

Pharmaceutical Needs Assessment for South Tyneside

April 2015 – March 2018



South Tyneside Council

Contents

Table of Contents

Executive Summary	5
1. Introduction.....	7
1.1 Background.....	7
1.2 Purpose.....	8
1.3 Pharmacy market.....	8
1.4 South Tyneside strategic objectives.....	9
2. Pharmaceutical Needs Assessment (PNA) process	10
2.1 PNA development group	10
2.2 Determination of localities	10
2.3 Health needs.....	12
2.4 Current provision.....	12
2.5 Future provision	12
2.6 Consultation process.....	13
2.6.1 Pharmacy Survey	13
2.6.2 Public Consultation.....	13
2.6.3 Formal consultation	14
3. Health needs	15
3.1 Introduction	15
3.2 Population profile and demography.....	15
3.3 Life expectancy	16
3.4 Deprivation.....	16
3.5 Lifestyle factors affecting health outcomes	18
3.5.1 Smoking.....	18
3.5.2 Alcohol.....	19
3.5.3 Substance misuse	19
3.5.4 Obesity	20
3.5.5 Sexual Health	20
3.5.6 Teenage pregnancy.....	21
3.6 Cancers.....	21
3.7 Long term conditions.....	21
3.7.1 Cardiovascular disease	22
3.7.2 Hypertension	23
3.7.3 Diabetes	23
3.7.4 Chronic Obstructive Pulmonary Disease	24

3.8 Assets-Based work	24
3.9 Summary of health needs analysis	25
3.9.1 For children and young people	26
3.9.2 Adults of working age	27
3.9.3 Older people	27
4. Pharmacies	29
4.1 Overview	29
4.2 Dispensing appliance contractors	30
4.3 100 hour pharmacies	30
4.4 Distance selling pharmacies.....	31
4.5 Essential small pharmacies local pharmaceutical services (ESPLPS).....	31
4.6 Dispensing Doctors	31
4.7 Out of area providers of pharmaceutical services	31
5. Access to community pharmacies	32
5.1 Number, type of pharmacies and geographical distribution	32
5.2 Access to pharmacies in areas of high population density	33
5.3 Access to pharmacies for elderly people.....	34
5.4 Access to pharmacies in areas of high deprivation	35
5.5 Access to pharmacies by opening hours.....	36
5.6 Ease of access to pharmacies	41
5.7 Improving access to pharmacies.....	41
5.7.1 Electronic prescription service.....	41
5.7.1 Disability access	42
5.9 Future housing developments	43
6. Pharmaceutical Services.....	44
6.1 Essential Services.....	44
6.2 Advanced Services	44
6.2.1 New Medicines Service	45
6.2.2 Medicines use reviews.....	46
6.2.3 Stoma appliance customisation	46
6.2.4 Appliance use reviews	47
6.2.5 Consultation rooms.....	47
6.3 Enhanced Services	47
7. Locally commissioned services	50
7.1 South Tyneside CCG	50
7.1.1 Minor ailments	50
7.1.2 Medication Administration Record (MAR) charts.....	51

7.1.3 Medication synchronisation	51
7.2 South Tyneside Council	52
7.2.1 Stop smoking service.....	52
7.2.2 Nicotine replacement therapy (NRT) vouchers (dispensing)	53
7.2.3 Supervised consumption of Opiate substitutes.....	53
7.2.4 Needle exchange scheme	54
7.2.5 Emergency Hormonal Contraception (EHC)	55
7.2.6 Chlamydia Screening	55
7.2.7 NHS Health Checks	56
7.3 Other commissioned services	56
8. Non-commissioned services	56
9. Primary and Secondary Care Provision.....	58
9.1 GP surgeries (including extended hours.....	58
9.1.1 GP out-of-hours.....	60
9.2 Urgent Care Centres.....	62
Draft South Tyneside Urgent Care Acute Hub	62
9.3 Secondary Care Provision	63
9.3.1 Community anticoagulant clinics	63
10. Engagement and Consultation	64
10.1 Public consultation.....	64
10.2 Statutory consultees	67
10.1.1 NHS England	67
10.1.2 Local Pharmaceutical Committee.....	67
10.1.3 Local Medical Committee	67
10.1.4 Healthwatch South Tyneside.....	67
10.1.6 Gateshead Health and Wellbeing Board	67
10.1.7 South Tyneside NHS Foundation Trust.....	67
10.1.8 Northumberland, Tyne and Wear NHS Foundation trust.....	67
10.3 Community pharmacy contractors	68
11. Conclusions.....	69
12. Recommendations	71
Appendix 1: List of Community Pharmacies in South Tyneside	72
Appendix 2: Priorities in the Joint Health and Wellbeing Strategy and how community pharmacy can help	80
Appendix 3: Results of public consultation	82
Appendix 4: Results of pharmacy questionnaire	88
Appendix 5: Equality Impact Assessment	104

Appendix 6: Collaborative Working Group Membership..... 106

Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmacy services across South Tyneside and whether there are any potential gaps to service delivery. The *Health and Social Care Act 2012* transferred the responsibility for developing and updating pharmaceutical needs assessments from Primary Care Trusts (PCTs) to Health & Wellbeing Boards. Each Health & Wellbeing Board must publish its first PNA by 1 April 2015. A revised assessment must be published within 3 years of publication of this first assessment or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes.

The pharmaceutical needs assessment will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of community pharmacy enhanced and locally commissioned services.

The public health team of South Tyneside Council, working alongside colleagues from Sunderland City Council, oversaw the development of the pharmaceutical needs assessment on behalf of the South Tyneside Health & Wellbeing Board. In the process of undertaking the PNA, a collaborative steering group was established and data was sought from a number of stakeholders including NHS England, South Tyneside Clinical Commissioning Group, South Tyneside Council, Gateshead & South Tyneside Local Pharmaceutical Committee (LPC) and local community pharmacists. The aim was to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services.

A statutory consultation was undertaken between 7th January 2015 and 8th March 2015 to seek the views of the public and other stakeholders, on whether they agree with the contents of this pharmaceutical needs assessment. All comments have been incorporated into the final PNA.

The PNA for South Tyneside links to the health needs identified in the Joint Strategic Needs Assessment (JSNA). South Tyneside is a predominantly urban borough with an aging population. South Tyneside experiences significantly higher levels of deprivation than the national average.

However we are also a borough of significant 'assets'. This includes being a Pioneer for work on self-care and having very strong relationships between the NHS, Council and community and voluntary sector to focus on better health and wellbeing outcomes for local residents. None of the statutory consultees expressed the view that current pharmaceutical service provision in the borough was inadequate for now or for the next three years.

The evidence gathered and submitted suggests that people living in the borough are satisfied with the services provided by community pharmacies and that they generally have little difficulty in accessing these services.

The main conclusion of this report is therefore that provision of pharmaceutical services in the borough is adequate for current needs and likely needs over the next 3 years.

An additional conclusion is that the expansion of the minor injuries service commissioned by the CCG, as well as the advent of a new urgent care hub, and the expected move towards a 7-day a week NHS, might in future influence the demand for pharmaceutical services. However, this is unlikely to impact on the number of community pharmacies that are needed.

Finally, the willingness of community pharmacies to expand the range of services they provide, particularly in areas relating to strategic health priorities, should be considered an opportunity to address many of the health priorities outlined in appendix 2 of this report.

1. Introduction

1.1 Background

The *Health Act 2009* introduced a legal requirement for all Primary Care Trusts (PCTs) to publish a PNA by 1 February 2011. More recently, the *Health and Social Care Act 2012* transferred the responsibility for developing and updating the pharmaceutical needs assessment to Health & Wellbeing Boards.

The previous PNA, carried out by South Tyneside PCT concluded that access to essential pharmaceutical services within South Tyneside was adequate for the needs of the population. This document is available on the council's website:

<http://www.southtyneside.info/article/13236/Joint-Strategic-Needs-Assessment-documents>

Each Health & Wellbeing Board must publish its first pharmaceutical needs assessment by 1 April 2015. A revised assessment must be published within 3 years of publication of this first assessment or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes.

Published in April 2008, the white paper *Pharmacy in England: Building on strengths – delivering the future* set out a vision of how community pharmacy could contribute to high quality patient care and to improving the population's health and wellbeing.

More recently, in December 2013, NHS England published *Improving health and patient care through community pharmacy – a call to action*. This included a period of consultation designed to gather views on what community pharmacy services should look like in the future. It was carried out as part of the work of NHS England to redesign the whole of primary care (including GP services). NHS England proposes to publish a document in the autumn of 2014 which will describe the proposed key features of its strategic framework for commissioning community pharmacy services in the future. Recommendations from national pharmacy bodies on this NHS England consultation included:

- A shift from a contract based on medicines supply to one focused on clinical care and patient outcomes.
- Common enhanced services currently commissioned by NHS England region-by-region (e.g. minor ailment schemes) to become nationwide essential services.
- All community pharmacists to become independent prescribers for a limited list of medicines be given autonomy to alter prescriptions, and have appropriate access to patient records.
- Patients with long term conditions (LTCs) to be registered with a named community pharmacist, with the community pharmacy contract becoming more aligned with the GP contract.

- Pharmacies to become fully integrated into the provision of primary care and public health services, with an even better use of community pharmacies to promote public health messages.

In addition, there is a desire to make full use of community pharmacies to improve public health in their local communities and to “make every contact count”. The Pharmacy and Public Health Forum, which reports to Public Health England is supporting this nationally, and has published a number of key documents including:

- *Professional Standards for Public Health Practice for Pharmacy*, which align with the Faculty of Public Health’s nine areas of public health practice.
- *Health on the high street: rethinking the role of community pharmacy*, which describes how public health services should be commissioned from community pharmacy.
- *Consolidating and developing the evidence base and research for community pharmacy’s contribution to public health: a progress report* was also published in 2013 and examined the evidence base for community pharmacy public health interventions.

1.2 Purpose

The pharmaceutical needs assessment describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the Joint Health & Wellbeing Strategy, whilst taking account of financial constraints. It takes account of the Joint Strategic Needs Assessment (JSNA) and is a strategic commissioning document which will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information;
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need. These services can be commissioned by Local Authorities, NHS England and CCGs (see sections 6 and 7);
- 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 Health & Wellbeing Strategy; and
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of South Tyneside.

1.3 Pharmacy market

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*, a person – i.e., a pharmacist, a dispenser of appliances or, in some rural

areas, a GP – who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant pharmaceutical needs assessment. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need in the pharmaceutical needs assessment;
- To meet a future need in the pharmaceutical needs assessment;
- To improve current access;
- To improve future access;
- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the pharmaceutical needs assessment was published.

1.4 South Tyneside strategic objectives

The South Tyneside Health & Wellbeing Board brings together South Tyneside Council, South Tyneside Clinical Commissioning Group, South Tyneside NHS Foundation Trust, Northumberland Tyne and Wear NHS Foundation Trust and Healthwatch South Tyneside to promote integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The Health & Wellbeing Board produces a Joint Strategic Needs Assessment (JSNA) which informs the Health & Wellbeing Board on the health and wellbeing of people in South Tyneside and how this compares to the rest of England. The pharmaceutical needs assessment forms an integral part of the JSNA, which informs South Tyneside's Joint Health and Wellbeing Strategy.

South Tyneside's joint Health and Wellbeing Strategy sets out our strategic priorities:

- Improving health and wellbeing and reducing inequalities through prevention and early identification of risk
- Tackling youth unemployment
- Reducing social isolation in older people
- Improving the quality, integration and efficiency of local services provided by South Tyneside Council, NHS and partners

Appendix 2 describes some of these priorities and how community pharmacies currently, or could in the future, support their delivery.

2. Pharmaceutical Needs Assessment (PNA) process

2.1 PNA development group

The requirements of a pharmaceutical needs assessment are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*. The process of producing the PNA followed guidance set out in the *Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards*, published by the Department of Health in 2013. This PNA relates to community pharmacies. Prison pharmacy and hospital pharmacy are outside the scope of the PNA.

The public health team of South Tyneside Council, working alongside colleagues from Sunderland City Council, oversaw the development of the pharmaceutical needs assessment on behalf of the South Tyneside Health & Wellbeing Board. In the process of undertaking the pharmaceutical needs assessment, a collaborative steering group was established October 2014. The core membership of the group included representatives from: the public health team at South Tyneside Council, South Tyneside CCG, Gateshead & South Tyneside Local Pharmaceutical Committee and a representative from the Medicines Optimisation Team at the North of England Commissioning Support (NECS) Unit. Full membership is set out in Appendix 3.

The collaborative steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings;
- Content of a PNA questionnaire to pharmacists in South Tyneside;
- Timeline of the PNA process;
- Structure of the PNA document;
- Process for engagement and consultation;
- Appropriate governance, including declaration of interests, and reporting arrangements.

The collaborative steering group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

2.2 Determination of localities

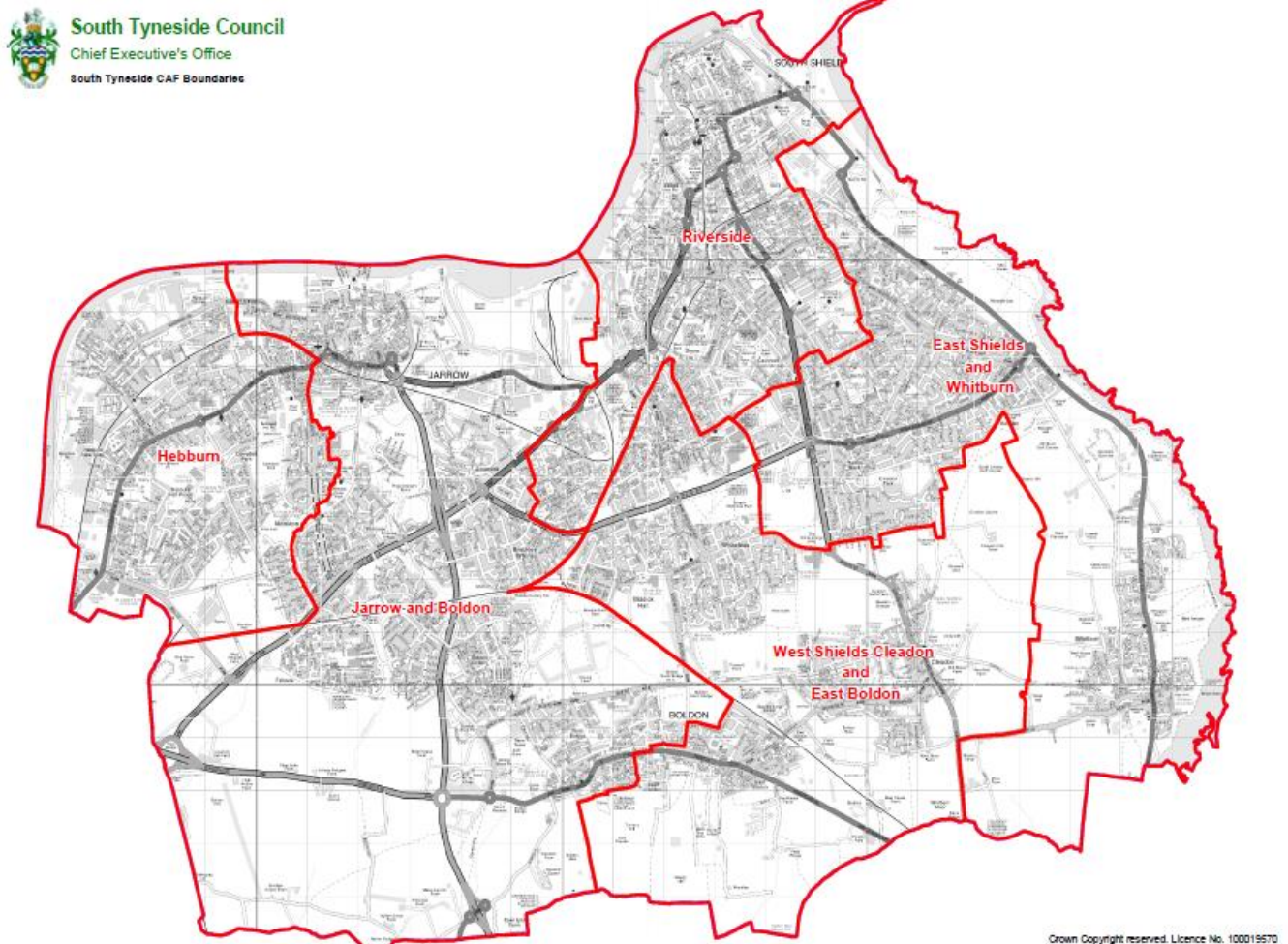
Regulation 9 (1)(c) of the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* states that, in making its assessment of needs, the Health & Wellbeing Board should have regard to the different needs of different localities within its area.

In accordance with this regulation, the collaborative steering group considered how to assess these different needs, and concluded that the most appropriate means of dividing the South Tyneside area was to adopt the five locality areas used by both South Tyneside Council and South Tyneside Clinical Commissioning Group. These are as follows:

- East Shields and Whitburn – covering Cleadon Park, Harton, Horsley Hill and Whitburn & Marsden wards
- Hebburn – covering Hebburn North, Hebburn South and Monkton wards;
- Jarrow and Boldon – covering Bede, Boldon Colliery, Fellgate & Hedworth and Primrose wards;
- Riverside – covering Beacon & Bents, Simonside & Rekendyke, West Park and Westoe wards; and
- West Shields, Cleadon and East Boldon – covering Biddick & All Saints, Cleadon & East Boldon and Whiteleas wards.

This approach is in line with the data available within the Joint Strategic Needs Assessment, although the Health & Wellbeing Board is mindful that needs will vary between the wards in each locality and also at sub-ward level.

Figure 1: Map of localities used within the pharmaceutical needs assessment



2.3 Health needs

Section 116 of the *Local Government and the Public Involvement in Health Act, 2007* created the duty to undertake Joint Strategic Needs Assessment. From April 2008, this duty sat with Local Authorities and PCTs. *The Health and Social Care Act, 2012* transferred this duty, with effect from April 2013, to local authorities and CCGs to be exercised by the Health & Wellbeing Board.

This pharmaceutical needs assessment is directly aligned to the South Tyneside JSNA. The public health analyst identified the health needs for the PNA based on the content on the current JSNA and the council and CCG area priorities. The statement of health needs is presented in section 3 of this document.

2.4 Current provision

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped. Initially this was based on information provided by the NHS England Area Team, South Tyneside CCG and South Tyneside Council.

The information was then validated using a questionnaire sent to all community pharmacies and appliance contractors. The process was completed between December 2014 and February 2015. 33 out of a total of 39 pharmacy contractors responded, which represented a response rate of 85%.

2.5 Future provision

The questionnaire sent to all community pharmacies and appliance contractors also provided the opportunity for pharmacy contractors to comment on how community pharmacy could contribute to the strategic priorities set out in South Tyneside's joint Health and Wellbeing Strategy and South Tyneside health economy's Operational Plan. Therefore only the views of those who responded to the survey have been taken into account.

The pharmaceutical needs assessment will seek to assess the current and future needs of the area identifying any gaps in pharmaceutical services. These may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2), had regard to:

- the demography of South Tyneside;
- whether there is sufficient choice with regard to obtaining pharmaceutical services within South Tyneside;
- the different needs of the localities within South Tyneside;
- the pharmaceutical services provided in the area of any neighbouring Health & Wellbeing Boards (i.e., Newcastle, North Tyneside, Gateshead and Sunderland);
- any other NHS services provided in or outside of South Tyneside;
- likely changes to the demography of South Tyneside and/or the risks to the health or wellbeing of the people of South Tyneside.

The *Equality Act, 2010* requires that in making this assessment, the needs of different population groups have been taken into account. This PNA has been subject to an equality impact assessment, which is included as Appendix 4.

2.6 Consultation process

2.6.1 Pharmacy Survey

All pharmacies operating in South Tyneside were invited in December to participate in an on-line survey to inform the needs assessment. After an initial round elicited a response rate of 56%, and giving consideration to the tight deadline, the survey was re-opened and a total of 33 responses were received. These include one from a distance-selling pharmacy.

The survey related to facilities, current services provided (including levels of use) and attitudes to providing a range of services in the future. The findings of the survey have been included in the appropriate sections of the needs assessment document, and the full results are attached at Appendix 4.

2.6.2 Public Consultation

During November and December 2014 pre engagement work took place to develop a survey to gather the views of the public and a range of agencies and groups on pharmacy services. An initial 42 responses were received to inform the final survey which was made available in paper format and through the consultation calendar on the South Tyneside Council website at:

<http://www.southtyneside.info/article/7815/Have-your-say>

The document was also available through links on the following websites: South Tyneside CCG, Gateshead and South Tyneside LPC, and South Tyneside HealthNet. The survey was open from 6th January to 6th February 2015. In total 386 responses were obtained, and section 10.1 provides a summary of the public engagement responses. Efforts to encourage public participation also included the distribution of pdfs and paper questionnaires to:

- Community pharmacy customers, via the LPC
- HealthNet
- Healthwatch
- Age UK
- Carers Association of South Tyneside
- Exercise referral and other health improvement services
- Council Sports development staff
- Community associations, libraries and via an all council staff e-mail
- South Tyneside Deaf Club

In addition a number of presentations were made to Healthwatch; a public event in libraries, and facilitated events with people with learning difficulties.

2.6.3 Formal consultation

The formal consultation on the draft PNA took place from 7th January 2014 to 8th March 2015, and the outcomes were considered as part of the pharmaceutical needs assessment. The following stakeholders were included in the formal consultation:

- the Local Pharmaceutical Committee;
- the Local Medical Committee
- all those currently on the pharmaceutical list
- Healthwatch South Tyneside
- All NHS Foundation Trusts providing services in South Tyneside
- NHS England
- The Health and Wellbeing Boards of Gateshead, and Sunderland
- Other patient, consumer or community groups were identified and invited to take part in the public consultation (see above)

Section 11 of the final document provides a summary of the full analysis and outcomes of the consultation.

3. Health needs

3.1 Introduction

This section is based on the South Tyneside Joint Strategic Needs Assessment (JSNA). It provides a summary of the health needs of South Tyneside and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. The JSNA can be accessed at:

<http://www.southtyneside.info/article/13236/Joint-Strategic-Needs-Assessment-documents>.

Although issues are separately identified for clarity, it is important to remember that pharmacies are ideally placed within communities to provide an integrated approach to the health needs of their local population. The impact of many of the wider determinants of health means that particular individuals, families and neighbourhoods tend to have multiple health issues that are best considered in a holistic way and services should reflect this approach wherever possible.

The JSNA is the process by which South Tyneside Council and South Tyneside CCG, working in collaboration with partners and the wider community, identifies the health and wellbeing needs of the local population. It provides an insight into current and future health, wellbeing and daily living needs of local people and informs the commissioning of services and interventions to improve health and wellbeing outcomes and reduce inequalities.

The findings of the JSNA are based on:

- Consideration of the JSNA data annex, which identifies all health social care and wellbeing indicators, including the results of local Lifestyle Services. The annex also compares our local population against regional and national averages which helps us to understand if a particular health issue is significant.
- A summary of local needs analysis that has been carried out, identification of effective interventions (what works) and any other rationale for action e.g. a National 'must do' or service users, carers and public views.
- in depth Health Needs Assessments
- Assets based approach to engagement has been carried out across the Borough to identify resources in the community which enhances the ability of individuals, groups or communities to maintain their health and wellbeing and potentially reduce inequalities in health. Local people are at the heart of process providing rich data and insights, unearthing a wealth of information on local health assets which promote resilience and can help keep people well.

3.2 Population profile and demography

The population of South Tyneside has been falling over the past 20 years. However, this decline has recently levelled off and the population is forecast to rise over the next 20 years. In the early 1990s South Tyneside's population was 157,000. It is currently 148,526 (*source: 2013 mid-year estimate, ONS*) and is forecast to rise back up to 157,000 by 2037 (*source: 2012-based projections, ONS*). Compared to

England the population of South Tyneside has a higher proportion of older people. 19% of the population is currently aged 65 years or over compared with 17% across England and 18% across the North East. Older people use health and social care services more intensively than any other population group and so the absolute number of older people in South Tyneside as well as the percentage of the total population has important implications for the planning of health and care services.

Life expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow. In South Tyneside, it is forecast that the number of older people aged 65 years and over will rise from 28,200 in 2013 to 43,000 in 2037 – an increase of 52% (*source: 2012-based projections, ONS*). The number of people in South Tyneside aged 85 years and over - those with the greatest care needs – will approximately double from 3,778 to around 8,000 over the same period. This forecast increase in the number of older people means that service commissioners will need to consider how the health and care needs of this growing section of the population will be met, both in terms of service capacity and workforce planning.

3.3 Life expectancy

Whilst average life expectancy has improved (with declines in deaths as a result of specific diseases), the borough continues to lag behind the England position with an average life expectancy of 76.8 years for males and 81.6 years for females compared with 79.4 years and 83.1 years respectively for England (*source: Life expectancy at birth 2011-13, ONS*). The gap in mortality rates is demonstrated in figures 2 and 3. These show that for both males and females, the relative gap in life expectancy between South Tyneside and England (expressed as a percentage of the England life expectancy) has widened.

Around four fifths of the life expectancy gap between South Tyneside and England is due to higher rates of mortality due to cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic obstructive airways disease); smoking is a key contributory risk factor that will impact on all three causes.

Health inequalities within South Tyneside result in significant variations in mortality and life expectancy at birth between wards. For males, the gap in life expectancy at birth is around 8 years – Hebburn North 73.8 years compared to Cleadon & East Boldon 81.6 years. For females, the gap in life expectancy at birth is around 10 years - Primrose 77.6 years compared to Cleadon & East Boldon 87.6 years (*source: Life expectancy at birth 2008-12, Local Health*).

3.4 Deprivation

There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation (IMD) 2010 measures socioeconomic disadvantage across seven domains:

- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- living environment.

Figure 2: Gap in male life expectancy at birth between South Tyneside and England

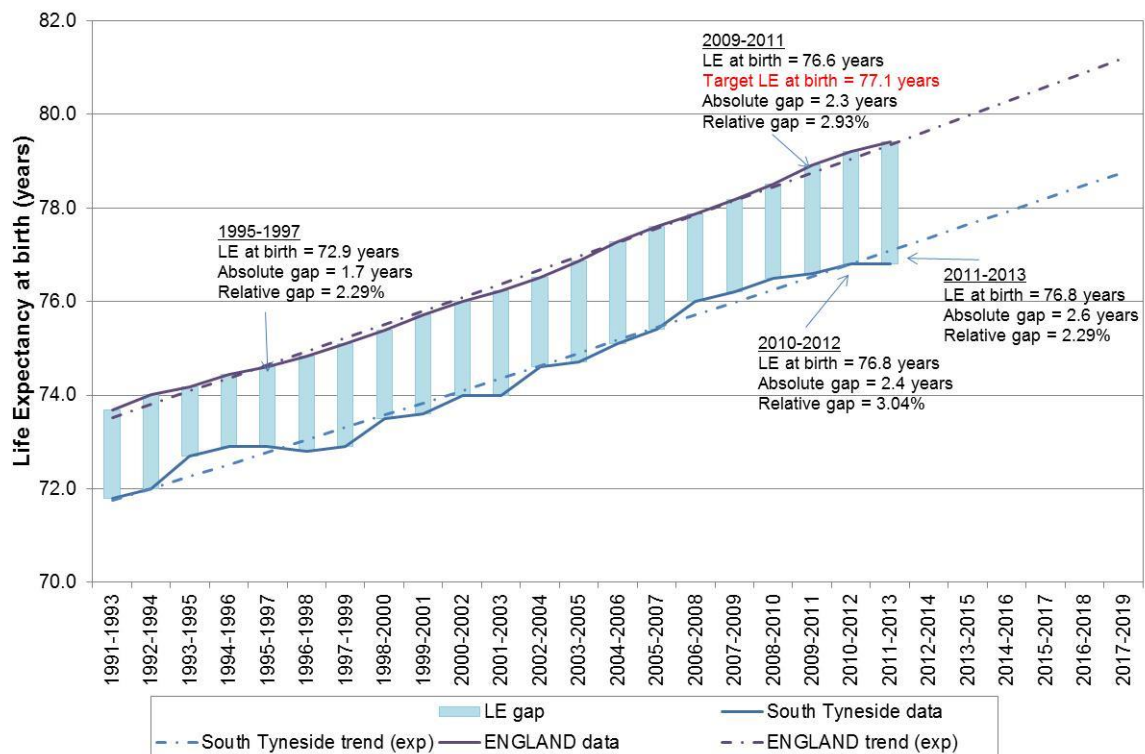
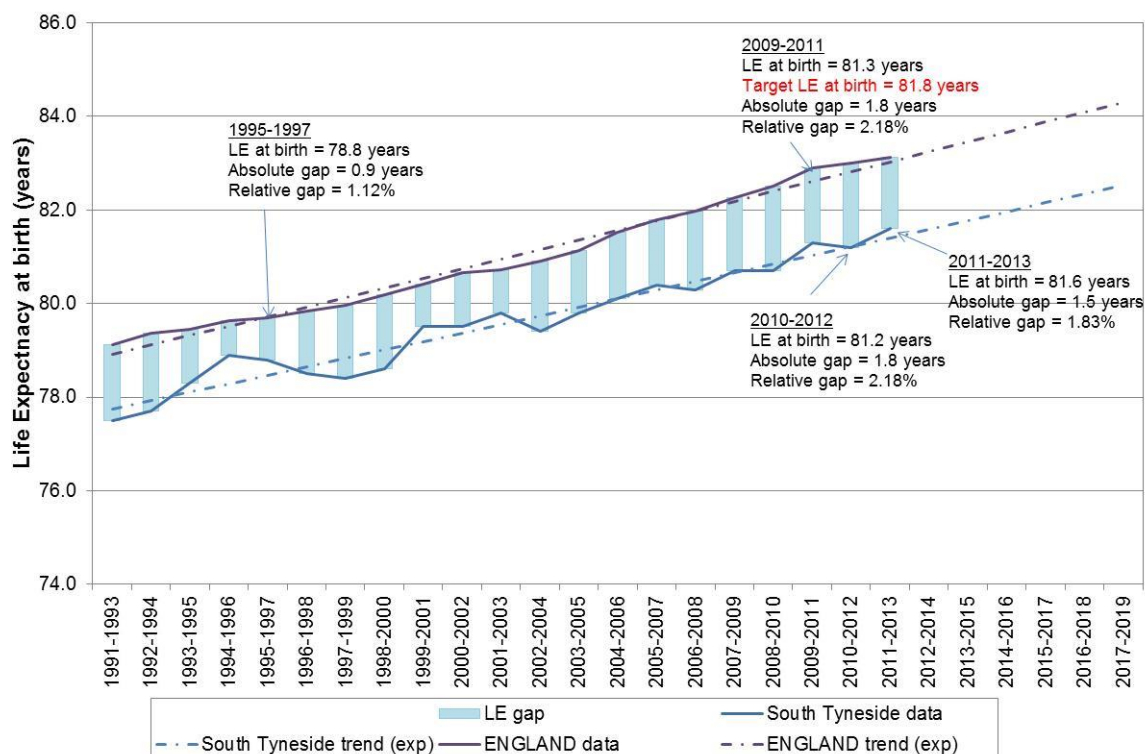


Figure 3: Gap in female life expectancy at birth between South Tyneside and England



Source: Life expectancy at birth and at age 65, England and Wales, 1991-93 to 2011-13, ONS

The overall IMD2010 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within South Tyneside. Forty two of South Tyneside's 103 Super Output Areas are among the most disadvantaged fifth of all areas across England, and 40% of the South Tyneside population lives within these super output areas.

3.5 Lifestyle factors affecting health outcomes

3.5.1 Smoking

Smoking remains the greatest contributor to premature death and disease across South Tyneside. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

The proportion of adults that smoke in South Tyneside fell between 2010 and 2013 from 24.5% to 21.3%, whilst in routine and manual group smoking prevalence has fallen from 28.4% in 2011 to 27.1% in 2013. Smoking remains a key risk factor for lung cancer and deaths rates due to this disease are 73% higher in South Tyneside than the England average. Supporting people to give up smoking will make a significant contribution to reducing health inequalities between South Tyneside and England.

Rates of smoking are highest among young adults aged 18-24 years, males, people from socially and economically disadvantaged communities and people in routine

and manual occupational groups. At ward level, the highest rates of smoking can be found in the Biddick & All Saints; Cleadon Park; and Primrose wards.

One in ten smokers in South Tyneside now access NHS Stop Smoking Services each year. In 2014/15, 49.5% of people setting a quit date are projected to successfully quit at four weeks. NHS Stop Smoking Services have successfully targeted routine and manual occupational groups, among which the proportion of adults that smoke is highest. Young males and people from ethnic minorities are under-represented among Stop Smoking Service users.

3.5.2 Alcohol

Alcohol is the second biggest lifestyle risk factor after tobacco use. Figures from 2007-2008 presented in the Local Alcohol Profiles for England (LAPE) showed that South Tyneside had the tenth highest rate in England for binge drinking with 28.7% of those surveyed admitting to drinking more than twice the recommended amount of alcohol in a single session. Contrary to the commonly portrayed image, in South Tyneside, high levels of regular binge drinking are not confined to young adults.

Alcohol misuse is a major problem within South Tyneside in terms of health, social and economic consequences which affect a wide cross section of the borough at a considerable cost. The pattern of drinking has a socio-economic gradient with a higher proportion of both men and women in managerial and professional households exceeding the recommended maximum intake on at least one day per week.

Against a historic trend of rising levels of alcohol related hospital admissions for both males and females in the borough, there are early signs that rates may be beginning to decline. In 2013/14, there were 1,372 admissions for alcohol related harm (narrow definition), the rate of which (930 per 100,000) is significantly above the England average (638 per 100,000). Between 2010/11 and 2012/13 there were 89 under 18 admissions to hospital for alcohol specific conditions.

3.5.3 Substance misuse

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment can reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Estimates of prevalence of opiate and crack cocaine use in 2011/12 (*source: Liverpool John Moores University and Glasgow Prevalence Estimation, 2014*) suggest that Sunderland has a rate of:

- 8.4 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 820 people) compared to an England rate of 8.4 per 1,000;
- 6.2 per 1,000 population aged 15-64 opiate users (around 600 people) compared to an England rate of 7.3 per 1,000;
- 2.1 per 1,000 population aged 15-64 crack users (around 200 people) compared to an England rate of 4.8 per 1,000;

- 1.9 per 1,000 population aged 15-64 injecting opiate and/or crack users (around 180 people) compared to an England rate of 2.5 per 1,000.

When engaged in treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. In 2013/2014, there were 601 adults in effective drug treatment. During this time 247 adults started a new treatment journey, 80% of which were retained in treatment for at least 12 weeks or successfully completed treatment (*source: National Drug Treatment Monitoring System*).

3.5.4 Obesity

In South Tyneside, 26% of adults were classed as obese and a further 42% were classed as overweight; this is higher than the England prevalence of 23% obese and 41% overweight (*source: Active People Survey, 2012*).

The latest data from the National Childhood Measurement Programme for the school year 2013/14 shows that:

- In South Tyneside, 10% of Reception class children were obese compared to 10% for England;
- In South Tyneside, 24% of Year 6 children were obese, compared to 19% for England;
- In South Tyneside, 15% of Reception class children were recorded with excess weight, compared to 13% for England;
- In South Tyneside, 13% of Year 6 children were recorded with excess weight, compared to 14% for England.

The underlying causes of obesity are the ready availability of high calorie food, more sedentary lifestyles caused by a reduction in activity and manual labour, and greater use of the car as a means of transport. Obesity is associated with a range of health problems including Type 2 Diabetes, cardiovascular disease and cancer.

3.5.5 Sexual Health

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. Significant inequalities exist within sexual health, and discrete groups of people can be identified for whom there are greater risks of experiencing sexual ill health: teenagers, women, gay men, young adults and black and minority ethnic groups.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility. With the exceptions of gonorrhoea and chlamydia,, the rate of diagnosis in South Tyneside of most common sexually transmitted infections is below regional and national averages (*source: Sexually transmitted infections (STIs): annual data tables 2013, Public Health England*).

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safer sex health promotion and the promotion of safer sexual behaviour.

3.5.6 Teenage pregnancy

The latest full year data available for 2012 shows that there were 84 conceptions to girls aged under 18 years in South Tyneside, giving a rate of 31.1 per 1,000 girls aged 15-17. This is considerably lower than the North East rate of 35.5 per 1,000 girls aged 15-17 but higher than the England rate of 27.7 per 1,000 girls aged 15-17 averages. Between 1998 and 2012, South Tyneside's under-18 conception rate, reduced from 64.9 per 1,000 to 31.1 per 1,000, a decrease of 52%. During the same period the rate for the North East decreased by 37% and England decreased by 51% (*source: Conception Statistics, England & Wales 2012, Office for National Statistics*).

There is a strong correlation between levels of teenage pregnancy and poverty; ward based data for South Tyneside supports this. Between 2009 and 2011 rates of teenage conceptions were significantly higher than the average rate across England in the following wards: Bede, Biddick & All Saints, Hebburn North, Monkton, and Simonside & Rekendyke.

3.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and the improved treatment. However within South Tyneside cancer remains a significant cause of premature death (death under 75 years) and health inequalities. Cancer is the commonest cause of premature death in South Tyneside with a death rate of 192 per 100,000 person aged under 75. The rate of premature mortality from cancer considered preventable is 115 per 100,000 population aged under 75. Both rates are significantly higher than the England average and also the regional average (*source: Public Health Outcomes Framework, November 2014*).

3.7 Long term conditions

A long term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The prevalence of long term conditions increases with age and the proportion of the population with multiple long term conditions also increases with age. People from lower socio economic groups have increased risk of developing a long term condition; better management can help to reduce health inequalities (*source: Long Term Conditions Compendium of Information, 3rd Edition, Department of Health, 2012*).

People with long term conditions are intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:

- 50% of all GP appointments;
- 64% of outpatient appointments;
- 70% of all inpatient bed days;
- In total around 70% of the total health and care spend in England.

3.7.1 Cardiovascular disease

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

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within South Tyneside, cardiovascular disease remains a significant cause of premature death (death under 75 years) and health inequalities. Cardiovascular disease is the second commonest cause of premature death in South Tyneside with a death rate of 97 per 100,000 person aged under 75. The rate of premature mortality from cardiovascular disease considered preventable is 64 per 100,000 population aged under 75. Both rates are significantly higher than the England average, but not significantly different from the regional average (*source: Public Health Outcomes Framework, November 2014*).

The recorded (diagnosed) prevalence for key cardiovascular long term conditions is higher for South Tyneside than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For coronary heart disease, recorded prevalence in South Tyneside is 4.8% (around 7,370 persons) compared to a prevalence of 3.3% in England;
- For stroke, recorded prevalence in South Tyneside is 2.2% (around 3,450 persons) compared to a prevalence of 1.7% in England.

Prevalence estimates based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in South Tyneside (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For coronary heart disease, 5.4% of the population or around 8,350 persons – this means that there could be around 980 persons in the population whose condition is undiagnosed.
- For stroke, 2.3% of the population or around 3,560 persons - this means that there could be around 110 persons in the population whose condition is undiagnosed.

The identification of patients who already have or who are at risk of developing disease and successful management of their conditions are important to the efforts to reduce premature mortality, morbidity and inequalities in health.

3.7.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

The recorded (diagnosed) prevalence for hypertension is higher for South Tyneside than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For hypertension, recorded prevalence in South Tyneside is 16.1% (around 24,880 persons) compared to a prevalence of 13.7% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in South Tyneside (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For hypertension, 27.1% of the population or around 41,900 persons – this means that there could be around 17,020 persons in the population whose condition is undiagnosed.

The identification of patients who already have or who are at risk of developing disease and successful management of their conditions are important to the efforts to reduce premature mortality, morbidity and inequalities in health

3.7.3 Diabetes

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

The recorded (diagnosed) prevalence for diabetes is higher for South Tyneside than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For diabetes, recorded prevalence in South Tyneside is 6.9% (around 8,780 persons aged 17 and over) compared to a prevalence of 6.2% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in South Tyneside (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For diabetes, 7.7% of the population or around 9,320 persons aged 17 and over – this means that there could be around 540 persons in the population whose condition is undiagnosed.

3.7.4 Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease or COPD is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention of COPD is linked to smoking cessation activities and broader tobacco control.

Within South Tyneside, respiratory diseases are a significant cause of premature death (death under 75 years) and health inequalities. Respiratory disease is a common cause of premature death in South Tyneside with a death rate of 49 per 100,000 person aged under 75. The rate of premature mortality from respiratory disease considered preventable is 32 per 100,000 population aged under 75. Both rates are significantly higher than the England average, and the rate considered preventable is also significantly higher than the regional average (*source: Public Health Outcomes Framework, November 2014*).

The recorded (diagnosed) prevalence for COPD is higher for South Tyneside than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For COPD, recorded prevalence in South Tyneside is 3.6% (around 5,600 persons) compared to a prevalence of 1.8% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in South Tyneside (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For COPD, 5.2% of the population or around 8,040 persons – this means that there could be around 2,440 persons in the population whose condition is undiagnosed.

3.8 Assets-Based work

Public Health has analysed the views and vision of over 3,000 people from across South Tyneside gained through a series of local focus groups designed to elicit high quality data to support the JSNA

This work found that wellbeing is identified as the cornerstone of health improvement, with self-esteem, social networks and a sense of control being fundamental to helping people lead healthy lives.

An active mind and body, being able to take care of yourself, and getting out and about were highlighted as key elements of staying independent.

Overall, there was a sense of the fundamental importance of the wider determinants of health, and a concern about the effects of austerity on the depth and breadth of local service provision.

Nonetheless, respondents valued the importance of support and advice on health from GPs and other health professionals, stressing the importance of “joined-up services” to better meet the needs of the community.

3.9 Summary of health needs analysis

Community pharmacy can make a significant contribution to supporting a reduction in premature mortality and improving the health of the population.

The increasingly ageing population will have an impact on pharmaceutical services. Elderly patients often have higher morbidity and will require more support with their medicines and to access pharmaceutical services.

South Tyneside experiences higher levels of deprivation than the national average. Research by Durham University has shown that 89% of the population in England has access to a community pharmacy within a 20 minute walk and that there is greatest access in the most deprived areas. Community pharmacy is well-placed to provide pharmaceutical and public health services in the heart of deprived communities, and to work closely with integrated wellness services.

Unhealthy lifestyles remain a key cause for increased rates of premature death. Many people in South Tyneside continue to follow unhealthy lifestyle behaviours when compared to England. This is directly linked to a range of social, economic and environmental factors.

In 2012 the work by the Kings Fund examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours. The report concluded that in order to improve the public health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. In response, South Tyneside Council is developing a Change 4 Life model that can provide services for people with multiple unhealthy lifestyle behaviours, using an integrated and personalised approach. The service will be underpinned by community participation and will work with existing community assets.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the borough. This requires a targeted approach to reducing the gap in life expectancy. Current strategic plans include a strong focus on identifying and managing long term conditions, including through self-care.

Large increases are predicted in the elderly, and particularly the very elderly, populations which has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continues to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

In South Tyneside an Integration Board (reporting to the Health and Wellbeing Board) oversees the key health and social care integration programmes which also formed the basis of the Better Care Fund.

The programmes of work include:

- Pioneer self-care
- Integrated community teams
- Integrated care services hub
- Urgent care hub

These are underpinned by improvements in digital technology and based on local needs and assets.

3.9.1 For children and young people

The JSNA identified a range of broad priorities for children and young people linked to providing the best start in life. These include:

- Focus early years provision proportionately across the social gradient to reduce inequalities
- Embed a risk and resilience model approach within the developing Change4Life model of integrated wellbeing service provision
- Promoting industrial pathways to employment for young people
- Promote a focus on healthy weight and on reducing smoking rates within the Healthy Schools programme
- A focus on safeguarding, including:
 - providing timely and appropriate interventions for emotional health and wellbeing
 - Develop and implement joint commissioning intentions and priorities for children with complex needs and autism
 - Re-orienting services toward prevention and early intervention

Particular priorities for achieving the best start in life, where community pharmacies could make a contribution include:

- Supporting adults to stop smoking, with a particular emphasis on reducing the prevalence of smoking during pregnancy, and work to protect children from second hand smoke
- Promotion of breastfeeding
- Prevention of teenage pregnancy and promotion of healthy sexual behaviours, through provision of contraception, dual screening for chlamydia and gonorrhoea, and sexual health promotion
- Support for increasing the uptake of childhood immunisations
- Support for emotional wellbeing and the development of resilience.

3.9.2 Adults of working age

The JSNA identified a range of broad priorities for working aged adults linked to working with communities and supporting everyone to contribute through a focus on the wider determinants of health. These include:

- A strong focus on cancer, including targeted approaches to prevention, awareness-raising, screening and early presentation
- Influence the quality of local jobs and promote a minimum income for healthy living
- Develop services that support residents who are furthest from the labour market to ensure that more of our working age population can participate in work.
- Developing better self-care and self-management across the whole population
- Work with veterans to establish their particular health needs, reduce social isolation and improve their access to services
- A focus on chronic pain management

Particular priorities supporting people to take responsibility for their own health and the health of others where community pharmacies could make a contribution include:

- Improving levels of awareness of cancer screening programmes and early signs and symptoms to improve the early detection of cancer
- Supporting the NHS Health Check programme with a focus on harder to reach populations
- Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting
- Taking a holistic approach to tackling lifestyle issues within the South Tyneside integrated Change4Life wellness model, acting as Health Champions, and through the healthy living pharmacy programme
- Providing evidence based interventions for stop smoking, sexual health, alcohol consumption, and drug misuse
- Promoting self-care to support people to manage their own health conditions where appropriate and reduce the burden on GP and hospital services.

3.9.3 Older people

The JSNA identified a range of broad priorities for older people linked to supporting people to age well and live independently. These include:

- Services designed around people, including the promotion of better self-care and self-management
- Promoting evidence-based interventions relating to cancer from prevention through to living with and beyond cancer, palliation and end of life care
- A focus on chronic pain, including a health needs assessment of people with musculo-skeletal conditions
- Tackling isolation and loneliness
- Integrated health and social care

Particular priorities supporting people with long-term conditions and supporting individuals and their families to recover from ill-health and crisis, where community pharmacies could make a contribution include:

- Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting
- Signposting local people to interventions aimed to reduce fuel poverty and improve winter warmth.
- Providing advice and support for people with dementia and their carers, including monitoring the use of antipsychotic drugs for people with dementia
- Participating in interventions to support people with dependencies to live at home, especially those relating to medication compliance
- Working with care homes to support medication compliance
- Support for increasing the uptake of adult immunisations for influenza and pneumonia.

4. Pharmacies

4.1 Overview

In South Tyneside, there are currently 39 pharmacies made up of 34 standard contract pharmacies, 2 x distance-selling pharmacies, 2 x 100-hour pharmacies and an appliance contractor. There are no Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) and no dispensing doctors.

The latest available data (for 2012-13) indicates that the national average number of community pharmacies is 21 per 100,000 population; this equates to one pharmacy per 4,700 population. With 39 pharmacies in South Tyneside and a population of 148,526 (based on ONS 2013 mid-year population estimates), the average number of community pharmacies is 26 per 100,000 population; this equates to one pharmacy per 3,800 population.

There has been an increase of 1 community pharmacy since the last pharmaceutical needs assessment was undertaken.

Figure 4: location of essential pharmaceutical services in South Tyneside, November 2014

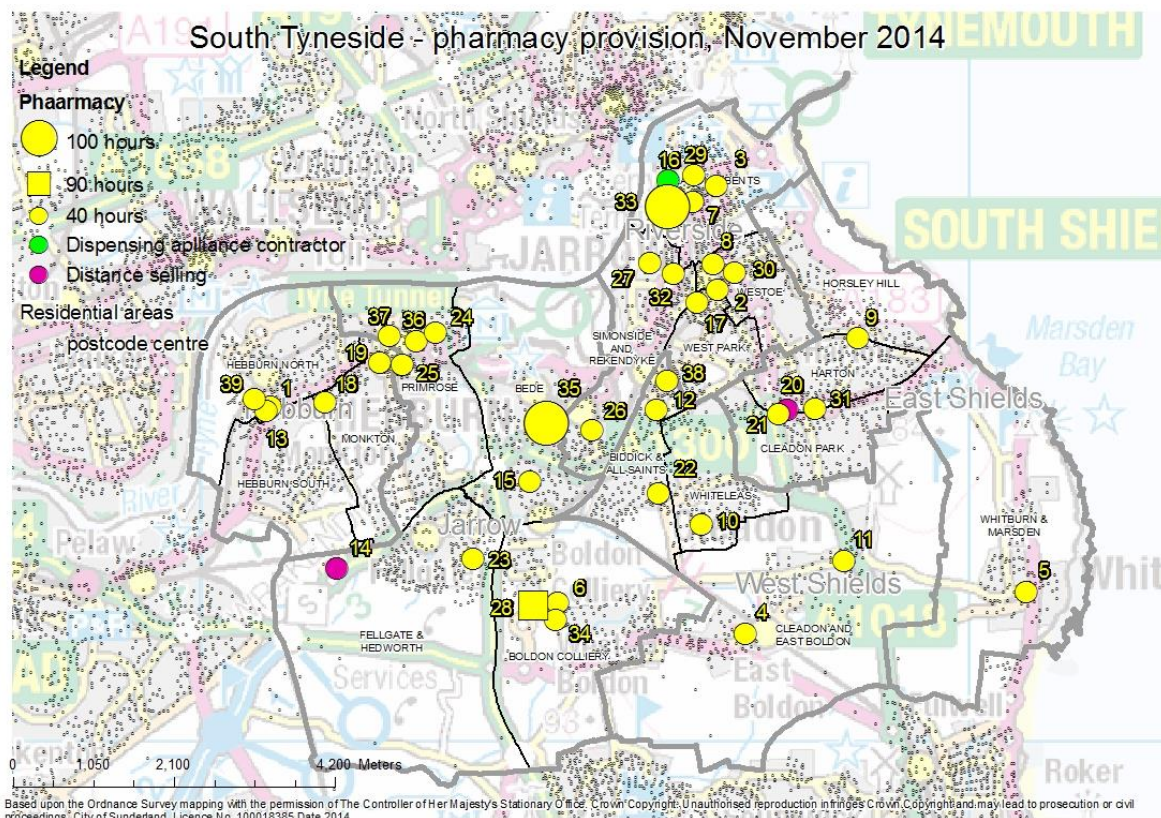


Table 2: Number of community pharmacies by type of pharmacy

Type of pharmacy	Number of community pharmacies	
	2011	2014
Standard Pharmacy	33	34
Non-exempt DAC	1	1
100 hour	2	2
Distance selling	2	2
ESPLPS	1	0
Dispensing Doctors	0	0
TOTAL	38	39

SOURCE: NHS England Area Team, 2014 and 2011 PNA

Any organisation can commission services from community pharmacies. NHS England commissions essential, advanced and enhanced pharmaceutical services (see section 6) whilst Local Authorities and CCGs commission 'locally commissioned services' (see section 7).

4.2 Dispensing appliance contractors

Appliance contractors specialise in the supply of appliances, notably stoma and incontinence as prescribed. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance, with the pharmaceutical regulations.

There is one appliance contractor in South Tyneside. However, in addition to this there is at least one pharmacy which conducts appliance reviews, and at least 5 pharmacies provide a stoma appliance customisation service.

4.3 100 hour pharmacies

Previous regulation provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the borough. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This removed the 100 hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres.

There are currently two 100 hour pharmacies within South Tyneside; however, there are also a number of community pharmacies that provide extended hours which are detailed in section 5.5, including one community pharmacy that provides services for 90 hours per week.

4.4 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, but the means of providing those services are such that all persons receiving them do so, otherwise, than at those premises. There are two distance selling pharmacies situated in Fellgate & Hedworth and Harton.

4.5 Essential small pharmacies local pharmaceutical services (ESPLPS)

The *Local Pharmaceutical Services (Essential Small Pharmacies) (Amendment) (No 2) Directions 2010*, came into force on 1 October, 2010, and extended the historic ESPLPS scheme until 2013. Under the scheme, pharmacies were required not to exceed a maximum dispensing level and not to relocate under the same terms. During 2014, South Tyneside's only ESPLPS exercised the right to return to the pharmaceutical list and reverted to a non-exempt community pharmacy.

4.6 Dispensing Doctors

Dispensing doctors provide dispensing services to patients mainly in rural areas, and often where there are no community pharmacies or access to them is limited. There are no dispensing doctors within South Tyneside.

4.7 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the South Tyneside area that provide dispensing services to the registered population of South Tyneside.

In the period April 2013 to October 2014 a total of 6,173,244 items were dispensed for South Tyneside GP registered patients. Of these 5,939,031 were dispensed in South Tyneside pharmacies and 234,213 dispensed in other areas. That is 3.94% of all items dispensed for South Tyneside registered patients were dispensed outside the area.

5. Access to community pharmacies

5.1 Number, type of pharmacies and geographical distribution

Table 3: Distribution of community pharmacies by locality

South Tyneside Locality	Number of community pharmacies				
	Non-exempt Pharmacy	Non-exempt DAC	Distance selling	100 hour	TOTAL
East Shields and Whitburn	4	0	1	0	5
Hebburn	5	0	0	0	5
Jarrow and Boldon	9	0	1	1	11
Riverside	10	1	0	1	12
West Shields, Cleadon and East Boldon	6	0	0	0	6
SOUTH TYNESIDE	34	1	2	2	39

SOURCE: NHS England Area Team, 2014.

Table 4: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality

South Tyneside Locality	No of community pharmacies	Mid 2012 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
East Shields and Whitburn	5	32,040	15.6	6,408
Hebburn	5	24,779	20.2	4,956
Jarrow and Boldon	11	32,606	33.7	2,964
Riverside	12	33,570	35.7	2,798
West Shields, Cleadon and East Boldon	6	25,433	23.6	4,239
SOUTH TYNESIDE	39	148,428	26.3	3,806
ENGLAND	11,495	53,493,729	21.5	4,654

SOURCE: NHS England Area Team, 2014.

Table 3 shows the distribution of community pharmacies by locality. Consideration of the number of pharmacies compared to the resident population (based on ONS 2012 mid-year population estimates) is shown in Table 4.

5.2 Access to pharmacies in areas of high population density

Figure 5:

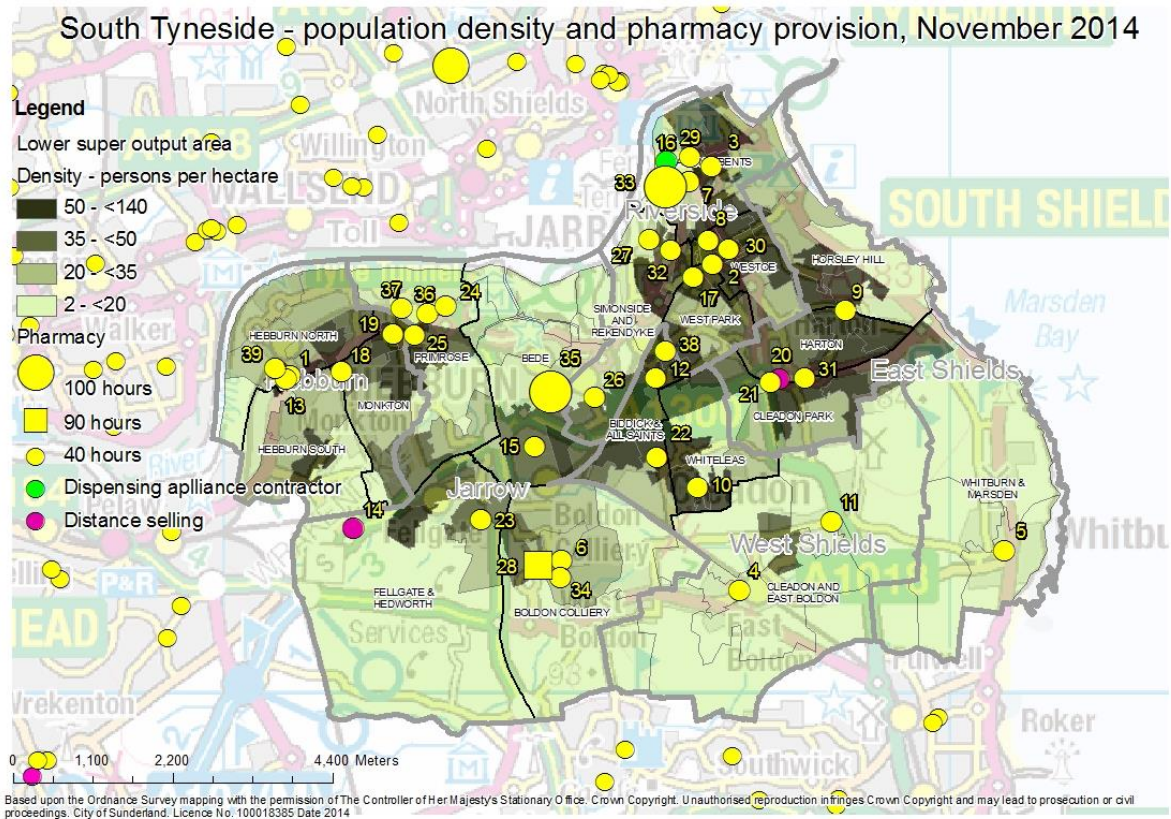


Figure 5 shows that there is a good distribution and sufficient provision of community pharmacies in or near areas of high population density.

5.3 Access to pharmacies for elderly people

Figure 6:

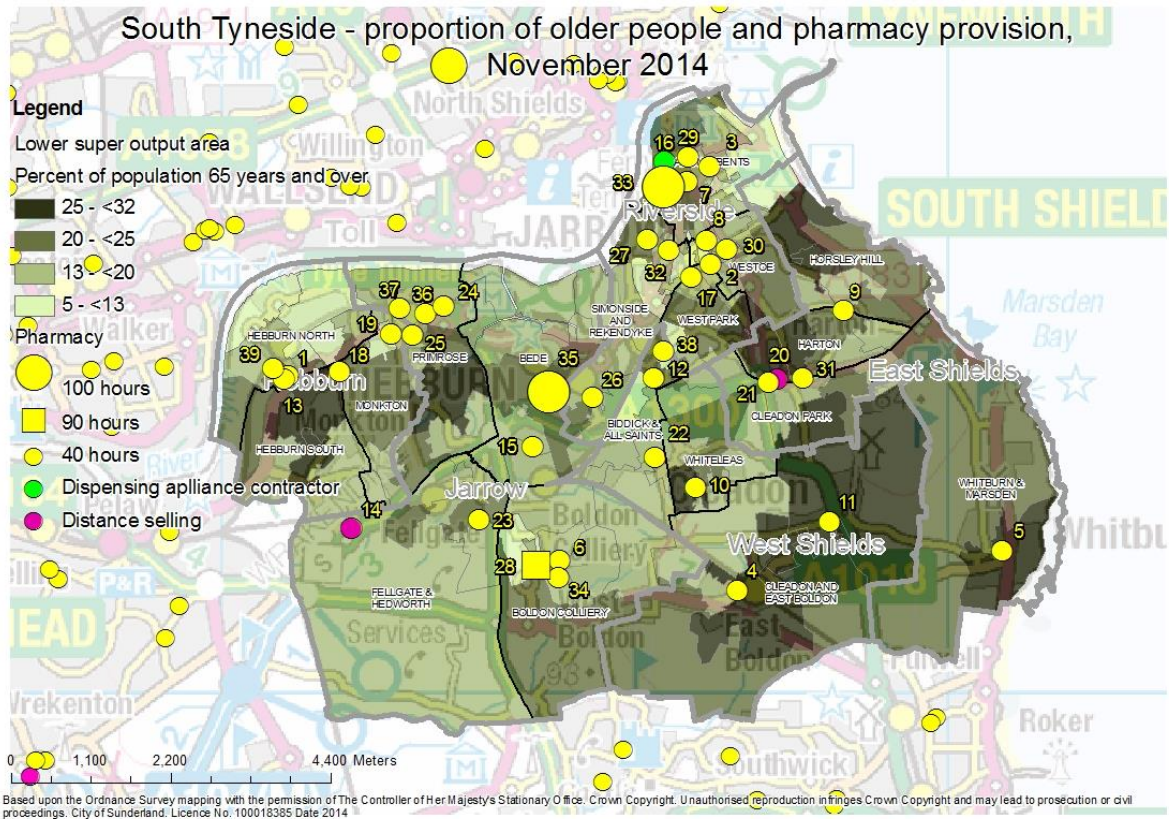


Figure 6 shows that there is a good distribution and sufficient provision of community pharmacies in or near areas with a high proportion of the population aged 65 and over.

5.4 Access to pharmacies in areas of high deprivation

Figure 7: Index of Multiple Deprivation 2010, South Tyneside LSOAs and Area Forums

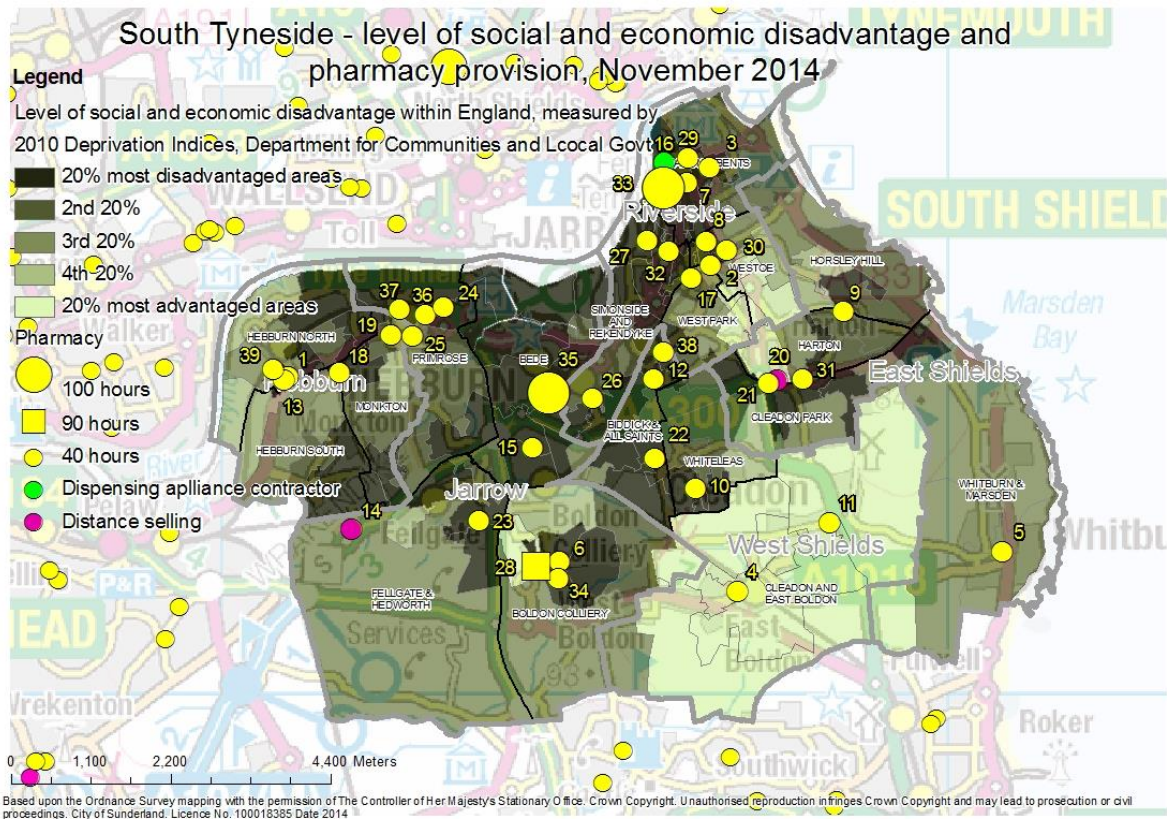


Figure 7 shows that there is a good distribution and sufficient provision of community pharmacies in or near areas with the highest levels of deprivation.

5.5 Access to pharmacies by opening hours

Core hours: Community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHS England. These core hours are provided as an ‘essential’ pharmacy service. There are two 100 hour pharmacies in South Tyneside, opened under the previous exemption, and these pharmacies must be open for at least 100 hours per week as core hours.

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

Total hours: The accumulative number of hours the pharmacy is open for business including both core and supplementary hours.

In South Tyneside, 90% of pharmacies open for more than the core contract hours. Table 5 and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services. There are currently two ‘100 hour’ pharmacies out of a total of 39 pharmacies in South Tyneside which provide extended and out of hours cover for pharmaceutical services across the borough; both open on both Saturdays and Sundays. There are currently 23 pharmacies in South Tyneside that are not 100 hour pharmacies that open on Saturdays and two pharmacies that are not 100 hour pharmacies that open on Sundays, responding to the needs of the local population.

Table 5: distribution of the number of hours that pharmaceutical services are available each week in South Tyneside

Number of hours	Number of pharmacies	%
Less than 40 hours	0	0
Exactly 40 hours	4	10
More than 40 and up to 45 hours	15	39
More than 45 and up to 50 hours	9	23
More than 50 and up to 55 hours	7	18
More than 55 and up to 60 hours	1	3
More than 60 and up to 80 hours	0	0.0
More than 80 and less than 100 hours	1	3
Exactly 100 hours	2	5

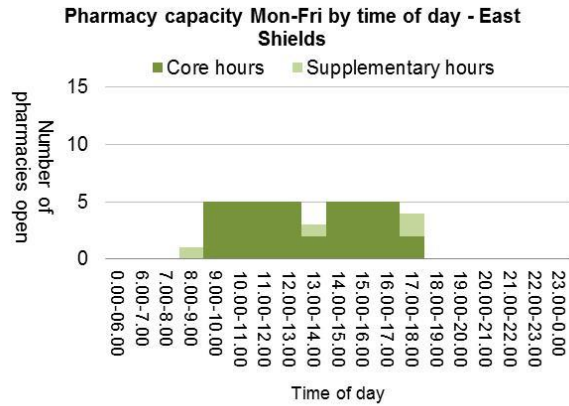
The charts on the following page provide a summary of the opening hours of community pharmacies in South Tyneside, split between weekdays and weekend provision. For the week days a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days.

The public consultation survey results indicate that only 18% of respondents could recall trying to access their local pharmacy and finding it closed .Of these, about half

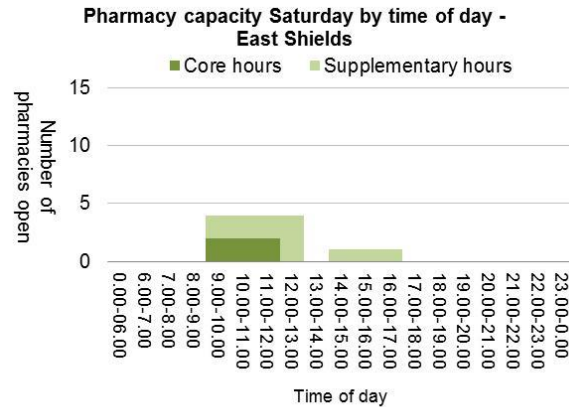
were able to access an alternative pharmacy, 10% went to a walk-in centre and 30% waited until the pharmacy opened.

About 88% were satisfied or very satisfied with their local pharmacies, with under 3% expressing dissatisfaction

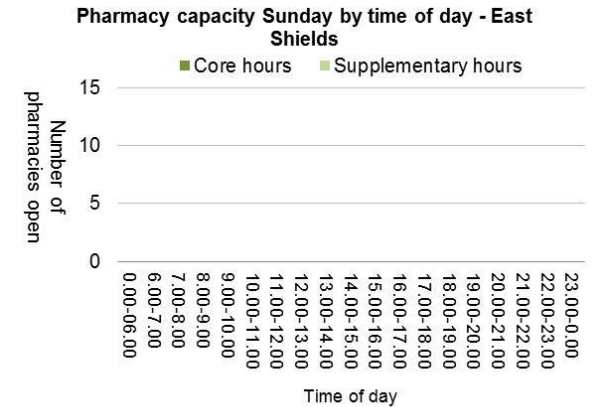
East Shields and Whitburn



Population: 32,000 mid-year 2012 (ONS)

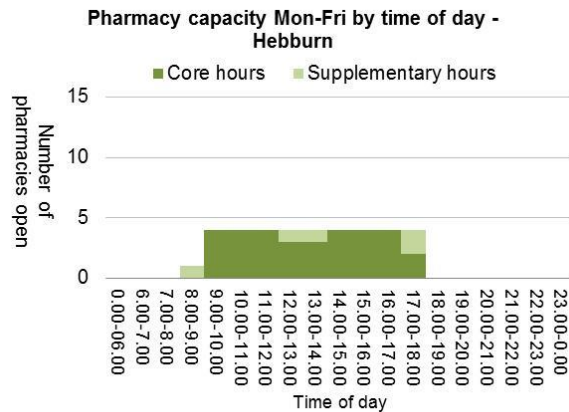


Population: 32,000 mid-year 2012 (ONS)

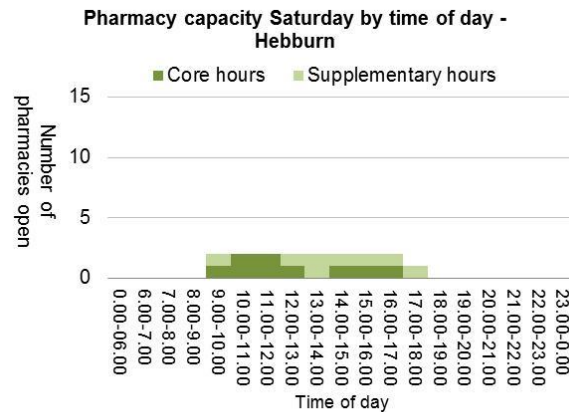


Population: 32,000 mid-year 2012 (ONS)

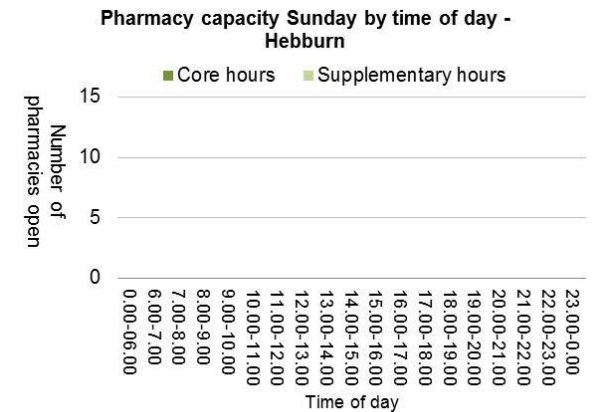
Hebburn



Population: 25,000 mid-year 2012 (ONS)

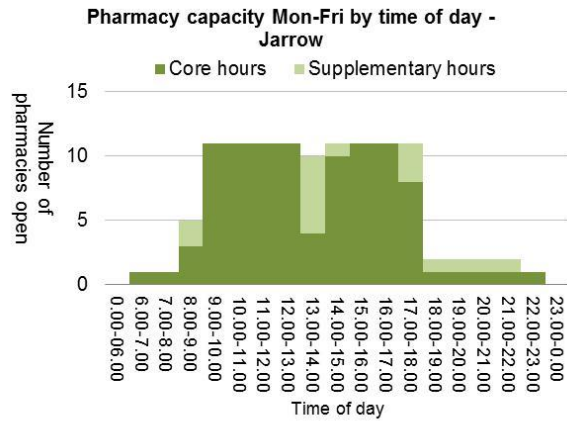


Population: 25,000 mid-year 2012 (ONS)

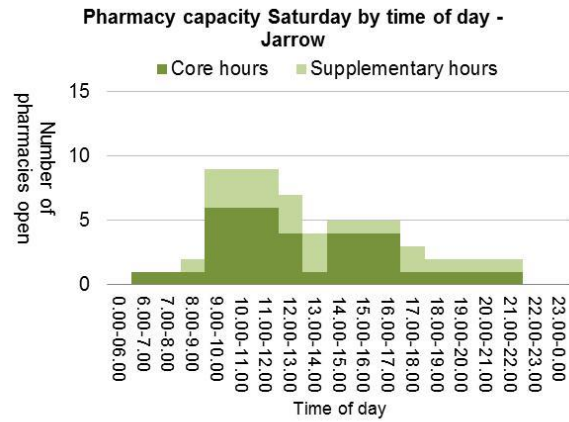


Population: 25,000 mid-year 2012 (ONS)

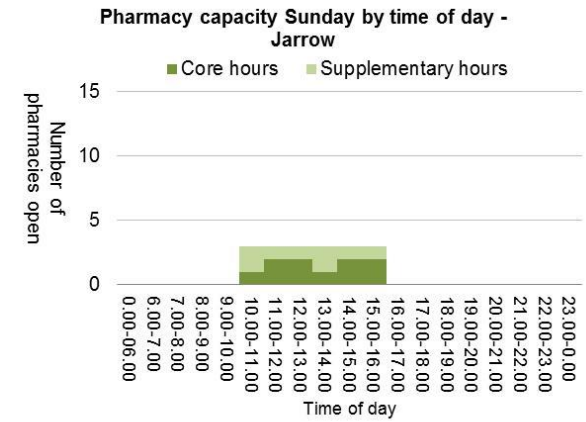
Jarrow and Boldon



Population: 33,000 mid-year 2012 (ONS)

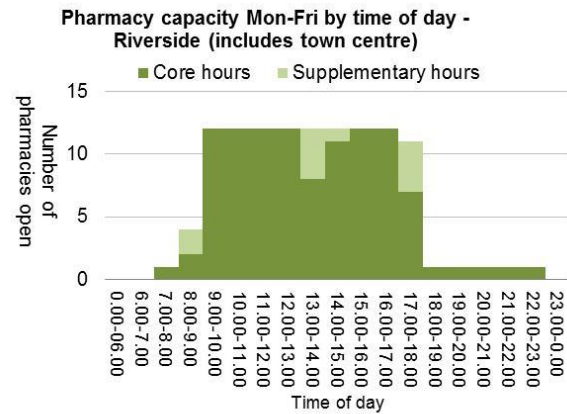


Population: 33,000 mid-year 2012 (ONS)

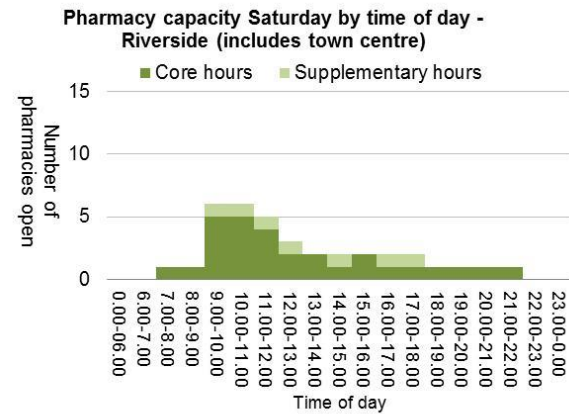


Population: 33,000 mid-year 2012 (ONS)

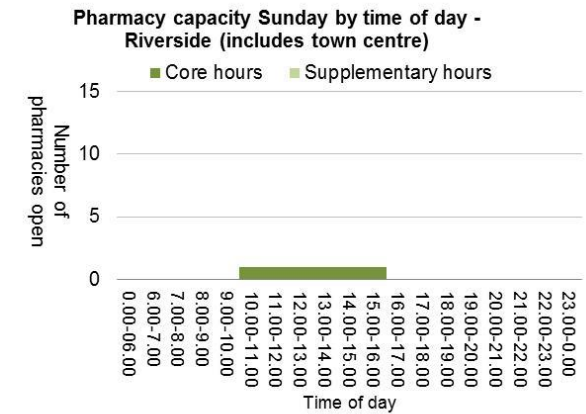
Riverside



Population: 34,000 mid-year 2012 (ONS)

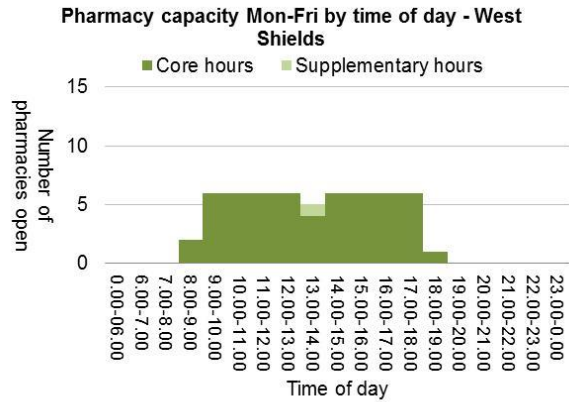


Population: 34,000 mid-year 2012 (ONS)

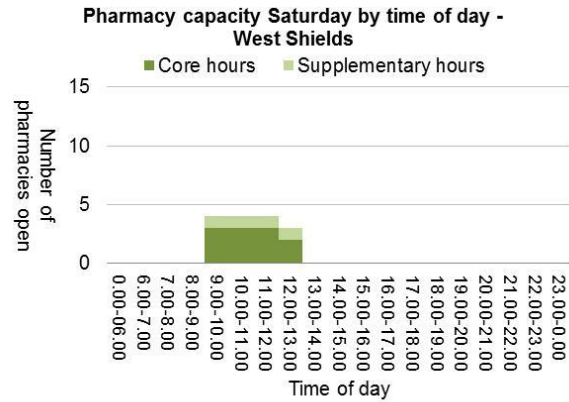


Population: 34,000 mid-year 2012 (ONS)

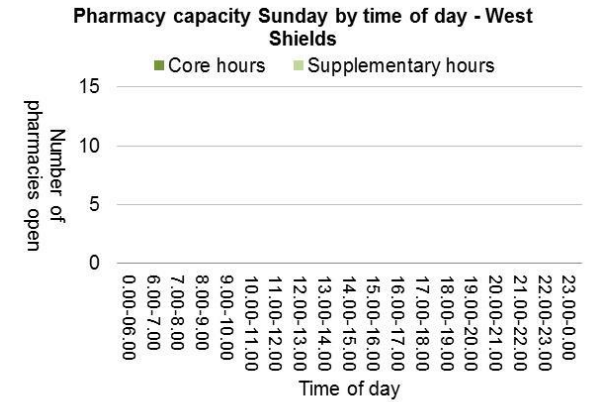
West Shields, Cleadon and East Boldon



Population: 25,000 mid-year 2012 (ONS)



Population: 25,000 mid-year 2012 (ONS)



Population: 25,000 mid-year 2012 (ONS)

5.6 Ease of access to pharmacies

East Shields and Whitburn

In the North of the ward, limited out of hours provision, especially on evenings and Sundays, is mitigated because there is a 100 hour pharmacy within 1km of the NW locality boundary in Beacon and Bents wards (see maps of provision). In the South of the locality, in Whitburn & Marsden ward, out of hours provision can be accessed to the North in Beacon & Bents ward or to the South, in St Peter's ward in Sunderland. In both directions the distance to provision is approximately 5km. The proportion of households in Whitburn & Marsden wards that own a car or van is above the South Tyneside average.

Hebburn

During evenings and on Sunday, the nearest provision is a hundred hour pharmacy in Bede ward and a pharmacy which opens 90 hours per week in Boldon Colliery ward which are 1.5km and 2km respectively from the boundary of Hebburn locality.

Riverside

Riverside locality is approximately 5km (3 miles) from North to South. There is one 100 hour pharmacy in the North of the locality, in Beacon and Bents ward. Residents in the South of the locality (in Simonside and Rekendyke ward) have an additional 100 hour pharmacy located just across the South West border, in Bede ward (within the Jarrow and Boldon locality).

West Shields, Cleadon and East Boldon

Lack of evening and weekend provision is mitigated because there is one 100 hour pharmacy and one pharmacy opening 90 hours per week within 1km of the locality to the west (within the Jarrow and Boldon locality).

Given the relatively short distances involved, the provision of services in neighbouring localities and the level of public transport in the borough, the geographical variation in community pharmacy provision is not likely to cause significant access problems.

5.7 Improving access to pharmacies

5.7.1 Electronic prescription service

The electronic prescription service seeks to make the prescribing and dispensing process more efficient and convenient for both patients and staff. Prescriptions can be sent directly from the GP's computer to the computer in the community via a secure internet link. Eventually the paper prescription, which is currently given to the patient, will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the community pharmacy nominated by the patient. It will also encourage more GPs to use the repeat dispensing scheme in the future.

Release 1: In EPS release 1, the paper prescription form remained the legal prescription with a parallel electronic message flow linked via a barcode on the prescription which could be used to support the processing of the paper prescription.

Release 2: EPS release 2 supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, and the electronic submission of reimbursement claims to NHS Prescription Services. The results of the survey of community pharmacies are outlined below.

Table 6: electronic prescription service

Electronic Prescription Service Available	n	%
Release 1 enabled	14	42%
Release 2 enabled	31	94%
Intending to become Release 1 enabled within next 12 months	0	0%
Intending to become Release 2 enabled within next 12 months	1	3%
No plans for EPS at present	0	0%
Total	33	

5.7.1 Disability access

Of the 33 respondents to the survey, 26 (79%) stated that they had a consultation room that matched the criteria for the medicines use review service and was wheelchair accessible. A further 4 (612%) stated that they had a consultation room that matched the criteria for the medicines use review service but that this was not wheelchair accessible. 2 respondents stated that they did not currently have a consultation room that matched the criteria for the medicines use review service, but planned to have one within the next year.

Of the respondents to the survey, 4 (12%) stated that patients attending for consultations have access to toilet facilities that are wheelchair accessible. A further 2 (6%) stated that patients attending for consultations have access to toilet facilities but that these are not wheelchair accessible. 21 respondents (64%) stated that staff toilets could be used in an emergency and a further 6 (18%) stated that there were no toilets available for patients.

Most community pharmacies have made arrangements to ensure that disabled people can access their pharmacy and consultation rooms.

5.7.3 Distance selling

Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many South Tyneside residents currently use these services and it is therefore difficult to assess the impact that they might have on the pharmacy market.

5.9 Future housing developments

It is estimated that 515 new dwellings are likely to be built in South Tyneside within the next 3 years. They are spread over 4 different sites, and are not likely to significantly affect the need for pharmaceutical services

6. Pharmaceutical Services

The requirements for the commissioning of pharmaceutical services are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*.

NHS England commissions pharmaceutical services via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential Services: services all community pharmacies are required to provide;
- Advanced Services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions ; and
- Enhanced Services: services that can be commissioned locally by NHS England.

In addition a Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. All LPS contracts must, however, include an element of dispensing.

6.1 Essential Services

Essential services are mandatory in the NHS community pharmacy contract and hence all community pharmacies are required to provide them. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each community pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service on an annual basis.

Essential services are:

- Dispensing medicines and appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public health (promotion of healthy lifestyles)
- Signposting
- Support for self-care

6.2 Advanced Services

There are 4 advanced services within the NHS community pharmacy contract. Community pharmacies can choose to provide any of these services as long as they meet the necessary requirements set out in the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*. The four advanced services are:

- Medicines Use Review (MUR)
- Appliance Use Reviews (AUR)
- New Medicines Service (NMS) and
- Stoma Customisation Service (SCS).

Table 6: Distribution of community pharmacies providing advanced services, by locality

	Number of community pharmacies			
	New Medicines Service	Medicines Use Review	Stoma Customisation Service	Appliance Use Review
East Shields and Whitburn	5	4	0	0
Hebburn	4	4	1	0
Jarrow and Boldon	11	9	0	0
Riverside	11	10	2	0
West Shields, Cleadon and East Boldon	6	5	0	0
SOUTH TYNESIDE	37	32	3	0

SOURCE: NHS England Area Team, 2014.

Table 6 shows that 37 out of 39 community pharmacies in South Tyneside provide the New Medicines Service. Thirty two of the community pharmacies provide medicines use reviews. Only three community pharmacies currently provide the stoma customisation service and no community pharmacies provides the appliance use review service.

30 out of 33 responding pharmacies report that they have a consultation area that meets the criteria for the medicines use review service. 2 of the remaining 3 pharmacies plan such consultation areas in the next 12 months.

6.2.1 New Medicines Service

Non-adherence to prescribed medicines can lead to poor management of long term conditions and a cost to the patient, NHS and society. The new medicines service aims to provide early support to patients who are newly prescribed a medicine with repeated follow-up in the short term to increase adherence and effective medicine taking. Increased patient adherence to treatment will consequently reduce drug wastage and medicines related hospital admissions. The new medicines service is targeted to new medicines prescribed in the four therapy areas of:

- Hypertension
- Type 2 diabetes
- Asthma / COPD
- Anticoagulation / antiplatelet therapy

The national evaluation of the new medicines service found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important public health and healthcare intervention.

6.2.2 Medicines use reviews

The medicines use review service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

A medicines use review is a way to: improve patients' understanding of their medicines, highlight problematic side effects and propose solutions, improve adherence and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. These target groups are:

- patients taking high risk medicines (e.g., anticoagulants);
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital (ideally within four weeks of discharge);
- patients with respiratory disease;
- patients with CVD or with another condition which puts them at increasing risk of developing CVD, taking four or more medicines.

Each community pharmacy can undertake an annual maximum of 400 MURs; 70% of these should be with patients from the national target groups.

Improving hospital discharge remains a challenge in the NHS. In August 2014 NHS England published a Patient Safety Alert on the risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care with the aim of collecting and disseminating best practice. In South Tyneside post-discharge medicines use reviews could be utilised to support this agenda. This is likely to occur more frequently as a result of the transfer of care scheme due to be rolled out across Cumbria and the North East on 1st April 2015.

This is particularly important given the growing elderly population in the borough (see section 3.2). In total 9121 medicines use reviews were completed between April 2013 and March 2014 across South Tyneside.

6.2.3 Stoma appliance customisation

Stoma appliance customisation refers to the process of modifying stoma appliances based on the patient's measurements or record of those measurements. The survey of community pharmacies in South Tyneside shows that 5 of 22 responding pharmacies currently provide this service, with 1 more planning to do so within the next 12 months

6.2.4 Appliance use reviews

Appliance use reviews are intended to improve the patient's knowledge and use of the appliance they are using. These can only be undertaken with the consent of the patient. No community pharmacies provide the appliance use review service.

6.2.5 Consultation rooms

Both medicines use reviews and appliance use reviews require contractors to have a consultation room which complies with the requirements set out in the Advance and Enhanced Directions 2013. Consultation rooms may also be used to deliver some enhanced services. Each relevant service specification will detail any additional requirements for the facilities – including consultation rooms – for the delivery of the service.

6.3 Enhanced Services

Enhanced Services can be commissioned by NHS England to meet a local need.

Many local pharmacies provide a range of these services, with more expressing an interest in providing them in the future. The LPC strategy also outlines a number of services, such as pharmacy triage; first port of call and signposting

There are twenty enhanced services listed in the 2013 Directions as follows:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service
- Minor Ailment Scheme
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Services
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

Within South Tyneside, none of these twenty enhanced are currently commissioned by the NHS England Area Team. Services that are now commissioned by either the clinical commissioning group or the local authority are described in section 7.

The survey of community pharmacies indicates that many pharmacies are interested in providing more enhanced and/or advance services, for example:

- 4/32 provide needle exchange - a further 14 willing to provide if commissioned
- 22/32 provide supervised administration of opiate substitutes with 5 more willing to do so

The menu of twenty enhanced services largely focuses on supporting the medicines optimisation agenda with service templates for a:

- Care home service
- Disease specific medicines management service
- Medicines assessment and compliance support service
- Medication review service

For example the aim of the care home service is to provide advice and support to the residents and staff within a care home to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration and proper record keeping.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. To support this the Medicines Optimisation Dashboard was launched in June 2014 by NHS England.

The NHS is ultimately working towards achieving targets in the NHS Outcomes Framework. Priorities in this framework are set under five domains. For example:

. Domain 1: Preventing people from dying prematurely. Target areas include reducing the under 75s' mortality from cardiovascular disease (CVD) and respiratory disease, and early detection of cancer.

. Domain 2: Enhancing quality of life for people with long term conditions. Particularly targeting COPD, diabetes and dementia.

. Domain 3: Helping people to recover from episodes of ill health. Priorities here include reducing hospital re-admissions and helping older people to recover their independence.

Recent changes in the General Medical Services (GMS) contract support the delivery for these overarching targets. For example, enhanced services in the GMS contract in 2013-14 included the identification and case management of patients identified as seriously ill or at risk of emergency hospital admission; and the timely assessment of patients who may be at risk from dementia. In 2014-15 changes to the GMS contract include a named accountable GP for people aged 75 and over (as part of the Transforming Primary Care agenda published in April 2014), and a new enhanced service to reduce unplanned admissions to hospital.

South Tyneside has a growing elderly population (see section 3.2) making the commissioning of enhanced services in the community pharmacy contract to support better medicines optimisation an area which should be considered by commissioners.

7. Locally commissioned services

Any organisation can commission services from community pharmacies. NHS England commissions pharmaceutical services (see section 5) whilst local authorities and CCGs commission 'locally commissioned services' (see section 6).

7.1 South Tyneside CCG

South Tyneside CCG have been working closely with Community Pharmacies and the LPC to explore the opportunities of joint working and extending the range of services that pharmacies can provide. The minor ailments scheme which is commissioned by the CCG is currently being re-designed to include a wider range of ailments and an expanded formulary. At the time of writing the new scheme is expected to be launched in the last week of March 2015.

7.1.1 Minor ailments

	Pharmacy Name	Address
1.	Morrisons Pharmacy	8 Viking Precinct
2.	Boots Pharmacy	15 St James Mall
3.	Galen Pharmacy	Stanhope Parade Health Centre
4.	Flagg Court Pharmacy	Flagg Court Health Centre
5.	East Boldon Village Pharmacy	7 Station Terrace
6.	Avenue Pharmacy	7 North Guards
7.	Lloyds Pharmacy	20-22 New Green Street
8.	Whiteleas Pharmacy	176 Whiteleas Way
9.	Horsley Hill Pharmacy	60 Horsley Hill Square
10.	SE Gill	35 Front Street
11.	Aschem Chemists	96 Boldon Lane
12.	Lloyds Pharmacy	St John's Precinct
13.	Edinburgh Road Pharmacy	89 Edinburgh Road
14.	Boots Pharmacy	Unit 1
15.	J M & W Darling	88 Dean Road
16.	Aschem Chemist	Hebburn Health Centre
17.	Boustead Pharmacy	187 Albert Road
18.	Cleadon Park Pharmacy	New Health Centre Development
19.	Boots Pharmacy	30 Bede Precinct
20.	Neil Pharmacy	95 Wenlock Road
21.	DL Carter & Son	114-116 Fowler Street
22.	J S Ray	47 Fellgate Avenue
23.	J M & W Darling Ltd	1 Stanhope Parade
24.	Boots Pharmacy	327 Prince Edward Road
25.	Lloyds Pharmacy	The Medical Centre
26.	Asda Pharmacy	North Road
27.	Metro Pharmacy	79 Ellison Street
28.	J Dining Ltd	Mayfield Medical Centre
29.	J M & W Darling Ltd	433 Stanhope Road
30.	Aschem Chemists	Glen Park Primary Care Centre

Pharmacists offer many services to assist patients manage their medication independently, or support carers who visit patients at home or within a care setting. Some of these services may be enhanced services commissioned by the LA, or as a good will service delivered by the pharmacy-

7.1.2 Medication Administration Record (MAR) charts

This is where the pharmacy will provide a medication chart with all of the medications listed, directions of use and space for the administering person to sign to indicate the dosage has been taken/administered to the patient.

Monitored dosage systems (MDS)

This is a service provided by most community pharmacies to patients who have difficulty organising their medications and cannot comply with the medication regimen.

It involves the provision a device labelled with days and times to ensure patients can keep a track of their multiple medications and is provided by most community pharmacies in South Tyneside.

7.1.3 Medication synchronisation

Medications synchronisation is the process of aligning all of a patient's medication, so that patients can collect all their prescribed medications at the one time. It reduces the number of visits that patients need to make to their pharmacist and to their GP, as well as assisting with compliance. This service is also provided by most community pharmacies in South Tyneside.

7.2 South Tyneside Council

There is a long history of community pharmacies engaging in public health activities and in delivering public health services. This includes the healthy living pharmacy, tobacco alliance, self-care Pioneer and most recently the provision of flu immunisation. There are regular meetings between public health and the LPC (including development sessions) to ensure that public health services delivered by community pharmacies meet the level of needs within local communities.

Table 7. Provision of Council commissioned services in community pharmacies by area

	Number of community pharmacies				
	Sexual Health including emergency hormonal contraception (EHC)	NHS Health Checks	Supervised consumption of methadone	Stop Smoking Support	Flu Immunisation
East Shields and Whitburn	2	0	3	5	1
Hebburn	3	1	4	5	1
Jarrow and Boldon	6	2	7	7	3
Riverside	8	3	11	11	2
West Shields, Cleadon and East Boldon	5	2	4	6	1
SOUTH TYNESIDE	24	8	29	34	8

7.2.1 Stop smoking service

This service aims to provide support for individuals wishing to stop smoking, including the prescription of medication as appropriate. In South Tyneside there is no specialist stop smoking service and the provision via community pharmacy is very important. This includes the delivery of stop smoking services to pregnant women.

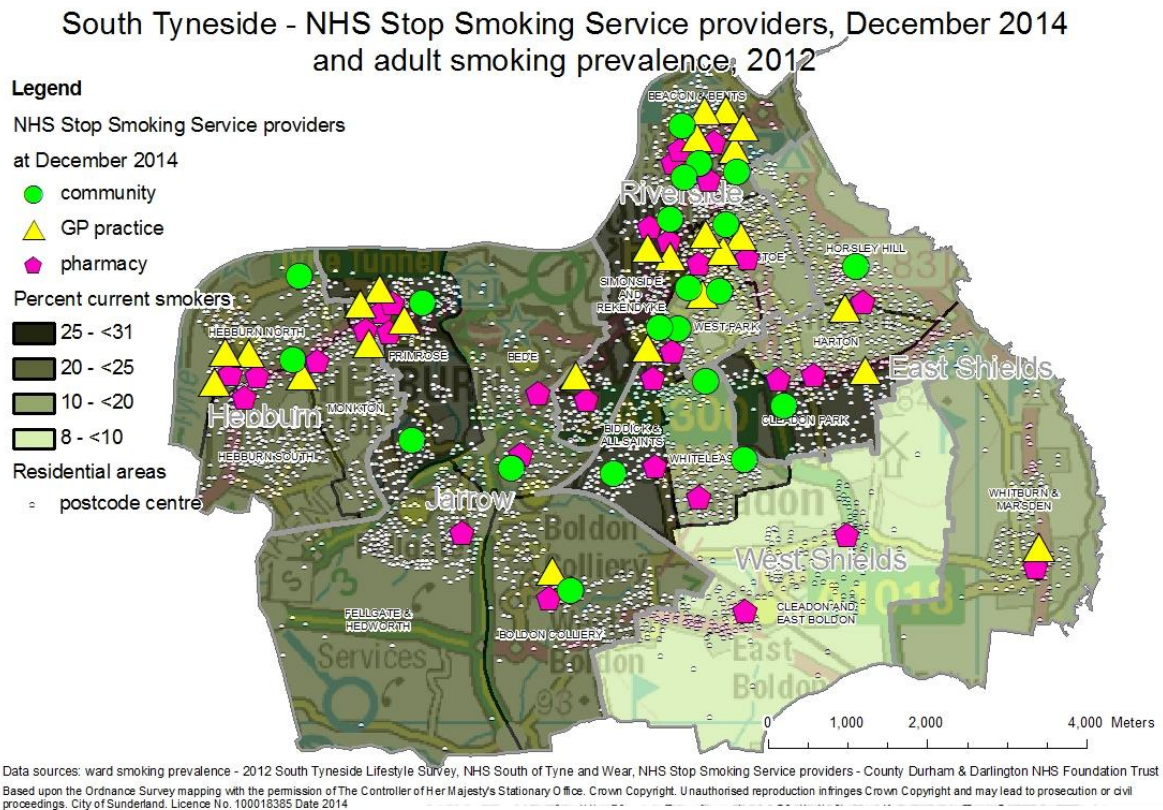
Currently stop smoking services in South Tyneside engage about 10% of the smoking population each year. This compares with 9.5% for the North East and 7% for England.

Providers in the Borough have a 48% success rate compared to 50% for England and 43% for the North East. However, 84% of quits in the borough are validated by carbon monoxide monitoring as compared to 82% for the North East and 70% for England.

Community pharmacies continue to play an important role in the provision of stop smoking services in South Tyneside.

27 of 33 pharmacies who responded to the survey indicate that they currently provide smoking cessation services, with 2 more intending to provide such services within the next 12 months, 2 prepared to do so if commissioned, and only one not intending to provide.

Figure 6: Stop smoking services and adult smoking prevalence



This map indicates that current provision of stop smoking services is proportionate to smoking prevalence.

7.2.2 Nicotine replacement therapy (NRT) vouchers (dispensing)

The dispensing of NRT vouchers is part of the overall stop smoking service commissioned by South Tyneside Council

30/33 pharmacies dispense NRT vouchers, with 2 more willing to provide if commissioned.

7.2.3 Supervised consumption of Opiate substitutes

The service aims to offer an approachable and confidential service that ensures compliance with an agreed treatment plan for problem drug users. It dispenses in specified instalments and ensures that supervised doses are correctly consumed by the patient for whom it is intended

This reduces the risk to local communities of over-usage or under-usage of medicines and of the diversion of prescribed medicines.

In addition, this provides service users with regular contact with healthcare professionals and to help them access further advice or assistance, including referral to specialist treatment centres or other health and social care professionals as appropriate.

Currently 29 out of 39 pharmacies are commissioned to provide this service. However, of the 33 survey responses, only 22 report that this service is currently provided.

7.2.4 Needle exchange scheme

There are currently five pharmacies in South Tyneside who provide needle exchange. The sites are

Boustead's Pharmacy in Jarrow

Ross – The Medical Centre in Boldon Colliery

Flagg Court Pharmacy in South Shields

Lloyds Pharmacy in Hebburn

Hogg's Pharmacy in South Shields

4/33 community pharmacies responding to the survey indicated that they currently provide this, with a further 12 willing to provide it on a commissioned basis.

As per NICE PH52 guidance – the pharmacies primary function in relation to needle exchange is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society.

The guidance recommends a minimum of Level 1 provision which in summary is the provision of injecting equipment with written harm reduction information. However in South Tyneside the pharmacies provide a Level 2 service which means that as well as providing injecting equipment staff have been trained to provide advice and information on reducing harms and referral pathways into treatment.

The pharmacies are visited a minimum of once a month by the Project Manager of the main Harm Reduction Service (NECA) who ensures that staff are kept up to date with any developments.

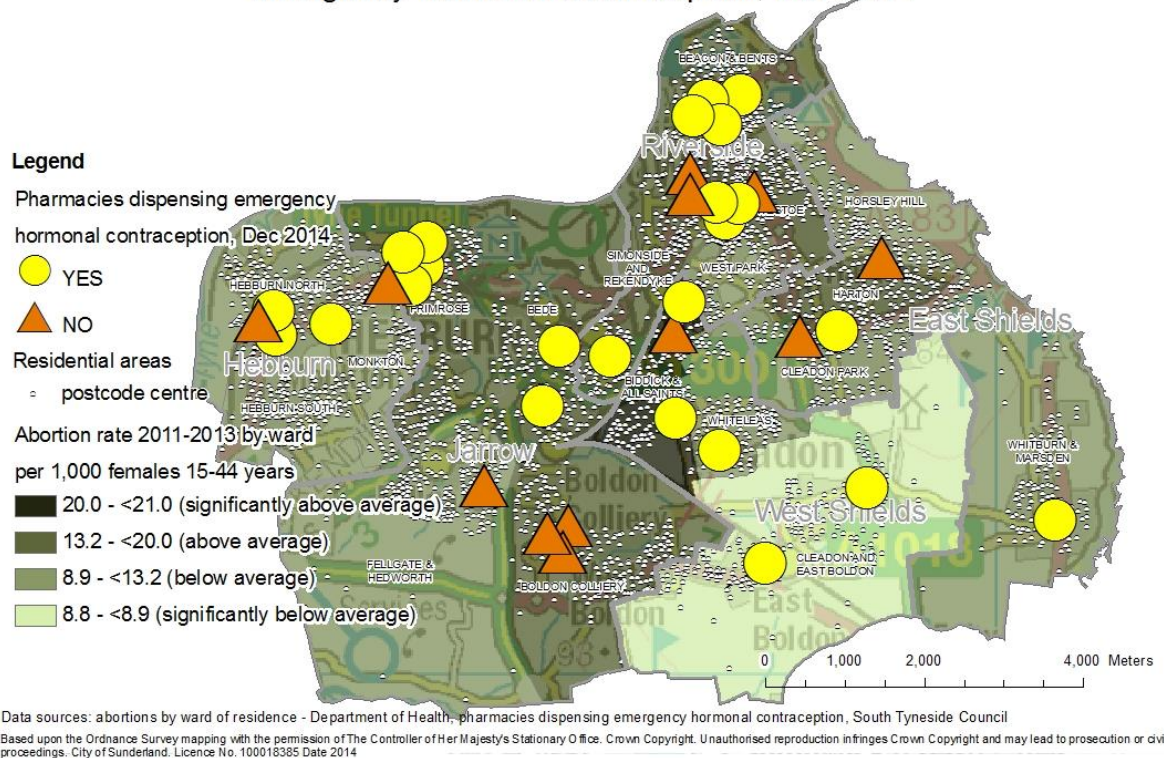
NECA are commissioned by South Tyneside Council to provide a harm reduction service and co-ordinate the needle exchange pharmacies including the monitoring and recruitment of them. NECA are also responsible for providing the pharmacies with their needle exchange stock, clinical waste and training of staff.

7.2.5 Emergency Hormonal Contraception (EHC)

This locally commissioned service provides emergency contraceptive services for women in addition to advice around future contraceptive needs, referral into contraceptive services and chlamydia screening

Figure 7 Map of EHC contraception provision against abortion rates

South Tyneside - abortion rate by ward 2011-2013 and provision of emergency hormonal contraception, Nov 2014



There are a group of pharmacies in Boldon Colliery and one pharmacy in Biddick and All Saints that don't currently dispense emergency hormonal contraception, in communities with a rate of abortions higher than the South Tyneside average.

7.2.6 Chlamydia Screening

Chlamydia screening is provided as part of the EHC provision and in addition postal screening packs are available for customers

7.2.7 NHS Health Checks

NHS Health Checks are part of a national risk assessment and management programme for people aged 40 to 74 years who do not have existing cardiovascular disease and who are not currently being treated for cardiovascular risk factors. The aim of the programme is to identify anyone in this eligible population who has a high risk of developing cardiovascular disease, to assess and communicate that risk, and to offer lifestyle advice and other interventions to reduce that risk.

In South Tyneside, NHS Health Checks are mainly delivered through GP practices. The survey of community pharmacies indicates that 7/33 (21%) currently provide this service, with a further 16 practices (48%) willing to do so on a commissioned basis.

7.3 Other commissioned services

In addition NHS England can again commission a seasonal flu vaccination service from accredited community pharmacists targeting the over 65s and the high risk groups. This service has been commissioned since 2012-13

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

Frontline health and social care staff are routinely vaccinated against influenza achieving around 70% to 80% vaccination rate. This protects vulnerable groups and staff, averting spikes in sickness absence, preventing service pressures and maintaining business continuity.

In 2014/15 public health in South Tyneside commissioned a vaccination programme aimed specifically at staff employed in private sector nursing/care homes as well as domiciliary care providers. More than twenty social care companies were engaged by eight pharmacies across the Borough offering either drop-in or outreach methods to promote take-up.

A second project aimed at business critical staff within the Council was also commissioned via community pharmacies.

All staff groups in the Social Care Team badged business critical were offered opportunities to step forward for the flu vac at several participating pharmacies or by organising outreach services to the workplace.

Both vaccination programmes ran throughout the winter months and closed on March 31st with an evaluation scheduled for April/June.

8. Non-commissioned services

A wide range of services are provided by community pharmacies that are not currently commissioned. The community pharmacy survey indicated that a number of pharmacies are willing to provide more of these in the future:

Table 8: Provision and potential provision of non-commissioned services

	Currently provide	Intend to provide	Willing to provide if commissioned	Not intending to provide	Offer privately
Blood cholesterol check	3	0	22	4	2
Blood glucose check	2	0	22	4	3
Blood pressure check	5	1	16	3	6
Safe disposal of sharps	4	0	20	8	0
Erectile dysfunction service	0	0	19	8	3
Pregnancy testing	1	0	15	9	5
Alcohol brief advice	1	2	22	4	1
Weight management	1	0	22	4	3
Childhood nasal flu vaccination	0	0	23	7	0
Pneumococcal vaccination	0	0	23	7	0
Advice/support to care homes	1	0	16	10	3

The above table, drawn from 33 responding pharmacies, indicates that a range of non-commissioned services could be provided by community pharmacies in future.

9. Primary and Secondary Care Provision

9.1 GP surgeries (including extended hours)

There are a total of 28 GP practices within South Tyneside, of which four have branch surgeries; no dispensing doctor services and one also presently delivers GP led walk-in services. NHS England currently commissions a directed enhanced service for extended hours from 28 GP surgeries although only 24 have opted to deliver the service, two of which deliver the extended hours as part of their core APMS contract. The extended hours are mainly delivered in the evening, the latest of which being until 8.00pm, the remainder of the extended hours are delivered in the morning, with the earliest starting at 7.00am. There is limited extended hours delivered on Saturday morning, and Sundays.

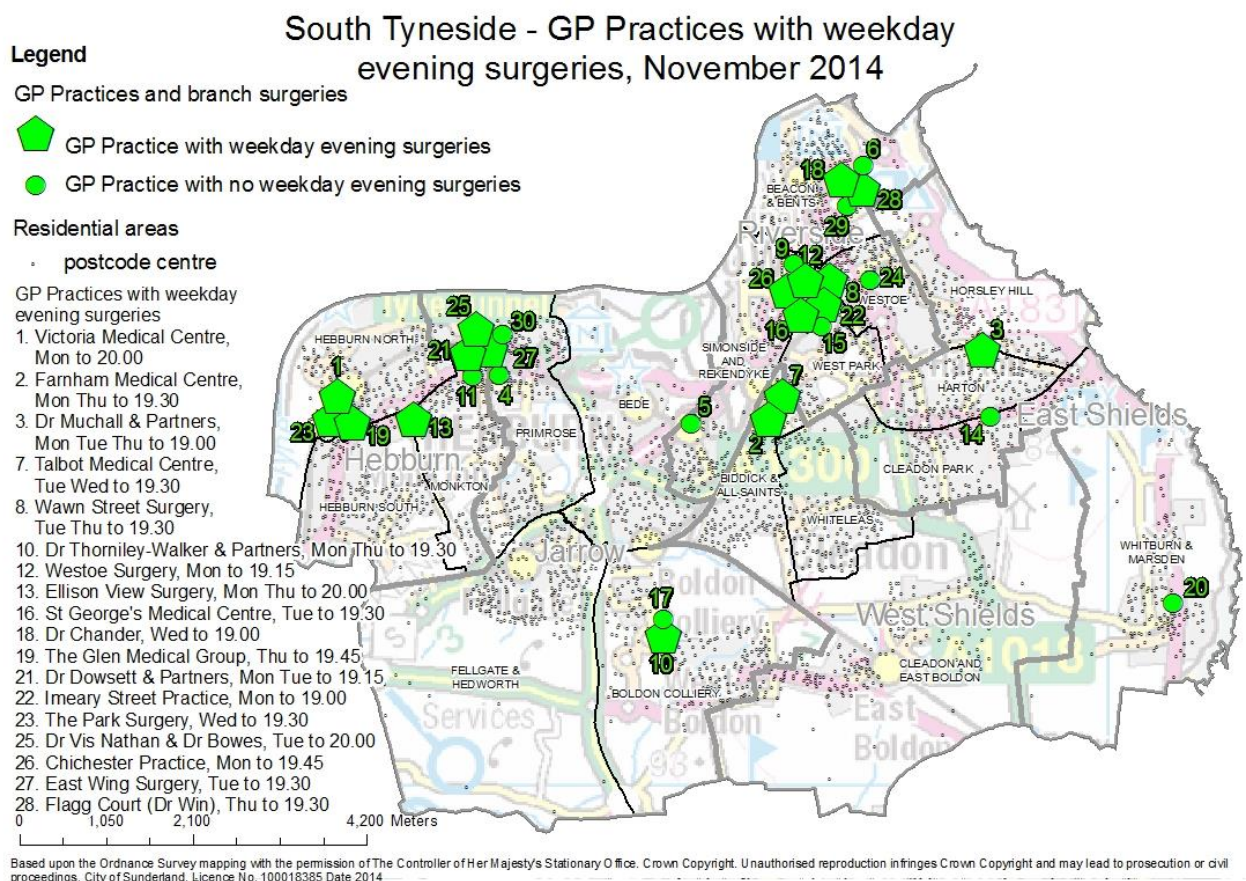
Table 8 – General Practices in South Tyneside with extended opening hours
(Information provided by NHS England Area Team)

Code	Practice Name	Extended hours
A88001	Dr Vinayak & Partners	Mon 18:30- 20:00
A88002	Dr Sandbach & Partners	Mon, Thu 18:30 - 19:30
A88003	Dr Muchall & Partners	Mon, Tue, Thu: 18:30 - 19:00 Sat 09:00 - 11:00
A88006	Dr Craig & Partners	Tue, Wed 18:30-19:30
A88007	Dr Owen & Partners	Tue, Thu 18:30 - 19:30
A88008	Dr Perrins & Partners	Mon, Thu 07:30 - 08:00
A88009	Dr Thorniley - Walker & Partners	Mon, Thu 18:30-19:30 Wed, Thu 07:00 - 08:00
A88011	Dr Nixon	Mon 18:30-19:15
A88012	Dr M Brady	Mon 18:30 - 20:00 Thu 18:30 - 20:00
A88015	Dr AT St George Medical Practice	Tue 18:30-19:30
A88020	Dr Chander	Wed 18:30 - 19:00
A88022	Dr Burns & Partners	18:30 - 19:45; (no details of day[s])

A88025	Dr Dowsett & Partners	Mon, Tue 18:00 - 19:15
A88601	Dr Curry	Mon 18:30 - 19:00
A88603	The Park Surgery	Tue 07:30 - 08:00 Wed 18:30 - 19:30
A88608	Dr Vis-Nathan & Partners	Tue 18:30 - 20:00
A88611	Dr Daya	Mon 18:30-19:45
A88613	Dr Zaidi & Partners	Tue 18:30 - 19:30
A88614	Dr N E Winn	Thur 18:30 - 19:30

It is to be noted that sign up to the extended hours directed enhanced service is voluntary. Therefore, practices may provide notice if they no longer wish to deliver the service.

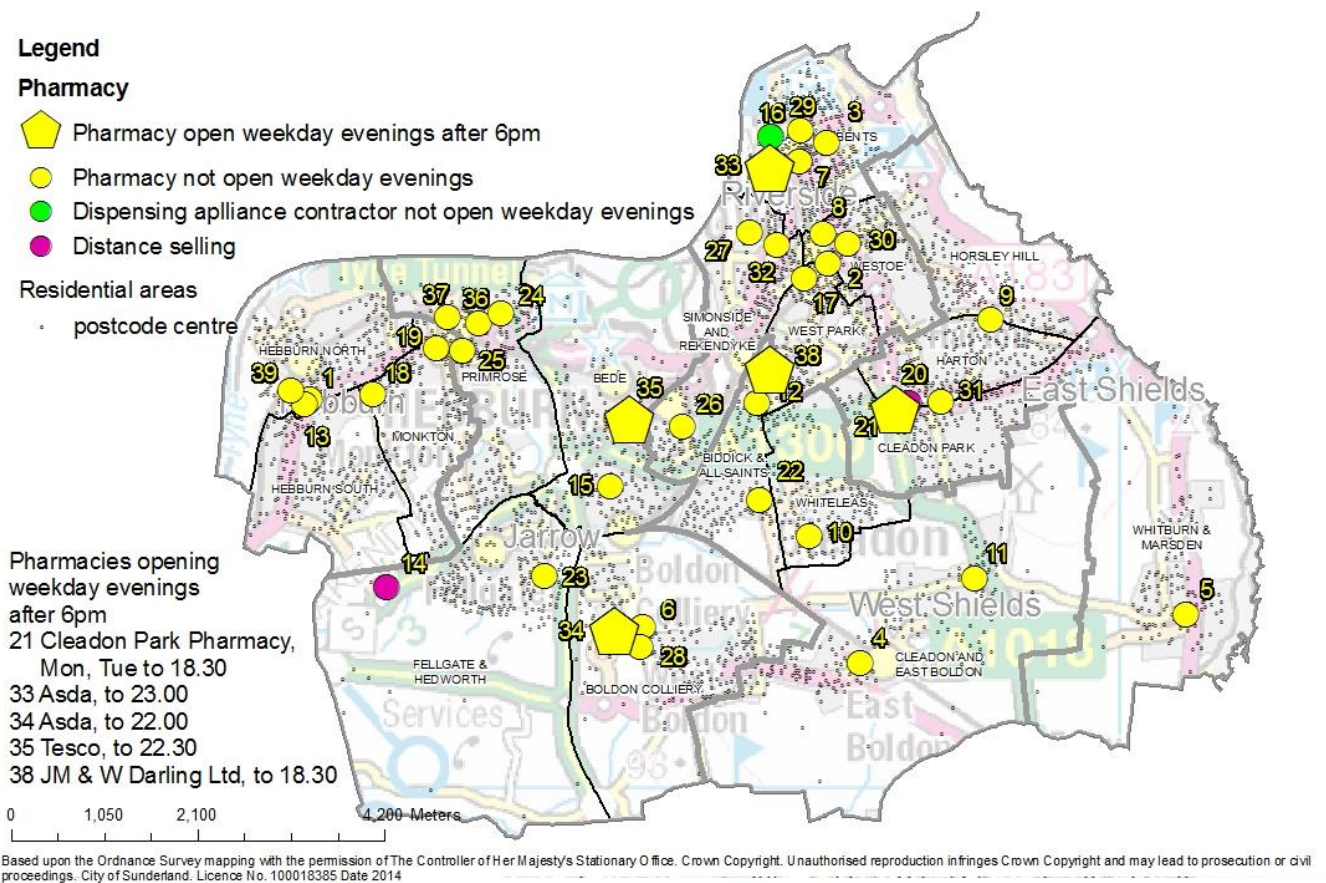
Figure 8: GP practices with weekday evening surgeries



In Hebburn North, Primrose and Westoe wards there are clusters of GP Practices running weekday evening surgeries in areas where there are no local pharmacies that open after 18.00.

Figure 9: Weekday evening pharmacy provision

South Tyneside - weekday evening pharmacy provision, November 2014



A similar exercise for Saturday morning shows lots of pharmacy provision only one GP Practice running a Saturday surgery.

9.1.1 GP out-of-hours

Future Provision

The GP led walk-in service situated in Palmers Hospital provides access to walk-in patients, seven days a week, from 8.00am to 8.00pm. However it has recently been agreed by South Tyneside Clinical Commissioning Group to relocate this from Jarrow to the South Tyneside Hospital FT site from October 2015. The current walk-in centre services have no pharmacy attached, and therefore this re-location is unlikely to impact on the need for community pharmacy services.

Further detail of this initiative is detailed below. The development of an urgent care model is one of South Tyneside's integration programmes overseen by the Health and Wellbeing Board:

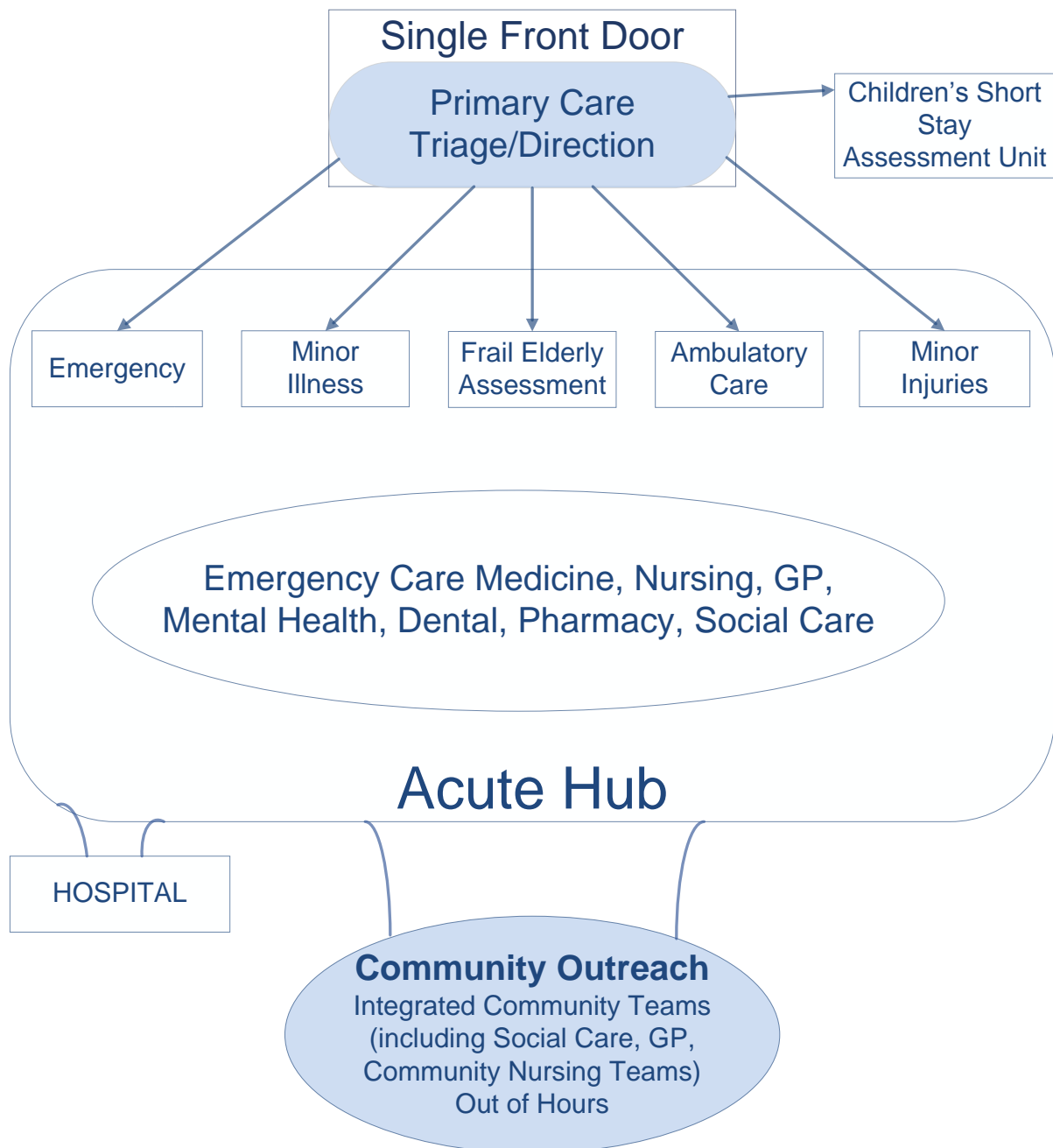
The development of an integrated urgent care model will provide universal access to high quality urgent and emergency care services 24/7, so that whatever the need, whatever the location, people get the best care, from the best person, in the best place and at the best time. This model will be entirely patient focused and would ensure the delivery of a seamless service for patients which would also deliver economies of scale through integrated service delivery.

The evidence from around the country shows that walk-in centres located with A&E services seem to reduce demand to A&E Departments as well as a reduction in the number of non-elective admissions. It also provides new collaboration and multi-disciplinary working within the local health and social care economy vital in supporting patients who have health care needs.

The model below shows the proposed model of care envisioned for South Tyneside's UCH. The model seeks to redesign the current model of unscheduled care services bringing together existing and new services to deliver a service built around and responsive to the needs of patients.

9.2 Urgent Care Centres

Draft South Tyneside Urgent Care Acute Hub



This will lead to improved integration of services across primary, community and secondary care as well as improving overall quality of care provision. Increased accessibility to services based on need will help to create efficiencies by improving patient pathways.

9.3 Secondary Care Provision

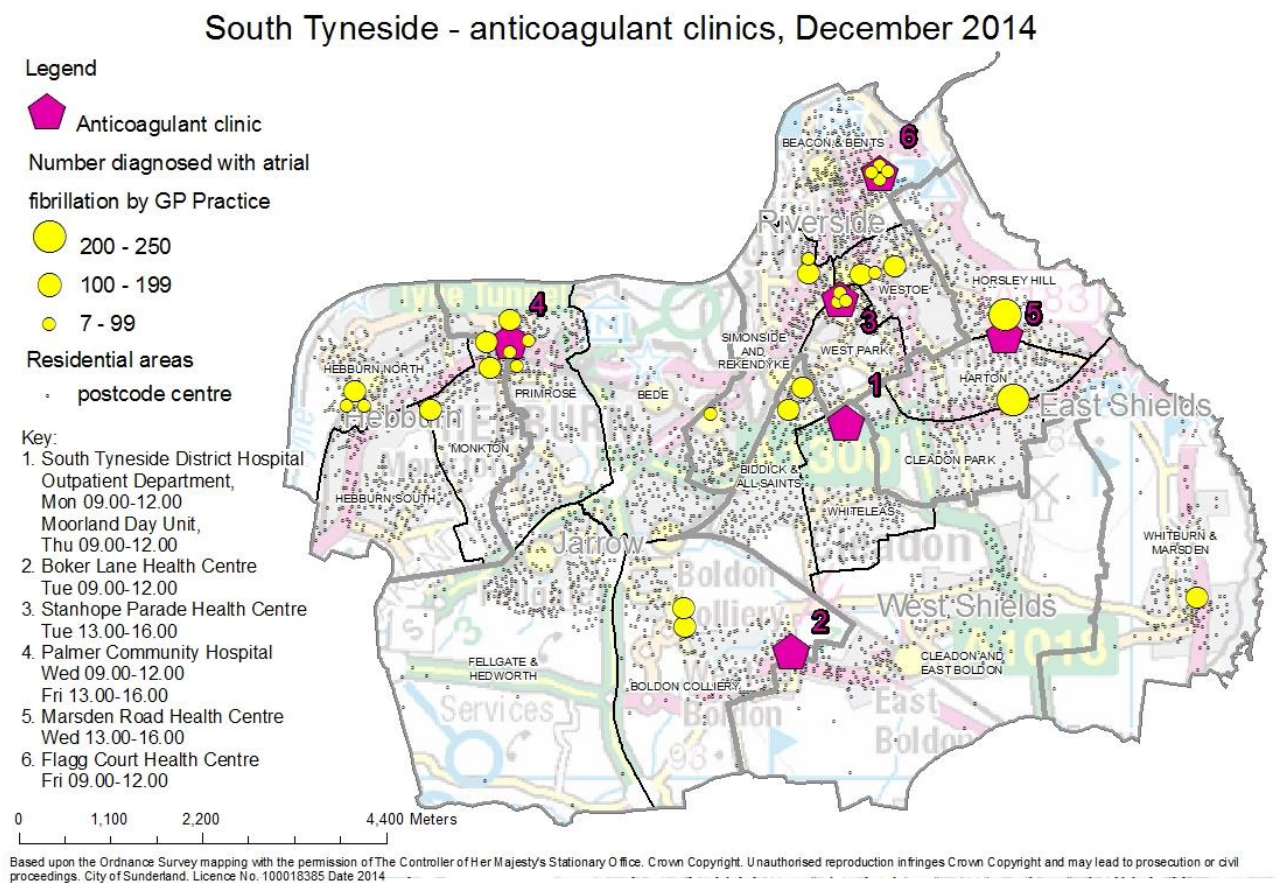
Anti-coagulation clinics are commissioned from secondary care in South Tyneside.

These clinics provide care for individuals who have a condition caused by blood clots, or who are at risk of developing a blood clot.

A side-effect of anti-coagulant medications is the risk of excessive bleeding. Anyone taking these medications requires close monitoring to check that they are on the correct dose and not at risk of excessive bleeding.

9.3.1 Community anticoagulant clinics

Figure 10: location of anti-coagulant clinics by GP practice prevalence of atrial fibrillation



Whitburn is the only location in South Tyneside where the distance between registered GP Practice and anti-coagulant clinic is more than 2km. However, there is currently no out of hours (early morning, or evening) provision of anticoagulant clinics

10. Engagement and Consultation

10.1 Public consultation

As detailed earlier in the document the Council sought to gather the views of the public to inform the survey 'Using Your Local Pharmacy'.

The consultation ran from to 6th February 2015.

The following section provides a summary of the findings of the public survey:

Local Pharmacy					
Do you use local pharmacies:			How often do you use your pharmacy:		
	Number	%		Number	%
Yes	365	96.6%	More than six times a year	244	65.4%
No	13	3.4%	Three to six times a year	82	22%
			Less than twice a year	47	12.6%
Do you visit the same pharmacy:			How do you normally get to your pharmacy:		
	Number	%		Number	%
Yes	205	54.8%	Car	149	40.3%
No	54	14.4%	On Foot	112	30.3%
Sometimes	115	30.7%	Public Transport	19	5.1%
			Car and public transport	8	2.2%
			Car and on foot	62	16.8%
			All	13	3.5%
			Other	7	1.9%
Which of the following services do you use:					
	Number	%			
Prescription pick up	261	70.0%			
Repeat prescriptions	226	60.6%			
Dispose of old / unwanted medicine	76	20.4%			

Review of your medicine	34	9.1%
NHS Health Check	15	4.0%
Stop smoking / nicotine replacement	6	1.6%
Weight management	2	0.5%
Emergency contraception	5	1.3%
Supervised consumption of methadone and buprenorphine	0	0.0%
Needle exchange	1	0.3%
Advice from your pharmacist	124	33.2%
Buy over the counter medicine	195	52.3%
Other	26	7.0%

Other reasons for going to Pharmacy

Self-care Medication



The above "wordle" depicts the different reasons why people use community pharmacies. Clearly advice is the biggest other reason, with flu as another major one. Those seeking advice tend to be asking about self-care and medication.

10.2 Statutory consultees

All statutory consultees received a copy of the consultation document, along with a questionnaire which they were asked to complete. Changes resulting from these responses appear in the appropriate section of the needs assessment document, but are also summarised below. The full responses can be found at appendix 5.

10.1.1 NHS England

A response was received by e-mail. A number of amendments were suggested relating to typographical errors, factual accuracy, and the provision of more detail. Additional information was supplied relating to systematic use of Medicine Use Reviews (MURs) by pharmacies following discharge from hospital.

10.1.2 Local Pharmaceutical Committee

The local pharmaceutical committee submitted a detailed response. Some of the key points related to the lack of detail on enhanced service provision; some corrections of factual accuracy. Relevant sections of the document have been updated or corrected as appropriate. Concern was expressed that the consultation document gave only a partial picture of the range of services provided by community pharmacies. Since that document was produced, many more community pharmacies responded to the survey, so that 33/37 have now responded. More detail has now been added to the relevant sections of the needs assessment.

10.1.3 Local Medical Committee

The LMC response stated “It is the view of the Local Medical Committee that there is adequate pharmaceutical provision for now and the foreseeable future within the area and care has to be taken not to destabilise present service provision.”

10.1.4 Healthwatch South Tyneside

An electronic response was received. No corrections were suggested, and appropriate additions were made to relevant sections of the document.

10.1.5 Sunderland City Council

An electronic response was received, including some corrections of fact, and recommendations for additional content. Appropriate amendments were made to relevant sections of the document.

10.1.6 Gateshead Health and Wellbeing Board

No response received

10.1.7 South Tyneside NHS Foundation Trust

No response received

10.1.8 Northumberland, Tyne and Wear NHS Foundation trust

No response received

10.3 Community pharmacy contractors

Between November and January, existing community pharmacies were asked to complete a survey giving them the opportunity to comment on services they provided and how Community Pharmacy could potentially contribute to the future achievement of the organisation's strategic objectives.

33 of 39 community pharmacies responded to the questionnaire. These responses indicate that a large number of services are available in community pharmacies in South Tyneside, many of which are additional to the essential, advanced and enhanced categories. There is a clear willingness to extend the range of services provided. Details are provided in Table 8 (p.56, above)

11. Conclusions

The population of South Tyneside fell from 157,000 in 1993 to 148,000 in 2012. It is projected to rise by only about 1000 in the next 3 years. The number of pharmacies (including distance-selling pharmacies) has increased by 1 from 38 to 39, since the last Pharmaceutical Needs Assessment.

Community pharmacies provide a wide range of services - some commissioned, some privately provided, and some free of charge – which contribute to improving the health and wellbeing of the people of South Tyneside.

The overall rate of pharmacies to population indicates that existing pharmaceutical provision is adequate for current need and for future predicted need within the next three years.

None of the statutory consultees who responded indicated that they felt that the current provision of pharmaceutical services was not adequate.

In Hebburn North, Primrose and Westoe, there are areas where the provision of evening GP surgeries is not matched by late-opening community pharmacies.

However, a survey of local pharmacists conducted by Healthwatch South Tyneside in January 2015 found that only 5 pharmacies are the only local pharmacy within ten minutes by foot, and the public consultation indicated that few people had difficulty finding an alternative pharmacy when their local one was closed.

The population survey indicates that respondents are satisfied with the service they receive and that mostly they have no difficulty accessing their local pharmacy.

A range of locally commissioned services are currently being provided either totally or in part from community pharmacies. When pharmacy provision is considered alongside that of other service providers, it is considered that the provision of existing locally commissioned services across South Tyneside is adequate to meet identified health needs. For some services, access and equity of provision could be improved, and a number of community pharmacy services are clearly willing to do more. However, this does not require any additional pharmacies.

Having taken account of the information in this needs assessment, South Tyneside Health and Wellbeing Board concludes the following:

1. South Tyneside is adequately served by community pharmacies, and has 26.3 pharmacies per 100,000 population as compared to 21.5 for England
2. Relatively low per capita provision of pharmacies in East Shields and Whitburn is mitigated by provision just across the boundaries with Beacon and Bents ward to the North and in St Peter's ward in Sunderland to the South

3. There is no evening or Sunday pharmacy provision in Hebburn Ward, however, community pharmacies are available within 1.5 and 2 km to the East and South respectively
4. The existing 100 hour pharmacies are essential to meet the needs of patients by extending access outside core hours when other pharmacies are closed
5. The level of planned development is unlikely to require new pharmacy contracts, due to satisfactory cover from existing pharmacies
6. Community pharmacies already make an important contribution to the delivery of the Joint Health and Wellbeing Strategy for South Tyneside

South Tyneside CCG is in the process of expanding the minor ailments service which it commissions from community pharmacies. It will be important to monitor how this might impact on the capacity of community pharmacies going forward.

Large numbers of people report attending pharmacies for advice – most commonly in relation to self-care and medication. There is a potential link here to local initiatives to promote self-care such as the “changing conversations” element of Pioneer.

Additionally, many pharmacies are open to the idea of providing more services in the future – although in some cases this is dependent on the services being commissioned

12. Recommendations

1. Whilst the provision of community pharmacies overall, and in specific localities is adequate, commissioners should monitor some aspects of pharmacy provision, for example the provision of emergency hormonal contraception in wards with high abortion rates, to ensure that gaps in specific services are addressed.
2. Commissioners should consider the opportunities afforded by community pharmacy services to further deliver on health and wellbeing priorities
3. In particular, commissioners should consider the capacity of enhanced services to build on the core contract to further promote self-care
4. Patterns of provision may need to be reviewed in the light of moving towards 7-day working.

Appendix 1: List of Community Pharmacies in South Tyneside

PHARMACY NAME	TRADING NAME	FULL ADDRESS	OPENING HOURS
Boots UK Limited		15 St James Mall Hebburn Tyne and Wear NE31 1LE	Mon: 09:00-12:30; 13:30-17:30 Tue: 09:00-12:30; 13:30-17:30 Wed: 09:00-12:30; 13:30-17:30 Thu: 09:00-12:30; 13:30-17:30 Fri: 09:00-12:30; 13:30-17:30 Sat: 09:00-12:30; 13:30-17:30 Sun:
Galen Pharmacy Ltd		Stanhope Parade Health Centre Gordon Street South Shields NE33 4JP	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Sun:
Mr J A Schofield	Flagg Court Pharmacy	Flagg Court Health Centre Dale Street South Shields NE33 2PG	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-11:00 Sun:
Mr R Mackie	East Boldon Village Pharmacy Limited	7 Station Terrace East Boldon Tyne & Wear NE36 0LJ	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: 09:00-12:30 Sun:
Avenue Pharmacy (Sunderland) Limited		7 North Guards Whitburn SR6 7EJ	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-13:00 Sun:

Middle Chare Pharmacy Limited	Ross Dispensing Chemist	The Medical Centre Pharmacy Gibson Court Boldon Colliery NE35 9AN	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Sun:
Lloyds Pharmacy Limited	Lloyds Pharmacy	20-22 New Green Street South Shields NE33 5DL	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:
Hogg Chemists Ltd		216-220 Westoe Road South Shields Tyne & Wear NE33 3PW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-18:00 Sat: Sun:
Elmfield Trading Limited	Horsley Hill Pharmacy	HORSLEY HILL PHARMACY 60, HORSLEY HILL SQUARE SOUTH SHIELDS NE34 6RF	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-13:00 Sun:
Whiteleas Way Ltd	Whiteleas Pharmacy	176 Whiteleas Way Whiteleas South Shields NE34 8HF	Mon: 08:45-13:30; 14:00-17:15 Tue: 08:45-13:30; 14:00-17:15 Wed: 08:45-13:30; 14:00-17:15 Thu: 08:45-13:30; 14:00-17:15 Fri: 08:45-13:30; 14:00-17:15 Sat: Sun:

Mr S E Gill		35 Front Street Cleadon Village Sunderland SR6 7PG	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-12:00 Sun:
Ashchem Limited	Ashchem Chemists	96 Boldon Lane South Shields NE34 0BY	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun:
Lloyds Pharmacy Limited	Lloyds Pharmacy	2 St Johns Precinct Hebburn Tyne & Wear NE31 1LQ	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-17:00 Sun:
Oakfields Online Ltd		7 Merchant Court Monkton Business Park South Hebburn Tyne & Wear NE31 2EX	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun:
Chemcare Limited	Edinburgh Road Pharmacy	89 Edinburgh Road Jarrow Tyne & Wear NE32 4BB	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-11:30 Sun:

Boots UK Limited		Unit 1 49-61 King Street South Shields NE33 1DA	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:30 Sun:
J M & W Darling Ltd		88 Dean Road South Shields Tyne & Wear NE33 4AR	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:
Ashchem Limited	Ashchem Chemists	Campbell Park Road Hebburn NE31 2SP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:
M D & A G Burdon Ltd	Boustead Pharmacy	187 Albert Road Jarrow Tyne and Wear NE32 5AF	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-13:00 Sun:
ASPP Limited	Pharmigen - Golds Pharmacy	101 Prince Edward Road South Shields Tyne and Wear NE34 8PJ	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:

Norchem Healthcare Limited	Cleadon Park Pharmacy	10 Prince Edward Road South Shields Tyne and Wear NE34 8PS	Mon: 09:00-18:30 Tue: 09:00-18:30 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:45 Sun:
ASPP Limited	Biddick Hall Pharmacy	47 GASKELL AVENUE SOUTH SHIELDS NE34 9TQ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun:
D G Neil Ltd	Neil Pharmacy	47, FELLGATE AVENUE JARROW NE32 4LZ	Mon: 09:00-12:45; 14:15-17:30 Tue: 09:00-12:45; 14:15-17:30 Wed: 09:00-13:00 Thu: 09:00-12:45; 14:15-17:30 Fri: 09:00-12:45; 14:15-17:30 Sat: 09:00-12:45; 14:15-17:00 Sun:
Boots UK Limited		30 Bede Precinct Jarrow Tyne & Wear NE32 3LN	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:30 Sun:
J Dinning (Jarrow) Ltd	J Dinning (Jarrow) Ltd	Mayfield Medical Centre Park Road Jarrow Tyne & Wear NE32 5SE	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:

D G Neil Limited	Neil Pharmacy	95 Wenlock Road South Shields NE34 9BD	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-12:00 Sun:
D L Carter & Son Ltd		114-116 Fowler Street South Shields NE33 1PZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:00 Sat: 09:00-12:00 Sun:
Middle Chare Pharmacy Limited	Ross Dispensing Chemist	41 East View Baldon Colliery Tyne & Wear NE35 9AU	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:
BCA Direct Limited		Unit 6, Waverley Market Dock Long Row South Shields NE33 1LE	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:
J M & W Darling Ltd		1 Stanhope Parade South Shields Tyne & Wear NE33 4BB	Mon: 09:00-13:15; 14:30-18:00 Tue: 09:00-13:15; 14:30-18:00 Wed: 09:00-13:15; 14:30-18:00 Thu: 09:00-13:15; 14:30-18:00 Fri: 09:00-13:15; 14:30-18:00 Sat: 09:00-13:00 Sun:

Boots UK Limited	Your Local Boots Pharmacy	327 Prince Edward Road South Shields Tyne & Wear NE34 7LZ	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-13:00; 14:00-17:00 Sun:
Lloyds Pharmacy Limited	Lloyds Pharmacy	The Medical Centre New George Street South Shields NE33 5DU	Mon: 08:00-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:00-13:00 Fri: 08:30-18:00 Sat: Sun:
Asda Stores Limited	Asda Pharmacy	Coronation Street South Shields NE33 1AZ	Mon: 08:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
Asda Stores Limited	Asda Pharmacy	North Road Baldon Colliery NE35 9AR	Mon: 08:00-22:00 Tue: 08:00-22:00 Wed: 08:00-22:00 Thu: 08:00-22:00 Fri: 08:00-22:00 Sat: 08:00-22:00 Sun: 10:00-16:00
Tesco Stores Limited	Tesco Instore Pharmacy	Tesco Superstore Towers Place Simonside South Shields NE34 9QD	Mon: 08:00-22:30 Tue: 06:30-22:30 Wed: 06:30-22:30 Thu: 06:30-22:30 Fri: 06:30-22:30 Sat: 06:30-22:00 Sun: 10:00-16:00

Wm Morrison Supermarkets Plc	Morrisons Pharmacy	8 Viking Precinct Jarrow Tyne and Wear NE32 3LQ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:00 Sun: 10:00-16:00
S Fleming Limited	Metro Pharmacy	79 Ellison Street Jarrow South Tyneside NE32 3JU	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-12:00 Sun:
J M & W Darling Ltd		433 Stanhope Road South Shields Tyne & Wear NE33 4QY	Mon: 08:45-18:30 Tue: 08:45-18:30 Wed: 08:45-18:30 Thu: 08:45-18:30 Fri: 08:45-18:30 Sat: Sun:
Ashchem Limited	Ashchem Chemist	Glen Primary Care Centre Glen Street Hebburn NE31 1NU	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:

Appendix 2: Priorities in the Joint Health and Wellbeing Strategy and how community pharmacy can help

Priority	How pharmacies can help
A good start in life:	
Secure attachment; Breast fed;	Change 4 Life Pharmacies
Non-smoking environment; Family approach	Stop smoking services
Improved health	Support for self-care Promotion of healthy lifestyles
Increased Healthy Life expectancy with reduced differences between communities	
Tackle wider social determinants	Promotion of healthy lifestyles
Equitable access to services	Provision of services closer to home Signposting
Healthier lifestyles	Change 4 Life Pharmacies
Better employment prospects for young people	No direct impact
Better mental health and emotional wellbeing	
Physically active	Promotion of healthy lifestyles Stop smoking Services Support for self-care
Services designed around local people	
Less duplication	Signposting
Person-centred services	Provision of services closer to home
Better management of long-term conditions	Support for self-care Promotion of healthy lifestyles Signposting Dispensing medicines and appliances Repeat dispensing Disposal of unwanted medicines Stop Smoking Services

Appendix 3: Results of public consultation

Local Pharmacy

Do you use local pharmacies:			How often do you use your pharmacy:		
	Number	%		Number	%
Yes	365	96.6%	More than six times a year	244	65.4%
No	13	3.4%	Three to six times a year	82	22%
			Less than twice a year	47	12.6%
Do you visit the same pharmacy:			How do you normally get to your pharmacy:		
	Number	%		Number	%
Yes	205	54.8%	Car	149	40.3%
No	54	14.4%	On Foot	112	30.3%
Sometimes	115	30.7%	Public Transport	19	5.1%
			Car and public transport	8	2.2%
			Car and on foot	62	16.8%
			All	13	3.5%
			Other	7	1.9%
Which of the following services do you use:					
	Number	%		Number	
Prescription pick up	261	70.0%			
Repeat prescriptions	226	60.6%			
Dispose of old / unwanted medicine	76	20.4%			
Review of your medicine	34	9.1%			
NHS Health Check	15	4.0%			
Stop smoking / nicotine replacement	6	1.6%			
Weight management	2	0.5%			
Emergency contraception	5	1.3%			
Supervised consumption of methadone and buprenorphine	0	0.0%			
Needle exchange	1	0.3%			
Advice from your pharmacist	124	33.2%	Of which would seek from your pharmacist	107	
Buy over the counter medicine	195	52.3%	Of which over the counter medicine you buy	156	
Other	26	7.0%	Of which stated other	20	

Over the counter medicine



Access

Have you tried to use your local pharmacy and found it closed:			Please tell us when your pharmacy was closed:		
	Number	%		Number	%
Yes	66	17.8%	Morning	1	3.1%
No	287	77.6%	Afternoon	13	40.6%
Unsure / Can't remember	17	4.6%	All day	18	56.3%
What day of the week was your pharmacy closed:			What did you do:		
	Number	%		Number	%
More than one occasion	10	16.1%	Waited until pharmacy opened	19	30.2%
Monday	0	0%	Went to another Pharmacy	31	49.2%
Tuesday	0	0%	Went to a walk-in centre	6	9.5%
Wednesday	1	1.6%	Went to hospital	0	0%
Thursday	1	1.6%	Called 111	1	1.6%
Friday	0	0%	Unsure / can't remember	1	1.6%
Saturday	27	43.5%	Other	5	7.9%
Sunday	3	4.8%			
Bank Holiday	6	9.7%			
Unsure/ can't remember	14	22.6%			

Local Services

Overall, how satisfied or dissatisfied are you with your local pharmacies:		
	Number	%
Very satisfied	197	52.8%
Satisfied	133	35.7%
Neither satisfied nor dissatisfied	33	8.8%
Dissatisfied	9	2.4%
Very dissatisfied	1	0.3%

Demographics

Gender			Disability or long term health condition		
	Number	%		Number	%
Male	109	29.0%	Yes	193	51.7%
Female	267	71%	No	180	48.3%

Age Group			Sexual Orientation		
	Number	%		Number	%
Under 16 years	1	0.3%	Heterosexual/Straight	340	96.3%
16 – 24 years	6	1.6%	Gay man	3	0.8%
25-34 years	35	9.4%	Gay woman/ Lesbian	4	1.1%
35-44 years	69	18.4%	Bisexual	1	0.3%
45-54 years	105	28.1%	Other	5	1.4%
55-61 years	81	21.7%			
65-74 years	46	12.3%			
75+ years	31	8.3%			

Ethnicity		
	Number	%
White British	349	94.8%
Other White	5	1.4%
Mixed/multiple ethnic groups	1	0.3%
Asian British	3	0.8%
Other Asian	2	0.5%
Black British	0	0%
Other Black	0	0%
African	1	0.3%
Caribbean	0	0%
Other	7	1.9%

Religion	Number	%
Agnostic	2	0.7%
Anglican	1	0.3%
Anglo-Catholic	1	0.3%
atheist	5	1.7%
Baptist	2	0.7%
Buddhist	1	0.3%
Church of England	150	49.5%
Catholic	11	3.6%
Christian	36	11.9%
Church of Scotland	1	0.3%
Hindu	1	0.3%
Humanist	1	0.3%
Islam	1	0.3%
Methodist	4	1.3%
Muslim	2	0.7%
none	50	16.5%
Pagan	1	0.3%
Protestant	1	0.3%
Roman Catholic	25	8.3%
Salvationist	1	0.3%
Scientologist, Latin, Catholic, Quaker	1	0.3%
Spiritualist	1	0.3%
Other	4	1.3%

The demographics of survey respondents approximates that of the population in relation to ethnicity. Women are over-represented in the sample, as those aged 35-64, with the 16-24 age group under-represented.

Total questionnaires distributed 600; Total questionnaires returned 378 Percentage of returns 63%

Appendix 4: Results of pharmacy questionnaire

Consultation Area - Is there a consultation area? (meeting the criteria for Medicines Use Review Service?)

Is there a consultation area?	n	%	During consultations, are there hand washing facilities?	n	%
Yes - with wheelchair access	26	79%	Yes - in the consulting room	19	58%
Yes - without wheelchair access	4	12%	Yes - close to the consulting room	5	15%
No - but plan to have one in the next 12 months	2	6%	Yes - somewhere else in the building	3	9%
No - and don't have any plans for one	1	3%	No	6	18%
Total	33		Total	33	

Other (please specify in box below)

We have 2 consultation rooms with such facilities

Toilet facilities

Do patients attending for consultations have access to toilet facilities?	n	%
Yes - and are wheelchair accessible	4	12%
Yes - but not wheelchair accessible	2	6%
No - but the staff toilet facilities is available for emergencies	21	64%
No	6	18%
Total	33	

Panic Button

Does the pharmacy have a panic button or security system in place in case of emergency? %

Yes	30	91%
No	3	9%
Total	33	

Emergency cont. - Please explain what you have in place for use in case of an emergency.

We have an alarm system which is set when the pharmacy is closed and also a panic button in the dispensary in case of emergency.
 Has never been needed, we are a small independent pharmacy next door to a part time surgery. We know most of our customers' names.
 only phone
 we are within easy distance of the front desk of the health centre

Group services

Are you able to host services for groups (e.g. stop smoking or weight management interventions) either at your pharmacy or in another building? n %

Yes - at the pharmacy	17	52%
Yes - in another building	3	9%
No	13	39%
Total	33	

Electronic Prescription Service Available n %

Release 1 enabled	14	42%
Release 2 enabled	31	94%
Intending to become Release 1 enabled within next 12 months	0	0%
Intending to become Release 2 enabled within next 12 months	1	3%
No plans for EPS at present	0	0%
Total	33	

Internet

Essential Services

Does the pharmacy have access to the internet? n %

Does the pharmacy dispense appliances? n %

Yes	32	97%	Yes	28	85%
No	1	3%	No	5	15%
Total 33			Total 33		

What type of appliances does the pharmacy dispense?	n	%
All types	25	76%
All excluding stoma appliances	2	6%
All excluding incontinence appliances	0	0%
All excluding stoma and incontinence appliances	0	0%
Just dressings	1	3%
Other (please specify below)	0	0%
Total		33

Services provided

Medicines use review	n	%	New medicines service	n	%	Appliance use review	n	%
Currently Provide	29	88%	Currently Provide	25	76%	Currently Provide	2	6%
Intend to provide in next 12 months	2	6%	Intend to provide in next 12 months	5	15%	Intend to provide in next 12 months	4	12%
Willing to provide if commissioned	1	3%	Willing to provide if commissioned	1	3%	Willing to provide if commissioned	12	36%
Not intending to provide	0	0%	Not intending to provide	0	0%	Not intending to provide	10	30%
Total 32			Total 31			Total 28		

Service provided cont.

Stoma appliance customisation service	n	%
Currently Provide	4	12%
Intend to provide in next 12 months	0	0%

Willing to provide if commissioned	13	39%
Not intending to provide	11	33%
Total	28	

What is the average use for review services?

Medicines Use Review			New Medicines Service			Appliance Use Review			Stoma Appliance Customisation Service		
	n	%		n	%		n	%		n	%
N/A	3	9%	N/A	6	18%	N/A	30	91%	N/A	28	85%
0-10	5	15%	0-10	18	55%	0-10	2	6%	0-10	4	12%
11-20	8	24%	11-20	5	15%	11-20	0	0%	11-20	0	0%
21-30	6	18%	21-30	2	6%	21-30	0	0%	21-30	0	0%
31-40	9	27%	31-40	1	3%	31-40	0	0%	31-40	0	0%
Over 40	1	3%	Over 40	0	0%	Over 40	0	0%	Over 40	0	0%
Total	32		Total	32		Total	32		Total	32	

Commissioned and private services

Anti-coagulant monitoring	n	%	Blood cholesterol check	n	%	Blood glucose check	n	%	Blood pressure check	n	%
Currently provide through commissioned service	2	6%	Currently provide through commissioned service	3	9%	Currently provide through commissioned service	2	6%	Currently provide through commissioned service	5	15%

Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	1	3%
Willing to provide if commissioned	21	64%	Willing to provide if commissioned	22	67%	Willing to provide if commissioned	22	67%	Willing to provide if commissioned	16	48%
Not intending to provide	7	21%	Not intending to provide	4	12%	Not intending to provide	4	12%	Not intending to provide	3	9%
Offer privately	0	0%	Offer privately	2	6%	Offer privately	3	9%	Offer privately	6	18%
Total	30		Total	31		Total	31		Total	31	

NHS health check	n	%
Currently provide through commissioned service	7	21%
Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	16	48%
Not intending to provide	7	21%
Offer privately	0	0%
Total	30	

Monthly average

Anti-coagulant monitoring	n	%	Blood cholesterol check	n	%	Blood glucose check	n	%	Blood pressure check	n	%
N/A	28	85%	N/A	25	76%	N/A	25	76%	N/A	20	61%
0-10	1	3%	0-10	5	15%	0-10	5	15%	0-10	9	27%
11-20	0	0%	11-20	0	0%	11-20	0	0%	11-20	1	3%
21-30	0	0%	21-30	0	0%	21-30	0	0%	21-30	0	0%
31-40	0	0%	31-40	0	0%	31-40	0	0%	31-40	0	0%
over 40	1	3%	over 40	0	0%	over 40	0	0%	over 40	0	0%
Total	30		Total	30		Total	30		Total	30	

NHS Health	n	%
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Check		
N/A	23	70%
0-10	7	21%
11-20	0	0%
21-30	0	0%
31-40	0	0%
over 40	0	0%
Total	30	

Currently providing

Needle exchange	n	%	Safe disposal of sharps	n	%	Supervised administration of opiate substitutes	n	%	On demand availability of specialist drugs service (palliative care)	n	%
Currently provide through commissioned service	4	12%	Currently provide through commissioned service	4	12%	Currently provide through commissioned service	22	67%	Currently provide through commissioned service	7	21%
Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	1	3%
Willing to provide if commissioned	14	42%	Willing to provide	20	61%	Willing to provide	5	15%	Willing to provide if	16	48%

Not intending to provide	14	42%	if commissioned Not intending to provide	8	24%	if commissioned Not intending to provide	5	15%	commissioned Not intending to provide	6	18%
Offer privately	0	0%	Offer privately	0	0%	Offer privately	0	0%	Offer privately	1	3%
Total	32		Total	32		Total	32		Total	31	

Monthly Average

Needle exchange	n	%	Safe disposal of sharps	n	%	Supervised administration of opiate substitutes	n	%	On demand availability of specialist drugs service (palliative care)	n	%
N/A	27	82%	N/A	26	79%	N/A	9	27%	N/A	22	67%
0-10	3	9%	0-10	3	9%	0-10	10	30%	0-10	9	27%
11-20	0	0%	11-20	1	3%	11-20	7	21%	11-20	1	3%
21-30	0	0%	21-30	0	0%	21-30	5	15%	21-30	0	0%
31-40	0	0%	31-40	1	3%	31-40	1	3%	31-40	0	0%
Over 40	2	6%	Over 40	0	0%	Over 40	0	0%	Over 40	0	0%
Total	32		Total	31		Total	32		Total	32	

Current Provisions

Chlamydia screening as a stand-alone service	n	%	Chlamydia screening and partner notification	n	%	Emergency Hormonal Contraception	n	%
Currently provide through commissioned service	7	21%	Currently provide through commissioned service	3	9%	Currently provide through commissioned service	22	67%
Intend to provide in	0	0%	Intend to provide in	0	0%	Intend to provide in	3	9%

the next 12 months		
Willing to provide if commissioned	14	42%
Not intending to provide	9	27%
Offer privately	0	0%
Total	30	

the next 12 months		
Willing to provide if commissioned	19	58%
Not intending to provide	8	24%
Offer privately	0	0%
Total	30	

the next 12 months		
Willing to provide if commissioned	5	15%
Not intending to provide	2	6%
Offer privately	0	0%
Total	32	

Erectile dysfunction service n %

Currently provide through commissioned service	0	0%
Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	19	58%
Not intending to provide	8	24%
Offer privately	3	9%
Total	30	

Pregnancy testing n %

Currently provide through commissioned service	1	3%
Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	15	45%
Not intending to provide	9	27%
Offer privately	5	15%
Total	30	

Referral for further contraception n %

Currently provide through commissioned service	8	24%
Intend to provide in the next 12 months	1	3%
Willing to provide if commissioned	16	48%
Not intending to provide	4	12%
Offer privately	2	6%
Total	31	

Chlamydia screening as a stand-alone service n %

N/A	26	79%
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Chlamydia screening and partner notification n %

N/A	29	88%
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Emergency Hormonal Contraception n %

N/A	11	33%
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0-10	7	21%	0-10	3	9%	0-10	21	64%
11-20	0	0%	11-20	0	0%	11-20	1	3%
21-30	0	0%	21-30	0	0%	21-30	0	0%
31-40	0	0%	31-40	0	0%	31-40	0	0%
Over 40	0	0%	Over 40	0	0%	Over 40	0	0%
Total 33			Total 32			Total 33		

Erectile dysfunction service	n	%
N/A	29	88%
0-10	3	9%
11-20	0	0%
21-30	0	0%
31-40	0	0%
Over 40	0	0%
Total		32

Pregnancy testing	n	%
N/A	28	85%
0-10	4	12%
11-20	0	0%
21-30	0	0%
31-40	0	0%
Over 40	0	0%
Total		32

Referral for further contraception	n	%
N/A	24	73%
0-10	8	24%
11-20	0	0%
21-30	0	0%
31-40	0	0%
Over 40	0	0%
Total		32

Current provision

Intermediate smoking	n	%	NRT voucher	n	%	Alcohol brief	n	%	Weight	n	%
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cessation			scheme (dispensing only)			advice			management		
Currently provide through commissioned service	27	82%	Currently provide through commissioned service	30	91%	Currently provide through commissioned service	1	3%	Currently provide through commissioned service	1	3%
Intend to provide in the next 12 months	2	6%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	2	6%	Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	2	6%	Willing to provide if commissioned	2	6%	Willing to provide if commissioned	22	67%	Willing to provide if commissioned	22	67%
Not intending to provide	1	3%	Not intending to provide	0	0%	Not intending to provide	4	12%	Not intending to provide	4	12%
Offer privately	0	0%	Offer privately	0	0%	Offer privately	1	3%	Offer privately	3	9%
Total	32		Total	32		Total	30		Total	30	

Monthly Average

Intermediate smoking cessation	n	%	NRT voucher scheme (dispensing only)	n	%	Alcohol brief advice	n	%	Weight management	n	%
N/A	6	18%	N/A	3	9%	N/A	31	94%	N/A	29	88%
0-10	18	55%	0-10	18	55%	0-10	1	3%	0-10	4	12%
11-20	8	24%	11-20	9	27%	11-20	0	0%	11-20	0	0%
21-30	1	3%	21-30	3	9%	21-30	1	3%	21-30	0	0%
31-40	0	0%	31-40	0	0%	31-40	0	0%	31-40	0	0%
Over 40	0	0%	Over 40	0	0%	Over 40	0	0%	Over 40	0	0%
Total	33		Total	33		Total	33		Total	33	

Currently Providing Vaccinations

Childhood nasal flu vaccination	n	%	Influenza vaccination	n	%	Pneumococcal vaccination	n	%
Currently provide through commissioned service	0	0%	Currently provide through commissioned service	16	48%	Currently provide through commissioned service	0	0%
Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	4	12%	Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	23	70%	Willing to provide if commissioned	8	24%	Willing to provide if commissioned	23	70%
Not intending to provide	7	21%	Not intending to provide	3	9%	Not intending to provide	7	21%
Offer privately	0	0%	Offer privately	0	0%	Offer privately	0	0%
Total	30		Total	31		Total	30	

Monthly Average

Childhood nasal flu vaccination	n	%	Influenza vaccination	n	%	Pneumococcal vaccination	n	%
N/A	33	100%	N/A	17	52%	N/A	33	100%
0-10	0	0%	0-10	4	12%	0-10	0	0%
11-20	0	0%	11-20	4	12%	11-20	0	0%
21-30	0	0%	21-30	1	3%	21-30	0	0%
31-40	0	0%	31-40	2	6%	31-40	0	0%
Over 40	0	0%	Over 40	5	15%	Over 40	0	0%
Total	33		Total	33		Total	33	

Advice/support to	n	%	Anti-viral	n	%	Compliance aid	n	%	Independent	n	%
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care homes			distribution service			assessment			prescribing clinic		
Currently provide through commissioned service	1	3%	Currently provide through commissioned service	0	0%	Currently provide through commissioned service	7	21%	Currently provide through commissioned service	0	0%
Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	16	48%	Willing to provide if commissioned	24	73%	Willing to provide if commissioned	14	42%	Willing to provide if commissioned	19	58%
Not intending to provide	10	30%	Not intending to provide	6	18%	Not intending to provide	5	15%	Not intending to provide	10	30%
Offer privately	3	9%	Offer privately	0	0%	Offer privately	4	12%	Offer privately	1	3%
Total	30		Total	30		Total	30		Total	30	

Delivery service			Emergency supply service			Hair loss service			Medicines Administration Records		
	n	%		n	%		n	%		n	%
Currently provide through commissioned service	18	55%	Currently provide through commissioned service	18	55%	Currently provide through commissioned service	1	3%	Currently provide through commissioned service	16	48%
Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	2	6%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%
Willing to provide if commissioned	3	9%	Willing to provide if commissioned	6	18%	Willing to provide if commissioned	20	61%	Willing to provide if commissioned	7	21%
Not intending to provide	0	0%	Not intending to provide	3	9%	Not intending to provide	8	24%	Not intending to provide	7	21%
Offer privately	11	33%	Offer privately	4	12%	Offer privately	1	3%	Offer privately	1	3%
Total	32		Total	33		Total	30		Total	31	

Other services cont.

Medication Review (Full Clinical Review)	n	%	Minor ailment scheme	n	%	Prescription collection service	n	%	Travel clinic	n	%
Currently provide through commissioned service	9	27%	Currently provide through commissioned service	25	76%	Currently provide through commissioned service	0	0%	Currently provide through commissioned service	1	3%
Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	0	0%	Intend to provide in the next 12 months	20	61%	Intend to provide in the next 12 months	4	12%
Willing to provide if commissioned	20	61%	Willing to provide if commissioned	6	18%	Willing to provide if commissioned	0	0%	Willing to provide if commissioned	13	39%
Not intending to provide	1	3%	Not intending to provide	0	0%	Not intending to provide	1	3%	Not intending to provide	8	24%
Offer privately	0	0%	Offer privately	0	0%	Offer privately	0	0%	Offer privately	4	12%
Total	30		Total	31		Total	21		Total	30	

Monthly average other

Advice/support to care homes	n	%	Anti-viral distribution service	n	%	Compliance aid assessment	n	%	Delivery service	n	%
N/A	28	85%	N/A	32	97%	N/A	20	61%	N/A	3	9%
0-10	3	9%	0-10	0	0%	0-10	10	30%	0-10	0	0%
11-20	0	0%	11-20	0	0%	11-20	0	0%	11-20	1	3%
21-30	0	0%	21-30	0	0%	21-30	1	3%	21-30	3	9%
31-40	0	0%	31-40	0	0%	31-40	0	0%	31-40	2	6%
Over 40	1	3%	Over 40	0	0%	Over 40	1	3%	Over 40	23	70%
Total	32		Total	32		Total	32		Total	32	

Monthly average other cont.

Emergency supply service			Hair loss service			Independent prescribing clinic			Medicines Administration Records		
	n	%		n	%		n	%		n	%
N/A	12	36%	N/A	30	91%	N/A	31	94%	N/A	16	48%
0-10	15	45%	0-10	2	6%	0-10	1	3%	0-10	6	18%
11-20	4	12%	11-20	0	0%	11-20	0	0%	11-20	7	21%
21-30	2	6%	21-30	0	0%	21-30	0	0%	21-30	0	0%
31-40	0	0%	31-40	0	0%	31-40	0	0%	31-40	0	0%
Over 40	0	0%	Over 40	0	0%	Over 40	0	0%	Over 40	3	9%
Total 33			Total 32			Total 32			Total 32		

Monthly average other cont.

Medication Review (Full Clinical Review)			Minor ailment scheme			Prescription collection service			Travel clinic		
	n	%		n	%		n	%		n	%
N/A	24	73%	N/A	8	24%	N/A	2	6%	N/A	27	82%
0-10	1	3%	0-10	1	3%	0-10	0	0%	0-10	3	9%
11-20	2	6%	11-20	5	15%	11-20	0	0%	11-20	1	3%
21-30	0	0%	21-30	5	15%	21-30	3	9%	21-30	0	0%
31-40	5	15%	31-40	4	12%	31-40	2	6%	31-40	0	0%
Over 40	0	0%	Over 40	9	27%	Over 40	26	79%	Over 40	0	0%
Total 32			Total 32			Total 33			Total 31		

Prescription delivery

Do you offer a prescription delivery service?	n	%
Yes	29	88%
No	3	9%
Total	32	

Healthy living pharmacy

Are you a healthy living pharmacy?	n	%
Yes - Level 2 awarded	0	0%
Yes - Level 1 awarded	3	9%
No - but likely to meet the requirements for award at Level 1 or Level 2	7	21%
No - but would like to become awarded	4	12%
No and not intending to become awarded	12	36%
Other (Please specify in box below)	7	21%
	33	

Future provisions - Please list below and state whether you currently provide, intend to provide within the next 12 months, or offer privately

PERMSS

The services listed above that we have listed as marked provided privately - no charge is taken from the patient.

Travel clinic - private service - provision of malarone/atovaquone & proguanil Flu vaccine - private service

Intending to provide assistance and improved support to carers & family of patients with cognitive problems (Alzheimer's, poor memory, etc.) ...our own pharmacy initiative.

Non-invasive testing (intolerance testing) and weight management

We would be willing to manage long term conditions on behalf of GPs

asthma assessment diabetes assessment Macmillan pharmacist

Other - Are there any services that clients ask for that you don't currently provide?

A more appropriate minor ailment scheme (more conditions/more appropriate medicines) A fast track referral scheme commissioned weight loss clinic An alcohol detox / advice clinic c-cards

NRT - our pharmacy (JM & W Darling ltd Dean road) provides this service, customers are referred to this branch.

Safe disposal of sharps.

First aid services...would help keep A&E waiting times & queues down...could assist with sprained ankles, cuts, grazes, minor burns, etc....

Minor Ailments scheme - asked several times a day every day. We do refer to local pharmacies who offer the service but would like to offer it ourselves

contraceptive services flu vaccination blood pressure testing blood glucose test

Provision of inhalers (salbutamol). Health checks. Weight management.

Health checks. Weight Management

Appendix 5: Equality Impact Assessment

Equality Target Group	Positive Impact (it could benefit)		Negative Impact (it could disadvantage)		Reason/Comment
	High	Low	High	Low	
Level of Impact	High	Low	High	Low	
Trans Gender People					Neither negative or positive
Women		✓			Could identify health services for women e.g. EHC
Men		✓			Could make health services more accessible to men including behaviour change
Race / Ethnicity					While the specific health needs of BME groups have not been considered, the growing importance of these communities has been acknowledged and considered in terms of distribution of provision. .
Asian / Asian British People					Neither negative or positive
Black/Black British People					Neither negative or positive
Chinese/Other People					Neither negative or positive
People of Mixed Race					Neither negative or positive
White (inc. Irish) People					Neither negative or positive
People with disabilities		✓			Consideration given for access to services by people with disabilities
Lesbians, Gay Men and Bisexuals					Neither negative or positive
Older People (60+)		✓			Health needs and services for older people are considered
Younger People (17–25) and Children		✓			Health needs and services for young people and children specifically considered

Faith or Belief Groups					Neither negative or positive
Socio Economic Group / Income Level		✓			Consideration given to the health needs and access to services for those with low incomes

Appendix 6: Collaborative Working Group Membership

For South Tyneside

Janice Chandler	Commissioning Manager, South Tyneside Council
Sue Collins	Promoting Health Engagement Lead, South Tyneside Council
Paul Madill	Specialty Registrar in Public Health, South Tyneside Council (Deputy Chair)
Marie Thompkins	Commissioning Manager, South Tyneside Council
David Carter	Representing Gateshead and South Tyneside Local Pharmaceutical Committee
Sami Hanna	
Louise Lydon	

For Sunderland

Kath Bailey	Locum Consultant in Public Health, Sunderland City Council (Chair)
Andy Billett	Public Health Analyst, Sunderland City Council
Gemma Donovan	Medicines Optimisation Pharmacist, Sunderland CCG
Cath McClelland	Senior Medicines Optimisation Pharmacist, Sunderland CCG
Jackie Nixon	Promoting Health Engagement Lead, Sunderland City Council
Umesh Patel	Representing Sunderland Local Pharmaceutical Committee
Clair Richardson	
Jim Smith	

For both

Janette Stephenson	Medicines Optimisation Manager, NECS
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