as possible to the assignments that they fulfil, so please let us know if your organisation can offer any training or written guidance that could help them.

Email: contract.management@empire-groupuk.com

Tel: 0330 20 20 348 | **Fax:** 0845 009 2389

Interested in becoming a freelance linguistic with Language Empire Ltd?
Email your CV to: recruitment@language-empire.com

7.4. Access to 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, NHS Trusts or the ICB. These services are provided at the discretion of the pharmacy owner.

Table 7.1: Non-commissioned services identified in previous PNA questionnaires

	South East	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
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 previous pharmaceutical needs assessments are detailed in Table 7.1 above. Those which have not proven to be commercially viable will no longer be available.

Pharmacies offer a wide range of non NHS services. Some of the services are not aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services.

Delivery services

Most prescriptions are transmitted electronically to the pharmacy of the patient's choice, and the majority of pharmacies provide some form of home delivery service. In some cases, this is restricted to housebound patients, and some will only deliver within a defined radius of the pharmacy. Some pharmacies make a modest charge for this service, (of the order of supermarket delivery charges), although, many will deliver free to any patient on request. Patients are often surprised to find that these are not NHS services. Distance selling pharmacies are obliged to deliver all medicines to the patient's home.

Most pharmacies have previously stated that they provide a prescription home delivery service. Even those which do not directly provide the service will often arrange for another branch to deliver the prescription.

Monitored dosage systems (MDS)

The monitored dosage systems is one solution when a patient needs additional support to take their medicines. However, hospitals, social care and families have become over reliant on the monitored dosage system as the solution. Only patients meeting the terms of the Equality Act that have been assessed by their community pharmacist as requiring an MDS are entitled to have their medication supplied in one.

Hospitals and social care departments are often not aware of the responsibility of the community pharmacist to make this assessment, and include use of these aids as part of discharge procedures or carer responsibilities. Better use could be made of the Discharge Medicines Service to ensure appropriate communication between hospital and pharmacy when a patient is ready to be discharged.

Sometimes social care providers only allow their staff to help with medication if it is supplied in a monitored dosage box. Other parts of the health and social care system rely on carers as the solution to patients who need extra help with their medicines.

A comprehensive service would need to be commissioned, providing adequate remuneration. Pharmacies would then be able to invest in additional staff and potentially premises to ensure increased capacity of a safe supply service. Many pharmacies have had to impose maximum number of MDS dispensed to ensure supply is safe.

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. Some 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 in requests for MDS boxes where they are not necessarily indicated; this has associated cost implications due to the vastly increased workload to fill and check these boxes. .

Weight Loss Services

Interviews with new owners of pharmacies highlighted this as an area of future expansion. Public demand for new drugs associated with weight loss (e.g. Ozempic, semaglutide) delivered within a professionally managed weight management programme is seen as a future business opportunity.

8. Community and pharmacy engagement

8.1 Healthwatch Community Pharmacy Survey

The Pharmacy Needs Assessment Steering Group worked with Healthwatch Northumberland, to develop a patient survey looking at the public's views about pharmacy services. The survey was available online in October and November 2024 on the Healthwatch website, and was promoted at Healthwatch events in Blyth, Cramlington, Alnwick and Berwick. (See Appendix 10). The engagement exercises were targeted at areas where there had been pharmacy closures or applications for additional pharmacies. The opportunity was also taken to find out how local residents were using the recently introduced national pharmacy scheme "*Pharmacy First*".

Most respondents had used a pharmacy regularly over the previous 12 months, with the majority (62.5%) visiting a pharmacy at least once a month. The most common reasons for visiting a pharmacy were –

- To pick up a repeat prescription
- To buy over the counter medicine
- To be vaccinated
- To get advice

Most patients visited a pharmacy on the high street, but 14% respondents said they visited a pharmacy in their doctors surgery. This is higher than we might have expected, but the questionnaire did not differentiate between a dispensing doctor's premises and an actual pharmacy which happened to be located within a surgery building.

Most (88%) of respondents were either satisfied or very satisfied with the service provided by their usual pharmacy. Only 10% were dissatisfied with the service they received.

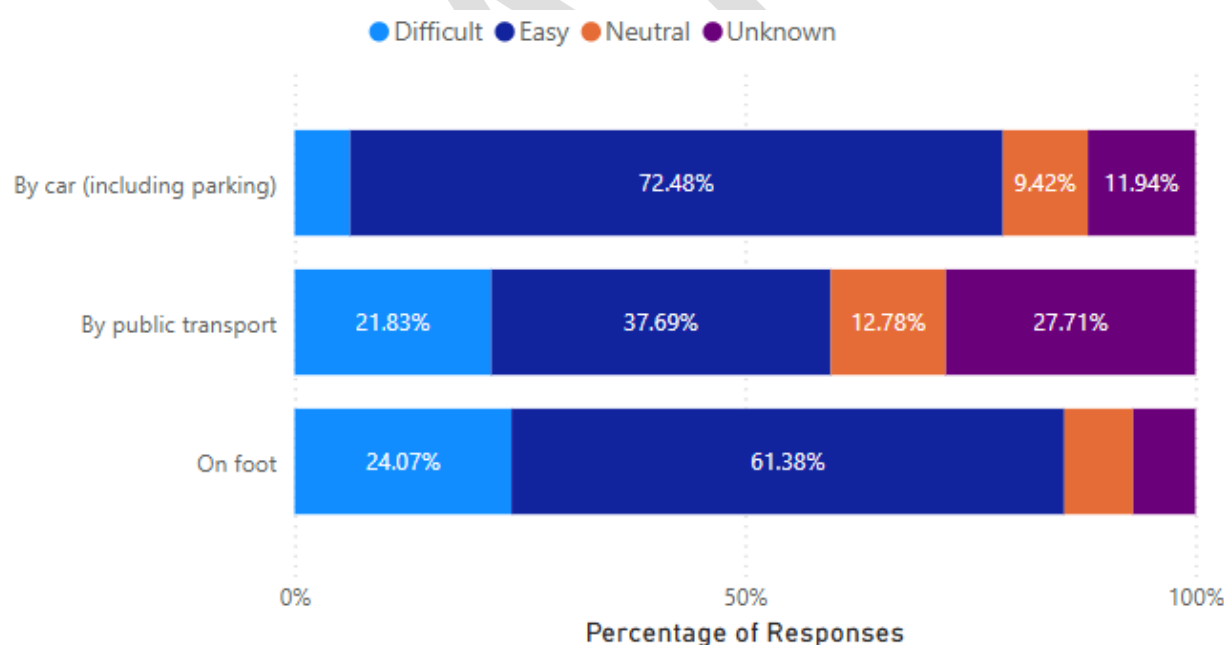
Most respondents (72%) used the pharmacy closest to where they live. Those who did not use their closest pharmacy gave a variety of reasons for using another pharmacy including

- More welcoming
- Opening hours suit me
- More likely to have my prescription medication
- More privacy
- Easier to park

Patients were asked how they got to their pharmacy of choice, with the majority either going by car (41%) or walking (36%). Only 3% used public transport, while 13% used a taxi or asked a friend for a lift. Public transport in a largely rural county such as Northumberland is notoriously poor when compared to largely metropolitan areas such as Newcastle or Gateshead.

With regard to how difficult respondents found it to get to their chosen pharmacy, most found it easy to go by car or to walk. Most (75%) were satisfied with the opening hours of their chosen pharmacy.

Figure 8.1: Ease of travel to pharmacy



The questionnaire asked patients if they had been affected by pharmacy closures. About 10% of respondents (153) said that they had been adversely affected by pharmacy closures. From the free text associated with this question several themes emerged

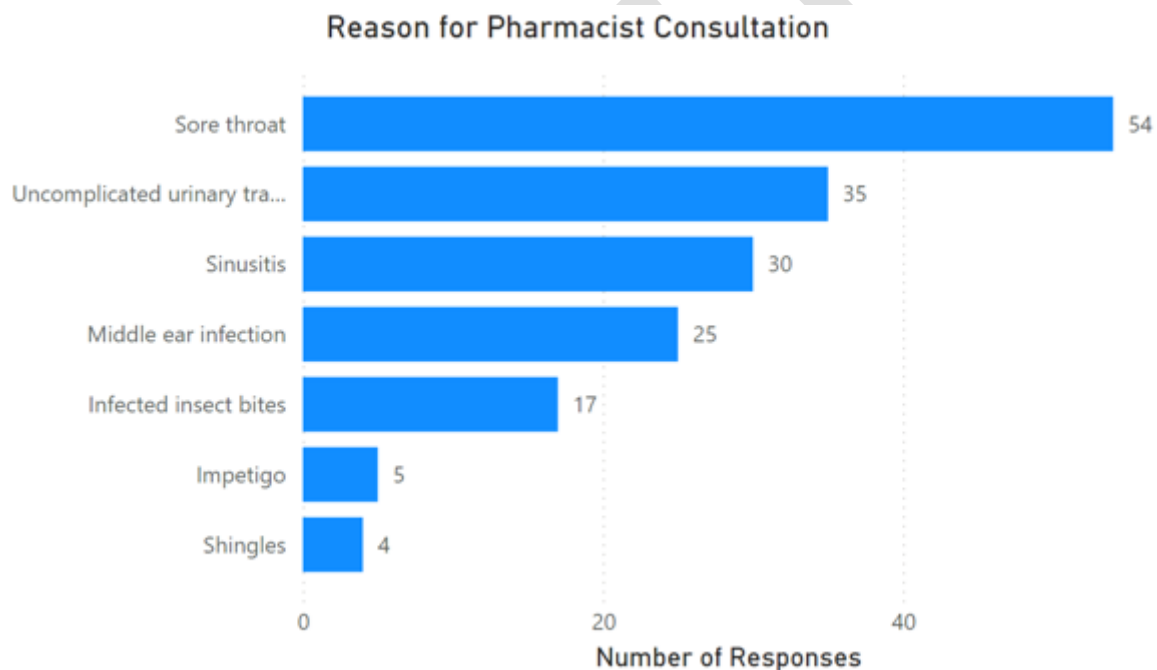
- More difficult to get to (particularly in rural areas if GPs had given up dispensing)
- Shorter opening hours
- Remaining pharmacies were much busier, having queues out of the door

- More difficulty acquiring medicines
- Less personal service.
- Concern about unfamiliarity with new companies moving into the area

Respondents were asked if they had gone to their pharmacy and found it closed. 35% said that they had experienced this situation, but they had either come back when the pharmacy was open or had gone to another pharmacy.

Respondents were also asked about their experience of using *Pharmacy First*³⁷. Only 37% of respondents were aware of the service and 21% had used the service. The consultations were for

Figure 8.2: Reasons for pharmacy consultations for Pharmacy First



Respondents were asked whether there was anything else they wanted to feedback about pharmacy services. The main themes were

- Lack of staff
- Long queues for service
- Real appreciation for independent pharmacies that deliver (and do not charge)
- Length of time from requesting prescription from doctors to it being available in pharmacy
- More Saturday opening
- Down at heal appearance of some branches of multiples

³⁷ *Pharmacy First* was introduced by NHS England in February 2024 to allow pharmacists to treat 7 common conditions, by passing the need for the patient to use a GP appointment.

8.2 Review of pharmacy services commissioned by Public Health

As part of the work to develop the 2025 Pharmacy Needs Assessment, a series of visits was undertaken to community pharmacies. This was done in preference to a postal or online survey due to the poor response for the 2022 PNA survey. Community pharmacies were selected either because they were in an area where there had been a pharmacy closure, or were in an area where an application had been received to open an additional pharmacy.

A second group of pharmacies were selected to look in greater depth at the barriers to delivering public health services through pharmacies. The aim was to gather qualitative insights from pharmacy owners about what barriers they had encountered to deliver public health services. It was decided by the PNA steering group that the review should concentrate on those pharmacies which had changed ownership since the last PNA was written. It was considered more likely that the range of services would have changed under new ownership. A total of twenty pharmacies were visited.

Themes and key insights from these visits are summarised below:

Sign up to Northumberland County Council Public Health Services.

- Some new owners reported not knowing how to find out, or who to approach, about Public Health commissioned services. This was a barrier to service provision.
- Owners new to the area are very reliant on the LPC to advise how to sign up for public health services.

Northumberland County Council (NCC) Public Health data capture and payments system, 'The Portal' -

- Pharmacies are required to submit data into the Portal for activity monitoring and payment claims. This system differs from that used for claims for other pharmacy services, which are national systems. Unfamiliarity with the system led to comments such as “cumbersome”, “temperamental”, and “requiring repeat inputs of the same data” This was perceived as a barrier to providing public health services.
- Portal IT issues were reported as happening regularly with no clear or satisfactory way of resolving them, wasting pharmacy time. Poor experiences with the Portal system affected some owners willingness to deliver public health services.

National versus local services -

- There was some confusion between national and local stop smoking services, with regard to eligibility criteria, reporting systems and payment mechanisms. These were felt to be a barrier to engagement and delivery.

Head office and local branch withdrawal of services -

- Some pharmacies, especially multiples, were withdrawing from anything more than essential services due to pressure from head offices to stop delivering services that were deemed to be unprofitable. This included opiate supervision, Emergency Hormonal Contraception, monitored dosage boxes, and deliveries.
- Some local managers instigated withdrawal of services, particularly in multiples, where payment goes directly to head office and the branch is not credited with the work.

Issues resulting from business/premise sales which affect delivery of public health services -

- Owners looking to sell businesses, often have to run pharmacies with locums, and do not replace staff who leave. In these circumstances, it is difficult to provide essential pharmacy services, which must take priority over locally commissioned services. This leads to a reduction in the range of services offered. Locums may not have been qualified/registered to provide a public health service in Northumberland, thus reducing the availability of public health services. New owners found that clients for supervised consumption of opiates had been transferred to other pharmacies before they took over.
- Some out of area companies bought bundles of stores with little knowledge of Northumberland geography. They then resold them quickly, causing staff insecurity, and increasing the probability of trained staff leaving and reducing the ability of the pharmacy to provide public health services.

The PNA steering group acknowledge the views collected in the Community Pharmacy review and will consider this feedback when developing or improving public health services in Northumberland.

Recommendations: The PNA Steering Group recommended that commissioners review commissioned services for value for money and complexity/navigability of contracts and claims mechanisms.

9. Conclusions and recommendations

Pharmacy has been challenged for many years by the funding formula introduced in 2017. This has resulted in multiples consolidating their operation and closing or selling unprofitable pharmacies. One multiple (Lloyds) has left the market completely, the owners considering the market to be unfavourable. This assessment has found a reduction in the number of pharmacies across Northumberland since the last 2022-25 PNA with the pharmacy per 100,000 population reducing from 23.7 to 20.7 in 2025.

Owners of small chains, and individual pharmacies have reluctantly made the decision to reduce opening hours and cut back on unprofitable services. This assessment has observed a significant reduction in opening hours compared to previous PNAs. In 2017 only 5% opened for the 40hour core hours, but this has doubled to 10% in 2025.

Recent governments have seen the clinical potential of pharmacists and have developed new services (Pharmacy First) and vaccination campaigns aimed at reducing the demand on GP services.

Locally, this potential has been harnessed by Public Health departments in local authorities, secondary care providers, Integrated Care Boards and GP groups commissioning services to be provided by community pharmacies which meet the health needs of the local population.

The network of pharmacies across Northumberland is valued by the local populations, as being an extremely valuable piece of the local health care provision. Community pharmacies are a source of readily available clinical advice and medication without the need to try and get a GP appointment or the long wait in an Accident and Emergency Department.

Feedback from the Healthwatch engagement has shown that patients and the public value their local pharmacy team but are beginning to notice the closure of some pharmacies and the reduction of hours in many others. They value choice of pharmacy to ensure that their needs are met. Many commented that their pharmacy of choice has become so busy that they have to queue to get their repeat prescriptions or to speak to the pharmacist.

The network of community pharmacies across Northumberland is stretched almost to breaking point and future losses in rural areas would cause real problems for patients in those communities which have poor transport links to neighbouring villages. GP surgeries are stretched and are unlikely to support GP dispensing without adequate funding for staffing and stock purchase. There has only been a small uptake of internet pharmacy use across Northumberland, no doubt in part influenced by its elderly demographic.

The Health and Wellbeing Board will continue to monitor pharmacy provision during the PNA 2025-28 period and respond to future closures or mergers through

supplementary statements. There would be a future need for essential pharmacy services if pharmacies close in some areas, particularly those areas without another pharmacy within reasonable travel distance, or in communities with high levels of deprivation, low mobility, and limited public transport opportunity.

The number of pharmacies providing essential pharmacy services is currently adequate across Northumberland's Central, North and West localities, albeit that services in some areas are dependent on supplementary opening hours, especially at weekends.

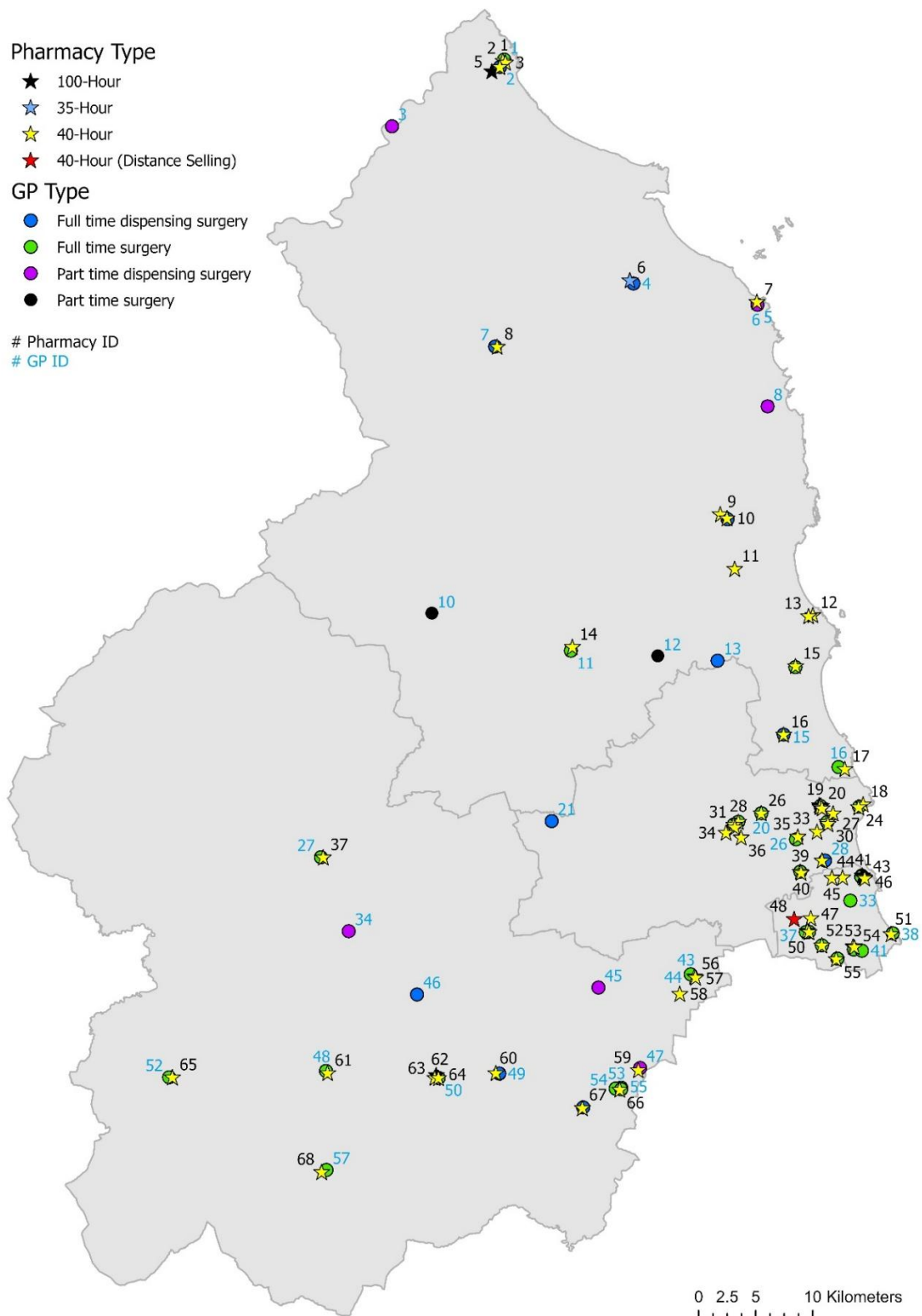
In the South East locality there is a current need for the provision of essential, advanced and enhanced pharmaceutical services in Newsham, Monday to Saturday. (Although several applications to provide essential, advanced and enhanced services for this area are currently being considered).

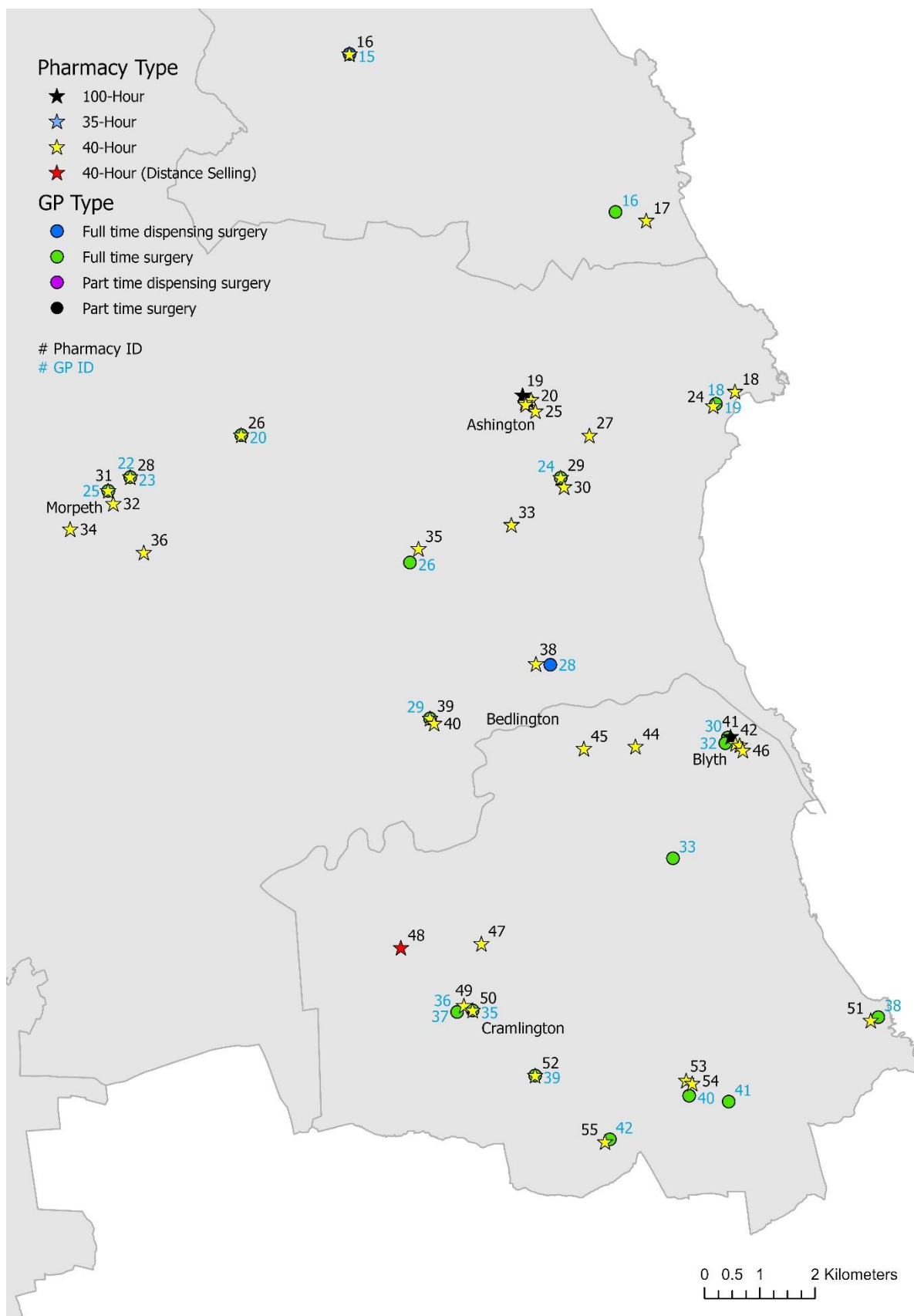
The Health and Wellbeing Board considers that there would be a future need for essential pharmacy services during core hours should there be a total and permanent loss of essential pharmacy provision in the areas of Wooler, Belford, Seahouses, Hadston, Lynemouth, Rothbury, Haltwhistle, Bellingham and Allendale.

The network of 100 hour pharmacies (one in each locality) is essential to provide pharmacy services outside of normal trading hours in the evenings and at weekends. If any of the 100hr pharmacies were to close, leading to the permanent loss of the provision of pharmaceutical services there would be a future need for the provision of essential pharmaceutical services between 6pm and 9pm on weekdays, and between 10am and 4pm on Sundays.

Locally commissioned services are adequate across Northumberland, with some pharmacies willing to provide extra services if commissioned to do so. Commissioners should review value for money for these services and complexity/navigability of contracts and claims mechanisms.

Appendix 1: Maps of essential pharmaceutical services





Pharmacy ID	Address	Pharmacy Type
1	Castlegate Pharmacy, 15 Castlegate Northumberland TD15 1JS	40-Hour
2	Berwick Pharmacy, 46 Castlegate Berwick-Upon-Tweed TD15 1JS	40-Hour
3	Boots UK Limited, 60-68 Marygate Berwick-Upon-Tweed Northumberland TD15 1BN	40-Hour
4	Tweedmouth Pharmacy, Union Brae Surgery Tweedmouth Berwick-Upon-Tweed Northumberland TD15 2HB	40-Hour
5	Tesco Stores, Tweedside Trading Estate Ord Road Berwick-Upon-Tweed Northumberland TD15 2XG	100-Hour
6	The Belford Pharmacy, 22 West Street Belford Northumberland NE70 7QE	35-Hour
7	Seahouses Chemist, 32 Main Street Seahouses Northumberland NE68 7RQ	40-Hour
8	Glendale Pharmacy, 26 High Street Wooler Northumberland NE71 6BY	40-Hour
9	Boots UK Limited, 50-52 Bondgate Within Alnwick Northumberland NE66 1JD	40-Hour
10	Well, Infirmary Close Alnwick Northumberland NE66 2NS	40-Hour
11	K-Chem Ltd, 28 Grange Road Shilbottle Northumberland NE66 2XN	40-Hour
12	Cromie Pharmacy, 158 Percy Street Amble Northumberland NE65 0AG	40-Hour
13	Boots UK Limited, 3739 Queen Street Amble Northumberland NE65 0BX	40-Hour
14	Boots UK Limited, High Street Rothbury Morpeth Northumberland NE65 7TB	40-Hour
15	Boots UK Limited, The Pharmacy 6 The Precinct Hadston Morpeth Northumberland NE65 9YF	40-Hour

16	Widdrington Pharmacy, Widdrington Surgery Grange Road Widdrington Morpeth Northumberland NE61 5LX	40-Hour
17	Lynemouth Pharmacy, 5 West Market Street Lynemouth Morpeth Northumberland NE61 5TS	40-Hour
18	Well, 53 Front Street Newbiggin By The Sea Northumberland NE64 6NJ	40-Hour
19	Asda Pharmacy, Lintonville Terrace Ashington Northumberland NE63 9XG	100-Hour
20	Ashington Pharmacy, 2 Lintonville Terrace Ashington Northumberland NE63 9UN	40-Hour
21	Central Pharmacy, Lintonville Medical Group Lintonville Terrace Ashington Northumberland NE63 9UT	100-Hour
22	Superdrug Pharmacy, 1 Station Road Ashington Northumberland NE63 9UZ	40-Hour
23	Boots UK Limited, 28-30 Station Road Ashington Northumberland NE63 9UJ	40-Hour
24	Well, 1 Cleveland Terrace Newbiggin by the sea Northumberland NE64 6RF	40-Hour
25	Cohens Chemist, 8 Laburnum Terrace Ashington Northumberland NE63 0XX	40-Hour
26	Wellway Pharmacy Limited, Pegswood Health Centre West View Pegswood Morpeth Northumberland NE61 6TB	40-Hour
27	Crescent Pharmacy, 110 Alexandra Road Ashington Northumberland NE63 9LU	40-Hour
28	Boots UK Limited, Morpeth NHS Centre The Mount Haggs Field Northumberland NE61 1JX	40-Hour
29	Seaton Hirst Pharmacy, Seaton Hirst Med Centre Norham Road Ashington Northumberland NE63 0NG	40-Hour
30	Nursery Park Pharmacy Ashington, Nursery Park Health Centre Nursery Park Road Ashington Northumberland NE63 0HP	40-Hour
31	Morpeth Pharmacy, The Surgery Wellway Morpeth Northumberland NE61 1BJ	40-Hour

32	Boots UK Limited, 41 Bridge Street Morpeth Northumberland NE61 1PE	40-Hour
33	Newline Pharmacy, 12 Dereham Terrace Stakeford Northumberland NE62 5UR	40-Hour
34	Health Hut Pharmacy & Clinic, 2 Abbey Meadows Kirkhill Morpeth Northumberland NE61 2BD	40-Hour
35	Boots UK Limited, 17 The Square Guidepost Choppington Northumberland NE62 5DA	40-Hour
36	Stobhill Pharmacy, 33 Shields Road Stobhill Morpeth Northumberland NE61 2SB	40-Hour
37	Parkside Pharmacy Limited, Front Street Bellingham Northumberland NE48 2AA	40-Hour
38	Boots UK Limited, 1 Station Street Bedlington Station Bedlington Northumberland NE22 7JN	40-Hour
39	Bedlington Pharmacies, The Library Site Glebe Road Bedlington Northumberland NE22 6JX	40-Hour
40	Front Street Pharmacy, 28 Front Street Bedlington Northumberland NE22 5UB	40-Hour
41	Boots UK Limited, 60-62 Maddison Street Blyth Northumberland NE24 1EY	100-Hour
42	Croft Pharmacy, 4 Delaval Terrace Blyth Northumberland NE24 1DJ	40-Hour
43	Blyth Healthcare Pharmacy, 30 Bowes Street Blyth Northumberland NE24 1BD	40-Hour
44	Eden Pharmacy & Healthcare Ltd, 21E Briardale Road Cowpen Blyth Northumberland NE24 5LB	40-Hour
45	Asda Pharmacy, Cowpen Road Blyth Northumberland NE24 4LZ	40-Hour
46	Boots UK Limited, 3135 Waterloo Road Blyth Northumberland NE24 1BW	40-Hour
47	Brockwell Pharmacy, 9 Brockwell Centre Northumbrian Road Cramlington Northumberland NE23 1XZ	40-Hour

48	Simpill Ltd, 6 South Nelson Industrial Estate Cramlington NE23 1WF	40-Hour (Distance Selling)
49	Boots UK Limited, 29-30 Manor Walks Cramlington Northumberland NE23 6QE	40-Hour
50	Well, Village Surgery Dudley Lane Cramlington Northumberland NE23 6US	40-Hour
51	Seaton Sluice Pharmacy, 17-19 Beresford Road Seaton Sluice Whitley Bay NE26 4DR	40-Hour
52	Northumbria Way Pharmacy and Clinic, Pharmacy Unit Health Hub Northumbria Way Cramlington NE23 6NZ	40-Hour
53	Well, 38 Astley Road Seaton Delaval Northumberland NE25 0DG	40-Hour
54	Cohens Chemist, Delaval House 21 Avenue Road Seaton Delaval Whitley Bay NE25 0DS	40-Hour
55	Well, 15 Station Road Seghill Northumberland NE23 7SE	40-Hour
56	Parklands Chemists, 14 Merton Way Ponteland Newcastle Upon Tyne NE20 9PX	40-Hour
57	Taylor's Pharmacy, Brewery Lane 25 Main Street Ponteland Newcastle upon Tyne NE20 9NZ	40-Hour
58	Boots UK Limited, 7 The Broadway Darras Hall Ponteland Northumberland NE20 9PW	40-Hour
59	Wylam Pharmacy, Main Street Wylam Northumberland NE41 8AB	40-Hour
60	Boots UK Limited, 4 Town Hall Buildings Corbridge Northumberland NE45 5AD	40-Hour
61	Simpill Pharmacy, Ground Floor 5 Church Street Haydon Bridge Hexham Northumberland NE47 6JG	40-Hour
62	Tesco Stores, Tynedale Retail Park Alemouth Road Hexham Northumberland NE46 3PJ	100-Hour
63	Boots UK Limited, 7 Fore Street Hexham Northumberland NE46 1LU	40-Hour

64	Hexham Pharmacy, Hexham General Hospital Site Corbridge Road Hexham NE46 1QJ	40-Hour
65	Boots UK Limited, Eden House Westgate Haltwhistle Northumberland NE49 9AF	40-Hour
66	Boots UK Limited, 48 Front Street Prudhoe Northumberland NE42 5DB	40-Hour
67	Boots UK Limited, 1 Alexandra Terrace Stocksfield Northumberland NE43 7LA	40-Hour
68	Allendale Pharmacy, The Pharmacy 3 Shield Street Allendale Hexham NE47 9BP	40-Hour

GP ID	Address	Type
1	Well Close Medical Group, Well Close Square Surgery, Well Close Square, Berwick-Upon-Tweed, TD151LL	Full time surgery
2	Union Brae & Norham Practice, Union Brae, Tweedmouth, Berwick-Upon-Tweed, TD152HB	Full time dispensing surgery
3	Union Brae & Norham Practice: Norham Surgery, 3 Pedwell Way, Norham, Berwick-Upon-Tweed, TD152LD	Part time dispensing surgery
4	Belford Medical Practice, Croft Field, , Belford, NE707ER	Full time dispensing surgery
5	Belford Medical Practice: James Street Surgery, James Street, , Seahouses, NE687XZ	Part time dispensing surgery
6	Alnwick Medical Group: Seahouses Health Centre, James Street, , Seahouses, NE687XZ	Part time dispensing surgery
7	Wooler Health, Cheviot Primary Care Centre, Padgepool Place, Wooler, NE716BL	Full time dispensing surgery

8	Alnwick Medical Group: Embleton Surgery, West View, Embleton, Alnwick, NE663XZ	Part time dispensing surgery
9	Alnwick Medical Group, Lower Building, Infirmary Close, Alnwick, NE662NL	Full time dispensing surgery
10	NPC Harbottle, Village Hall, Harbottle, Morpeth, NE657DG	Part time surgery
11	NPC Rothbury, Whitton Bank Road, Rothbury, Northumberland, NE657RW	Full time surgery
12	The Rothbury Practice: Longframlington Surgery, Longframlington, , Morpeth, NE658AD	Part time surgery
13	NPC Northumberland Health, Felton Surgery, 51 Main Street, Morpeth, , NE659PR	Full time dispensing surgery
14	NPC Amble and Broomhill, Hadston Road, South Broomhill, Morpeth, NE659SF	Full time surgery
15	NPC Northumberland Health, Widdrington Surgery, Grange Road, Morpeth, NE615LX	Full time dispensing surgery
16	NPC Lynemouth, Albion Terrace, Lynemouth, Morpeth, NE615TB	Full time surgery
17	NPC Lintonville Medical Group, Lintonville Terrace, , Ashington, NE639UT	Full time surgery
18	NPC Newbiggin, Butland Terrace, , Newbiggin-by-The-Sea, NE646NS	Full time surgery
19	Seaton Park Medical Group: Newbiggin Surgery, Buteland Terrace, , Newbiggin-by-The-Sea, NE646NS	Full time surgery
20	NPC Pegswood, West View, Pegswood, Morpeth, NE616TB	Full time surgery
21	Scots Gap Medical Group, Scots Gap, , Morpeth, NE614EG	Full time dispensing surgery

22	Greystoke Surgery, Morpeth NHS Centre, The Mount, Morpeth, NE611JX	Full time surgery
23	Gas House Lane Surgery, Morpeth NHS Centre, The Mount, Morpeth, NE611JX	Full time dispensing surgery
24	Seaton Park Medical Group, Seaton Hirst Primary Care Centre, Norham Road, Ashington, NE630NG	Full time surgery
25	NPC Morpeth, Morpeth Surgery, Wellway, Morpeth, NE611BJ	Full time surgery
26	Guidepost Medical Group, North Parade, Guidepost, Choppington, NE625RA	Full time surgery
27	Bellingham Practice, Bellingham, , Hexham, NE482HE	Full time surgery
28	The Gables Medical Group, 26 St Johns Road, , Bedlington, NE227DU	Full time dispensing surgery
29	Bedlingtonshire Medical Group, Glebe Road, , Bedlington, NE226JX	Full time surgery
30	Railway Medical Group, Gatacre Street, , Blyth, NE241HD	Full time surgery
31	Railway Medical Group: Old Waterloo Site, Blyth Health Centre, Thoroton Street, Blyth, NE241DX	Full time surgery
32	Marine Medical Group, Blyth Health Centre, Thoroton Street, Blyth, NE241DX	Full time surgery
33	Railway Medical Group: Newsham Surgery, 61 Newcastle Road, Newsham, Blyth, NE244AW	Full time surgery
34	Humshaugh & Wark Medical Group: Wark Surgery, Wark, , Hexham, NE483LS	Part time dispensing surgery
35	Village Medical Group, The Village Surgery, Dudley Lane, Cramlington, NE236US	Full time surgery
36	Forum Family Practice, Forum Way, , Cramlington, NE236QN	Full time surgery

37	NPC Cramlington, Forum Way, , Cramlington, NE236QN	Full time surgery
38	NPC Seaton Sluice, Collywell Bay Road, Seaton Sluice, Whitley Bay, NE264QZ	Full time surgery
39	NPC Northumbria Way, Unit 2, Health and Care Academy, Northumberland Way, Cramlington, NE236NZ	Full time surgery
40	Elsdon Avenue Surgery, Elsdon Avenue, Seaton Delaval, Whitley Bay, NE250BW	Full time surgery
41	NPC Seaton Terrace, Westbourne Terrace, Seaton Delaval, Whitley Bay, NE250BE	Full time surgery
42	Netherfield House, Station Road, Seghill, Cramlington, NE237EF	Full time surgery
43	NPC Ponteland, Ponteland Primary Care Centre, Meadowfield, Newcastle Upon Tyne, NE209SD	Full time surgery
44	White Medical Group, Ponteland Primary Care Centre, Meadowfield, Newcastle Upon Tyne, NE209SD	Full time dispensing surgery
45	Scots Gap Medical Group: Stamfordham Surgery, 16 Grange Road, Stamfordham, Newcastle Upon Tyne, NE180PF	Part time dispensing surgery
46	Humshaugh & Wark Medical Group, 1 East Lea, Humshaugh, Hexham, NE464BU	Full time dispensing surgery
47	White Medical Group: Wylan Surgery, 33-37 Jackson Road, , Wylam, NE418EL	Part time dispensing surgery
48	NPC Haydon Bridge & Allendale, North Bank, Haydon Bridge, Hexham, NE476LA	Full time surgery
49	Corbridge Health Centre, Newcastle Road, , Corbridge, NE455LG	Full time dispensing surgery
50	Burn Brae Medical Group, Hexham Primary Care Centre, Corbridge Road, Hexham, NE461QJ	Full time surgery

51	The Sele Medical Practice, Hexham Primary Care Centre, Corbridge Road, Hexham, NE461QJ	Full time surgery
52	Haltwhistle Medical Group, Greencroft Avenue, , Haltwhistle, NE499AP	Full time surgery
53	The Adderlane Surgery, Adderlane Road, West Wylam, Prudhoe, NE425HR	Full time surgery
54	Prudhoe Medical Group, Kepwell Bank Top, , Prudhoe, NE425PW	Full time surgery
55	Riversdale Surgery, Front Street, , Prudhoe, NE425DQ	Full time surgery
56	Branch End Surgery, Main Road, , Stocksfield, NE437LL	Full time dispensing surgery
57	NPC Haydon Bridge and Allendale, Shilburn Road, Allendale, Hexham, NE479LG	Full time surgery

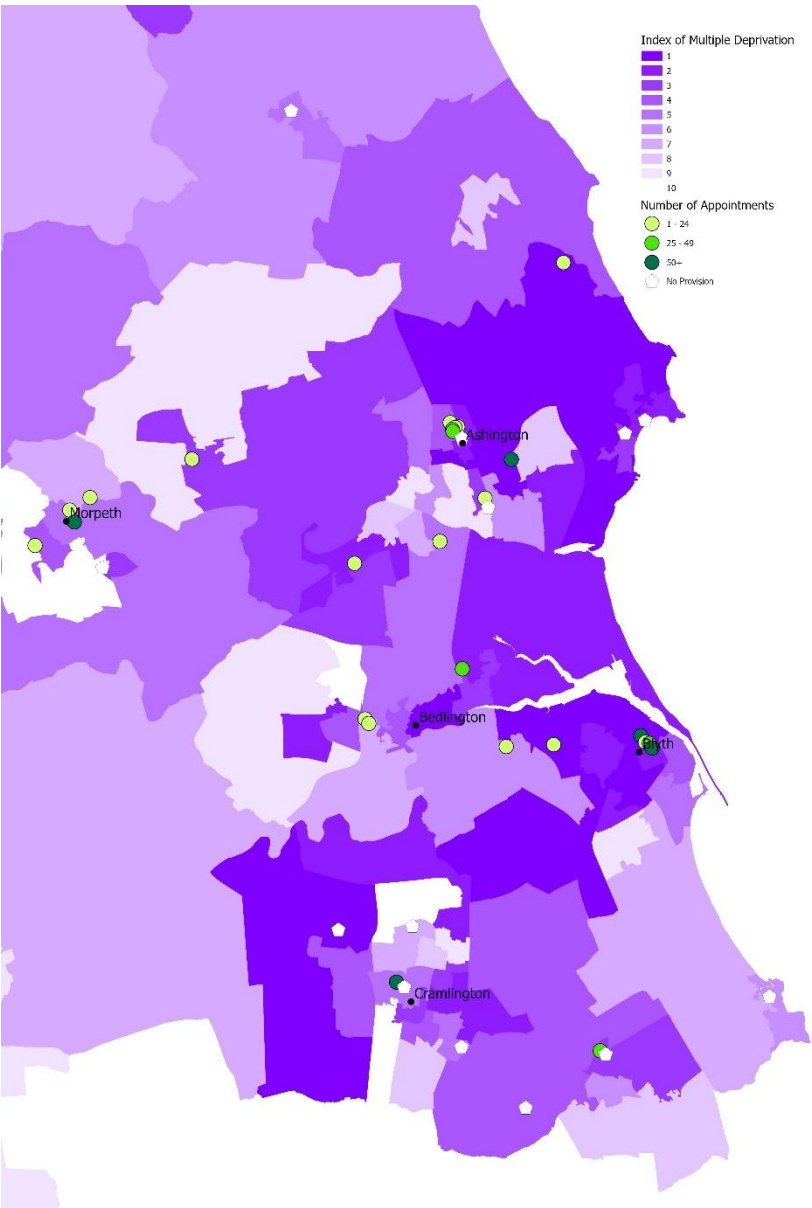
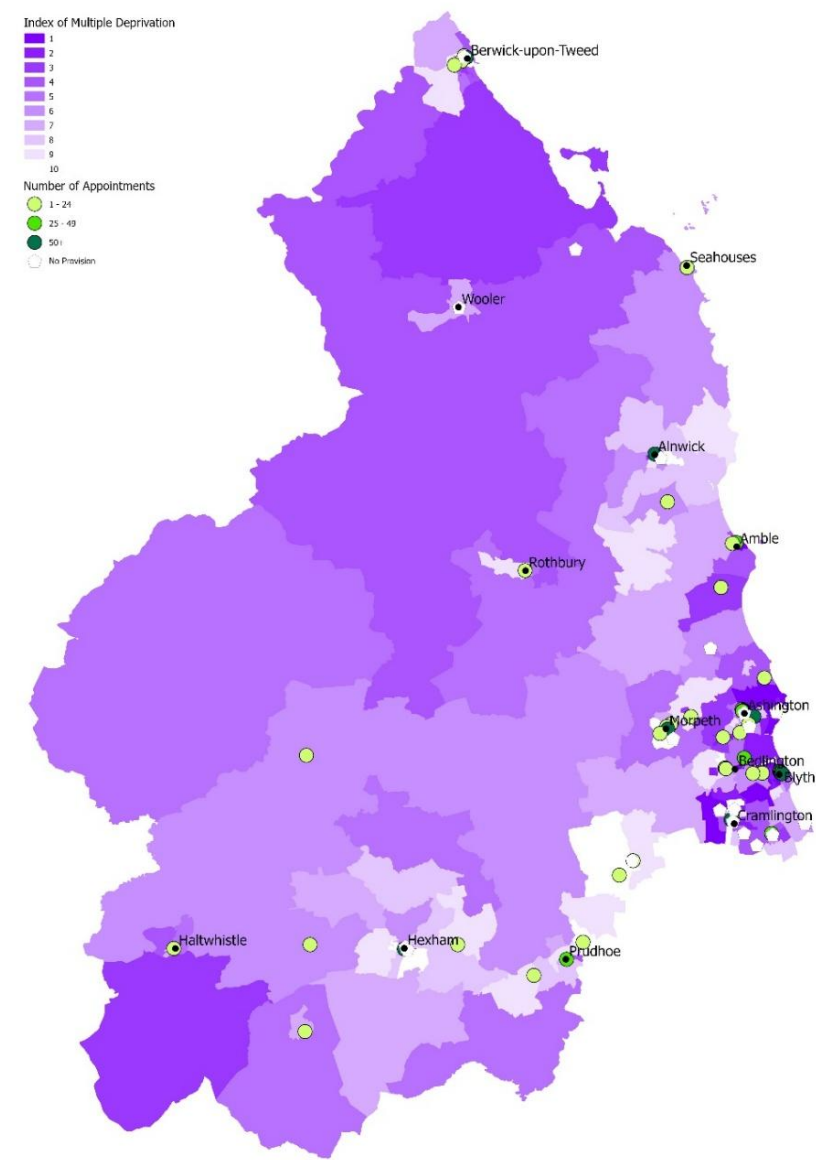
Appendix 2: Pharmacy Opening Hours (Jan 31st, 2025)



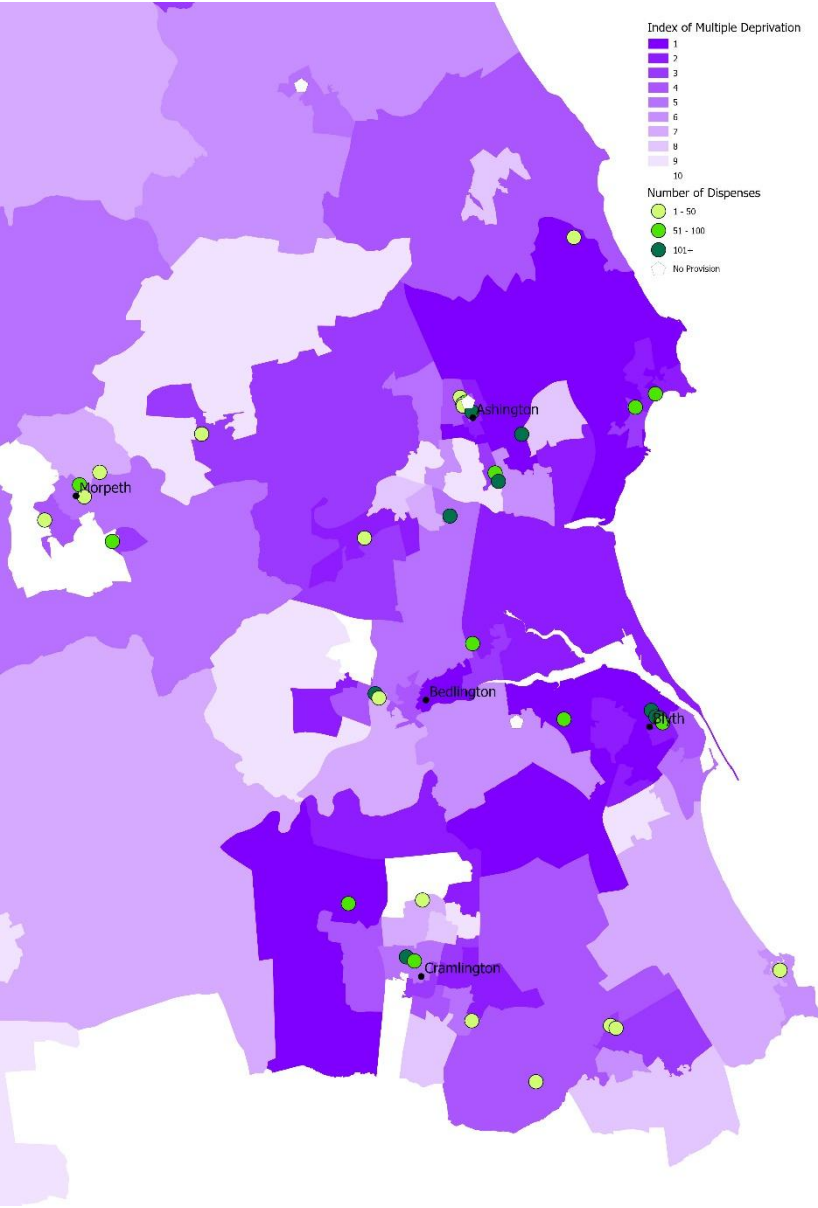
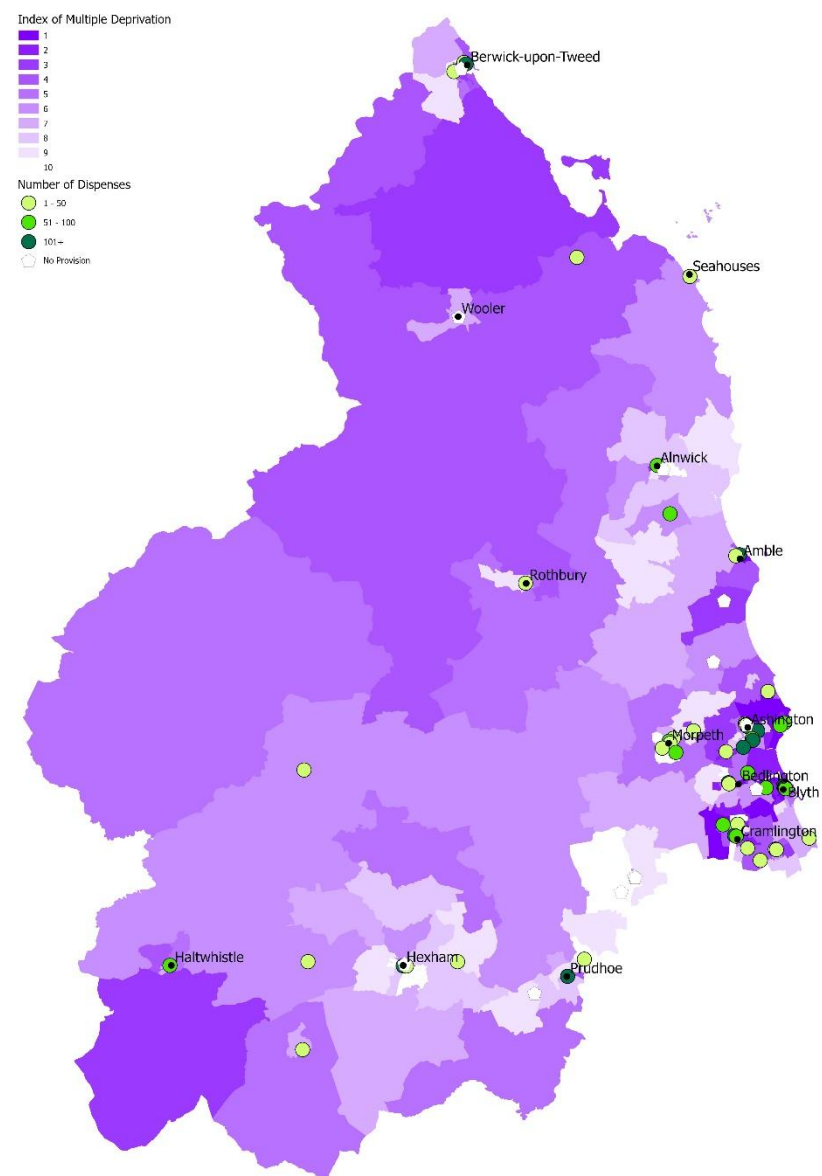
Pharmacy_Opening
_Hours.xlsx

Appendix 3: Maps of Commissioned Services

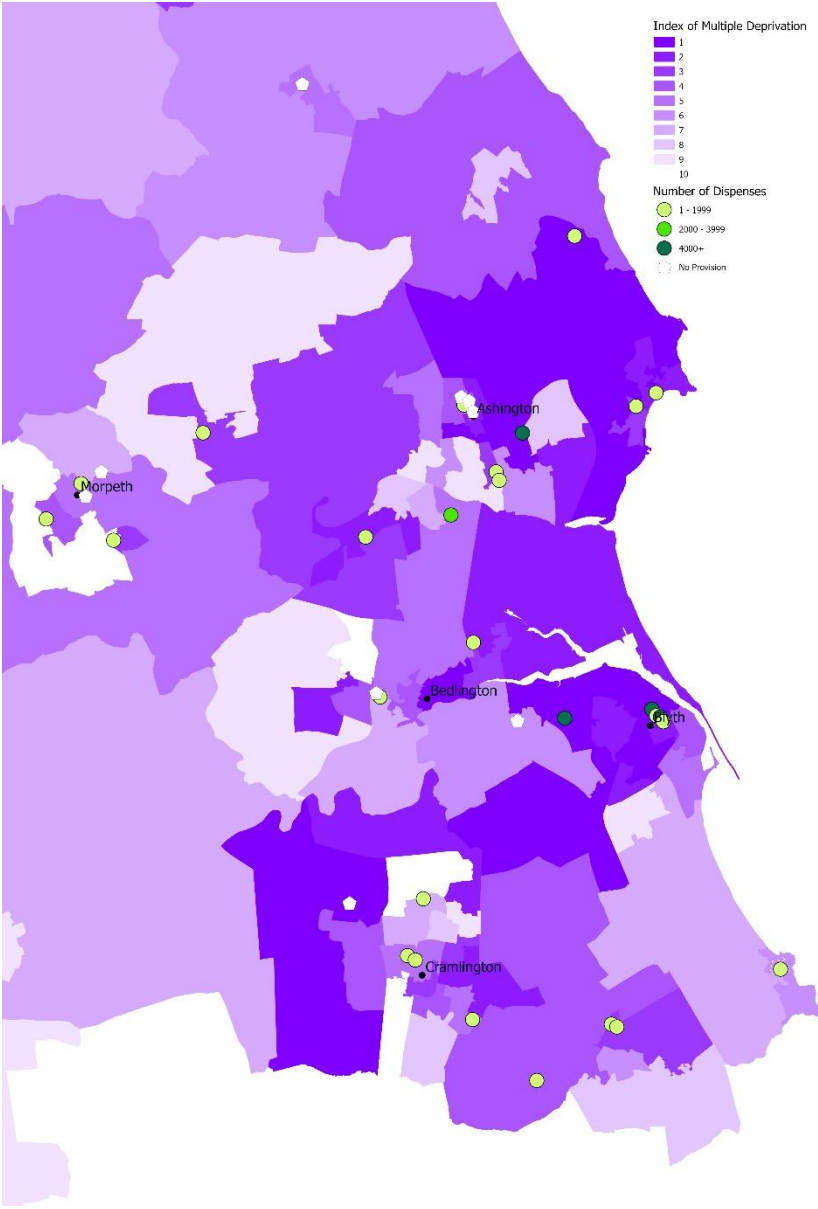
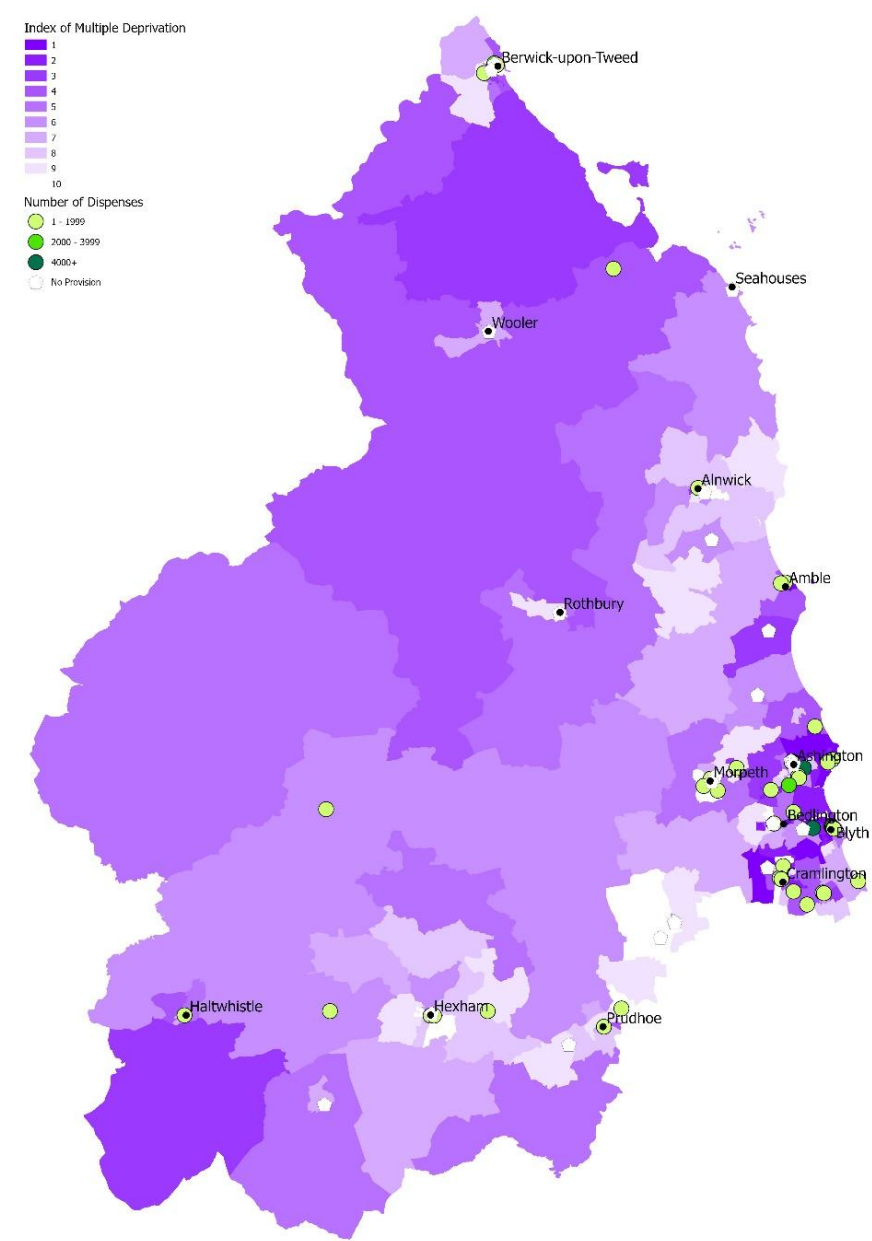
Map 3a EHC Provision



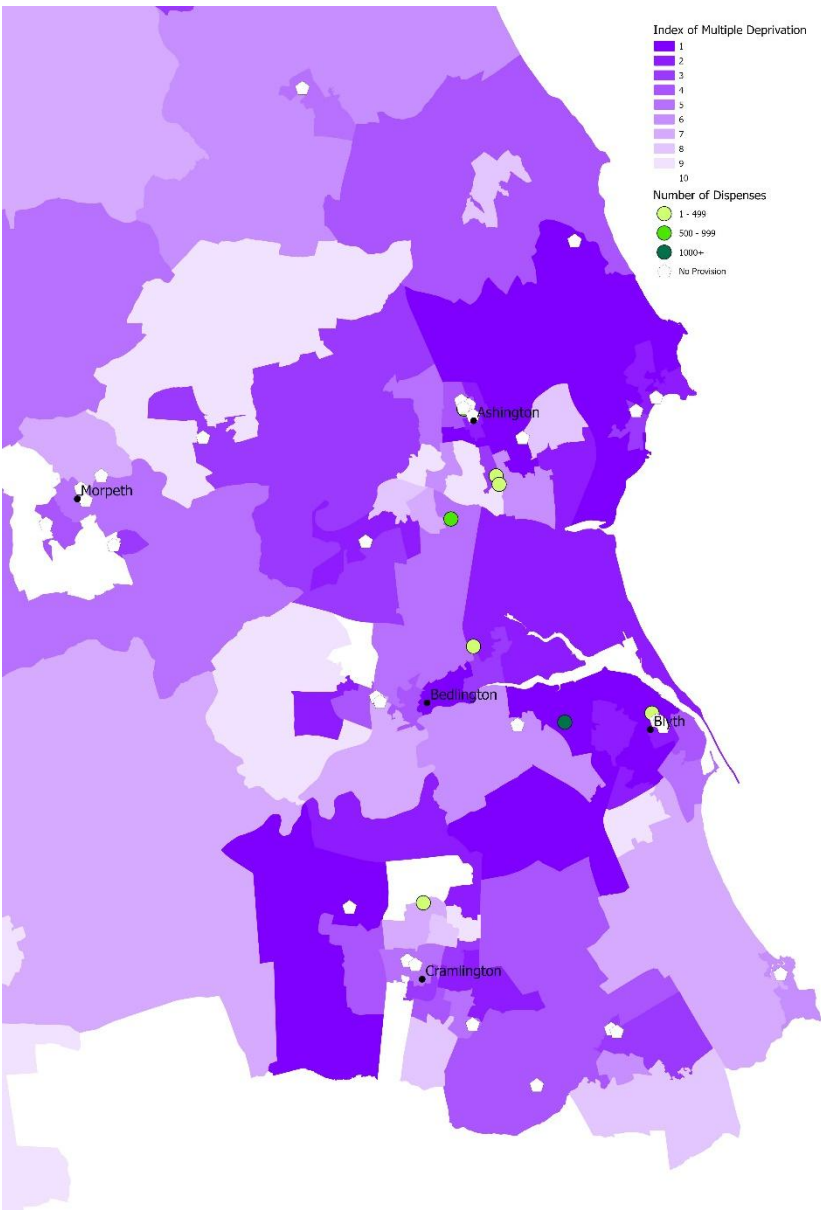
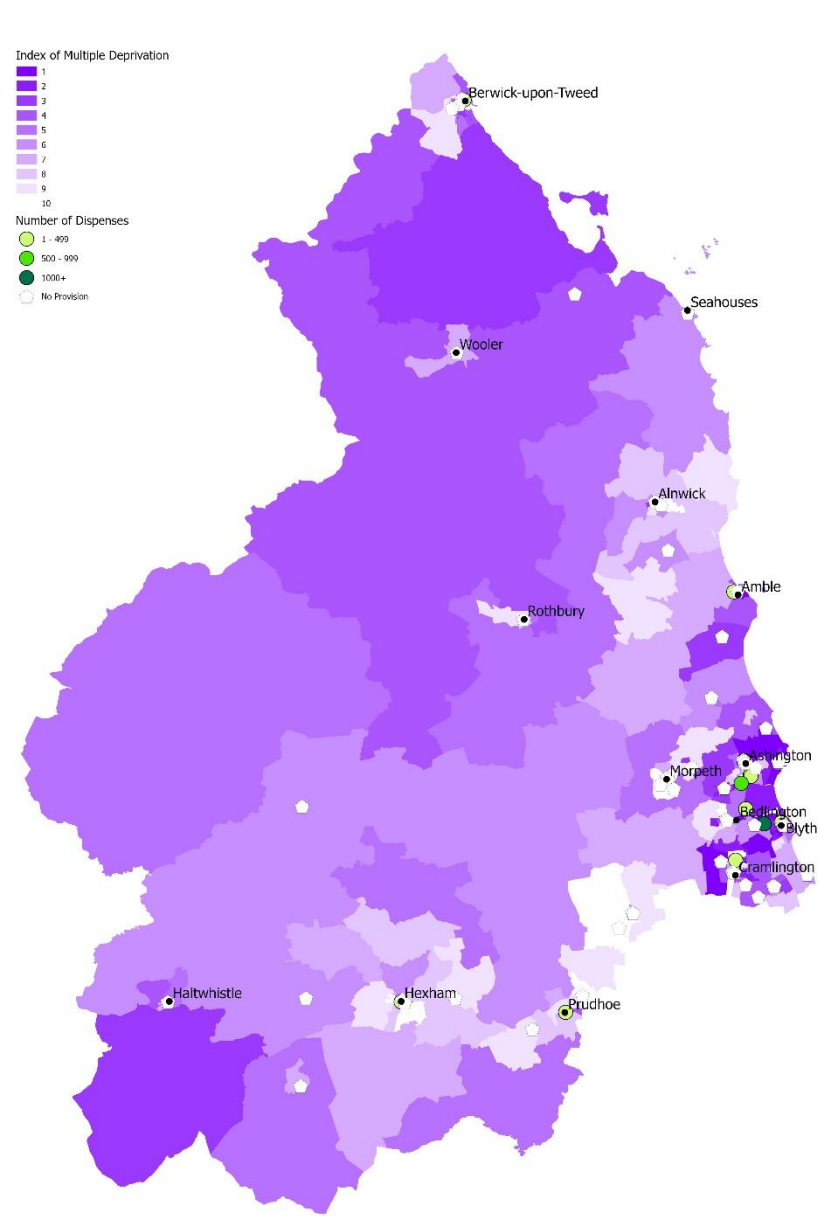
Map 3b; NRT Provision



Map 3c; Supervised Opioid Consumption

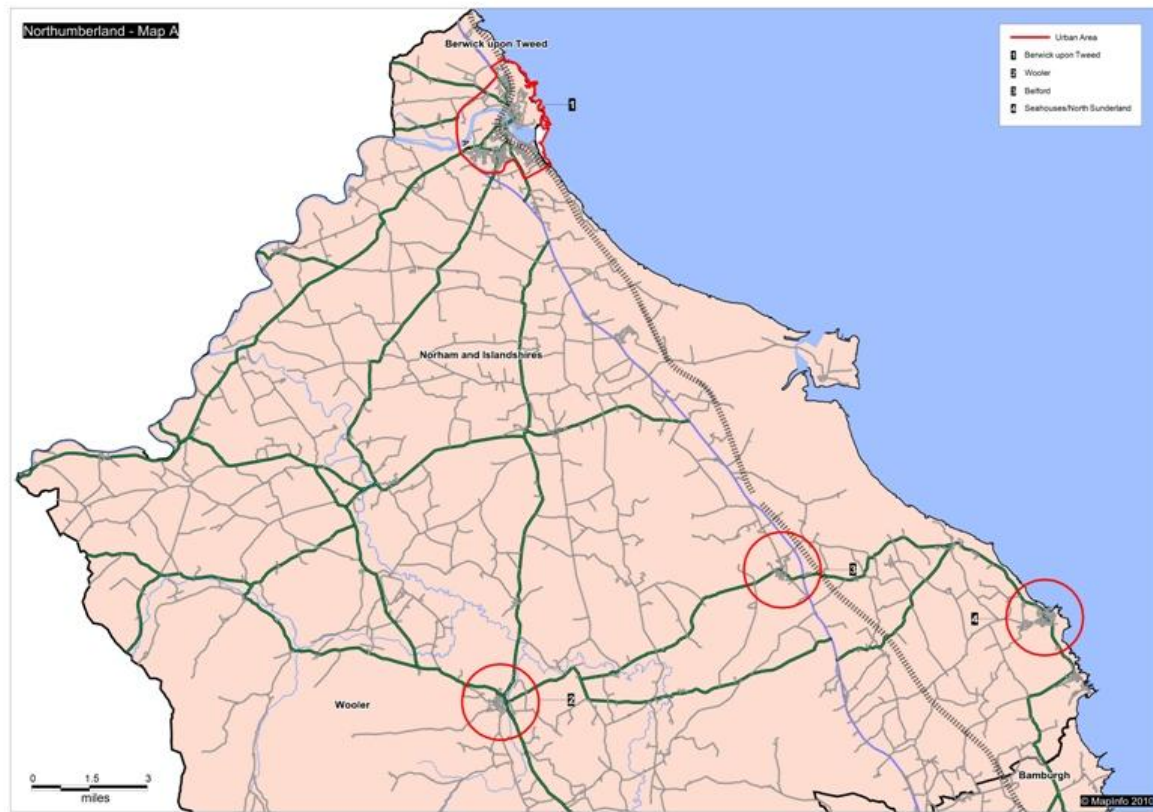


Map 3d; Needle Exchange Provision

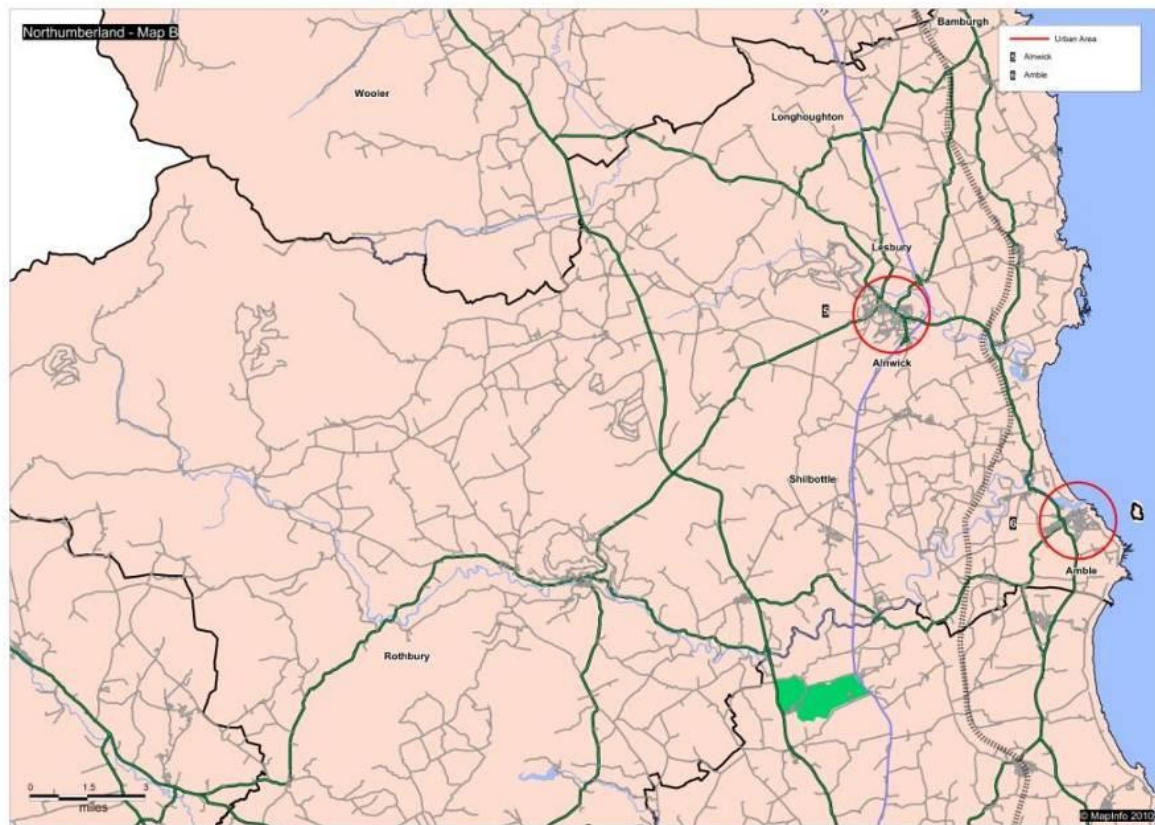


Appendix 4: Maps of rural areas

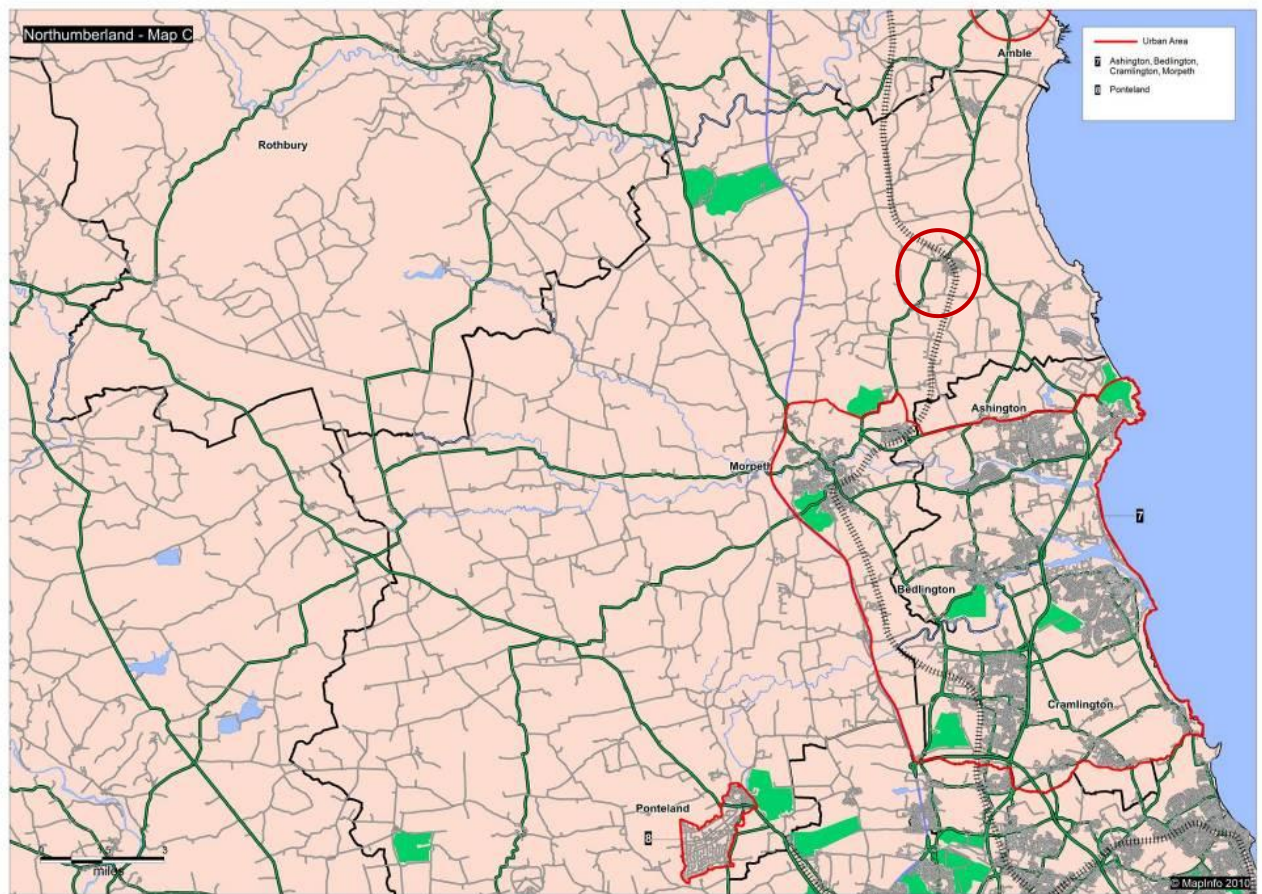
Map 4A: North Northumberland



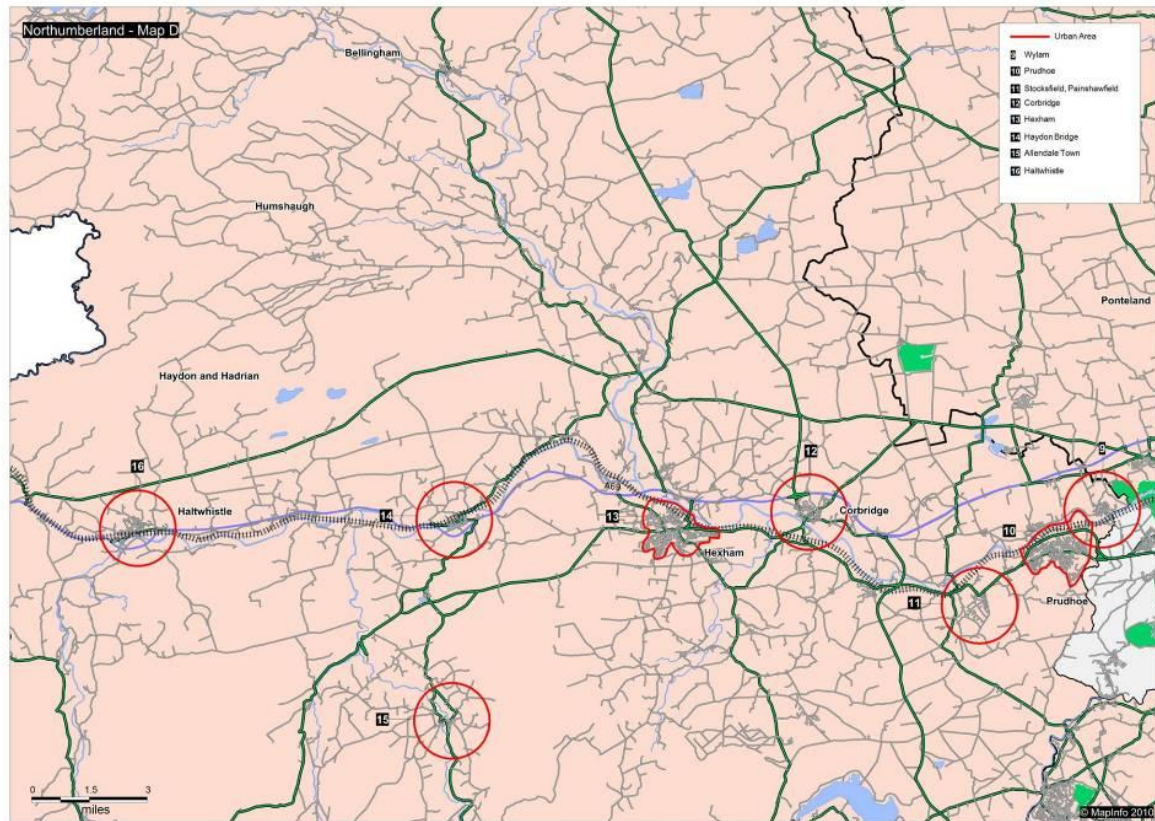
Map 4B: Central Northumberland



Map 4C: South East Northumberland



Map 4D: West Northumberland



Appendix 5: Steering group terms of reference

Steering Group Terms of Reference 2024

Background

1.1 A Pharmacy Needs Assessment needs to be refreshed at least every three years to ensure that it is up to date and reflects the current health needs of the population within the communities where they live and work. As well as defining the health needs of the population, the PNA describes the services currently offered, and outlines any gaps in these services. The Integrated Care Board for North East and North Cumbria (ICB NENC) then uses the document to determine applications for new pharmacies.

1.2 Public health became the responsibility of local government when it transferred from the NHS to councils in April 2013. This means that councils have responsibility for commissioning public health services as part of their duty to take steps to improve the health of people in their area. Some of these services will involve the supply of medicines and appliances using NHS services delivered through community pharmacies.

1.3 The NHS Regulations were updated and consolidated in 2021 and can be found at <https://www.legislation.gov.uk/ukxi/2013/349/contents> . The relevant sections being Part 2 (regs 3 to 9) and schedule 1. The last PNA for Northumberland County Council area was developed in 2021/22 and published in October 2022.

1.4 Councils have a statutory duty and in their public health role, will be commissioning certain services from pharmacies as well as working with pharmacies locally to support their development as a community resource for public health. Other bodies e.g. Integrated Care Boards and NHS Trusts will also be commissioning services from community pharmacies and their input is therefore an essential component of the next PNA for Northumberland.

1.5 A PNA Steering Group will be set up to oversee the development of the PNA and will meet on an ad hoc basis to consider whether pharmacy closures or reductions in opening hours would produce a gap in pharmacy services.

2.0 Membership of the Group shall be:

- Public Health Consultant - Chair
- Pharmacy Consultant – Secretariat
- ICB Northumberland primary care commissioning representative
- Local Pharmaceutical Committee Representative
- Local Medical Committee/ dispensing doctor representative
- Healthwatch Representative

- Planning Department Representative
- Hospital Representative
- Public Health Senior Manager
- Public Health Intelligence Specialist/Data analyst
- ICB pharmacy and optometry representative

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

2.3 Other members might be co-opted

3.0 Remit and Functions

The primary role of the Steering Group is to oversee the development of a comprehensive, well researched, considered and up to date PNA, which is compliant with the latest guidance. The PNA Steering Group will ensure full involvement from all stakeholders in meeting the following objectives

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

4.0 Frequency of Meetings

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

- | | |
|--|----------------------------|
| • Public Health Consultant - Chair | Luke Robertshaw |
| • Pharmacy Consultant – Secretariat | Anne Everden |
| • Integrated Care Board representative (place) | Claire Lynch |
| • Integrated care Board representative (prescribing) | Susan Turner |
| • Integrated Care Board representative ((Pharmacy) | Ken Youngman |
| • Local Pharmaceutical Committee Rep | Geraint Morris/Ann Gunning |
| • Local Medical Committee/ dispensing doctor rep | Hilary Snowdon |
| • Healthwatch Representative | Derry Nugent |
| • Planning Department Representative | Zoe Charge |
| • Hospital Representative | David Campbell |
| • Public Health Senior Manager | Kerry Lynch |
| • Public Health Intelligence Specialist | Jonathan Appelby |

Appendix 6: Data sources

Data sources have included:

Source Organisation	Data Source
Northumberland County Council	Joint Strategic Needs and Assets Assessment (JSNAA), Planning Department – housing projections Locally commissioned public health services (Stop Smoking Service, NRT, Needle exchange, supervised opiate consumption.
NHS England / Integrated Care Board (ICB)	Pharmaceutical List, Pharmacy First, Advanced Services
NHS Business Services Authority (NHS BSA)	Prescription data
Healthwatch Northumberland	Public consultation survey
Northumbria Healthcare NHS Foundation Trust	Sexual health service commissioning
Department for Transport	Bus Statistics (Table BUS01f)
Office for National Statistics (ONS)	Census 2021, Mid-2023 Population Estimates, Population Projections
National Child Measurement Programme (NCMP)	Childhood obesity data
National Drug Treatment Monitoring System (NDTMS)	Substance misuse prevalence and treatment data
Department of Health and Social Care	Fingertips profiles (Smoking, Alcohol, Overweight/Obesity, Sexual Health, Mental Health)
NHS Digital / Quality and Outcomes Framework (QOF)	Disease prevalence data (e.g., asthma, diabetes, hypertension)
North East and North Cumbria Integrated Care Board	GP practice location and opening information
Ministry of Housing, Communities and Local Government	English Indices of Deprivation 2019

Appendix 7: Consultation reports

Appendix 8: Pharmacy Access Schemes

Pharmacies eligible for Pharmacy Access Scheme

Asda Pharmacy	Cowpen Road, Blyth, Northumberland, NE24 4LZ	NE24 4LZ
Well	15 Station Road, Seghill, Northumberland, NE23 7SE,	NE23 7SE
Boots UK Limited	7 The Broadway, Darras Hall, Ponteland, Northumberland, NE20 9PW,	NE20 9PW
Boots UK Limited	The Pharmacy, 6 The Precinct, Hadston, Morpeth, Northumberland, NE65 9YF,	NE65 9YF
Boots UK Limited	High Street, Rothbury, Morpeth, Northumberland, NE65 7TB	NE65 7TB
Boots UK Limited	4 Town Hall Buildings, Corbridge, Northumberland, NE45 5AD	NE45 5AD
Boots UK Limited	1 Alexandra Terrace, Stocksfield, Northumberland, NE43 7LA	NE43 7LA
The Belford Pharmacy	22 West Street, Belford, Northumberland, NE70 7QE,	NE70 7QE
K Chem	28 Grange Road, Shilbottle, Northumberland, NE66 2XN,	NE66 2XN
Allendale Pharmacy	The Pharmacy, 3 Shield Street, Allendale, Hexham, NE47 9BP,	NE47 9BP
Seahouses Chemist	32 Main Street, Seahouses, Northumberland, NE68 7RQ	NE68 7RQ
Widdrington Pharmacy	Widdrington Surgery, Grange Road, Widdrington, Morpeth, Northumberland NE61 5LX	NE61 5LX
Newline Pharmacy	1-2 Dereham Terrace, Stakeford, Northumberland NE62 5UR	NE62 5UR
Crescent Pharmacy	110 Alexandra Road, Ashington, Northumberland, NE63 9LU	NE63 9LU
Glendale Pharmacy	26 High Street, Wooler, Northumberland, NE71 6BY	NE71 6BY

Seaton Sluice Pharmacy	17-19 Beresford Road, Seaton Sluice, Whitley Bay, NE26 4DR	NE26 4DR
Pegswood Pharmacy	Pegswood Health Centre, West View, Pegswood, Morpeth, Northumberland, NE61 6TB,	NE61 6TB
Wylam Pharmacy	Main Street, Wylam, Northumberland, NE41 8AB,	NE41 8AB

Appendix 9: Specialist Drugs List

The following is the minimum quantity of drugs to be held by the stockist pharmacies.

Alfentanil injection 500micrograms/ml, 20 x 2ml ampoules
Apixaban 5mg tablets x 28 (Kingston Park Boots & Northumberland pharmacies*)
Ciprofloxacin suspension 250mg/5ml, 1 x 100ml
Ciprofloxacin tablets 250mg, 1 x 10
Cyclizine injection 50mg/ml x 20
Cyclizine tablets 50mg x 100
Dexamethasone injection 6.6mg/2ml x 10
Dexamethasone tablets 2mg x 50
Diclofenac 100mg suppositories x 10
Fentanyl 12 micrograms/hour patch x 5
Fentanyl 25micrograms/hour patch x 5
Fosfomycin 3g sachet x 1
Furosemide injection 20mg/2ml x 20
Glycopyrronium bromide injection 200microgram/ml 1ml x 10
Haloperidol injection 5mg/ml x 10
Haloperidol tablets 1.5mg x 28
Hyoscine butylbromide injection 20mg/ml x 20
Levetiracetam 500mg/5ml solution for infusion vials x 10 (Keppra®) **
Levomepromazine injection 25mg/ml x 20
Levomepromazine tablets 25mg x 84
Lorazepam 0.5mg tablets x 28
Lorazepam 1mg tablets x 28
Metoclopramide injection 10mg/2ml x 20
Metoclopramide tablets 10mg x 28
Midazolam injection 10mg/2ml x 40
Morphine sulphate injection 10mg/1ml x 40
Morphine sulphate injection 30mg/1ml x 10
Morphine sulphate injection 60mg/2ml x 10
Morphine sulphate oral solution 10mg/5ml, 6 x 100ml
Morphine sulphate conc solution 100mg/5ml, 1 x 120ml
Morphine sulphate M/R Capsules (APC formulary brand is Zomorph) 10mg, 30mg and 60mg x 60
Morphine sulphate M/R tablets (APC formulary brand is MST) 5mg x 56
Oseltamivir 30mg capsules 100 packs x 10 caps (Kingston Park Boots only)
Oseltamivir 45mg capsules 10 packs x 10 caps (Kingston Park Boots only)
Oseltamivir 75mg capsules 100 packs x 10 caps (Kingston Park Boots only)
Oseltamivir 6mg/ml suspension 20 packs x 65ml bottle (Kingston Park Boots only)
Oxycodone injection 10mg/ml 1ml x 20
Oxycodone injection 50mg/ml 1ml x 10
Oxycodone oral solution 5mg/5ml 2 x 250ml
Oxycodone M/R tablets 10mg, 20mg x 56 (APC formulary brand is Oxypro)
Rifampicin syrup 100mg/5ml, 1 x 100ml

Rifampicin 150mg capsules x 100

Rivaroxaban 15mg tablets x 28 (Kingston Park Boots & Northumberland pharmacies*)

Sodium chloride injection 0.9% 10ml ampoules x 20

Vancomycin 125mg capsules x 40

Water for injection 10ml ampoules x 20

Zanamivir 5mg inhalation powder with diskhaler 10 packs x 20 blisters (Kingston Park Boots only**)

Specialist advice on palliative care prescribing can be obtained weekdays 9.00-17.00 from community teams in:

Newcastle - 0191 282 3289

North Tyneside - 0191 293 4376

North Northumberland - 01665 511955
01670 857635

South East and Central Northumberland

West Northumberland - 01434 612932

Gateshead 0191 283 4586

Out of Hours advice is provided for Newcastle and Gateshead patients on 0191 273 3435, and for Northumberland and North Tyneside patients via the Northumbria switchboard on 0344 811811

* *Apixaban/Rivaroxaban stock held for Northumberland CCG DVT pathway*

Pharmacies in Northumberland stocking Specialist Drugs

Alnwick *	Boots the Chemist	50-52 Bondgate Within
Ashington *	Central Pharmacy	Lintonville Terrace, Ashington
Ashington *	Asda Pharmacy	Lintonville Terrace, Ashington
Berwick *	Tesco Pharmacy	Tweedside Trading Estate
Blyth *	Boots the Chemist	60-62 Maddison Street, Blyth
Cramlington	Northumbria Way Pharmacy and Clinic	Unit 1, Northumbria Health & Care Academy, Pharmacy, Northumbria Way, Cramlington NE23 6NZ
Cramlington *	Boots the Chemist	Manor Walk Shopping Centre
Hexham *	Hexham Pharmacy	Hexham Primary Care Centre

Hexham *	Tesco Pharmacy	Tynedale Retail Park
Lynemouth *	Lynemouth Pharmacy	5 West Market Street
Morpeth *	Morpeth Pharmacy	The Surgery
Seahouses	Seahouses Pharmacy	32 Main Street

Appendix 10: Healthwatch Survey



Survey
Questions.docx

Appendix 11: Primary care networks in Northumberland

Wansbeck Primary Care Network (PCN)

Bedlingtonshire Medical Group A84005
Guidepost Medical Group A84020
Seaton Park Medical Group A84028
The Gables Medical Group A84013

Well Up North Primary Care Network (PCN)

Alnwick Medical Group A84006
Belford Medical Group A84008
Coquet Medical Group A84022 until end Feb 2024
Gas House Lane Surgery A84039
Wooler Health A84604
Greystoke Surgery A84031
Union Brae & Norham Practice A84044
Well Close Medical Group A84026

West Primary Care Network (PCN)

Branch End Surgery A84047
Burn Brae Medical Group A84024
Corbridge Medical Group A84018
Haltwhistle Medical Group A84034
Humshaugh & Wark Medical Group A84040
Prudhoe Medical Group A84016
Scots Gap Medical Group A84042
The Bellingham Practice A84027
The Sele Medical Practice A84033
White Medical Group A84011
Hadrian Primary Care Alliance Y05873

NPC PCN

Cramlington Medical Group A84025
The Surgery, Elsdon Avenue A84619
Haydon Bridge & Allendale Medical Practice A84045
Ponteland Medical Group A84007
Rothbury Practice A84002
Northumberland Health A84029

Coquet Medical Group A84022
Valens

Blyth Primary Care Network (Blyth PCN)

Railway Medical Group A84009
Marine Medical Group A84014

Cramlington/Seghill/Seaton Delaval PCN

Village Surgery A84030
Netherfield House Surgery A84037
Forum Family Practice A84038

Not a member of PCN

Riversdale Surgery A84035
The Adderlane Surgery A84614

Appendix 12: GP Extended Access Hubs

		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish
Blyth	Blyth Comm. Hosp			18.30	20.00	18.30	20.00	18.30	20.00			8.00	12.00
Cramlington Hub	Village Surgery	17.30	20.00	17.30	20.00	17.30	20.00	17.30	20.00	17.30	20.00	9.00	17.00
West Hub	Corbridge HC	18.30	20.00	18.30	20.00	18.30	20.00	18.30	20.00	18.30	20.00		
	Bellingham*											9.00	16.00
	Haltwhistle*											8.30	12.30
	Prudhoe											9.00	17.00
	Hexham											9.00	17.00
Valens Hub	Brockwell					18.30	20.00	18.30	20.00				
	Lintonville			18.30	20.00							8.00	12.00
	Wellway (Morpeth)	18.30	20.00							18.30	20.00		
Wansbeck Hub	Bedlingtonshire					7.00	8.00						
						18.30	20.00						
	Gables	7.00	8.00									8.30	12.30
	Guide Post							7.00	8.00			8.30	12.30
								18.30	20.00				
	Laburnum												
										18.30	20.00		

		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish
	Seaton Park			7.00	8.00							8.30	12.30
		18.30	20.00	18.30	20.00								
North Hub	Alnwick									18.30	20.00	9.00	13.00
	Belford	18.30	20.00										
	Greystoke (NHS centre)			19.00	20.00	19.00	20.00	19.00	20.00				
	Gas House Lane (NHS Centre)	7.00	8.00	7.00	8.00	7.00	8.00						
	Glendale							18.30	20.00				
	Well Close							18.30	20.00				
	Widdrington	18.30	20.00										
	No Sunday or Bank Holiday Cover												
	* some Saturdays												