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Pharmaceutical Needs Assessment

2018-21

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Pharmaceutical Needs Assessment

2018-21

Contents

Executive Summary	5
Section One: Introduction	7
1.1 Policy drivers	7
1.2 Pharmaceutical needs assessment	9
1.3 Market entry	10
1.4 Process followed for developing the PNA	10
1.5 Process for updating the PNA	11
1.6 Localities for the purpose of the PNA	12
Section Two: Population profile and health needs	13
2.1 Population profile	13
2.2 Health inequalities and deprivation	13
Section Three: Access to pharmaceutical services	15
3.1 Number, type of pharmaceutical service and geographical distribution	15
3.2 Ease of access to pharmaceutical services	16
3.3 Access to pharmaceutical services by opening hours	17
3.4 The public view	19
3.5 Future housing developments	21
3.6 Future new GP practices	22
Section Four: Service provision	23
4.1 Overview	24
4.1a National community pharmacy contract reforms and the local picture	24
4.1b National vision for the future of community pharmacy	26
4.2 Pharmaceutical services	26
4.2a Essential services	27
4.2b Advanced services	27
4.2b(i) Medicines use reviews and the new medicine service	27
4.2b(ii) Appliance use review and stoma customisation service	29
4.2b(iii) Flu vaccination service	29
4.2b(iv) NHS urgent medicine supply advanced service	30
4.2c Enhanced services	32

4.3	Locally commissioned services	33
	4.3a CCG commissioned services	34
	4.3a(i) Minor ailment services	34
	4.3a(ii) Anticoagulant monitoring	34
	4.3a(iii) Reimbursement of tuberculosis medication costs	35
	4.3a(iv) Food thickening voucher scheme	35
	4.3a(v) Palliative care scheme	35
	4.3b Public Health commissioned services	35
	4.3b(i) Sexual health services	35
	4.3b(ii) Stop smoking services	36
	4.3b(iii) Substance misuse services	37
4.4	Healthy living pharmacy award	38
4.5	The public view	39
Section Five: Conclusion and recommendations		43
List of abbreviations		44
Appendices		
Appendix 1	GP Federations and Teams Around Patients	45
Appendix 2	Targets in the Joint Health and Wellbeing Strategy 2016-19	46
Appendix 3	NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	49
Appendix 4	The County Durham PNA timeline	54
Appendix 5	Organisations that responded during the statutory 60 day consultation	55
Appendix 6	Results of the community pharmacy survey	56
Appendix 7	Results of the Healthwatch public survey	64
	7a Results of the Healthwatch online public survey	64
	7b Summary and recommendations of the full Healthwatch report	71
Appendix 8	Summary of public responses received during the statutory 60 day consultation	74
Appendix 9	Housing developments in County Durham of 1000 properties or more, and estimated builds by 2020-21	79
Appendix 10	Location and opening hours of pharmaceutical services	81
Appendix 11	Pharmaceutical service maps	98
	11.1 Master map of pharmaceutical services in County Durham	99
	11.2 Dales	100
	11.3 Easington	111
	11.4 Derwentside	122
	11.5 Sedgefield	133
	11.6 Durham	144
	11.7 Chester-le-Street	155

Executive summary

County Durham is a predominantly rural county with a total population of just under 518,000 people. The County has a large and increasing aging population. The County also experiences higher levels of deprivation than the national average, and hence significant health inequalities.

A Pharmaceutical Needs Assessment (PNA) considers the health needs of the population and the provision of pharmaceutical services, and therefore, whether there are any potential gaps in pharmaceutical service delivery. It is used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of pharmaceutical services. The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the priorities in the Joint Health and Wellbeing Strategy (JHWS).

Under the Health and Social Care Act (2012), the Health and Wellbeing Board (HWB) is responsible for the production of the PNA. This process is led by the Public Health Department. An updated PNA must be produced every 3 years or sooner if there are significant changes to pharmaceutical services that are relevant to the granting of future pharmacy applications (this can also be accomplished by the publication of a supplementary statement). Changes to pharmaceutical services are more likely to occur within the timeline of this PNA due to the financial pressures in the national pharmacy contract and the potential closure / consolidations of existing pharmacies. The PNA, an up to date map of pharmaceutical services, and any supplementary statements can be found at www.countydurhampartnership.co.uk/article/17588/Pharmaceutical-Needs-Assessment

The PNA report includes information on the following:

- The number and geographical distribution of pharmacies and dispensing GP practices in County Durham. In 2017, there are 125 pharmacies and 16 dispensing GP practices in County Durham. These are presented in 6 localities to reflect the configuration of GP Federations and Teams Around Patients (TAPs).
- Ease of access and type of pharmaceutical service in County Durham and a judgement on the potential gaps in the provision of pharmaceutical services. The key conclusion from the PNA is that there are sufficient numbers of pharmacies in County Durham. This can be demonstrated using the following points:

The key conclusion from the PNA is that there are sufficient pharmaceutical services in the 6 localities across County Durham. This can be demonstrated with the following points:

- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
- A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities. However, this may need to be reviewed as the development of urgent care services proceeds.
- The estimated builds of future housing developments by 2021 will not require new pharmaceutical services.
- County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.

However, there is still scope to further develop locally commissioned services from the existing service providers in order to further support targets in the JHWS. These services should particularly focus on:

- The growing older population, the integration agenda, and incorporating pharmacy services into TAPs.
- The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a healthy living pharmacy (HLP) as part of the national pharmacy contract introduced in 2016.
- Continuing to ensure that pharmacy supports key priorities in the Sustainable and Transformation Plans (STPs) around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.

In order to achieve these developments the public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education of targeted populations in County Durham.

Section One: Introduction

Key points

The PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision.

Pharmacy can support the achievement of a number of priorities in the JHWS. This includes developing services focusing on the growing older population and the integration agenda; expanding community pharmacy based public health services particularly in the areas of deprivation across the county; and continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.

1.1 Policy drivers

Implementation of the NHS Five Year Forward View (5YFV) is a key policy driver across the health and social care sector. The 5YFV describes the need to remove barriers across providers and the various healthcare settings and describes networks of care centred around the patient, with care is provided closer to home. Next steps on the *NHS Five Year Forward View*¹ reviewed the progress made since the launch of the 5YFV in October 2014 and set out how the NHS will deliver improvements particularly in the areas of cancer, mental health and GP access, and how the way that care is delivered will change to ease pressure on hospitals by helping frail and older people live healthier, more independent lives. Described changes include:

- Boosting mental health services by, for example, the provision of more mental health professionals in the community and hospitals to prevent crisis admissions.
- Better access to GP services with everyone benefiting from extended opening in the evenings and weekends, newly designated 'Urgent Treatment Centres' and an enhanced NHS 111 service to ease pressure on Accident and Emergency (A&E).
- Better care for older people by bringing together services provided by GPs, hospitals, therapists, nurses and care staff; and cutting emergency admissions and time spent in hospitals.

To accelerate delivery of the 5YFV every health and social care system in the country came together in 44 geographic areas to create STPs which set out a clear approach to how the challenges in the 5YFV will be delivered locally by 2020-21². In July 2017, North Durham Clinical Commissioning Group (CCG) was part of the Northumberland, Tyne and Wear, and North Durham STP³; and Durham, Dales,

¹ Next steps on the NHS Five Year Forward View. NHS England, March 2017.

www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/

² Delivering sustainability and transformation plans: From ambitious proposals to credible plans. The Kings Fund, February 2017. www.kingsfund.org.uk/publications/delivering-sustainability-and-transformation-plans

³ www.northdurhamccg.nhs.uk/involve-me/stp/

Easington and Sedgefield (DDES) CCG was part of the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP⁴. Local STP priorities include:

- Preventing ill health to reduce health inequalities and increasing self-care - this involves strengthening the public health agenda and supporting people to manage their own health and any medical problems they already have. For example, 27% of people seen by their GP for could have had their problem resolved in a different way, such as getting advice from a pharmacist⁵.
- Health and care in communities and neighbourhoods - this involves supporting people to stay well and independent for as long as possible by improving health and care services within their community (including improving access to mental health support locally). For example, 25 - 50% of hospital beds are used by people who do not need hospital care⁶.

Sitting alongside the integration agenda in the STPs is the ongoing integration work in County Durham funded by the Better Care Fund (BCF)⁷ which was announced in 2013 and is a single pooled budget for health and social care services to work more closely together, based on plans agreed by the HWB, in order to support more person-centred, coordinated care. Local areas should ensure the financial planning and overall direction of travel within BCF plans and the local STP(s) are fully aligned.

In 2017, the TAPs work stream began in order to enhance integration across health and social care in line with STPs and the BCF. TAPs represent a small group of GP practices and a collection of services for a 30-50,000 population in County Durham. These services aim to integrate health and social care services in order to promote seamless care for a patient with care being delivered in the community setting/person's own home. A front line workforce across a number of disciplines will deliver care to patients, with a greater focus on prevention and independence. There are 13 TAPs in County Durham which are aligned to the GP Federations (see Appendix 1). Phase 1 began in summer 2016 with an initial focus on adult patients that are at very high/moderate risk of admission to hospital and care homes, with services to include the following:

- GP practices
- Social care
- Community nursing
- Community pharmacy
- Vulnerable adults service
- Specialist nursing services e.g. respiratory
- Falls prevention services
- Palliative care
- Continence services
- Intermediate care
- Stroke services
- Dietetics
- Physiotherapy
- Occupational therapy
- Podiatry
- Wellbeing for Life services
- Voluntary sector

⁴ www.durhamdaleseasingtonedgefieldccg.nhs.uk/?s=stp

⁵ www.northdurhamccg.nhs.uk/involve-me/stp/

⁶ www.northdurhamccg.nhs.uk/involve-me/stp/

⁷ Integration and Better Care Fund Policy Framework 2017 to 2019. DH, March 2017.

www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019

Locally, HWBs bring local authorities and CCGs together by promoting integrated working between commissioners of health services, public health and social care services in order to improve the health and wellbeing of local people. The County Durham JSNA⁸ provides the detailed overview of the current and future health and wellbeing needs of the people of County Durham and aims to:

- Highlight areas where there is a need to improve health and wellbeing outcomes for the local community.
- Aid decision makers in targeting resources.
- Act as a resource document to support health and wellbeing planning and commissioning.
- Help inform HWB plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.

Since 2016 the JSNA has been presented within the health, social care and wellbeing section of the County Durham Integrated Needs Assessment⁹ (INA) as a series of factsheets. These factsheets are updated regularly and provide current data and information for stakeholders in order to inform planning and commissioning of services. The JSNA informs the JHWS 2016-19¹⁰ for County Durham. The JHWS outlines a three year vision for improving health and wellbeing, and addressing health inequalities in the county. It informs and influences decisions about health and social care services in County Durham, so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing, for example smoking, drugs, alcohol, unhealthy weight, mental and physical wellbeing. Overarching priorities in the JHWS include to reduce health inequalities and early deaths; to improve the quality of life, independence, and care and support for people with long term conditions (LTCs); and to improve the mental and physical wellbeing of the population. Appendix 2 describes some of these targets in more detail.

1.2 Pharmaceutical needs assessment

A PNA considers the health needs of the population and the provision of pharmaceutical services, and therefore, whether there are any potential gaps in pharmaceutical service delivery. The PNA for County Durham links to the health needs identified in the JSNA and the priorities described in the JHWS.

All HWBs must produce an updated PNA every 3 years. A PNA is used by NHS England in its consideration of applications to join the pharmaceutical list under The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (and 2016 amendments), and by service commissioners to ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the JHWS.

⁸ www.durham.gov.uk/jsna

⁹ www.countydurhampartnership.co.uk/article/8461/Integrated-Needs-Assessment

¹⁰ www.durham.gov.uk/jhws

1.3 Market entry

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (and the accompanying 2016 amendments) a person (a pharmacist, 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. There are two types of application - excepted and routine.

There are 5 types of routine market entry application. These are applications that seek to prove they are able to meet a pharmaceutical need as set out in the relevant PNA, and hence are judged against the PNA by NHS England. These routine applications seek to:

- Meet a current need in the PNA
- Meet a future need in the PNA
- Improve current access
- Improve future access
- Fulfil an unforeseen benefit (where the applicant provides evidence of a need that was not foreseen when the PNA was published)

'Excepted' applications are not judged against the pharmaceutical needs described in a PNA and include applications to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis, no significant change relocations, and consolidation applications. Consolidation applications were introduced in 2016 by amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 to allow for the consolidation of two or more pharmacies on a single existing site where such a change would not create a gap in provision (as described by a supplementary statement that the HWB must produce on receipt of a consolidation application).

1.4 Process followed for developing the PNA

The PNA process follows Regulations 3-9 and Schedule 1 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹¹ (see Appendix 3), with particular regard to Regulation 9 (what to consider when making an assessment) and Schedule 1 (information to be contained in PNAs).

The PNA process also follows the supporting guidance in the *Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards* published by the Department of Health (DH) in 2013¹².

The Public Health Department of Durham County Council (DCC) oversaw the development of the PNA on behalf of the HWB. A small steering group was established in May 2017 in order to produce the first draft of the PNA. Membership consisted of:

¹¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made

¹² Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards. DH 2013. www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

Table 1: PNA steering group members

Name	Role
Claire Jones	Public Health Pharmacist, Public Health, DCC
Nick Springham	Consultant in Public Health, Public Health, DCC
Kirsty Roe	Public Health Intelligence Specialist, Transformation and Partnerships, DCC
John Russell	Senior Policy Officer, Spatial Policy Team, Regeneration and Local Services, DCC
Julie Bradbrook	Partnership Manager, Partnerships and Community Engagement, Transformation and Partnerships, DCC
Emma Morris	Local Pharmaceutical Committee (LPC)
Joan Sutherland	Medicines Optimisation Lead, North Durham CCG
Zena Jones	Healthwatch

During May – August 2017, the Public Health Department gathered the relevant information from each steering group member; pharmaceutical service information from various service commissioners and portfolio leads; responses from a LPC-approved community pharmacy questionnaire; and responses from an online Healthwatch questionnaire before preparing a draft PNA. This was signed off by steering group members in August 2017, before starting the process of internal DCC scrutiny. A revised draft then underwent the statutory 60 day public consultation during December 2017 – January 2018 before final sign off by the HWB in March 2018. Appendix 4 contains the PNA timeline and Appendix 5 summarises the stakeholder organisations that commented on the draft PNA during the statutory 60 day consultation.

1.5 Process for updating the PNA

Regulation 6(3) of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 describes the process of PNA updates (see Appendix 3).

HWBs must produce an updated PNA every 3 years or sooner if there are any significant changes to pharmaceutical services that are relevant to the granting of future pharmacy applications. The latter can also be accomplished by the publication of a supplementary statement:

- A supplementary statement must be issued in connection with the granting of a consolidation application (see Section 1.3).
- A supplementary statement may be issued following a change in provision / availability of pharmaceutical service since the publication of the PNA that is relevant to the granting of future routine applications.
- Changes to pharmaceutical services that are relevant to the granting of future routine applications are generally changes that lead to a gap in pharmaceutical services, or changes that meet an identified need in the PNA (e.g. to improve access or an identified need in the PNA). However supplementary statements may also be issued for opening / closing of premises and no significant change relocations of pharmacy premises which do not impact on the granting of future routine applications, but could be relevant to the granting of future routine applications due to Regulation 31 (adjacent premises).

- Supplementary statements are a way of updating what the PNA says about which pharmaceutical services are provided and where. They are not a way of updating what the PNA says about needs (this is covered by Regulation 6(2) of the 2013 regulations). For example: A HWB identifies that a housing development is anticipated to commence in the second year its PNA and that there would be a need for the provision of pharmaceutical services to the development at the point of occupation of the hundredth house. Subsequently the housing development is delayed - a supplementary statement is not appropriate as there have been no changes to the availability of pharmaceutical services (i.e. pharmaceutical need).

1.6 Localities for the purpose of the PNA

Based on how the population of County Durham lives and travels, the localities chosen for the 2015-18 PNA, and the configuration of GP Federations and TAPs (see Appendix 1), the following localities were chosen:

1. Dales
2. Easington
3. Derwentside
4. Sedgefield
5. Durham
6. Chester-le-Street

Section Two:

Population profile and health needs¹³

Key points

There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density.

Similarly, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since the older population is increasing. In addition, older patients often have higher morbidity and generally require more support with their medicines and to access pharmaceutical services.

County Durham experiences higher levels of deprivation than the national average. Research by Durham University has shown that 99.8% of the population in the areas of highest deprivation in England have access to a community pharmacy within a 20 minute walk. This pattern is generally supported locally in each of the 6 localities where pharmacy locations are mapped against areas of deprivation. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities.

2.1 Population profile

Population information for County Durham shows that:

- The total population had increased to 517,800 in 2014.
- Projections indicate a further increase of 2.8% by 2021 (to 532,200 from the 2014 base year), rising to 548,500 people by 2030.
- The 65+ age group is projected to increase from almost one in five people in 2014 (19.6%) to one in four people (25.3%) by 2030, which equates to an increase of 36.8% from 101,500 to 138,800 people. In addition, the proportion of the County's population aged 85+ is predicted to almost double by 2030.

Appendix 11 contains maps in each of the 6 localities where pharmacy locations are mapped against population density (all ages). There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density. Similarly, Appendix 11 contains maps in each of the 6 localities where pharmacy locations are mapped against population density of the over 65's. Again, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since older patients often have higher morbidity and generally require more support with their medicines and to access pharmaceutical services.

2.2 Health inequalities and deprivation

Average life expectancy in County Durham has improved for males (78.1 years) but reduced slightly for females (81.4 years). Both are still behind the England average of 79.5 years for males and 83.2 years for females. Both prevalence of LTCs (such as diabetes, coronary heart disease (CHD), and stroke) and mortality rates for the major causes of death (cardiovascular disease (CVD), cancer and stroke) are significantly higher in County Durham than England. Between 2011 and 2013 CVD and cancer accounted for 63% of early or premature deaths in County Durham and as such are priority areas for action locally.

¹³ Information taken from the JSNA (and accompanying INA factsheets) and the JHWS 2016-19. More detailed information is available at www.durham.gov.uk/jhws and www.countydurhampartnership.co.uk/article/8461/Integrated-Needs-Assessment

It is therefore important that community pharmacy becomes aware of and signposts to the forthcoming *Macmillan Joining the Dots* service which will provide one stop support for any County Durham resident with a diagnosis of cancer; and is involved in the NHS Health Check Service.

The links between poor health outcomes and deprivation are well documented. In County Durham, levels of deprivation are higher and life expectancy is lower than the England average, and there is also inequality within the geography of County Durham itself for many measures, including life expectancy and premature mortality. For example, in County Durham, men born in the most affluent areas will live 6.9 years longer than those born in the most deprived areas; women born in the most affluent areas will live 7.6 years longer than those born in the most deprived areas.

Much of our population suffer from avoidable ill-health or premature deaths. Lifestyle factors remain a key driver to reducing premature deaths. For example:

- Smoking remains the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden.
- The levels of excess weight are higher across County Durham (69% of adults) than the North East (68.6%) and significantly higher than England (64.6%).
- The rate for alcohol-specific admissions to hospital for adults at 788 per 100,000 population is worse than the England average of 645.

Local priorities for tackling health inequalities in County Durham therefore include reducing smoking, tackling childhood and adult unhealthy weight, promoting breastfeeding, reducing alcohol consumption, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health, and reducing early deaths from heart disease and cancer.

A study published in the British Medical Journal (BMJ) in 2014 by Durham University¹⁴ sought to determine the percentage of the population in England that have access to a community pharmacy within a 20 minute walk, and how this linked to social deprivation. It found that 90.2% of the population in the areas of lowest deprivation have access to a community pharmacy within a 20 minute walk, whilst 99.8% of the population in the areas of highest deprivation have access to a community pharmacy within a 20 minute walk.

This is supported locally by the maps in Appendix 11 where pharmacy locations are mapped against deprivation to show a good availability of pharmacies across the areas of deprivation in the 6 localities. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities, and to work closely with these local communities in order to change the health inequalities that exist.

¹⁴ Todd et al. The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8. <http://bmjopen.bmj.com/content/4/8/e005764>

Section Three:

Access to pharmaceutical services

Key points

County Durham has a good distribution of pharmaceutical services. This is reflected by the view of a small sample of the public where 93% of people who responded to a Healthwatch survey stated that they can easily access pharmaceutical services.

At the time of writing the PNA in 2017, County Durham has an above national average supply of community pharmacies. This is an opportunity to allow for more patient choice, and for additional pharmaceutical services to the ageing and deprived populations in County Durham. However with the funding cuts in the national pharmacy contract a number of pharmacies may close or consolidate during the life of this 3 year PNA. The HWB will then consider whether this leaves a gap in pharmaceutical services in County Durham.

A good distribution of pharmacies exist with extended and weekend opening hours in all localities. People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open in that locality. The CCGs will continue to monitor the nature of the prescribed medication and the distances that people travel to receive any urgent medication in order to make a judgement as to whether there continues to be an adequate provision of pharmaceutical services across all 6 PNA localities.

None of the predicted housing development builds by April 2021 will require new pharmaceutical services due to satisfactory cover from already existing services. However this position should be particularly reviewed again in the 2021-24 PNA as builds on the larger developments start to progress.

A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

3.1 Number, type of pharmaceutical service and geographical distribution

As highlighted in Section 2.2, a study published in the BMJ in 2014 by Durham University¹⁵ found that 90.2% of the population in the areas of lowest deprivation in England have access to a community pharmacy within a 20 minute walk, whilst 99.8% of the population in the areas of highest deprivation in England have access to a community pharmacy within a 20 minute walk.

In 2017 there are 125 pharmacies in County Durham (see Appendix 10 for pharmaceutical services in each locality, including which pharmacies are distance selling and which are 100-hour pharmacies; and Appendix 11 for the locations of pharmacy services in each of the 6 localities). The number reported in the last PNA of 2015 was also 125.

¹⁵ Todd et al. The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8. <http://bmjopen.bmj.com/content/4/8/e005764>

The County Durham population in 2014 was 517,800. Projections indicate this will increase to 532,200 people by 2021. This means that County Durham has 24 pharmacies per 100,000 population (reducing to 23 pharmacies per 100,000 population in 2021). The current figure is therefore higher than the 2016 North-East and England average of 23 and 21 per 100,000, respectively. This is an opportunity to allow for more patient choice, and additional pharmaceutical services to the ageing and deprived populations in County Durham. However with the funding cuts in the national pharmacy contract a number of pharmacies may close or consolidate (see Section 1.3) during the life of this 3 year PNA. The HWB will then consider whether this leaves a gap in pharmaceutical services.

In 2017 there are 16 dispensing GP practices (see Appendix 10 for pharmaceutical services in each locality, including opening hours of GP practice dispensaries), with the rural population mainly being served by dispensing practices. In the last 2015 PNA there were 18 dispensing practices. In 2017, the CCG has plans to support business planning in GP practices in order to, e.g. prevent future closures of GP practice dispensaries. Dispensing doctors are authorised to provide drugs and appliances in designated rural areas known as controlled localities. A controlled locality is an area that has been determined to be 'rural in character' by NHS England, a primary care trust (PCT) predecessor organisation, or following an appeal to the NHS Litigation Authority. NHS England holds the map of controlled localities in County Durham and Darlington. A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011. Dispensing doctors do not provide the full range of pharmaceutical services that pharmacies do, however, CCGs commission practice pharmacists to work in all GP practices including dispensing practices and nationally there is a drive to integrate clinical pharmacists into GP practices as is already happening in some areas of County Durham in 2017.

The map in Appendix 11.1 shows that there is a good distribution of pharmacies and dispensing practices across County Durham, with the rural population mainly being served by dispensing practices. Locality mapping of pharmacy services in Appendix 11.2 - 11.7 shows that there is good distribution of pharmacies across County Durham particularly in areas of higher population density (all ages and the over 65's) and in areas of higher deprivation. Pharmaceutical services need to be targeted to the populations with the highest health needs so it is important to ensure that services are accessible to the population in the 30% most deprived areas, and to the older population.

3.2 Ease of access to pharmaceutical services

An important consideration in determining the adequacy of pharmaceutical services is how long it takes to travel to a pharmacy. However the majority of pharmacies provide a non-commissioned goodwill delivery service (Note: from the responses to the May 2017 community pharmacy survey there are generally 1-2 pharmacies in each locality that do not provide a delivery service however the national pharmacy funding cuts may stop the provision of services which pharmacies are not obliged to provide, such as these delivery services). In addition the roll out of repeat dispensing, the electronic prescription service (EPS), and eRepeats helps to support convenience and ease of access for patients across County Durham.

As discussed in Section 2.2 a study published in the BMJ in 2014 by Durham University¹⁶ found that over 90% of the population in England have access to a community pharmacy within a 20 minute walk. This is generally supported locally from the mapping exercise in Appendix 11 which shows there is a good distribution of pharmacies across the 6 localities. In addition, the previous 2015 PNA stated: 'of the 291,273 properties in County Durham only 254 are not within a 20 minute drive of a pharmacy or dispensing practice. These households are largely situated in the Dales'.

The Equality Act 2010¹⁷ sets out the framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled if they have a long term physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service then the service provider must consider what reasonable adjustments are needed to overcome that obstacle so that access is provided to a service as close as it is reasonably possible to get to the standard normally offered to the public at large. The provider will be in breach of the legislation if there is a reasonable adjustment available which he chooses not to make, making the disabled person unable to access the service. Easy open containers, large print labels, and reminder charts are common adjustments in pharmacy. In May 2017, 19% of pharmacies across County Durham did not have unaided wheelchair access (see Table 2).

Table 2: Pharmacies with no unaided wheelchair access in County Durham

Locality	Total number of pharmacies	No unaided wheelchairs access*
Dales	23	4
Easington	28	6
Derwentside	20	2
Sedgefield	21	3
Durham	22	7
Chester-le-Street	11	2
Total	125	24

Source: Pharmacy PNA survey May 2017 (full summary in Appendix 6)

*Of the 84% of pharmacies that responded to the survey

3.3 Access to pharmaceutical services by opening hours

A pharmacy has 40 core contractual hours (or 100 for those that have opened under the former exemption from the market entry test), the timings of which cannot be amended without the consent of NHS England. A pharmacy can also be open for additional 'supplementary hours'. However, with a 3 month notice period to NHS England, these supplementary hours can stop at any time therefore in the climate of the financial cuts with the national pharmacy contract (introduced in December 2016) all assessments on access to pharmacy services by opening hours are made using core hours only (however note that Appendix 10 also lists the additional supplementary hours for each pharmacy in order to give a full picture of total pharmacy opening hours in September 2017).

¹⁶ Todd et al. The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8. <http://bmjopen.bmj.com/content/4/8/e005764>

¹⁷ PSNC Briefing 01/16: Equality Act 2010. January 2016. <http://psnc.org.uk/contract-it/pharmacy-regulation/dda/>

Appendix 10 shows the locations and opening hours (i.e. both core and supplementary opening hours of pharmacies, and opening hours of GP practice dispensaries) of pharmaceutical services across the 6 localities with a distinction of which pharmacies are 100-hour and which pharmacies are distance-selling. In addition the maps in the 6 localities in Appendix 11 shows the location of pharmacies with core opening hours after 6pm (these are the 100-hour pharmacies only) and pharmacies with core opening hours at the weekend (with a 100-hour pharmacy distinction). There is generally a good distribution of pharmacies open at weekends across the 6 localities.

In 2017 there are 13 100-hour pharmacies out of a total of 125 pharmacies in County Durham (see Appendix 10) which provide extended and out of hours cover for pharmaceutical services across the county (see Table 3).

Table 3: 100-hour pharmacies in County Durham

Locality	Total number of pharmacies	Number of 100-hour pharmacies	Location
Dales	23	5	Bishop Auckland, Crook
Easington	28	2	Peterlee, Seaham
Derwentside	20	3	Consett, Stanley, Tanfield
Sedgefield	21	2	Newton Aycliffe, Spennymoor
Durham	22	1	Dragonville Industrial Estate
Chester-le-Street	11	0	
Total	125	13	

As part of the 5YFV people continue to be encouraged to help themselves (via the information at www.nhs.uk) and to visit their pharmacy for healthcare advice and to treat minor ailments. In addition, as part of the 5YFV, there is a drive to improve access to urgent care services. DDES CCG began to operate a new primary care access scheme in April 2017, with North Durham CCG implementing a similar service in September 2017. If a person urgently requires a doctor then they are advised to contact their own GP practice between 8am – 6pm Monday to Friday. If their own GP practice cannot see them that day they will be given an appointment at the nearest primary care service. If they require an urgent doctor’s appointment between 6pm – 8am weekdays, or at weekends, then they are advised to contact NHS 111 to be signposted to the appropriate service. The primary care services operate between 6pm – 8pm Monday to Friday, and 8am – 1pm Saturday, Sunday, and Bank Holidays. These are located in:

DDES CCG

- Dales - Stanhope, Barnard Castle, and Bishop Auckland
- Sedgefield - Spennymoor, Newton Aycliffe, and Sedgefield
- Easington - Seaham, Easington, and Peterlee

North Durham CCG

- Durham - Gilesgate
- Chester-le-Street - Great Lumley
- Derwentside - Annfield Plain

People requiring urgent medication are generally provided with a paper prescription and directed to a 100-hour pharmacy open in that locality. Across County Durham there are 13 100-hour pharmacies (see Table 3). The CCG will continue to monitor the nature of the prescribed medication (i.e. whether the prescribed medication is urgent or could be dispensed at that person's usual pharmacy the following day) and the distances that people travel to receive any urgent medication in order to make a judgement as to whether there continues to be an adequate provision of pharmaceutical services across all localities. The LPC will then work with the HWB, the CCGs, and existing local pharmacies to look at the feasibility of increasing the opening hours of existing providers should a demand for this be identified; whether this arises as a consequence of extended GP access or any other reason.

3.4 The public view

Healthwatch carried out an online survey in the summer of 2017 with a view to gaining an initial insight into how a small sample of the public (total of 164 responses) are accessing pharmaceutical services and their overall views of the services they receive (see Appendix 7a). In terms of how the public are accessing pharmaceutical services across County Durham:

- 56% of people who responded to the survey access pharmaceutical services once a month, with 85% of people always / usually using the same pharmaceutical service.
- with 66% of them visiting a pharmaceutical service by car.

Appendix 7a also lists the positive and negative comments received on staff, access and services from this survey. The comments regarding access across the 6 localities are summarised below. A common theme seems to be that, in some cases, pharmacy opening hours do not match those of GP practices. If a pharmacy wishes to change its opening hours to match those of a GP practice, it must first apply to NHS England to alter its 'supplementary' opening hours (see Section 3.3).

Across County Durham (where no postcode was indicated on the survey return)

What does your pharmacy or GP practice dispensary do well?

- Good location.
- It is well located and is open good hours.
- Long opening hours.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Increase in out of hours cover.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Later opening hours. Their hours do not match those of the GP practice.
- Opening hours longer.
- Longer opening hours and weekend opening times.
- Open longer hours.

Dales

What does your pharmacy or GP practice dispensary do well?

- Local and convenient.
- Convenient long opening hours.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Access.
- Longer Saturday opening times or one late night per week - it is sometimes awkward collecting prescriptions with working full time.

Easington

Is there any way your pharmacy or GP practice dispensary could be improved?

- Not open very much over the weekend period.

Derwentside

What does your pharmacy or GP practice dispensary do well?

- Long opening hours and 7 day opening.
- Fantastic opening hours.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Pharmacy joined onto the GP should be open the same hours. The pharmacy closes at 5.30 but the GP appointments run until 6.30 so means not able to pick up an urgent prescription the same day.
- Open Saturdays.

Sedgefield

What does your pharmacy or GP practice dispensary do well?

- Opening hours are good - stay open late, all others close at teatime.
- Great pharmacy is in house which is convenient.
- Easily accessible.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Better opening times and weekend opening.
- Waiting times could be reduced.
- Later opening hours.
- Wait time on prescriptions (doctors quicker to get prescription).

Durham

What does your pharmacy or GP practice dispensary do well?

- Local and convenient prescription service.
- They are open long hours to coincide with the doctor's surgery.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Yes a Saturday service.
- They are not open at lunchtimes or evenings.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Open Saturdays.
- More staff at busy times and a better waiting area.
- Open on a weekend and one late evening per week.
- Be open at lunchtimes and evenings and Sundays.
- Longer opening hours.
- Weekend opening hours.
- Closed at lunchtime - inconvenient. Stay open all day.

Chester-le-Street

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- It would be helpful if their opening times were longer for people who work during the day.

Is there any way your pharmacy or GP practice dispensary could be improved?

- The shop is not accessible if you are a wheelchair user.

3.5 Future housing developments

For potential future changes to pharmaceutical need due to new housing developments during 2018-21, an analysis of building 'commitments' (i.e. sites with planning permission) in County Durham was undertaken during May - July 2017.

Appendix 9 shows the future housing developments of 100 or more builds and the estimated progress by 2020-21.

In summary, none of the predicted builds by April 2021 will require new pharmaceutical services. The impact in each locality of 100 or more predicted builds is discussed below:

Dales

The largest estimated build by 2020-21 is at Brack's Farm (120 houses). However Bishop Auckland is already well serviced with 9 pharmacies that are within a 20 minute drive of this site.

Easington

The largest estimated builds by 2020-21 are at Peterlee (105 houses) and Wheatley Hill (100 houses). Peterlee is already well serviced with 5 pharmacies that are within a 20 minute drive of this site. Similarly Wheatley Hill itself is already serviced by a single pharmacy.

Derwentside

The largest estimated builds by 2020-21 are in the Consett area (total 360 houses). However the Consett area is already well serviced by 6 pharmacies. Estimated builds of over 100 houses are also at Stanley (140 houses). However Stanley is well already serviced by 4 pharmacies.

Sedgefield

The largest estimated builds by 2020-21 are in the Spennymoor area (total of approximately 600 houses). However, for the purposes of this assessment the assumption is made that these developments will have a significant proportion of occupants from the existing population, and hence there will be sufficient pharmaceutical services in the Spennymoor area which is already serviced by 4 pharmacies.

Estimated builds of over 100 houses are also at Shildon (100 houses), Sedgefield (105 houses), and Chilton (total of 180 houses). These areas are already serviced by pharmacies (3, 1, and 1 respectively).

Durham

The largest estimated builds by 2020-21 are in and around Durham City (total of approximately 540 houses). Durham City has well connected sustainable transport links which will provide easy access to the numerous pharmaceutical services in and around the Durham area.

Estimated builds of over 100 houses are also at Meadowfield (140 houses), Ushaw Moor (101 houses) and West Rainton (120 houses). These areas all have a pharmacy.

Chester-le-Street

The largest estimated build by 2020-21 is at Vigo Lane (90 houses). Chester-le-Street is already well serviced by 5 pharmacies.

It is recommended that future PNAs reconsider the need for new pharmaceutical services across all localities as the larger housing developments progress. At this review, factors to take into account for each new housing development should include:

- Is it a significant housing development (e.g. with a build of over 100 houses)?
- What type of houses will be built in this development (e.g. bungalows which are more likely to attract an elderly population; a housing association development which may be associated with a population experiencing multiple deprivations)?
- Are other developments planned within that housing development (e.g. a health centre or retail units)?
- Can a judgement be reasonably made as to whether this development may result in a re-distribution of the existing population in an area (e.g. a development specifically intended to meet localised housing needs) or a new population moving in to the area (e.g. a newly retired population moving to a local beauty spot, or as a result of the impact of a significant new employment opportunity)?
- Is the predicted incoming population likely to:
 1. Alter their choice of GP practice?
 2. Have significant health needs (e.g. an elderly population, or a population suffering from multiple deprivations)?
 3. Be able to easily access pharmaceutical services e.g. via sustainable transport or by car)?

3.6 Future new GP practices¹⁸

In the summer of 2017, there are no approved plans for builds for new GP practices. However, in the summer of 2017, there are aspirations for builds for new GP practices in the areas of:

- Bowburn
- Coxhoe
- Sedgefield
- Newton Aycliffe

If any of these aspirations result in a build for a new GP practice then the HWB will consider whether this now results in a gap in pharmaceutical services in this area.

In addition, at the beginning of 2018, NHS England is not aware of plans for additional GP practices to be built to accommodate the areas of planned housing growth listed in Appendix 9.

¹⁸ Information obtained from NHS Property Services in August 2017

Section Four: Service provision

Key points

All stakeholders should continue to work together to support the ongoing utilisation of eRepeats.

Community pharmacy should become an integral part of the integration agenda and TAPs to support patients with their medication. Commissioning of services to further support medicines optimisation should be considered, particularly with the growing elderly population in County Durham. This should include commissioning of enhanced services by NHS England, and take into consideration other medicines optimisation services e.g. clinical pharmacists working in GP practices and in care homes.

For advanced services, the LPC should continue its work to encourage all contractors to provide the flu vaccination service. The LPC should consider the potential of improving and extending the national pilot, the NHS Urgent Medicine Supply Advanced Service (NUMSAS), to also include a walk-in service. The LPC should scope local training packages for the Appliance Use Review (AUR) service and the Stoma Customisation Service (SCS), the provision of which by community pharmacy is still very minimal in each locality. In addition, all stakeholders should continue to work together to support the ongoing utilisation of post-discharge medicines use reviews (MURs) through the Transfer of Care (TOC) pathway.

As part of the STP priorities to support self-care and the appropriate use of health care services by the public, it is important for community pharmacy to engage with the national NUMSAS pilot and for the CCG commissioning of a minor ailment service to continue alongside the national push to encourage the public to self-care.

In terms of public health services, commissioners may wish to continue to increase access to the community pharmacy needle exchange service, and to ensure that community pharmacy continues to be part of the NHS Health Check Service. Commissioners should also continue to promote community pharmacy signposting to the *Wellbeing for Life Service*, and the forthcoming *Macmillan Joining the Dots Service*.

HLPs should continue to be supported now that attainment of the Level 1 Award is part of the national pharmacy contract, and as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county. This should particularly involve HLPs broadening their signposting to also tackle the wider determinants of health (e.g. social, economic and environmental factors).

In order to achieve any pharmacy service development the public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education of targeted populations in County Durham.

The vast majority of prescriptions issued by County Durham GP practices are dispensed by pharmaceutical services in County Durham. Therefore pharmacies outside County Durham are not 'necessary' to provide the essential pharmaceutical service in County Durham. However it is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas. This has been flagged by service providers in the Fencehouses area of the Chester-le-Street locality.

4.1 Overview

4.1a National community pharmacy contract reforms and the local picture

In December 2016 a new national community pharmacy contract was introduced. The overall Government vision for this contract is: “for community pharmacy to be integrated with the wider health and social care system. This will help relieve pressure on GPs and A&E departments, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the promotion of healthy behaviour change and ill health prevention, as well as contributing to delivering 7 day health and care services.”

The Government also imposed a two-year funding package on community pharmacy. These funding cuts - of around 7.5% in 2017-18 compared with 2015-16 - are likely to force some pharmacies to close or merge (see Section 1.3 for consolidation pharmacy applications) since the average pharmacy (excluding very large high street pharmacies and supermarket pharmacies) earns 90-95% of its income from the national pharmacy contract and the commissioned services it provides.

The Government believes these funding cuts can be made without compromising the overall quality of services or public access to them because, for example it states that: “there are more pharmacies than are necessary to maintain good patient access.”

In order to protect patient access in areas of deprivation or where community pharmacy provision is sparse a Pharmacy Access Scheme (PhAS) was also introduced in December 2016. This scheme pays additional monies to all small and medium sized pharmacies that are a mile or more from another pharmacy (this is measured by road distance rather than as the crow flies). In County Durham, 34% (42) pharmacies are / may be eligible for this payment according to the May 2017 community pharmacy survey (see Appendix 6). A relatively high percentage would be expected due to the rural nature of County Durham.

Pharmaceutical Services Negotiating Committee¹⁹ (PSNC) comments on the funding cuts included: “Although it is unlikely that pharmacies will close immediately as a result of the pharmacy funding cuts, pharmacy owners will be forced to take steps quickly to reduce costs. These are likely to include reducing opening hours and staffing, and stopping the provision of services which they are not obliged to provide, such as home delivery of medicines.” In May 2017 only 1-2 pharmacies in each of the 6 localities did not deliver medication (see Appendix 6). Delivery of medication is goodwill non-commissioned service.

From 2017/18 the new national pharmacy contract also included a Quality Payments Scheme where payments are made to pharmacies meeting certain gateway and quality criteria. To qualify for payments, pharmacies must first meet four gateway criteria:

¹⁹ PSNC promotes and supports the interests of all NHS community pharmacies in England. It is national body responsible for negotiating the national pharmacy contract with Government. See <http://psnc.org.uk/>

1. The contractor must be offering at the pharmacy the MUR or the new medicines service (NMS) or must be registered to provide the NUMSAS (see Section 4.2b).
2. The NHS Choices entry for the pharmacy must be up to date. From the results of the May 2017 community pharmacy survey (84% response rate), only a single pharmacy had not accomplished this. This is important for both the public and NHS111 to be able to access accurate information about the availability of pharmacy services.
3. Pharmacy staff at the pharmacy must be able to send and receive NHS mail. From the results of the May 2017 community pharmacy survey (84% response rate), 35 pharmacies had yet to sign up for a NHS email address. Again it is important that all pharmacies have a NHS email address so that they can provide the national pilot NUMSAS (see Section 4.2b).
4. The contractor must be able to demonstrate ongoing utilisation of the EPS at the pharmacy premises. From the results of the May 2017 community pharmacy survey (84% response rate), only a single pharmacy was not EPS enabled. This is important as all national, regional, and local primary care stakeholders continue their work to roll out the implementation of eRepeats (i.e. repeat dispensing via the EPS) for appropriate patients in order to improve the patient pathway, reduce GP practice workload, improve the clinical care that patients receive in their community pharmacy. It is also important to enable the provision of the national pilot NUMSAS.

Each pharmacy passing these four gateway then receive quality payments for quality criteria including:

1. Achieving the national self-assessment HLP Level 1 Award.
2. 80% of all pharmacy staff working in patient facing roles trained as Dementia Friends.
3. Evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, being referred to an appropriate health care professional for an asthma review.

From the results of the May 2017 community pharmacy survey (84% response rate), all pharmacies were working towards the *Dementia Friends* and asthma inhaler quality payments. This is important with the current focus on mental health services, and the ongoing CCG medicines optimisation respiratory work stream. The appropriate links between the community pharmacy contract and these work streams should be made.

A total of 21 pharmacies indicated that they were either not already accredited as HLPs or were not currently working towards this Award by the second 2017-18 quality payment deadline in November 2017. It is important that all pharmacies seek HLP accreditation with the increasing focus on the public health role of community pharmacies (see Section 4.4).

4.1b National vision for the future of community pharmacy

The *Community Pharmacy Forward View*²⁰ describes three key roles for the community pharmacy of the future:

1. *As the facilitator of personalised care for people with LTCs* - community pharmacy teams should be integral to supporting and empowering people with LTCs and their carers to manage their own health. Community pharmacists and their teams should work in partnership across the wider health and care system, within the new care models that are emerging across the country.
2. *As the trusted, convenient first port of call for episodic healthcare advice and treatment* - the habit of using or signposting to 'pharmacy first' for non-emergency episodic care, should be ingrained in patient, public and professional behaviours. To facilitate this, systems that enable seamless triage to and referral from community pharmacy should be included in all local urgent care pathways and in the NHS 111 service.
3. *As the neighbourhood health and wellbeing hub* - all pharmacies should operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent. Building on the HLP model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres. Seen as a local community resource and trusted source of information and advice, pharmacy teams should have great connections with other organisations that support health, wellbeing and independence - ranging across local community groups, charities, places of worship, leisure and library facilities, social care, education, employment, housing and welfare services - and will be able to refer and signpost people to them. Some pharmacies should host outreach or drop in facilities for these partner organisations, and pharmacy team members will be routinely involved in any community-based health and wellbeing activities they organise.

4.2 Pharmaceutical services

Any organisation can commission services from community pharmacy. NHS England commissions NHS Pharmaceutical Services (see below) whilst local authorities and CCGs commission 'locally commissioned services' (see Section 4.3).

NHS England is the only organisation that can commission NHS Pharmaceutical Services (i.e. via the national community pharmacy contract). Community pharmacies provide three tiers of Pharmaceutical Service which have been identified in The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013²¹. These are:

- Essential services: services all pharmacies are required to provide.
- Advanced services: services to support patients with safe use of medicines.
- Enhanced services: services that can be commissioned locally by NHS England.

²⁰ Community Pharmacy Forward View. PSNC, Pharmacy Voice. August 2016.
<http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

²¹ www.legislation.gov.uk/uksi/2013/349/made

4.2a Essential services

Essential services are mandatory in the 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 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 include:

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

More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed in pharmacies in County Durham. This indicates that out of area pharmacies do not provide the 'necessary' essential pharmaceutical service for County Durham (i.e. pharmacies outside County Durham are not 'necessary' to provide the essential pharmaceutical service in County Durham).

4.2b Advanced services

There are 6 advanced services within the NHS community pharmacy contract²². Community pharmacies can choose to provide any of these services as long as they meet the necessary requirements. The 6 advanced services are the:

- Medicines use reviews (MURs)
- New medicine service (NMS)
- Appliance use review (AUR)
- Stoma customisation service (SCS)
- Flu vaccination service
- NHS urgent medicine supply advanced service (NUMSAS) (Note: In 2017-18 this is national pilot)

4.2 b(i) Medicines use reviews and the new medicine service

25-50% of medicines are not taken as intended or directed, and 15% of people receiving new medicines take few, if any, doses. This 'non-adherence' may lead to further prescriptions, tests and investigations, poor clinical outcomes, increased admissions to hospital, and premature mortality. Non-adherence to appropriately prescribed medicines is therefore a considerable issue for the NHS²³.

²² See information at <http://psnc.org.uk/services-commissioning/advanced-services/> and <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-04017-nhs-community-pharmacy-advanced-services-information-for-general-practitioners-and-practice-staff-june-2017/> for further details of each service.

²³ Commissioning medicines optimisation services from community pharmacy: Guidance for commissioners. Primary Care Commissioning, October 2016. <http://psnc.org.uk/wp-content/uploads/2013/07/Commissioning-medicines-optimisation-services-from-community-pharmacy-Guidance-for-commissioners.pdf>

The MUR service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for LTCs. A MUR 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.

A MUR is not a full clinical review and is in addition to any reviews carried out by the patient's GP. Feedback is provided to the patient's GP where there is an issue for them to consider. National target groups for MURs are (70% of the annual maximum of 400 MURs undertaken by each pharmacy should be on patients within the national target groups):

- 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.

Non-adherence to prescribed medicines can lead to poor management of LTCs and a cost to the patient, NHS and society. The NMS 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 NMS is targeted to new medicines prescribed in the four therapy areas of:

- Hypertension
- Type 2 diabetes
- Asthma / chronic obstructive airways disease (COPD)
- Anticoagulation / antiplatelet therapy

The national evaluation of the NMS²⁴ 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 intervention.

Locally these services could be further developed to enhance feedback mechanisms to GP practices, improve patient care, and free to GP practice time. To gain maximum value and benefits from MURs and the NMS it is important that effective communication processes exist locally between GP practices and community pharmacies in order to:

- Agree referral pathways for GPs and staff to direct patients into the services.
- Ensure that there are procedures to manage feedback and follow-up with community pharmacies.
- Where possible, timing of MURs could be co-ordinated with GP practice reviews to maximise beneficial outcomes and prevent duplication.

²⁴ Understanding and appraising the new NMS in the NHS in England. The University of Nottingham, University College London, DH. 2014. www.nmsevaluation.org.uk

According to the results of the May 2017 community pharmacy survey (84% response rate), the MUR service and the NMS are now routine practice, with only 2 pharmacies in the Durham locality indicating that they would be introducing the NMS in 2018. This is important particularly with post-discharge MUR referrals to community pharmacy from hospital trusts in the area through a TOC pathway. This pathway is essentially a communication template operating between local hospital Trusts and County Durham pharmacies via PharmOutcomes²⁵. This TOC pathway will become even more important as the local TAP integration pathways are developed (see Section 1.1).

4.2b(ii) The appliance use review and stoma customisation service

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The SCS involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

According to the results of the May 2017 community pharmacy survey (84% response rate) the provision of the AUR and SCS by community pharmacy are still very minimal in each locality, and is still likely to reflect the fact that appliance contractors are currently largely providing this service, and that training to provide this service is limited. It is therefore recommended that the LPC scope some local training packages and determine the level of interest in local provision of this service.

4.2b(iii) Flu vaccination service

This service runs from September to March with the aim of vaccinating eligible patients by the end of January. The administration of a flu vaccine is legally authorised by a national Patient Group Direction (PGD), and covers patients aged 18 years and older in the at risk groups that are published each year at www.gov.uk/government/collections/annual-flu-programme. Pharmacists providing this service attend face-to-face training for both injection technique and basic life support training every two years, and must ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day (this can be done locally via PharmOutcomes). In 2016-17 pharmacies in County Durham and Darlington delivered 11,107 vaccinations.

²⁵ PharmOutcomes is an established and well recognised national web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services. See <https://pharmoutcomes.org/pharmoutcomes/> for more information.

According to the results of the May 2017 community pharmacy survey (84% response rate), 75 pharmacies are providing the flu vaccination service from September each year, with a further 12 pharmacies planning to do so (see Table 4). Alongside GP practices, it is important that this service becomes routine practice in all pharmacies in County Durham, in order to provide a consistent message to the public about increasing access and patient choice to flu vaccination. The LPC should continue its work to encourage and support all contractors to provide this service.

Table 4: Provision of the flu vaccination service

Locality	Total number of pharmacies	Current provision*	Planned provision*
Dales	23	15	2
Easington	28	15	4
Derwentside	20	15	1
Sedgefield	21	12	1
Durham	22	13	1
Chester-le-Street	11	5	3
Total	125	75	12

Source: Pharmacy PNA survey May 2017 (full summary in Appendix 6)

*Of the 84% of pharmacies that responded to the survey

4.2b(iv) NHS urgent medicine supply advanced service

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend A&E to obtain urgently needed medicines²⁶.

This service is a national pilot which began in December 2016 and, in the first instance, is commissioned to run until end of September 2018. The objectives of the service are to:

- Manage appropriately NHS 111 requests for urgent medicine supply.
- Reduce demand on the rest of the urgent care system.
- Resolve problems leading to patients running out of their medicines.
- Increase patients' awareness of electronic repeat dispensing (or eRepeats).

²⁶ Quick Guide: Extending the role of community pharmacy in urgent care. NHS England, November 2015.

www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

NUMSAS is available to patients who contact NHS 111 to advise that they have run out of their NHS prescription medicines. NHS 111 will refer patients to the nearest pharmacy who is providing the service via NHSmail and the pharmacist will then interview the patient to decide if it is appropriate for an 'emergency supply' of their medicines or appliances to be supplied. A snap shot of one month's data from NHS111 in August 2017 showed that in North Durham CCG, 98 referrals for urgent repeat medicines had been made from NHS111 to pharmacy via NUMSAS, compared to 7 referrals to the GP out-of-hours service. Similarly in DDES CCG, there were 123 referrals to pharmacy via NUMSAS, compared to 3 referrals to the GP out-of-hours service.

The pharmacy will have ensured that (see Section 4.1a):

- The NHS choices information is accurate.
- It can receive referrals from NHS 111 via NHSmail.
- It is EPS enabled in order to check if there is a prescription available to dispense.

Pharmacies must ensure that a notification is sent to the patient's GP practice on the same day the medicine or appliance is supplied or as soon as possible after the pharmacy opens on the following working day.

According to the results of the May 2017 community pharmacy survey (84% response rate), 47 pharmacies are signed up to provide NUMSAS, with a further 20 pharmacies planning to do so (see Table 5). Again, it is important that while this national pilot is being commissioned by NHS England all pharmacies in County Durham engage with it in order to support the STP-driven agenda to support the appropriate use of health care services by the public and the provision of 7 day services with NHS 111 acting as the gateway for patients to services (see Section 1.1).

In 2014/15 an out of hours Pharmacy Emergency Repeat Medication Supply Service (PERMSS) was commissioned locally. This service was a walk-in service with patients self-presenting to community pharmacies during out of hours (OOH) periods with emergency repeat medication supply requests. Community pharmacists assessed each request for clinical appropriateness and when suitable provided an emergency repeat medication supply, with additional pharmaceutical advice and services if required. This service was evaluated by Durham University and published in the BMJ. Key findings included that patients found this service easy to access and were willing to access the community pharmacy in the future for medication-related issues. In the absence of this service, 50% of patients would have missed their medication(s) until they saw their doctor and a further 46% would have accessed an alternative service. The cost of NHS service(s) for patients who would have accessed an alternative OOH service was estimated as 37 times that of the community pharmacy service provided. Community pharmacists were happy to provide this service despite increased consultation times and workload. The paper concluded that community pharmacists were able to manage patients' OOH requests for emergency repeat medication; patients were happy with the service provided; and since the service cost was favourable when compared with alternative OOH services, it would be a viable option to reduce the workload on the wider NHS.

The LPC should therefore consider the potential of improving and extending the national pilot NUMSAS to also include a walk-in service.

Table 5: Provision of the NHS urgent medicine supply advanced service

Locality	Total number of pharmacies	Current provision*	Planned provision*
Dales	23	8	5
Easington	28	7	4
Derwentside	20	11	2
Sedgefield	21	10	2
Durham	22	7	5
Chester-le-Street	11	4	2
Total	125	47	20

Source: Pharmacy PNA survey May 2017 (full summary in Appendix 6)

*Of the 84% of pharmacies that responded to the survey

4.2c Enhanced services

Enhanced Services can be commissioned by NHS England to meet a local need. There are 20 enhanced services listed in the 2013 Directions²⁷ however none are currently commissioned.

The menu of 20 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

NHS England could support the growing older population and the integration work in County Durham by commissioning such enhanced services across the region, whilst taking into consideration other medicines optimisation services e.g. clinical pharmacists working in GP practices and in care homes.

Commissioning medicines optimisation services from community pharmacy:

*Guidance for commissioners*²⁸ states that by integrating a medicines optimisation service into the patient pathway, the patient can access the expertise of a pharmacist and their team in community pharmacy, which can improve their medicines taking, reduce unplanned hospital admissions and reduce pressure on the wider health and social care system.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to:

- Take their medicines correctly
- Avoid taking unnecessary medicines

²⁷ www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013

²⁸ Commissioning medicines optimisation services from community pharmacy: Guidance for commissioners. Primary Care Commissioning, October 2016. <http://psnc.org.uk/wp-content/uploads/2013/07/Commissioning-medicines-optimisation-services-from-community-pharmacy-Guidance-for-commissioners.pdf>

- Reduce wastage of medicines
- Improve their outcomes
- Improve medicines safety.

17% of all unplanned hospital admission in the over 65s are due to medication issues.

4.3 Locally commissioned services

Any organisation can commission services from community pharmacy. Local authorities and CCGs can commission 'locally commissioned services'²⁹. Table 6 describes the services that are commissioned in 2017.

When developing services it is important for commissioners to review and evaluate the currently commissioned services and health outcomes achieved. Any review should include whether to keep the status quo by allowing all pharmacy contractors to engage in new commissioned services by expression of interest, or whether targeted delivery by a small number of contractors would be more appropriate. For example, where there is a recognised health need in a certain population or location. It is also important that any service review includes actual service delivery by pharmacists as well as other providers who also meet specific pharmaceutical needs.

As discussed in Section 4.2, out of area pharmacies do not provide a 'necessary' essential pharmaceutical service for County Durham. However it is important that those living in cross boundary areas are not disadvantaged in terms of access to services. It is therefore important that commissioners work across borders to ensure that services are based on the same criteria for patient inclusion. This has been flagged by service providers in the Fencehouses area of the Chester-le-Street locality.

Table 6: Locally commissioned services in community pharmacy in 2017

Service	Commissioner
Minor ailment service	CCG
Anticoagulant monitoring	CCG
Reimbursement of tuberculosis (TB) medication costs	CCG
Food thickening voucher scheme	CCG
Palliative care	CCG
Sexual health services	DCC
Stop smoking services	DCC
Substance misuse services	DCC

²⁷ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/>

4.3a CCG commissioned services

4.3a(i) Minor ailment service

In a minor ailment service patients are encouraged to consult the community pharmacy rather than the GP for a defined list of minor ailments. In 2017, patients who are registered with a County Durham and Darlington GP practice and are exempt from NHS prescription charges receive treatment from an agreed local formulary free of charge.

It is estimated that 3% of A&E consultations and 5.5% of GP consultations for common ailments (such as temperature) could be managed in community pharmacy at significantly reduced cost. The NHS England Urgent and Emergency Care Review³⁰ therefore recommends these services are commissioned according to local need, and that have most impact when referrals are also made from NHS 111^{31 32}.

Provision of the current local minor ailment scheme is widespread. In 2016-17, 22,112 consultations were undertaken in North Durham CCG, with 72% of those using this service indicating they would have attended their GP practice in the absence of the scheme. In 2016-17, 44,334 consultations were undertaken in DDES CCG, with 68% of those using this service indicating they would have attended their GP practice in the absence of the scheme.

A consistent approach across the North-East region would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to more widely support self-care and to become the first port of call for minor ailments (see Section 4.1b), hence moving appropriate patient consultations away from GP practices.

4.3a(ii) Anticoagulant monitoring

An anticoagulation monitoring service with community pharmacists provides patients with a local and accessible service utilizing the skills of the pharmacist as the expert on drugs. A service within pharmacy means that patients do not have to make inconvenient and timely visits to hospital. The maps in Appendix 11 shows that the service provision in 2017/18 is very limited, with a total of 4 pharmacies in the Dales (Bishop Auckland, Crook) and Derwentside (Consett, Stanley) localities providing the pharmacy service. Commissioners may wish to further increase access to this service taking into account local prevalence of atrial fibrillation, other drug management options, monitoring currently provided by other service providers, and the locations of the patients registered with the current pharmacy providers. From the results of the community pharmacy survey (see Appendix 6), there is a general willingness from contractors to provide this service. To enable this the LPC should support pharmacies through the 'any qualified provider' process.

³⁰ Transforming urgent and emergency care services in England. NHS England, November 2013. www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

³¹ Quick Guide: Extending the role of community pharmacy in urgent care. NHS England, November 2015. www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

³² Community Pharmacy- helping provide better quality and resilient urgent care. Version 2. NHS England, November 2014. www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf

4.3a(iii) Reimbursement of tuberculosis (TB) medication costs

This is a scheme administered across County Durham which enables patients who normally pay for their prescriptions to receive anti tuberculosis drugs free of charge. Patients present their prescription and a letter from community health services to their community pharmacy which then provides the prescription free of charge and subsequently claims this charge back from the commissioning team.

The maps in Appendix 11 show that this service is reasonably spread over all 6 localities, with the results from the community pharmacy survey in Appendix 6 indicating a general willingness from more contractors to provide this service in the future.

4.3a(iv) Food thickening voucher scheme

Again the maps in Appendix 11 show that this service is reasonably spread over all 6 localities, with the results from the community pharmacy survey in Appendix 6 indicating a general willingness from more contractors to provide this service in the future.

4.3a(v) Palliative care scheme

The aim of this service is to ensure that appropriate palliative care drugs are available in the community at the point of need. Designated community pharmacies hold an agreed list of palliative care drugs to enable easier access.

The locality maps in Appendix 11.2-11.7 show the distribution of pharmacies providing the anticoagulant monitoring, TB medication costs, food thickening voucher, and palliative care schemes.

4.3b Public Health commissioned services

4.3b(i) Sexual health services

This service consists of emergency hormonal contraception (EOHC) provision, chlamydia screening, and C card registration and supply. The locality maps in Appendix 11.2-11.7 show that there is a widespread EOHC service and a good distribution of C card outlets in each of the 6 localities, and that the areas with higher prevalence of teenage conceptions are already generally supported with these services.

EOHC service

The aim of the EOHC service is to increase the accessibility and availability of 'free at point of issue' EOHC to females aged 13 years and over in pharmacies in County Durham & Darlington. This service therefore helps to reduce unintended teenage pregnancies, and increase the knowledge of emergency contraception and its use, especially among young people. The EOHC service is run through accredited pharmacists operating under a PGD. All accredited pharmacists attend refresher training every two years in order to maintain their competence.

The total number of annual EOHC consultations has stayed fairly consistent during the past 11 years of this service. During 2016/17 the total number of consultations fell slightly by 2% to 5335 compared to 2015-16 (EOHC requests had decreased slightly in Easington and Sedgefield but had increased in all other locality areas). Table 7 shows the age breakdown for EOHC consultations in 2016-17.

Table 7: Age breakdown across County Durham & Darlington for EOHC consultations 2016-17

Age	% requests for EOHC in 2016-17
Under 16 year olds	3%
16-18 year olds	16%
19-25 year olds	42% (with 60% of these requests from the Durham and Chester-le-Street area likely reflecting the large student population in Durham City)
26-39 year olds	33%
Aged 40 and over	6%

Chlamydia screening

For pharmacies also offering the chlamydia screening service, dual screening postal packs (for chlamydia and gonorrhoea) are offered during an EOHC consultation, where appropriate, to females aged 13-24 years and their partners. This aids the detection of undiagnosed infection.

C card scheme

The aim of the C Card scheme is to provide young people aged 13-24 with sexual health advice and information, and free condoms in a discreet and professional setting. Participating pharmacies largely provide the free condom supply service, however a small number of pharmacies also provide the initial C card registration service in addition to the ongoing supply of free condoms. Pharmacies signed up to provide C card registration are specially trained to give advice about sexual health and the correct use of condoms.

During 2016-17 pharmacies in County Durham accounted for 32% (or 621 pharmacy registrations) of the total of new registrations for C card among all outlets including GP practices, colleges, schools, youth clubs and others, and 51% (or 1937 pharmacy supplies) of the total supply of free condoms.

4.3b(ii) Stop smoking services

Pharmacies provide either a Level 2 stop smoking service and/or provision of nicotine replacement therapy (NRT) via the NRT voucher scheme. The majority of pharmacies in County Durham provide NRT supply, and the provision of the Level 2 stop smoking service is also widespread (the locality maps in Appendix 11.2-11.7 show that the areas with higher prevalence of COPD hospital admissions are already supported with the pharmacy Level 2 service).

NRT voucher scheme

This scheme uses a pre-numbered voucher distributed via trained stop smoking advisers commissioned by the Stop Smoking Service. Pharmacies act as an NRT voucher dispensing point under this service. On week 1 the pharmacy will ensure that the NRT product is suitable for the patient based on their smoking status and lifestyle, will cover side effects and how the product should be used/applied, and any other stop smoking support. On subsequent weeks of dispensing the pharmacy will ensure that the product is still suitable and that the patient has suffered no adverse effects.

Level 2 stop smoking service

The Level 2 service provides a programme of stop smoking support and access to stop smoking treatments from pharmacies. The service includes:

- Identifying smokers and offering support (including targeting the priority groups of routine and manual workers).
- Delivering support by trained staff and enabling access to appropriate pharmacotherapy.
- Offering support for up to 12 weeks including weekly support for at least the first 4 weeks (including carbon monoxide monitoring).
- Referring smokers to specialist Level 3 services where appropriate (e.g. pregnant smokers).
- Achieving the required number of 4 week quitters.
- Seeking service user feedback using a standard questionnaire.

GP practices, community pharmacies and the specialist service are the three main settings for clients to access support in County Durham. Of all the clients setting a quit date in 2016-17 (n=5089), 23% (n=1192) were seen in a community pharmacy setting of which 50% (n=601) were quit at 4 weeks, which represents 21% of all quitters. This 4-week quit rate of 50% compares to a quit rate of 66% in community settings and 56% in the GP practice setting (specialist advisor clinics provided in practices included in GP data).

4.3b(iii) Substance misuse services

The provision of the supervised consumption and alcohol brief intervention service is widespread, with the locality maps in Appendix 11.2-11.7 showing that the areas of deprivation and with higher rates of alcohol related hospital admission being already supported with these services.

However currently only 5 pharmacies in 4 localities provide a needle exchange service. A wider provision of community pharmacy-based needle exchange schemes should be considered in the future.

Alcohol brief intervention service

The aims of this service are to:

- Identify levels of drinking amongst those presenting with conditions possibly related to alcohol (e.g. persistent gastric symptoms, high blood pressure).
- Prevent progression to dependent drinking.
- Raise public awareness of safe levels of drinking and consequences of unsafe drinking (particularly targeting women who are pregnant / trying to conceive).
- Refer appropriately to community based alcohol treatment services.
- Reduce alcohol related hospital admissions.

Pharmacists and/or their staff attend training in the appropriate use of the World Health Organisation alcohol screening AUDIT tool, and how to provide brief advice to clients aged 16+ years.

In 2016-17, 2672 screens were undertaken in pharmacies in County Durham. The majority of these were linked to patients asking for a screen in the pharmacy (e.g. following an approach by a member of staff, or in response to information displayed in the pharmacy), or as part of a MUR.

Supervised consumption service

Supervised consumption of methadone and other medications through community pharmacies is an integral element to the overall shared care services provided to support people who misuse substances - heroin in particular. Current guidelines recommend that all new treatment for opiate dependence be subject to supervised consumption for the first three months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the service user, helping to promote a move away from chaotic and risky behaviour. The aims of the supervised consumption service are to:

- Provide drug treatment which will help to ensure that prescribed medication is consumed under professional supervision.
- Co-operate with local services to ensure that service users are aware of all treatment options and services which promote recovery from dependence.

During 2016-17 pharmacies in County Durham supervised 30,176 doses of methadone or buprenorphine.

Needle exchange service

The aim of the needle exchange service is to provide a needle exchange facility to injecting drug users over the age of 18 in order to reduce the levels of harm associated with injecting drug use for individuals, families and local communities. Pharmacies distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users.

Service provision in 2017/18 is very limited, with a total of 6 pharmacies in the Dales (Barnard Castle), Derwentside (Stanley), Sedgefield (Ferryhill), Chester-le-Street (Chester-le-Street, Sacriston), and Easington (Easington Colliery) localities providing this service.

4.4 Healthy living pharmacy award

The aim of a HLP is to become more involved with the local community in order to improve the health and wellbeing of that community. HLPs are largely driven by the pharmacy staff who train to become Health Champions and who tend to live and work in that local community.

Evaluations of the original schemes in Portsmouth showed that public feedback was very positive with 98% saying they would recommend the service to others, and 99% feeling comfortable about receiving this service in the pharmacy.

In a HLP staff will discuss health and wellbeing issues with customers and will be aware of local services for referral or signposting. Public health pharmacy services will be provided (such as stop smoking services, or alcohol brief interventions) and there will be a dedicated health promotion area with health promotion campaigns running that are linked to local priorities and health needs.

In 2016, 27 pharmacies achieved a local HLP Award and were involved in some very new and innovative work. For example:

1. The opportunity for HLPs to work with Durham County Carers Support to become *Carer Friendly Pharmacies* to enable the pharmacy to better identify carers in order to support their health needs by e.g. offering a flu vaccination in 2016.

2. Pharmacy staff receiving training from Cancer Research UK to enable staff to e.g. spot warning symptoms and start conversations about cancer.
3. An oral health scheme where pharmacy staff showed customers waiting for prescriptions how to clean their teeth properly and reminded them of the essential oral health checks that dentists do even if they have no teeth at all. This work was evaluated by Sunderland University, and published in the British Dental Journal.
4. A free 12 week Slimming World voucher referral scheme which was hugely popular with pharmacy staff and customers alike³³. Pharmacy staff tend to live and work in the local community, making it far easier for them to engage with that local community about the sensitive issue of weight loss. This was the first pharmacy-only referral scheme in the country and is published in the Journal of Perspectives of Public Health.

In addition, over the past 2 years Better Health at Work Award (BHAWA) businesses and HLPs have been encouraged to work together. A number of HLPs have for example, attended workplace health roadshows, or advised businesses on stop smoking or flu vaccinations. HLPs have also been encouraged to signpost their customers to the *Wellbeing for Life Service* and to make contact with their local Health Trainers.

The HLP concept has proved such a success that in December 2016 it became part of the national pharmacy contract so that every pharmacy in England can now potentially become a HLP (see Section 4.1a). From the results of the May 2017 community pharmacy survey (84% response rate) only 21 pharmacies indicated that they were either not already accredited as HLPs or were not currently working towards this Award. It is important that all pharmacies seek HLP accreditation with the increasing focus on the public health role of community pharmacies, and that the Public Health Team continue to support the developments of HLPs in County Durham.

4.5 The public view

Appendix 7a lists the positive and negative comments received on staff, access and services from the small Healthwatch online survey carried out in the summer of 2017 (total 164 responses). The comments regarding services across the 6 localities are summarised below.

The general view of Healthwatch is that in order to achieve any pharmacy service development the public need to be made aware of what pharmacy can do by all stakeholders working together to promote the role of pharmacy by providing information, advertising, and education of targeted populations in County Durham.

Across County Durham (where no postcode was indicated on the survey return)

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

- Being proactive with my prescriptions as I have made it my nominated pharmacy.
- Well organized.
- Explains how to use the medication.
- Giving advice about a condition and product in order to avoid a doctor visit.
- Ensure medication is available on time, very helpful.
- Speedy delivery of medicines.
- Gives a good overall service. Will deliver where necessary.

³³ 21 HLPs provided 2,242 eligible clients with a referral letter to Slimming World in order to access a free 12 week course. In May 2017 the clients who then went on to attend a local Slimming World course:

- Reduced their average Body Mass Index (BMI) from 35.2 to 33.6.
- Had an average weight loss of 9.6lbs.

Negative comments included:

- Could improve service with prescriptions being ready and not always have stock. Recently got worse with having to go through pharmacy for repeat prescriptions.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Health Checks.
- Anything they can do should be publicised more.
- Cheaper non-prescription education on products.
- Basic first aid type of service.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Make it more of a Health Hub rather than just a pharmacy.
- A facility to know if what you have been prescribed is in stock before travelling there - or for the GP to know that a drug is in short supply before prescribing it to you.
- Revert back to organising prescriptions via GP Surgery.
- Telephone ordering/digital rather than visits.
- Some only take cash payments.
- Have dispensing of methadone done in a private room and not in full view of the public.

Dales

What does your pharmacy or GP practice dispensary do well?

- Will get all medication as per prescription and if not available will get outstanding medication as quickly as possible.
- Everything very good.
- Loads of room - good stuff.
- Confident - a very good service and happy to return.
- Everything.
- Always got what you need.
- Good chemist.
- Good service.
- If medication is not in stock go out of their way to find it within 24 hours.
- Can ask advice.
- When prescriptions due ring them, they contact GP and let me know when ready to collect.
- Service is excellent - can't fault it.
- Helpful - if they haven't got it they will get it.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- It would be helpful if my chosen pharmacy could offer the option to pay for a pre-paid prescription certificate.
- Dockets bigger.

Is there any way your pharmacy or GP practice dispensary could be improved?

- They never have the pills I need.
- More than two seats required.
- More seating - and new seats.

Easington

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

- Wide range of items/medicines.

- Bring medication on time
- Promptly dispenses medication directly from GPs

Negative comments included:

- There are some inconsistencies and mix ups with prescriptions, forgetting to put up pre-arranged prescriptions and or not having enough of the medication you need which you then have to make a return trip.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Used to offer a health check but this seems to have stopped.

Is there any way your pharmacy or GP practice dispensary could be improved?

- It takes too long to get medication. Confidentiality is an issue - can see other people's prescriptions at counter. Requests to access minor ailment scheme are awkward, questioning seems excessive and is off putting.

Derwentside

What does your pharmacy or GP practice dispensary do well?

- They provide an electronic prescription service which is very convenient.
- Get repeat prescriptions from doctors and have them ready when I go to collect.
- Pointing out new dosage or strength.
- The electronic service is really good as is the telephone service.
- Picks up my prescription from the doctors.
- Dispensing and medicine check.
- Good dispensary here.
- I receive regular medication for diabetes and I find the pharmacy always has my medication ready within a few days.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- They do offer other things but I don't require them.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Easier ways to order - an app for your phone maybe and notify when they are due. Quicker turnaround for scripts - at the minute it is 3 days often longer if over a weekend.
- They rarely have repeat online scrips ready.
- More polite training.
- GP could improve their service.
- Yes get it right.
- GP never have prescription ready.
- It would be better if there was more room for consultation.

Sedgefield

What does your pharmacy or GP practice dispensary do well?

- Prescription re-order direct to GP.
- Excellent pharmacy service- will visit your home, collect prescriptions and deliver goods.
- Quick efficient service.
- Serve well.
- Service helpful and friendly.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Pharmacy blood pressure monitoring.

Is there any way your pharmacy or GP practice dispensary could be improved?

- I ceased to use a pharmacy because they rarely had what I needed or they ended up owing me part of my prescription. Also have been given someone else's medication on occasions and wrong information.
- Bigger.

Durham

What does your pharmacy or GP practice dispensary do well?

- Service is good.
- Gives advice on conditions and treatment that do not need GP or hospital intervention.
- Electronic prescriptions sent from GP surgery direct to the pharmacy.
- Advice if better product and deliver item if not in stock.
- They pick up prescriptions from the doctors surgery and have them made up for me to collect.
- Electronic prescribing, text service.
- Good information and sharing information quickly.
- Tell me when I can buy over counter more cheaply/ advise on how to take medication.
- Very helpful. Especially when the GPs goes a bit awry. Are willing to bring medicines around to me if I am very unwell.
- Accommodate personal need around getting medicines.
- Very prompt with prescriptions.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Family planning rather than go to the doctors for the contraceptive pill.
- Holiday jabs.
- Blood pressure, checking temperature - where to go next.

Is there any way your pharmacy or GP practice dispensary could be improved?

- Perhaps an online appointment with pharmacist to review medication.
- On the budget they have to operate on - pharmacy and GP practice run satisfactory.

Chester-le-Street

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

- Delivers medication.

Negative comments included:

- I have not had good experiences with the local pharmacy.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

- Disposal of used needles and yellow boxes.

Is there any way your pharmacy or GP practice dispensary could be improved?

- They could give the right medication. Recently my father in law was given two lots of medication which he took as he knew no better and ended up in hospital.

Section Five:

Conclusion and recommendations

A PNA considers the health needs of the population and the provision of pharmaceutical services, and therefore, whether there are any potential gaps in pharmaceutical service delivery.

A PNA is used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of pharmaceutical services.

The PNA for County Durham links to the health needs identified in the JSNA and the priorities described in the JHWS. County Durham is a predominantly rural county with a large and increasing ageing population. County Durham experiences higher levels of deprivation than the national average.

The key statements from the PNA for County Durham are:

There are sufficient pharmaceutical services in the 6 localities across County Durham with good overall access to these services. However the HWB will keep this statement under review as urgent care primary care services develop, and as part of its ongoing responsibility to assess the impact of any pharmacy closures or consolidations.

Out of area pharmacies do not provide necessary essential pharmaceutical services for County Durham.

There is still scope to further develop locally commissioned services from the existing service providers in order to further support priorities in the JHWS. These services should particularly focus on:

- The growing elderly population, the integration agenda, and incorporating pharmacy services into TAPs.
- The further expansion of community pharmacy based public health services now that every pharmacy is working towards becoming a HLP as part of the national pharmacy contract introduced in 2016.
- Continuing to ensure that pharmacy supports key priorities in the STPs around the promotion of self-care, a more appropriate use of health services, and the development of urgent care services.

A review of rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

HWBs must produce an updated PNA every 3 years or sooner if there are any significant changes to population need or any significant changes to pharmaceutical services that are relevant to the granting of future pharmacy applications. The latter can also be accomplished by the publication of a supplementary statement. The PNA, an up to date map of pharmaceutical services, and any supplementary statements can be found at www.countydurhampartnership.co.uk/article/17588/Pharmaceutical-Needs-Assessment

List of abbreviations

A&E	Accident & Emergency
AWHOSC	Adults Wellbeing and Health Overview and Scrutiny Committee
AUR	Appliance Use Review
BCF	Better Care Fund
BHAWA	Better Health at Work Award
BMI	Body Mass Index
BMJ	British Medical Journal
BP	Blood Pressure
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Airways Disease
CVD	Cardiovascular Disease
DCC	Durham County Council
DDES	Durham Dales, Easington and Sedgfield
DH	Department of Health
EOHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
INA	Integrated Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LTC	Long Term Condition
MUR	Medicines Use Review
5YFV	NHS Five Year Forward View
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
NUMSAS	NHS Urgent Medicine Supply Advanced Service
OOH	Out of Hours
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PERMSS	Pharmacy Emergency Repeat Medication Supply Service
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SCS	Stoma Customisation Service
STP	Sustainable and Transformation Plan
TAP	Teams Around Patients
TB	Tuberculosis
TOC	Transfer of Care

Appendix 1:

GP Federations and Teams Around Patients

North Durham CCG GP Federations

Central Durham GP Providers Ltd
Chester-le-Street Health Ltd
Derwentside Healthcare Ltd

DDES CCG GP Federations

South Durham Health CIC
Durham Dales Health Federation
Intrahealth

TAP Configuration - North Durham CCG

TAP 1: Chester-le-Street

Bridge End Surgery
Cestria Health Centre
The Surgery Great Lumley
Middle Chare Medical Group
Pelton and Fellrose Medical Group
Pelton Fell Surgery
Sacriston Medical Centre

TAP 3b: Derwentside East

Annfield Plain Surgery
Browney House Surgery
Craghead Medical Centre
Stanley Medical Group
Tanfield View Medical Group
Cedars Medical Group
West Road
The Haven Surgery

TAP 2a: Durham East

Belmont and Sherburn Medical Group
Cheveley Park Medical Centre
Coxhoe Medical Practice
Claypath & University Medical Group
Bowburn Medical Centre
West Rainton Surgery

TAP 3a: Derwentside West

Consett Medical Centre
Dipton Surgery
Leadgate Surgery
Oakfields Health Centre
Queens Road Surgery
Lanchester Medical Centre

TAP 2b: Durham West

Dunelm Medical Practice
Chastleton Medical Group
Denholme House/Brandon Lane
The Medical Group

TAP Configuration - DDES CCG

TAP 3a: Sedgfield 1

Hallgarth Surgery
Bewick Crescent Surgery
Peaseway Medical Centre
Shildon Health Clinic
Jubilee Medical Group

TAP 2a: Easington 1

Blackhall and Peterlee Practice
William Brown Centre
The Horden Group Practice
Shinwell Medical Group
Silverdale Family Practice
Paradise Lane

TAP 3b: Sedgfield 2

St Andrews Medical Practice
Bishops Close Medical Practice
Oxford Road Medical Practice
Ferryhill and Chilton Medical Practice
Skerne Medical Group
West Cornforth Medical Practice

TAP 2b: Easington 2

Station Road Surgery
Caradoc
Wingate Medical Practice Intrahealth
Shotton Medical Practice
Southdene Medical Centre
Phoenix Medical Group

TAP 1a: Dales 1

Willington Medical Group
North House Surgery
The Weardale Practice

TAP 2c: Easington 3

Murton Medical Centre
Avenue Family Practice
Marlborough Surgery
The New Seaham Medical Group
Deneside Medical Centre

TAP 1c: Dales 3

Woodview Medical Practice
Old Forge Surgery
Barnard Castle Surgery
Pinfold Medical Practice
Gainford Surgery
Evenwood Surgery

TAP 1b: Dales 2

Station View Medical Centre
Auckland Medical Group
Bishopgate Medical Centre

Appendix 2:

Targets in the Joint Health and Wellbeing Strategy 2016-19

The JHWS outlines a three year vision for improving health and wellbeing, and addressing health inequalities in the county. The JHWS informs and influences decisions about health and social care services in County Durham, so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing, for example drugs, alcohol, unhealthy weight, mental and physical wellbeing.

There are six strategic objectives:

1. Children and young people make healthy choices and have the best start in life
2. Reduce health inequalities and early deaths
3. Improve the quality of life, independence and care and support for people with LTCs
4. Improve the mental and physical wellbeing of the population
5. Protect vulnerable people from harm
6. Support people to die in the place of their choice with the care and the support that they need

Each strategic objective is underpinned by a set of strategic actions, some of which are described below:

Objective 1: Children and young people make healthy choices and have the best start in life

Strategic actions include:

Reduced childhood obesity

- Improve support to women to start and continue to breastfeed their babies.
- Improve support to families and children to develop healthy weight.

Improved early health intervention services for children and young people

- Support children and young people to achieve their optimum mental health and emotional wellbeing.
- Support the reduction of teenage pregnancies (under 18 conceptions).
- Support the reduction in oral health inequalities faced by children.
- Deliver an integrated 0-19 model to include universal mandated services plus targeted services for vulnerable groups.
- Work together to reduce rates of self-harm by young people.
- Ensure health, social care and third sector organisations work together to identify and support young carers.
- Support young people to manage their risk taking behaviours by building resilience and creating a culture that encourages young people to choose not to drink.
- Reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.

Objective 2: Reduce health inequalities and early deaths

Strategic actions include:

Reduced levels of tobacco related ill health

- Support an infrastructure that delivers a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, help people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco.
- Support the local vision statement that “a child born in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual”.

Reduced obesity levels

- Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability.

Reduced levels of alcohol and drug related ill health

- Reduce health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population.
- Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.

Reduced mortality from cancers and circulatory diseases

- Work in partnership to develop effective pathways for cancers covering prevention, screening, diagnosis, treatment and survivorship.
- Work in partnership to develop and implement an effective preventative and treatment programme for people with and at risk of diabetes through the delivery of Integrated Diabetes Model with consultants and GP Practices working together to deliver improved health outcomes for people with diabetes.
- Deliver an integrated and holistic Wellbeing Service to improve health and wellbeing and tackle health inequalities in County Durham.

Objective 3: Improve the quality of life, independence and care and support for people with LTCs

Strategic actions include:

Adult care services are commissioned for those people most in need

- Provide better support to people with caring responsibilities by reviewing the service delivery model and increasing access to personal budgets for carers.

Improved independence and rehabilitation

- Continue to progress the model for Frail Elderly which incorporates a whole system review that cuts across health, housing, social care and the third sector providing safe, high quality seven day integrated services; delivering person centred care, and places early identification, timely intervention and prevention at its core.
- Provide safe, high quality seven day integrated services across the health and social care economy.
- Implement the Urgent Care Strategy to ensure patients are seen by the right health social care professional, in the right setting, at the right time, to the highest quality and in the most effective way providing the best outcome for the patient.

Improved joint commissioning of integrated health and social care

- Develop a vision and new model of integration for County Durham to maximise the use of resources and improve outcomes for local people with regard to health and social care.

Objective 4: Improve the mental and physical wellbeing of the population

Strategic actions include:

Increased physical activity and participation in sport and leisure

- Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles through the development of the Altogether Active physical activity framework for County Durham.

Maximised independence

- Work together to improve timely diagnosis and support for people with dementia and their family and carers.

Improved mental health for the population of County Durham

- Improve access to evidence based programmes which improve mental health, wellbeing and resilience.
- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety) and improve the physical health of people with secondary mental health problems.

Increased social inclusion

- Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities.

Reduced self-harm and suicides

- Refresh the Public Mental Health Strategy for County Durham including the suicide prevention framework.

Objective 5: Protect vulnerable people from harm

Strategic actions include:

Prevent domestic abuse and sexual violence and reduce the associated harm

- Ensure all victims of domestic abuse and sexual violence have access to the right help and support and services are available to address their needs.

Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

- Work with partners to help families facing multiple and complex challenges, ensuring children are safeguarded and protected from harm and early intervention and prevention services are in place.

Objective 6: Support people to die in the place of their choice with the care and the support that they need

Strategic actions include:

- To ensure bespoke support is provided to meet the individual needs of people at the end of their life.

Appendix 3:

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013³⁴

Regulation 3. Pharmaceutical needs assessments

- 3 (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(a) (PNA), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.
- 3 (2) The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
 - a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
 - c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

Regulation 4. Information to be contained in PNA

- 4 (1) Each PNA must contain the information set out in Schedule 1.
- 4 (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

Regulation 6. Subsequent assessments

- 6 (1) After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a PNA.
- 6 (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to
 - a) the number of people in its area who require pharmaceutical services;
 - b) the demography of its area; and
 - c) the risks to the health or well-being of people in its area,
- 6 (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA (and any such supplementary statement becomes part of that assessment), where—

³⁴ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made (accessed 9/6/2017)

- a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
- b) the HWB
 - a. is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
 - b. is in the course of making its first or a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

Regulation 8. Consultation on PNAs

- 8 (1) When making an assessment for the purposes of publishing a PNA, each HWB must consult the following about the contents of the assessment it is making–
- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
 - d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
 - e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
 - f) any NHS trust or NHS foundation trust in its area;
 - g) the NHSCB; and
 - h) any neighbouring HWB.
- 8 (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed PNA.
- 8 (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB–
- a) must consult that Committee before making its response to the consultation; and
 - b) must have regard to any representations received from the Committee when making its response to the consultation.
- 8 (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- 8 (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

- 8 (6) If a person consulted on a draft under paragraph (2)–
- a) is treated as served with the draft by virtue of paragraph (5); or
 - b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

Regulation 9. Matters for consideration when making assessments

- 9 (1) When making an assessment for the purposes of publishing a PNA, each HWB must have regard, in so far as it is practicable to do so, to the following matters–
- a) the demography of its area;
 - b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - c) any different needs of different localities within its area;
 - d) pharmaceutical services provided in the area of any neighbouring HWB which affect–
 - I. the need for pharmaceutical services in its area, or
 - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - e) any other NHS services provided in or outside its area (which are not covered by subparagraph (d)) which affect–
 - I. the need for pharmaceutical services in its area, or
 - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- 9 (2) When making an assessment for the purposes of publishing a PNA, each HWB must take account of likely future needs–
- a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - b) having regard to likely changes to–
 - I. the number of people in its area who require pharmaceutical services,
 - II. the demography of its area, and
 - III. the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in PNAs

1. Necessary services: current provision
A statement of the pharmaceutical services that the HWB has identified as services that are provided–
- a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
 - b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied–

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided –

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied–

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect–

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular–

- a) how it has determined what are the localities in its area;
- b) how it has taken into account (where applicable)–
 - I. the different needs of different localities in its area, and
 - II. the different needs of people in its area who share a protected characteristic; and
- c) a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Appendix 4:

The County Durham PNA timeline

Meeting	Date	Purpose
Health and Wellbeing Board	27/11/17	Agree draft for wider consultation
Statutory 60 day consultation	28/11/17 - 26/1/18	Public consultation
Adults Wellbeing and Health Overview and Scrutiny Committee	19/1/18	Consultation
Health and Wellbeing Board	20/3/18	Formal agreement of PNA
Publication on DCC website	1/4/18	Publication of PNA

Appendix 5:

Organisations that responded during the statutory 60 day consultation

Regulation 8 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 describe the process of PNA consultation (see Appendix 3). A summary appears below:

The HWB must consult at least once with the following in the HWB area about the contents of the pharmaceutical needs assessment it is making:

- The LPC
- The LMC
- Persons on the pharmaceutical list and the dispensing doctors list
- Healthwatch (and any other patient, consumer or community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services)
- The NHS Trusts

In addition, the HWB must consult at least once with:

- NHS England
- Neighbouring HWBs (these neighbouring HWBs must consult with their LPCs and LMCs before responding)

A minimum of 60 days for making responses must be given. The consultation can be via an address of a website on which the draft is available during these 60 days (the HWB must provide a paper copy within 14 days if requested to do so by a consultee).

During the 60 day statutory consultation, responses were received from:

- Healthwatch County Durham
- NHS England
- Adults Wellbeing and Health Overview and Scrutiny Committee
- Local Pharmaceutical Committee

In addition, a total of 19 responses was received via the Survey Monkey questionnaire on the Durham County Council consultation website at www.durham.gov.uk/consultation
This survey asked the following questions:

1. Do you feel that pharmacies or GP practice dispensaries are easily accessible in your area?
2. Are there any other services that should be available from a pharmacy or GP practice dispensary?
3. Is there any way that pharmacy or GP practice dispensary services could be improved?
4. Do you agree or disagree with the overall conclusion that there are sufficient pharmacy and GP practice dispensary services across County Durham?
5. Please tell us any other comments you may have about the draft PNA.

These responses are described in full in Appendix 8.

Appendix 6:

Results of the community pharmacy survey³⁵

Dales

In May 2017, 87% (20 out of 23) of the Dales pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 4 Dales pharmacies do not have unaided wheelchair access.
- 3 Dales pharmacies do not have hand washing facilities in the consultation room.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 7 Dales pharmacies indicated that they would receive PhAS payments with a further 2 indicating that they may receive this payment.

Gateway criteria for the Quality Payment Scheme

- Only a single pharmacy was not EPS2 enabled, and 8 pharmacies were not signed up for NHSmail.
- However, all Dales pharmacies had ensured that their pharmacy information on the NHS Choices website was accurate.

Quality criteria for the Quality Payment Scheme

- All Dales pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- Only 2 Dales pharmacies were either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice.
- The provision of the flu vaccination service is now widespread (15 out of 20 Dales pharmacies that responded to the survey provide this service, with a further 2 planning to provide this service in 2018).
- The provision of AUR service and the SCS is not widespread in the Dales with, for example, only a single pharmacy providing these services, with a further single pharmacy planning to provide these services in the next 12 months.
- 8 out of 20 Dales pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 5 planning to do so in the next 12 months.

Non-commissioned services

- 2 pharmacies (in Bishop Auckland and Teesdale) planned to stop the prescription delivery service in the next 12 months.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Dales pharmacies:

³⁵ Survey of all pharmacies carried out via a PharmOutcomes questionnaire (template available on request) in May 2017. With the support of the LPC, 84% of contractors (105 out of 125) replied.

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with only 2 Dales pharmacies in Bishop Auckland and Crook providing this service. From the survey responses there is a general willingness from other Dales pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with only a single Dales pharmacy in Barnard Castle providing this service.

Easington

In May 2017, 93% (26 out of 28) of Easington pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 6 Easington pharmacies do not have unaided wheelchair access.
- 3 Easington pharmacies do not have hand washing facilities in consultation rooms.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 8 Easington pharmacies indicated that they would receive PhAS payments with a further 2 indicating that they may receive this payment.

Gateway criteria for the Quality Payment Scheme

- All Easington pharmacies that responded to the survey were EPS2 enabled, and had ensured that their pharmacy information on the NHS Choices website was accurate.
- 9 pharmacies were not signed up for NHS mail.

Quality criteria for the Quality Payment Scheme

- All Easington pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- Only 6 Easington pharmacies were either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice.
- The provision of the flu vaccination service is now widespread (15 out of 26 Easington pharmacies that responded to the survey provide this service, with a further 4 planning to provide this service in 2018).
- The provision of the AUR service and the SCS is not widespread in Easington with, for example, only a single pharmacy providing these services.
- In May 2017, only 7 out of 26 pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 4 planning to do so in the next 12 months.

Non-commissioned services

- 1 pharmacy in Peterlee does not provide a prescription delivery service.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Easington pharmacies:

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with no pharmacies in Easington providing this service. From the survey responses there is a general willingness from other Easington pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with only a single pharmacy in Easington Colliery providing this service.

Derwentside

In May 2017, 85% (17 out of 20) of Derwentside pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 2 Derwentside pharmacies do not have unaided wheelchair access.
- All Derwentside pharmacies have hand washing facilities in the consultation rooms.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 4 Derwentside pharmacies indicated that they would receive PhAS payments with a further single pharmacy indicating that it may receive this payment.

Gateway criteria for the Quality Payment Scheme

- All Derwentside pharmacies had ensured that their pharmacy information on the NHS Choices website was accurate, and were EPS2 enabled.
- In May 2017, 4 Derwentside pharmacies were not signed up for NHS mail.

Quality criteria for the Quality Payment Scheme

- All Derwentside pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- Only a single pharmacy is either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice.
- The provision of the flu vaccination service is now widespread (15 out of 17 Derwentside pharmacies that responded to the survey provide this service, with a further single pharmacy planning to provide this service in 2018).
- The provision of the AUR service and the SCS is not widespread in Derwentside with, for example, only 3 pharmacies providing these services, with a further 4 pharmacies planning to provide these services in the next 12 months.
- 11 out of 17 Derwentside pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 2 planning to do so in the next 12 months.

Non-commissioned services

- A single pharmacy in Stanley does not provide a prescription delivery service.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Derwentside pharmacies:

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with 2 pharmacies in the Consett area and Stanley providing this service. From the survey responses there is a general willingness from other Derwentside pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with only a single pharmacy in Stanley providing this service.

Sedgefield

In May 2017, 71% (15 out of 21) of Sedgefield pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 3 Sedgefield pharmacies do not have unaided wheelchair access.
- 2 Sedgefield pharmacies do not have hand washing facilities in consultation rooms.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 4 Sedgefield pharmacies indicated that they would receive PhAS payments with a further 4 indicating that they may receive this payment.

Gateway criteria for the Quality Payment Scheme

- All Sedgefield pharmacies that responded to the survey were EPS2 enabled, and had ensured that their pharmacy information on the NHS Choices website was accurate.
- Only 4 pharmacies were not signed up for NHS mail.

Quality criteria for the Quality Payment Scheme

- All Sedgefield pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- Only 2 Sedgefield pharmacies were either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice.
- The provision of the flu vaccination service is now widespread (12 out of 15 Sedgefield pharmacies that responded to the survey provide this service, with a further single pharmacy planning to provide this service in 2018).
- The provision of the AUR service and the SCS is not widespread in Sedgefield with, for example, no pharmacies providing these services, with a single Sedgefield pharmacy planning to provide these services in the next 12 months.
- 10 out of 15 Sedgefield pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 2 planning to do so in the next 12 months.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Sedgefield pharmacies:

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with no pharmacies in Sedgefield providing this service. From the survey responses there is a general willingness from other Sedgefield pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with only single Sedgefield pharmacy in Ferryhill providing this service.

Durham

In May 2017, 82% (18 out of 22) of Durham pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 7 Durham pharmacies do not have unaided wheelchair access.
- 3 Durham pharmacies do not have hand washing facilities in the consultation rooms.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 4 Durham pharmacies indicated that they would receive PhAS payments with a further 2 indicating that they may receive this payment.

Gateway criteria for the Quality Payment Scheme

- All pharmacies were EPS2 enabled.
- ensured that their pharmacy information on the NHS Choices website was accurate.

Quality criteria for the Quality Payment Scheme

- All Durham pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- 8 (or a third of) Durham pharmacies were either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice (however 2 Durham pharmacies indicated that they were introducing the NMS in 2018).
- The provision of the flu vaccination service is now widespread (13 out of 18 Durham pharmacies that responded to the survey provide this service, with a further single pharmacy planning to provide this service in 2018).
- The provision of the AUR service and the SCS is not widespread in the Durham area with, for example, only a single pharmacy providing these services.
- 7 out of 18 Durham pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 5 planning to do so in the next 12 months.

Non-commissioned services

- Only a single pharmacy in Durham did not deliver medication.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Durham pharmacies:

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with no pharmacies in Durham providing this service. From the survey responses there is a general willingness from Durham pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the tuberculosis TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with no pharmacies in the Durham area providing this service.

Chester-le-Street

In May 2017, 91% (10 out of 11) of Chester-le-Street pharmacies responded to the pharmacy survey. The key results are summarised below.

Pharmacy premises

- 2 Chester-le-Street pharmacies do not have unaided wheelchair access.
- 3 Chester-le-Street pharmacies do not have hand washing facilities in consultation rooms.

National pharmacy contract (introduced in December 2016)

Pharmacy Access Scheme payment

- 3 Chester-le-Street pharmacies indicated that they would receive PhAS payments with a further single pharmacy indicating that they may receive this payment.

Gateway criteria for the Quality Payment Scheme

- All Chester-le-Street pharmacies that responded to the survey were EPS2 enabled, and had ensured that their pharmacy information on the NHS Choices website was accurate.
- Only 4 pharmacies were not signed up for NHS mail.

Quality criteria for the Quality Payment Scheme

- All Chester-le-Street pharmacies were working towards the two quality criteria of training 80% of their staff as dementia friends, and intervening where asthma patients are receiving too many reliever inhalers.
- Only 2 Chester-le-Street pharmacies were either not currently HLP accredited with a local award or working towards the national Level 1 self-accreditation Award by the second quality payment deadline in November 2017.

Advanced pharmacy services

- MURs and the NMS are now part of routine pharmacy practice.
- The provision of the flu vaccination service is now widespread (5 out of 11 Chester-le-Street pharmacies that responded to the survey provide this service, with a further 3 planning to provide this service in 2018).
- The provision of the AUR) service and the SCS is not widespread in Chester-le-Street with, for example, only a single pharmacy providing these services.
- 4 out of 11 Chester-le-Street pharmacies that responded to the survey already provide the national pilot NUMSAS, with a further 2 planning to do so in the next 12 months.

Locally commissioned services

The data for the maps indicating which pharmacies provide which service were compiled based on commissioner service data in April 2017 (for public health services) and June 2017 (for CCG commissioned services). In terms of other information gathered from the survey responses of Chester-le-Street pharmacies:

CCG commissioned services

- The minor ailment scheme service is now offered by the majority of pharmacies.
- The anticoagulation service is still a very limited commissioned service, with no pharmacies in Chester-le-Street providing this service. From the survey responses there is a general willingness from other Chester-le-Street pharmacies to provide this service in the future.
- Similarly the survey results show a general willingness to provide and extend the provision of the TB medication cost and the food thickening voucher schemes.

Public health commissioned services

- The NRT voucher scheme and the EOHC scheme are now offered by the majority of pharmacies.
- Similarly the provision of the supervised consumption and the alcohol brief intervention services; the Level 2 stop smoking service, and the C card provision service is now widespread.
- The needle exchange service is still a very limited commissioned service, with two pharmacies in Chester-le-Street and Sacriston providing this service.

Appendix 7:

Results of the Healthwatch public survey

Healthwatch carried out an online survey in the summer of 2017 with a view to gaining an initial insight into how a small sample of the public are accessing pharmaceutical services and their overall views of the services they receive. The results of this survey are described in Appendix 7a.

This online survey then formed part of a wider piece of work on pharmacy services which Healthwatch published in October 2017. This report is described in Appendix 7b.

Appendix 7a: Results of the Healthwatch online public survey

This online survey was carried out in the summer of 2017 with a view to gaining an initial insight into how a small sample of the public are accessing pharmaceutical services and their overall views of the services they receive. A total of 164 survey responses were received.

How are the public accessing pharmaceutical services across County Durham?

How often do you access local pharmacy services in your area?	At least once a week	At least monthly	At least every three months	At least every six months	At least once a year	Less than once a year
	13%	56%	14%	8%	5%	5%
Do you always visit the same pharmacy service?	Always		Usually		No	
	64%		21%		15%	
Can you easily access pharmacy services?	Yes		No		Don't know /NA	
	93%		4%		2%	
Thinking about the pharmacy service you visit most often, how do you normally get there?		On foot	Public transport		Car or taxi	Other
		22%	9%		66%	3%
What type of pharmacy service is it?		High street	Supermarket		Doctor's surgery	Other
		49%	4%		21%	26%

Summary of comments received across County Durham

(where no postcode was indicated on the survey return) and in the 6 PNA localities

Responses from across County Durham

(where no postcode was indicated on the survey return)

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Pleasant friendly staff.

Always helpful, polite, answer any questions.

Pharmacy is friendly, welcoming and gives good advice without needing an appointment.

Customer service.

Extremely helpful.

Knows the patients and their needs.

Service

Being proactive with my prescriptions as I have made it my nominated pharmacy.

Well organized.

Explains how to use the medication.

Giving advice about a condition and product in order to avoid a doctor visit.

Ensure medication is available on time, very helpful.

Speedy delivery of medicines.

Gives a good overall service. Will deliver where necessary.

Access

Good location.

It is well located and is open good hours.

Long opening hours.

Negative comments included:

Service

Could improve service with prescriptions being ready and not always have stock. Recently got worse with having to go through pharmacy for repeat prescriptions.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

Health checks.

Anything they can do should be publicised more.

Cheaper non-prescription education on products.

Basic first aid type of service.

Access

Increase in out of hours cover.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Staff

Need to communicate problems with customers better (e.g. letting customers know in advance if there is a problem with acquiring their prescription. Also need to communicate with doctors surgery better as there are often mix-ups with prescription collections).

More approachable staff.

Service

Make it more of a Health Hub rather than just a pharmacy.

A facility to know if what you have been prescribed is in stock before travelling there - or for the GP to know that a drug is in short supply before prescribing it to you.

Revert back to organising prescriptions via GP Surgery.

Telephone ordering/digital rather than visits.

Some only take cash payments.

Have dispensing of methadone done in a private room and not in full view of the public.

Access

Later opening hours. Their hours do not match those of the GP practice.

Opening hours longer.

Longer opening hours and weekend opening times.

Open longer hours.

Responses from Dales

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Good customer service.
Talk to you as a person.
Offer advice and support.
Offer advice re: medication.
The advice from the pharmacist is always good and usually saves a GP visit.
Serve customers as individuals.
Welcoming go out the way to help.
Friendly service and good advice.
Talk to me.
Everything, understanding.
Good and friendly.

Service

Will get all medication as per prescription and if not available will get outstanding medication as quickly as possible.
Everything very good.
Loads of room - good stuff.
Confident - a very good service and happy to return.
Everything.
Always got what you need.
Good chemist.
Good service.
If medication is not in stock go out of their way to find it within 24 hours.
Can ask advice.
When prescriptions due ring them, they contact GP and let me know when ready to collect.
Service is excellent - can't fault it.
Helpful - if they haven't got it they will get it.

Access

Local and convenient.
Convenient long opening hours.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

It would be helpful if my chosen pharmacy could offer the option to pay for a pre-paid prescription certificate.
Dockets bigger.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Service

They never have the pills I need.
More than two seats required.
More seating - and new seats

Access

Longer Saturday opening times or one late night per week - it is sometimes awkward collecting prescriptions with working full time.

Responses from Easington

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Excellent advice, compassionate, understanding. They go out of their way to help you even when they are so busy.

Friendly helpful service and recommend various options of medications, etc.

Friendly staff to greet and help/give advice.

Friendly and helpful.

Offers advice.

Service

Wide range of items/medicines.

Bring medication on time

Promptly dispenses medication directly from GPs

Negative comments include:

Service

There are some inconsistencies and mix ups with prescriptions, forgetting to put up pre-arranged prescriptions and or not having enough of the medication you need which you then have to make a return trip.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

Used to offer a health check but this seems to have stopped.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Service

It takes too long to get medication. Confidentiality is an issue - can see other people's prescriptions at counter.

Requests to access minor ailment scheme are awkward, questioning seems excessive and is off putting.

Access

Not open very much over the weekend period.

Responses from Derwentside

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Their customer service is first class, if they don't have an item they will order it for you.
Provide a good friendly service.
Advice.
Quite up to date.
Nice staff.
Attitude.

Service

They provide an electronic prescription service which is very convenient.
Get repeat prescriptions from doctors and have them ready when I go to collect.
Pointing out new dosage or strength.
The electronic service is really good as is the telephone service.
Picks up my prescription from the doctors.
Dispensing and medicine check.
Good dispensary here.
I receive regular medication for diabetes and I find the pharmacy always has my medication ready within a few days.

Access

Long opening hours and 7 day opening.
Fantastic opening hours

Negative comments included:

Staff

Pharmacy do mistakes.
What not do well - there is often mistakes. Just changed chemist for this reason.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

They do offer other things but I don't require them.
Blood pressure and weight.
Dispose of sharps - they have to go back to doctors or council will pick up if organised.
Certain pharmacies not keeping stock so people will have to travel to next pharmacy if medicines needed in particular time.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Service

Easier ways to order - an app for your phone maybe and notify when they are due. Quicker turnaround for scripts - at the minute it is 3 days often longer if over a weekend.
They rarely have repeat online scrips ready.
More polite training.
GP could improve their service.
Yes get it right.
GP never have prescription ready.
It would be better if there was more room for consultation.

Access

Pharmacy joined onto the GP should be open the same hours. The pharmacy closes at 5.30 but the GP appointments run until 6.30 so means not able to pick up an urgent prescription the same day.
Open Saturdays.

Responses from Sedgefield

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Good customer service.

The staff are friendly.

Excellent - exceptionally quick, polite, pleasant, helpful. I cannot recommend them highly enough.

Bit crack with you and know you well.

Everything.

They are always very helpful and polite.

Help with advice.

Very Professional.

Service

Prescription re-order direct to GP.

Excellent pharmacy service- will visit your home, collect prescriptions and deliver goods.

Quick efficient service.

Serve well.

Service helpful and friendly.

Electronic prescriptions.

Access

Opening hours are good - stay open late, all others close at teatime.

Great pharmacy is in house which is convenient.

Easily accessible.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

Pharmacy blood pressure monitoring.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Staff

The atmosphere at doctor's surgery dispensary is not conducive to asking questions, etc. They volunteer nothing, just do the job. High Street pharmacy cannot be faulted.

Service

I ceased to use a pharmacy because they rarely had what I needed or they ended up owing me part of my prescription. Also have been given someone else's medication on occasions and wrong information. Bigger.

Access

Better opening times and weekend opening.

Waiting times could be reduced.

Later opening hours.

Wait time on prescriptions (doctors quicker to get prescription).

Responses from Durham

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Staff

Very efficient, the pharmacist will give advice on over the counter drugs.
Friendly and helpful.
Excellent customer service.
Local and know the customers.
Fantastic cheerful helpful team.
Receptionists are usually very helpful.
Chemist assistants and pharmacist very kind and helpful in every way.
Kind a nice.
Very polite and helpful.

Service

Service is good.
Gives advice on conditions and treatment that do not need GP or hospital intervention.
Electronic prescriptions sent from GP surgery direct to the pharmacy.
Advice if better product and deliver item if not in stock.
They pick up prescriptions from the doctors surgery and have them made up for me to collect.
Electronic prescribing, text service.
Good information and sharing information quickly.
Tell me when I can buy over counter more cheaply/ advise on how to take medication.
Very helpful. Especially when the GPs goes a bit awry. Are willing to bring medicines around to me if I am very unwell.
Accommodate personal need around getting medicines.
Very prompt with prescriptions.

Access

Local and convenient prescription service.
They are open long hours to coincide with the doctor's surgery.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

Family planning rather than go to the doctors for the contraceptive pill.
Holiday jabs.
Blood pressure, checking temperature - where to go next.

Access

Yes a Saturday service.
They are not open at lunchtimes or evenings.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Service

Perhaps an online appointment with pharmacist to review medication.
On the budget they have to operate on - pharmacy and GP practice run satisfactory.

Access

Open Saturdays.
More staff at busy times and a better waiting area.
Open on a weekend and one late evening per week.
Be open at lunchtimes and evenings and Sundays.
Longer opening hours.
Weekend opening hours.
Closed at lunchtime - inconvenient. Stay open all day.

Responses from Chester-le-Street

What does your pharmacy or GP practice dispensary do well?

Positive comments included:

Service

Delivers medication.

Negative comments included:

Service

I have not had good experiences with the local pharmacy.

Are there any other services you would like to access from your local pharmacy or GP practice dispensary?

Comments included:

Service

Disposal of used needles and yellow boxes.

Access

It would be helpful if their opening times were longer for people who work during the day.

Is there any way your pharmacy or GP practice dispensary could be improved?

Comments included:

Service

They could give the right medication. Recently my father in law was given two lots of medication which he took as he knew no better and ended up in hospital.

Access

The shop is not accessible if you are a wheelchair user.

Appendix 7b: Summary and recommendations of the full Healthwatch report

In October 2017, Healthwatch published the full report on pharmacy services in County Durham at www.healthwatchcountydurham.co.uk/evidence-based-reports The aim of this piece of work was to collect the views of the public about:

- The public's knowledge of services that pharmacies can offer.
- Whether there is an appetite across the County to access such services.
- What other services individuals would like to see.

The views and experiences of 397 individuals were collected for this report. The executive summary describes what people told Healthwatch and, in response to these comments, the subsequent Healthwatch recommendations. These are described below:

What people told Healthwatch

In terms of how the public access pharmaceutical services across County Durham:

- 54% access pharmaceutical services once a month, with 52% of people always / usually using the same pharmaceutical service.
- 93% can easily access pharmaceutical services, with 62% of them visiting a pharmacy by car or taxi.

In terms of how the public feel about talking to a pharmacist:

- 78% felt comfortable about getting advice from and talking to the pharmacist about their health problems.
- 56% of were able to talk in their pharmacy without being overheard.

However, 28% could not talk in their pharmacy without being overheard and a further 15% didn't know if any private facilities were available.

In relation to medication:

- 75% said that when they got new medication the pharmacist explained how, when and why they should use or take it.
- 80% said the pharmacy usually had their prescribed medication in stock.

Of the services offered by pharmacies:

- 93% of respondents were aware of the dispensing medicines service with 78% having used it; 61% of respondents were aware of the minor ailments service with 21% having used it.
- At the other end of the scale 69% were aware of the adult flu vaccination service but only 17% had accessed it; and 66% were aware of the smoking cessation service but only 4% had accessed it.

The common themes made in the free text boxes included:

- Respondents were consistently positive about their local pharmacy with almost 94% of respondents stating that pharmacy staff are polite and helpful.
- Providing good customer care with friendly, caring staff
- Making sure prescriptions are available in a timely manner
- Providing advice and information about illnesses and medication

When asked what additional services respondents would like to access from their local pharmacy or GP practice dispensary the three most requested were:

- Extended opening hours
- Disposal of needles and sharps boxes
- Health checks e.g. blood pressure monitoring

Respondents were asked how the pharmacy could be improved. Several themes emerged including:

- Extended opening hours including pharmacists being available at lunchtimes and Saturdays.
- Appropriate premises - bigger waiting area with privacy to talk to the pharmacist.
- Having prescriptions ready and dispensing them faster.

Healthwatch recommendations

- Facilities to enable customers to talk to the pharmacist without being overheard should be made available and clearly advertised. This may mean the provision of a 'consultation booth', better signage of existing facilities or verbally informing the customer that a private space is available when it becomes clear that the advice being sought is of a personal/confidential nature.
- Although the public are very aware of some services pharmacies offer, others with a lower profile should be more clearly displayed as this could reduce pressure on other parts of the health care system. Similarly, consideration should be given to increase the uptake of certain services specifically medicine reviews, minor ailments scheme, adult flu vaccination, dispensing appliances, smoking cessation, emergency contraceptive service, alcohol consumption advice and sexual health testing. These services are used by less than 30% of the respondents.

- The LPC should lead on developing a strategy that encourages younger users to access pharmacy services. This could increase the uptake of particular services e.g. emergency contraceptive services and sexual health testing. As customers of the future, this could also prevent younger people turning to online pharmacy services in the future - virtually all adults surveyed aged 16 to 34 years were recent internet users (99%), in contrast with 41% of adults aged 75 years and over.
- When explaining new medication to customers, pharmacists should make it clear that this is what they are doing as currently only 75% of respondents were aware of this happening.
- One of the things that pharmacies were identified as doing well was making sure prescriptions were available in a timely manner. However one of the areas identified that pharmacies could improve was dispensing more quickly. We would suggest that this is looked into further to identify where the problem lies in relation to slow dispensing e.g. is the patient aware of the prescribing/dispensing process?
- Specific issues were raised by blind and partially sighted customers. To address these issues respondents said that brail dots covering print on bottle labels and boxes would enable them to access their own medication. Changes to the packaging should be pointed out to these customers.
- Consideration should be given to providing better access for disabled customers, including the provision of a space for wheelchair users.
- More continuity in relation to the pharmacist on duty could support an increase in people using pharmacy services as people prefer to talk to someone familiar about their health problems.
- Lunch time, later and weekend opening hours would enable more people to access the pharmacy service. In addition respondents requested that pharmacy opening times should be the same as the GP surgery opening hours.
- Consideration should be given to offer some, if not all, of the following additional services - disposal of needles, sharps boxes, health checks e.g. blood pressure measured, hearing aid batteries, holiday jabs, increased stock levels to ensure more medication is available for more of the time, a card payment system.

Appendix 8:

Summary of responses received during the statutory 60 day consultation

1. NHS England response

Comments on NUMSAS

Having sought advice from the national team of NHS England, we would like to remind local authorities that NUMSAS is only a pilot service, operational until September 2018. There is no certainty that this will become a permanent service thereafter. Accordingly, we would respectfully suggest that you review your PNA and remove all reference to the service. However, should your HWB insist that NUMSAS is referenced in the PNA, please ensure that a qualifying statement is included regarding its pilot status.

General comments

Thank you for inviting NHS England to comment upon the County Durham Pharmaceutical Needs Assessment and for the work undertaken in producing the draft PNA. It is noted that County Durham HWB has concluded the following:

1. There are sufficient pharmaceutical services in the 6 localities across County Durham with good overall access to these services. However, the HWB will keep this statement under review as urgent care primary care services develop, and as part of its ongoing responsibility to assess the impact of any pharmacy closures or consolidations.
2. County Durham has 125 pharmacies, and 17 dispensing GP practices. 12 of the 125 pharmacies are 100 hour pharmacies. These are presented in 6 localities to reflect the configuration of GP Federations and TAP's.
3. There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people and in areas of deprivation) and a reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities. However, this may need to be reviewed as the development of urgent care services proceeds.
4. At the time of writing the PNA in 2017, County Durham had an above national average supply of community pharmacies, noting 24 pharmacies per 100,000 population. This is an opportunity to allow for more patient choice, and for additional pharmaceutical services to the ageing and deprived populations in County Durham.
5. The vast majority of prescriptions issued by County Durham GP practices are dispensed by pharmaceutical services in County Durham. Therefore pharmacies outside County Durham are not 'necessary' to provide the essential pharmaceutical service in County Durham. However it is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas. This has been flagged by service providers in the Fencehouses area of the Chester-le-Street locality.
6. The estimated builds of future housing developments by 2021 will not require new pharmaceutical services.
7. HLPs should continue to be supported now that attainment of the Level 1 Award is part of the national pharmacy contract, and as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county. This should particularly involve HLPs broadening their signposting to also tackle the wider determinants of health.
8. The PNA makes reference to a requirement for a review of rurality of County Durham required by NHS England following an appeal to the NHS Litigation Authority in 2011.

Further to NHS England's review, with the exception of point 2, the points above are consistent with our findings. Point 2 has a minor discrepancy in the number of 100 hour pharmacies; as at 26 January 2018, the correct figure should be 13 100-hour pharmacies. In the PNA you have Welcome Health Pharmacy Ltd as a distance selling pharmacy when it is in fact a 100-hour pharmacy. There is a further discrepancy with the number of GP dispensing practices, of which there are 16 (not 17 as stated in the PNA). We have separately set out our view on references to NUMSAS in PNAs in a letter sent out recently to your HWB.

In respect of the statement regarding the need to commission new GP practice services in the areas listed, we would recommend that the statement is amended to reflect that, whilst commissioners are aware of planned housing growth in the listed areas, there are no plans at this stage for additional GP practices to be built to accommodate these areas.

2. LPC response

The Public Health Pharmacist, has been in dialogue with the LPC during the consultation period on the draft PNA. This approach has given the LPC the opportunity to provide comment to inform the definitive version of the document.

Given the ongoing discussions with the Public Health Pharmacist, members feel that it is not necessary for the LPC to submit a detailed formal response to the draft PNA. They are confident that the Public Health Pharmacist will have taken our comments into account. The LPC fully supports the key conclusion of the PNA i.e. there are sufficient pharmaceutical services in County Durham.

3. Healthwatch response

Healthwatch County Durham recently published a report on pharmacy services across the county. The aim of this piece of work was to collect the views of the public about the following:

- The public's knowledge of services that pharmacies can offer
- If there is an appetite across the County to access such services
- What other services they would like to see

Overall we collected the views and experiences of 397 individuals, 252 of these were from our on-line survey; 37 from attendees at our Annual Event; 8 from two community groups; and 100 through consultations carried out by volunteers at 7 pharmacies across the county.

We would ask that the views of the public are taken into consideration when finalising the PNA 2018 - 21 by considering this report. In particular please refer to the executive summary, which sets out what people told us and, in response to their comments, our recommendations.

4. The Adults and Health Overview and Scrutiny Committee (AWHOSC) response

The AWHOSC welcomes the opportunity to comment as part of the consultation process for the draft 2018-21 PNA. The Committee notes that the document is comprehensive, evidence-based and importantly takes account of Equality and Diversity issues. As part of the consultation process, the Committee wishes to highlight the following concerns/issues:

- Local pharmacies are often cited as the first “rung of the ladder” for patients accessing health care services. In a number of NHS service change proposals and consultations considered by the AWHOSC, the criteria for change is often given as directing patients to the most appropriate level of NHS Service, with Pharmacies being this first level of service before GP’s, Walk in Centres and A&E. It is therefore essential that County Durham residents have an appropriate level of service provision that is equitable across the County and accessible by residents.
- The Committee have previously heard of concerns at the potential reduction in the funding of community pharmacies and would seek assurances that the PNA takes account of pressures in this respect and that there is no evidence within the draft PNA of financial pressures adversely impacting on the number and distribution of pharmacies within the County.
- Given the levels of health deprivation across County Durham it is essential that there is a good distribution of pharmaceutical services in the County and also appropriate mechanisms for patients to access services including extended opening hours and delivery services for those rural communities.
- There are some concerns within the report where suggestions of some pharmacies being inaccessible to wheelchair users. This must be addressed by pharmacies.
- Given the development of STPs and their respective footprints, what steps are being taken to assess the views of neighbouring local authorities and their respective PNA proposals?
- Recent press coverage and articles have referenced the pressures that pharmacies are under, particularly in respect of staffing/workforce issues and the importance of recruitment, retention and training of pharmacists. As well as the number of pharmacies across the County being referenced within the PNA, how does the PNA measure and monitor the number of pharmacists within the County and how robust their pharmacies are in terms of workforce?
- Quoting the recent closure of the St John’s Chapel dispensary by the Weardale GP Practice, the Committee has previously expressed its concerns at the way in which this was handled particularly regarding engagement with the local community, the OSC, and the HWB. How will the PNA/HWB ensure that where service changes/reductions are proposed, appropriate robust, timely and extensive engagement plans are produced

5. Responses received via the Survey Monkey online consultation website:

The following questions were asked:

- Do you feel that pharmacies or GP practice dispensaries are easily accessible in your area?
- Are there any other services that should be available from a pharmacy or GP practice dispensary?
- Is there any way that pharmacy or GP practice dispensary services could be improved?
- Do you agree or disagree with the overall conclusion that there are sufficient pharmacy and GP practice dispensary services across County Durham?
- Please tell us any other comments you may have about the draft Pharmaceutical Needs Assessment 2018/21.

The following answers were received from a total of 19 responses:

Do you feel that pharmacies or GP practice dispensaries are easily accessible in your area?

- Yes - 17 (89%)
- No - 1 (5%)
- Don’t know - 1 (5%)

Please explain why:

- If anything there are too many.
- My nearest is within walking distance.
- One in most surgeries and lots more in town, including Tesco supermarket besides.
- There are a few pharmacies in my area.
- Yes, up to a point, however local pharmacy is closed on a Saturday.
- Pharmacy next to GP practice normally quite quick service and get my prescriptions electronically from the GP.
- GP and pharmacy are both together. The pharmacy also has a delivery service. I object to receiving letters through the post suggesting I order my prescription on line or by phone to have it delivered by the postal service.
- Boots have the monopoly.
- Response from Lartington Parish Council: Lartington is a small rural parish three miles from Barnard Castle. Although pharmacies and Barnard Castle Surgery dispensary are certainly accessible for the great majority of residents, for an important few they are not. Some of our residents are elderly and either live alone or are in partnerships in which one is carer for another. On at least two occasions in the last year, doctors making home visits prescribed medicines which were urgently required - but which could not be promptly obtained. One was for a patient with Alzheimers Disease, another for a person with a disability. Neighbours and family are willing to help but most are at work, remote from the village, and are not always able to provide the timely assistance needed. We note your comments about the voluntary basis on which some pharmacies offer a delivery service and that offered by Boots on Tuesdays and Thursdays is much appreciated but I do feel that consideration must be given to the provision of an emergency delivery service on those few occasions when it is clear that a medicine is quickly needed but cannot be easily obtained. Although there will be a cost implication, it may well be a lot cheaper than an ambulance call out if a patient's condition deteriorates through lack of timely receipt of medicines. This may well need to be GP-led, and we do understand the pressures that they are under, but when making a home visit and prescribing medicines it should not be difficult for them to quickly assess whether there is an issue over medicine collection, and if a protocol is in place for emergency delivery (possibly through something akin to the Voluntary Patients Transport scheme) to initiate it.

Are there any other services that should be available from a pharmacy or GP practice dispensary? The following responses were received:

- No
- No
- Not that I require.
- I am fully informed of what is available.
- The pharmacy provides a very good service providing good advice and assistance to most medical problems.
- Should be able to do blood tests.
- Asthma clinic.
- Healthy start vitamins, health check/ healthy heart.
- Mental health advice: suggestions for supporting wellbeing whilst waiting for support from mental health services. During the waiting period there is no support for people. Maybe GP's and pharmacies could offer more advice then they do. Looking at the community groups and existing services and utilising what's already out there. Somebodies mental health could be nurtured by attending a support group or taking on a hobby that promotes positive well-being. Services need to be working together in order to support these individuals.

Is there any way that pharmacy or GP practice dispensary services could be improved?
The following responses were received:

- I don't have any complaints.
- No
- No
- No
- Not sure
- I can't think of any way the service that I receive be improved.
- Holding sufficient stock, it requires 2 or 3 visits to get medication.
- It can be frustrating that medication cannot be dispensed unless the pharmacist is present even though repeat medication has been bagged awaiting collection.
- Stop being harassed at the pharmacy for a review of medication when the GP has already undertaken a review.
- Whilst there are four pharmacies in Spennymoor, experience has proven that they are variable in efficiency, i.e. length of lead time to pick up prescriptions and incomplete orders. I'm unsure if this is measured and by whom but my experience has led me to enrol my e prescription service to one particular pharmacy because of past failings of the others.
- Staff to be mental health trained.
- Pharmacies and GP's need to have more awareness of what support is available across the County looking at the third sector resources that already exist. More signposting needs to happen.
- Work with local Healthwatch to understand the views of local people when it comes to delivery of these services. Healthwatch build great relationships with members of the public and understand what people want from services.
- Yes. Burnopfield pharmacist travels from North Shields, so often the pharmacy doesn't open when it's supposed to as he's stuck in traffic. They're also now demanding a 3 working day notice for prescriptions which is ridiculous if you request on a Wednesday you'd have to wait until the following Monday.

Do you agree or disagree with the overall conclusion that there are sufficient pharmac and GP practice dispensary services across County Durham?

- Agree - 13 (68%)
- Neither agree nor disagree - 6 (32%)
- Disagree - 0

Please tell us any other comments you may have about the draft PNA 2018/21:

- We agree with the recommendations and thank you for our copy of the draft PNA. We acknowledge that a thorough process has been followed in liaising with, and seeking feedback from, the public, relevant parties and organisations during the production of the PNA and we confirm that we believe it meets the requirements as set out in the regulations.
- More information needs to be provided to members of the public about what services can actually be accessed via pharmacies and GP's. More awareness raising and a better understanding of community pharmacies may encourage more people to use them which could ease pressures of the surgeries.
- We need more independent pharmacies. Boots having the monopoly lets them get away with providing a sub-standard service.

Appendix 9:

Housing developments in County Durham of 100 properties or more, and estimated builds by 2020-21 (information correct at August 2017)

Site name	Settlement	Total number of houses left to build	Estimated number of houses that will be built by 2020/21
Dales			
Brack's Farm	Bishop Auckland	257	120
Land south of Douglas Crescent, Auckland Park	Bishop Auckland	500	10
Land at Catkin Way	Bishop Auckland	118	15
Former Cemex concrete batching plant	Bishop Auckland	100	65
Land to the north of Woodhouses Farm and south of Etherley Moor Wigdan Walls Road, Woodhouses	Bishop Auckland	237	90
North of Bowes Road	Barnard Castle	162	90
Easington			
North East Industrial Estate, Stephenson road	Peterlee	390	35
Low hills (land between Easington and Peterlee)	Peterlee	900	60
Field to the south of Wayside, Wingate Lane	Wheatley hill	106	100
Land to the south of Wellfield Road	Wingate	161	65
Derwentside			
Shotley Bridge Hospital	Consett - Shotley Bridge	133	120
Land to the south of Fenwick Way	Consett	182	120
Berry Edge South, off Genesis Way	Consett	446	120
Middles Farm Village	Craghead	191	140
Tanfield Lea (Everready)	Tanfield Lea	365	45
Sedgefield			
Land to the east of Clare Lodge	Chilton	182	105
Land north of West Chilton Terrace	Chilton	135	75
Whitworth	Spennymoor	380	160
Black & Decker (Durham Gate)	Spennymoor	364	105
Former Electrolux site, Merrington Lane	Spennymoor	425	30
Thorns Lighting, Merrington Lane	Spennymoor	221	180
Former Hartwell Factory, Green Lane Ind Est	Spennymoor	116	116

Site name	Settlement	Total number of houses left to build	Estimated number of houses that will be built by 2020/21
Sedgefield (continued)			
Land north of Durham Road, Middlestone Moor	Spennymoor	336	45
Dale Farm, Dale Road Industrial Estate	Sildon	310	0
Land at Spout Lane	Sildon	141	100
Eldon Whins	Newton Aycliffe	240	60
Land to the south of Eden Drive	Sedgefield	276	105
Durham			
Land south of Bowburn and west of the A688	Bowburn	270	80
Bogma Hall Farm	Coxhoe	155	75
Land to the south of Wallnook Lane and east of Recreation Ground	Langley Park	400	45
Land west of Browney Lane	Meadowfield	185	140
Land to the north east of St. Mary's Terrace	Coxhoe - Parkhill	190	75
Land to the east of Mill Lane	Sherburn Village	120	50
Land north of Ladysmith Terrace	Ushaw Moor	101	101
Land to the south west of Station Road	West Rainton	150	120
Mount Oswald	Durham City	254	160
Milburngate House	Durham City	441	150
Former Police HQ, Aykley Heads	Durham City - Aykley Heads	209	140
Finchale Training College	Durham City - Countryside	100	90
Chester-le-Street			
West House Farm	Sacrison	200	60
Vigo Lane	Chester-le-Street	203	90
Lambton Park, Chester Road	Bournmoor	400	60
Rear of Elm Avenue	Pelton	190	30

Appendix 10:

Location and opening hours of pharmaceutical services³⁶

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Dales³⁷							
FA121	Tesco Stores Limited		St Helen Auckland Industrial Estate	Bishop Auckland	DL14 9AB	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
FC495	Boots UK Limited		Unit 8 Bishop Auckland Shopping Park	Bishop Auckland	DL14 9FA	Mon-Fri: 08:00-24:00, Sat: 09:00-23:00, Sun: 10:00-16:00	None
FAL36	Lloyds Pharmacy Limited		St Helen's Industrial Estate, St Helen's Auckland	Bishop Auckland	DL14 9AE	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 11:00-17:00	None
FA415	Asda Stores Ltd		South Church Road	Bishop Auckland	DL14 7LB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
	Auckland Medical Group		The Old Fire House, Watling Street	Bishop Auckland	DL14 6RP	Mon-Fri: 08:00-18:00	-
FXF69	Bestway National Chemists Limited	Well	Unit 7, Newgate Centre	Bishop Auckland	DL14 7JQ	Mon-Fri: 09:00-17:00	Sat: 09:00-13:00
FTJ49	Boots UK Limited		Primary Care Centre, Watling Road	Bishop Auckland	DL14 6RP	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Thurs: 08:00-09:00; 13:00-14:00, Fri: 08:00-09:00; 13:00-14:00; 18:00-19:00

³⁶ Information based on: NHSBSA dispensing doctor list in June 2017; telephone calls to dispensing doctors in July to confirm main surgery dispensary opening hours; NHS England pharmacy listing and core opening hours September 2017; subsequent ongoing significant pharmacy changes to this information from September 2017 (information available on request)

³⁷ Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FH490	M & M Pharmacies Limited		172-174 Newgate Street	Bishop Auckland	DL14 7EJ	Mon-Fri: 08:00-12:30; 13:30-17:00, Sat: 08.30-12.30	Mon-Fri: 17:00-17:30, Sat: 09:00-12:00
FHV08	M & M Pharmacies Limited		Station View Medical Centre, 29a Escomb Road	Bishop Auckland	DL14 6AB	Mon-Fri: 08:45-13:00; 14:00-17:45	None
FRA09	Boots UK Limited		31 Newgate Street	Bishop Auckland	DL14 7EW	Mon-Sat: 09:00-17:30	None
FV380	Day Lewis Plc		86 Galgate	Barnard Castle	DL12 8BJ	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00, Sat: 08:30-13:00
FMD09	Boots UK Limited		37-39 Market Place	Barnard Castle	DL12 8NE	Mon-Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-17:30, Sat: 09:00-13:00; 14:00-17:30	None
FVW69	C & C Forster Ltd	Welsh Chemist	144 Melrose Drive	St Helen Auckland	DL14 9DN	Mon-Fri: 08:30-13:00; 14:00-17:30	Mon-Tues: 17:30-18:00, Thu: 17:30-18:00
FF689	M J & A Gordon Limited	Tow Law Pharmacy	24 High Street	Tow Law	DL13 4DL	Mon-Wed: 09:00-12:30; 13:30-18:00, Thurs: 09:00-12:30; 13:30-15:00, Fri: 09:00-12:30; 13:30-18:00, Sat: 09:00-12:00	None

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FRW33	Gill & Schofield Pharmaceutical Chemists Ltd	Coundon Pharmacy	Victoria Lane	Coundon	DL14 8NL	Mon-Fri: 08:45-13:15; 14:00-17:30	None
FJ779	Stanhope Chemists Ltd	79 Front Street	Stanhope	DL13 2TZ	Mon-Tues: 09:00-12:15; 13:30-17:30; Wed: 09:00-12:15; 13:30-16:00, Thurs-Fri: 09:00-12:15; 13:30-17:30; Sat: 09:00-12:15	None	
	Woodview Medical Practice		Cockfield	DL13 5AF	Mon: 08:30 - 16:00, Tues-Thurs: 08:30- 15:00, Fri: 08:30-14:00; 16:30 - 18:00	-	
FGF94	Whitworth Chemists Limited	38 Front Street	Cockfield	DL13 5DS	Mon: 08:45-13:00; 14:00-18:15, Tue-Thurs: 08:45-13:00; 14:00-17:30, Fri: 08:45-13:00; 14:00-18:00	Mon-Fri: 13:00 - 14:00, Sat: 08:45 - 14:00	
FT188	Wolsingham Pharmacy Ltd	12 Market Place	Wolsingham	DL13 3AE	Mon: 09:00-12:15; 13:30-17:30, Tues: 09:00-12:15; 13:30-17:00, Wed: 09:00-12:15, Thu: 09:00-12:15; 13:30-17:00, Fri: 09:00-12:15; 13:30-17:30, Sat: 09:00-12:15	None	
	Old Forge Surgery		Middleton-In-Teesdale	DL12 0QE	Mon-Tues: 08:00-18:00, Wed: 08:00- 13:00, Thurs-Fri: 08:00-18:00	-	

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FRH84	Day Lewis Plc		19 Market Place	Middleton-In-Teesdale	DL12 0QG	Mon-Tues: 09:00-17:30, Wed: 09:00-13:00, Thu-Fri: 09:00-17:30, Sat: 09:00-13:00	None
FQ026	Welcome Health Pharmacies Ltd		50 Hope Street	Crook	DL15 9HU	Mon-Fri: 07:00-23:00, Sat: 08:00-22:00, Sun: 10:00-16:00	None
FLA09	Boots UK Limited		8 North Terrace	Crook	DL15 9AZ	Mon-Sat: 09:00-17:30	None
FR233	Clemitsons Ltd		25A Hope Street	Crook	DL15 9HS	Mon-Fri: 08:30-12:30; 13:00-17:00	Mon-Fri: 12:30-13:00, Sat: 09:00-12:00
FXH47	Clemitsons Ltd		51 Hope Street	Crook	DL15 9HU	Mon-Fri: 08:30-12:00; 13:30-18:00	Mon-Fri: 12:00-13:30
FFV56	Britton & Robson Ltd		46 High Street	Willington	DL15 0PG	Mon-Fri: 08:30-12:30; 13:30-17:30	Mon-Wed: 08:00-08:30; 12:30-13:30; 17:30-18:00, Thurs: 08:00-08:30; 12:30-13:30; 17:30-19:00, Fri: 08:00-08:30; 12:30-13:30; 17:30-18:00, Sat: 08:30-12:30
	Pinfold Medical Practice		Pinfold Lane	Butterknowle	DL13 5NX	Mon: 08:30-19:00, Tues 08:30-17:00, Wed 08:30-18:30, Thurs 08:30-17:00, Fri 08:30-18:00. Closed every day between 12:30-14:00	

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
	Evenwood Medical Practice		Copeland Lane	Evenwood	DL14 9SU	Mon: 10.00-12.00; 15.00-18.00, Tues: 08.00-12.00, Wed: 08.00-13.00, Thurs: 10.00-12.00; 15.00-18.00, Fri: 08.00-12.00; 14.00-17.00	-
	Gainford Surgery		Main Road	Gainford	DL2 3BE	Mon-Tues: 08:30-1800, Wed 08:30-13:00, Thurs-Fri: 08:30-18:00	-
Easington ³⁸							
FDE75	Asda Stores Ltd		Surtees Road	Peterlee	SR8 5HA	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
FHD21	Boots UK Limited		30-32 The Chare	Peterlee	SR8 1AE	Mon - Fri: 09:00-13:00; 14:00-16:45, Sat: 09:00-12:00; 13:00-16:45	Mon-Fri: 08:30-09:00; 13:00-14:00; 16:45-17:30, Sat: 08:30-09:00; 16:45-17:30
FCJ51	Lydon Pharmacy Group Ltd	York Road Pharmacy	60 York Road	Peterlee	SR8 2DP	Mon-Tues: 09:00-13:00; 13:30-17:30, Wed: 09:00-13:00, Thu-Fri: 09:00-13:00; 13:30-17:30, Sat: 09:00-13:00	None
FDH51	IntraHealth Pharmacy Limited		William Brown Centre Manor Way	Peterlee	SR8 5SB	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon-Fri: 08:30-09:00; 12:30-13:30; 18:00-19:00

³⁸ Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FVF01	Bestway National Chemists Limited	Well	9 The Chare	Peterlee	SR8 1AE	Mon-Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30	Sat: 11:30-13:00
FF604	Boots UK Limited		17 Blackhills Road	Horden	SR8 4DW	Mon - Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	Sat: 11:30-12:00
FY376	M Whitfield Limited		30 Forth Street	Horden	SR8 4LB	Mon-Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	Sat: 11:30-12:30
FNC75	Boots UK Limited		South Hetton Health Centre, Front Street	South Hetton	DH6 2TH	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
FL649	Boots UK Limited		1 Seaside Lane	Easington Colliery	SR8 3PF	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30
FCH78	Boots UK Limited		Craddock House, Seaside Lane	Easington Colliery	SR8 3PF	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30, Sat: 09:00-13:00
FQ606	Asda Stores Ltd		Byron Place, South Terrace	Seaham	SR7 7HN	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
FA709	Boots UK Limited		63 Church Street	Seaham	SR7 7HF	Mon-Sat: 09:00-13:00; 14:00-16:45	Mon-Sat: 13:00-14:00; 16:45-17:30
FN907	Bestway National Chemists Limited	Well	43 Church Street	Seaham	SR7 7HF	Mon-Fri: 08:30-12:30; 14:00-18:00	Mon-Fri: 08:15-08:30; 13:30-14:00
FEM40	Norchem Healthcare Limited	Eilbeck Deneside	1 The Avenue, Deneside	Seaham	SR7 8LQ	Mon-Fri: 09:00-13:00; 14:00-18:00	None

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FXL31	Lloyds Pharmacy Limited		8 Blandford Place	Seaham	SR7 7EL	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:15-09:00; 13:00-14:00
FX542	Pharmacare4u Limited	J & J Pharmacy	1 West Grove, Westlea Estate	Seaham	SR7 8EL	Mon-Fri: 09:00-14:00; 14:30-17:30	Mon-Fri: 14:00-14:30, Sat: 09:15-13:00
FKG29	Norchem Healthcare Limited	Eilbeck Harbour	Seaham Primary Care Centre, St Johns Square	Seaham	SR7 7JE	Mon-Fri: 09:00-18:00	Mon: 08:00-09:00; 18:00-20:30, Tue-Fri: 08:00-09:00, Sat: 09:00-13:00
FV165	G Whitfield Limited		16 Woods Terrace East	Murton	SR7 9AA	Mon-Wed: 09:00-12:30; 13:30-18:00, Thurs-Fri: 09:00-12:30; 13:30-17:00, Sat: 09:00-12:30	Mon-Wed: 08:30-09:00; 12:30-13:30, Thu-Fri: 08:30-09:00; 12:30-13:30; 17:00-18:00
FEQ59	Whitworth Chemists Limited		13/15 Woods Terrace	Murton	SR7 9AD	Mon-Fri: 08:30-12:30; 13:30-17:30	Mon-Wed: 17:30 - 18:00, Sat: 09:00 - 12:00
FJW29	Crispin Pharmacy Ltd	Shotton Pharmacy	2 Front Street	Shotton Colliery	DH6 2LT	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FL004	Haswell Pharmacy Ltd		80 Front Street	Haswell	DH6 2BL	Mon-Wed: 09:00-17:30, Thurs: 09:00-15.00, Fri: 09:00-17:30	Thurs: 15:00-17:30
FQL31	M Whitfield Limited		2 Stanley Terrace	Thornley	DH6 3ES	Mon-Wed: 09:00-12:30; 14:00-18:00, Thurs: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:00	Sat: 12:00-12:30
FVH83	Norchem Healthcare Limited	Meikles Pharmacy	51 Middle Street	Blackhall Colliery	TS27 4EE	Mon-Fri: 09:00-17:30	None

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FCK33	M Whitfield Limited		28 Middle Street	Blackhall Colliery	TS27 4EA	Mon-Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	Sat: 11:30-12:30
FA773	Boots UK Limited		Front Street	Wingate	TS28 5PZ	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 09:00-13:00
FTA07	Phillips Chemists Ltd		11 Luke Street	Trimdon Colliery	TS29 6DP	Mon-Tues: 08:30 - 16:30, Wed-Fri: 08:30 - 12:30	None
FFH88	M Whitfield Limited		The Primary Care Centre, Thornley Road	Wheatley Hill	DH6 3NR	Mon-Wed: 09:00-12:30; 14:00-18:00, Thurs: 09:00-12:30; 14:00-17:30:00, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:00	Sat: 12:00-12:30
FLG08	Kaur Pharma Limited		81 Edenhill Road	Peterlee	SR8 5DD	Mon-Fri: 09:00-18:00	None
Derwentside ³⁹							
FW704	Boots UK Limited		Tanfield View Surgery, Scott Street	Tanfield	DH9 8AD	Mon-Fri: 07:00-23:00, Sat-Sun: 09:00-19:00	None
FTW78	Ashchem Limited		3 West Road	Annfield Plain	DH9 7XA	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 09:00-13:00
	Browney House Surgery		Front Street	Langley Park	DH7 9YT	Mon-Fri: 09:00-17:30	-
FDR43	Bestway National Chemists Limited		40 Front Street	Langley Park	DH7 9SA	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:30-18:00, Sat: 08:45-12:30
FRK79	T & J Healthcare Ltd	Station Road Pharmacy	9 Station Road	Consett	DH8 5RL	Mon-Sat: 08:00-23:00, Sun: 10:00-20:00	None

³⁹ Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FR810	John Low Ltd	Moorside Pharmacy	Consett Park Terrace, Moorside	Consett	DH8 8ET	Mon-Fri: 08:30-14:30	None
FJL38	John Low Ltd		83 Queens Road, Shotley Bridge	Consett	DH8 0BW	Mon-Fri: 08:30-13:30; 14:00-17:00	Mon-Fri: 08:00-08:30; 13:30 - 14:00
FHM85	Lloyds Pharmacy Limited		12 Station Road	Consett	DH8 5RL	Mon-Fri: 08:45-12:45; 14:30-17:45, Sat: 09:15-13:00	Mon-Fri 08:30-08:45; 12:45-14:30; 17:45-18:30, Sat: 08:45-09:15
FQR60	Bestway National Chemists Limited	Well	The Derwent Centre, Middle Street	Consett	DH8 5QW	Mon-Tues 09:30-14:00; 15:00-17:30, Wed-Sat 09:30-14:00; 15:00-17:00	Mon-Tues: 09:00-09:30; Wed-Sat: 09:00-09:30; 17:00-17:30
FH756	Boots UK Limited		Station Yard West, Delves Lane	Consett	DH8 5YA	Mon-Fri: 08:30-13:00; 14:00-17:30	Mon-Fri: 08:00-08:30; 13:00-14:00, Sat: 08:30-12:00
FA527	Farah Chemists Limited	Burnopfield Pharmacy	Cedar Crescent	Burnopfield	NE16 6HU	Mon-Fri: 09:00-17:30	None
FNR44	Farah Chemists Limited	Dipton Pharmacy	Lesbury House, Front Street	Dipton	DH9 9AD	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:30-09:00
FK668	Farah Chemists Limited	Leadgate Pharmacy	George Ewen House, Watling Street	Leadgate	DH8 6DP	Mon-Fri: 09:00-17:00	Tue: 17:00-18:00 Thu: 17:00-18:00
FLX61	Lydon Pharmacy Group Ltd	Craghead Pharmacy	6 Standerton Terrace	Craghead	DH9 6DD	Mon: 08:30-12:30; 13:00-19:00, Tue-Wed: 08:30-12:30; 13:00-17:30, Thu: 08:30-13:00, Fri: 08:30-12:30; 13:00-17:30	None
FW299	Asda Stores Ltd		Front Street	Stanley	DH9 0NB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FTH09	Boots UK Limited		53 Front Street	Stanley	DH9 0SY	Mon: 08:30-13:00; 14:00-17:30, Tue-Sat: 08:30-13:00; 14:00-17:00	Tue-Sat: 17:00-17:30
FRR32	Lloyds Pharmacy Limited		Clifford Road	Stanley	DH9 0AB	Mon: 09:00-13:00; 14:00-18:00, Tue-Fri: 09:00-12:00; 4:00-18:00, Sat: 09:00-13:00	Mon: 08:30-09:00; 13:00-14:00, Tue-Fri: 08:30-09:00; 12:00-14:00, Sat: 13:00-14:00
FWL23	Lydon Pharmacy Group Ltd	Stanley Pharmacy	79 Front Street	Stanley	DH9 0TB	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00, Sat: 09:00-13:00
	The Haven Surgery		The Haven	Burnhope	DH7 0BD	Mon-Tues: 08:00-18:00, Wed: 08:00-12:00, Thurs-Fri: 08:00-18:00	-
FFF81	M D & A G Burdon Ltd	Lanchester Pharmacy	15 Front Street	Lanchester	DH7 0LA	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:30-09:00; 13:00-14:00, Sat: 09:00-17:00
FYR54	Blue House Retail Ltd	Taylor's Pharmacy	226 Park Road	South Moor	DH9 7AN	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00, Sat: 09:00-12:00
	Oakfields Health Centre			Hamsterley Colliery	NE17 7SB	Mon-Wed: 08:30-18:00, Thurs: 08:30-12:00, Fri: 08:30-18:00. Closed every day between 12:00-14:00	-
FRQ35	Sri Vijaya Venkata LLP	Consett Pharmacy Sedgefield	Unit 19b Number One Industrial Est	Consett	DH8 6SY	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 09:00-18:00

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
Sedgefield ⁴⁰							
FMH62	Tesco Stores Limited		Greenwell Road	Newton Aycliffe	DL5 4DH	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
	Bewick Crescent Surgery		27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Mon: 08.30-10.00; 16.00-17.30, Tues: 08.30-10.00, Wed: 08.30-10.00; 14.00-16.00, Thurs: 09.00-11.30; 16.00-17.30, Fri: 08.30-10.00 (Heighington Branch Surgery Dispensary Opening Hours)	-
FPL65	A R McConnell Limited	The Village Pharmacy	Pioneering Care Centre, Cobbler's Hall, Burn Lane	Newton Aycliffe	DL5 4SE	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
FGR42	Boots UK Limited		57 Beveridge Way	Newton Aycliffe	DL5 4DU	Mon-Fri: 09:00-13:00; 14:00-17:00, Sat: 09:00-13:00; 14:00-15:00	Mon: 08:30-09:00; 17:00-17:30, Tue-Fri: 08:30-09:00; 13:00-14:00; 17:00-17:30, Sat: 15:00-17:00
FFK86	Robert & Roberts Limited	Bewick Pharmacy	27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
FWF67	Lloyds Pharmacy Limited		Pease Way Medical Centre	Newton Aycliffe	DL5 5NH	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:00 - 09:00; 13:00 - 14:00; 18:00 - 19:30 Sat: 08:00 - 18:00 Sun: 10:00 - 16:00

⁴⁰ Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FE649	Asda Stores Limited		St Andrew's Lane	Spennymoor	DL16 6QB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
	St Andrews Medical Practice		St Andrew's Lane	Spennymoor	DL16 6QA	Mon-Fri: 09:00-13:00; 16:00-18:00	-
FGN07	Bestway National Chemists Limited	Well	St Andrews Medical Centre	Spennymoor	DL16 6QA	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30; 17:30-18:00
FED01	Robert & Roberts Limited	Miller Chemist	22 Cheapside	Spennymoor	DL16 6DJ	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon-Fri: 08:45-09:00; 12:30-13:30, Sat: 09:00-13:00
FPC89	Boots UK Limited		18 Cheapside	Spennymoor	DL16 6DJ	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:45 - 09:00, Sat:09:00 - 16:00
FV584	Boots UK Limited	Alliance Pharmacy	2 North Street	Ferryhill	DL17 8HX	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FE061	J's Healthcare Limited	Higginbottom Pharmacy	11 Main Street	Ferryhill	DL17 8LA	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
FFC42	Boots UK Limited		1 Durham Road	Ferryhill	DL17 8LD	Mon-Fri: 09:00-12:00; 13:00-17:30, Sat: 09:00-11:30	Mon-Fri: 08:30-09:00, Sat: 11:30-12:00
FWC49	Centrechem Limited	Sedgefield Pharmacy	11 Front Street	Sedgefield	TS21 3AT	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:00
FWW28	M & M Pharmacies Limited		14 Church Street	Shildon	DL4 1DX	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
FM788	Hancock & Ainsley Limited		1 Main Street	Shildon	DL4 1AJ	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:00

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FTH97	Intrahealth Pharmacy Limited	Cheapside Pharmacy	5 Cheapside	Shildon	DL4 2HP	Mon-Fri: 08:45-13:00; 14:00-17:30, Sat: 09:00-12:00	None
FPM81	Intrahealth Pharmacy Limited	Chilton Pharmacy	Chilton Health Centre, Norman Terrace	Chilton	DL17 0HF	Mon: 08:45-12:30; 13:30-17:45, Tues: 08:45-12:30; 13:30-17:30, Wed: 08:45-12:30; 13:30-17:45, Thu: 08:45-13:30, Fri: 08:45-12:30; 13:30-17:45. Sat: 08:30-12:00	None
FG885	Intrahealth Pharmacy Limited		6-8 High Street	West Cornforth	DL17 9HR	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00
FC276	Phillips Chemists Ltd		21a Church Road	Trimdon Village	TS29 6PY	Mon-Fri: 09:00-12:30; 13:45-17:30	Mon-Fri: 12:00-12:30; 17:30-18:00, Sat: 09:00-12:00
FYV47	Phillips Chemists Ltd		9 Alhambra Terrace	Fishburn	TS21 4BU	Mon-Fri: 09:00-12:30; 13:45-17:30	None
FMN51	Robert & Roberts Limited	Neville Pharmacy	6 Neville Parade	Newton Aycliffe	DL5 5DH	Mon-Fri: 09:00-13:00; 14:00-18:00	None
Durham ⁴¹							
FLL39	Tesco Stores Limited		Dragonville Industrial Estate, Dragon Lane	Durham	DH1 2XQ	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
FVC46	Alrahi & Singh Limited		Hilary House	Kelloe	DH6 4PE	Mon-Fri: 08:30 - 16:30	None

⁴¹ Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FHD04	Bestway National Chemists Limited	Well	25 Gilesgate	Gilesgate	DH1 1QW	Mon-Fri: 09:00-14:00; 15:00-18:00	None
FTT54	M Whitfield Limited		34 Sunderland Road	Gilesgate	DH1 2LG	Mon-Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-11:30	Sat: 11:30-12:30
	Belmont & Sherburn Medical Group	Sherburn Surgery	Gray Avenue	Sherburn	DH6 1JE	Mon: 09:00-17:30, Tues: 09:00-12:00, Wed-Fri: 09:00-17:30 Closed every day between 12:00-14:00.	-
FQK30	Parkchem Limited	Sherburn Village Pharmacy	2 Harley Terrace	Sherburn	DH6 1DS	Mon-Wed: 08:45-13:00; 14:00-18:00, Thu: 08:45-12:00; 13:00-17:00, Fri: 09:00-13:00; 14:00-18:00	Mon-Wed: 13:00 - 14:00, Thu: 12:00 - 13:00, Fri: 08:45 - 09:00; 13:00 - 14:00
FJ005	J Leak & S Cook		6 Blue House Buildings, High Street	Belmont	DH1 1AR	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-13:00; 14:00-17:30
FK785	James & Lindsey Clark	Leak Chemists	10 Cheveley Park, Shopping Centre	Belmont	DH1 2AA	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-17:30, Sat: 09:00-13:00
FD330	Boots UK Limited	J & L C Clark Chemists	Unit 9, Durham City Retail Park	Belmont	DH1 2RP	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00; 18:00-19:00, Sat: 09:00-18:00, Sun: 10:30-16:30
FMG71	Boots UK Limited		Arnison Centre Retail Park	Pity Me	DH1 5GB	Mon-Fri: 09:00-14:00; 15:00-18:00	Mon-Fri: 08:00-09:00; 14:00-15:00; 18:00-20:00, Sat: 08:00-19:00, Sun: 10:30-16:30

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FV167	Lloyds Pharmacy Limited		Arnison Centre Retail Park Pity Me		DH1 5GD	Mon-Sat: 09:00-12:00; 14:00-17:00; Sun: 10:00-14:00	Mon-Fri: 08:00-09:00; 12:00-14:00; 17:00-22:00, Sat: 08:00-09:00; 12:00 14:00; 17:00-21:00, Sun: 14:00-16:00
FLJ01	Coolmain Services Ltd	Leak Chemists	29 Front Street Framwellgate Moor		DH1 5EE	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-13:00; 14:00-17:00
FRK21	W Smith (Durham) Ltd		55 Carr House Drive Framwellgate Moor		DH1 5LT	Mon-Fri: 09:00-12:30; 14:00-18:00	Mon-Fri: 12.30-13.00
FV365	W Smith (Durham) Ltd		1 New House Road Esh Winning		DH7 9JU	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09:00-12.30
FML39	W Smith (Durham) Ltd		Flass Terrace Ushaw Moor		DH7 7LD	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09:00-12.30
	West Rainton Surgery		Woodland View West Rainton		DH4 6RQ	Mon-Fri: 08:00-11:30; 13:30- 18:00	-
FX194	Mr T Grey	The Storehouse Pharmacy	The Store House, Rainton Gate West Rainton		DH4 6SQ	Mon-Fri: 08:30 - 12:30; 13:30 - 17:30	Mon-Fri: 08:15 - 08:30; 17:30 - 18:00
FKP88	Boots UK Limited		5a-6 North Road Durham City		DH1 4SH	Mon-Sat: 09:00-12:00; 13:00-17:00	Mon-Sat: 08:45-09:00; 12:00-13:00; 17:00-17:30
FYR53	Boots UK Limited		2-5 Market Place Durham City		DH1 3NB	Mon-Sat: 08:30-17:30, Sun: 11:00-17:00	None
FA268	Bowburn Pharmacy Company Ltd		2 Ash Terrace Bowburn		DH6 5AS	Mon-Fri: 09:00-12:45; 13:45-18:00	None
FGL33	M Whitfield Limited		1 Sanderson Street Coxhoe		DH6 4DF	Mon -Fri: 09:00-12:45; 14:00-18:00, Sat: 09:00-10:15	Sat: 10:15-12:00
	The Medical Group		Sawmills Lane Meadowfield		DH7 9NH	Mon-Wed: 09:00-17:30, Thurs: 09:00-12:00, Fri: 09:00-17:30 Closed every day from 12:00 - 13:00.	-

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FRQ38	M & M Pharmacies Limited		The Health Centre, Sawmills Lane	Meadowfield	DH7 8NH	Mon-Fri: 08:15-12:30; 13:30-17:15	Mon-Fri: 17:15-18:00
FFC99	Lloyds Pharmacy Limited		Manchester House, Commercial Street	Brandon	DH7 8PL	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:30-14:00
FDK64	M & M Pharmacies Limited		Phoenix House, 4 Sawmills Lane	Brandon	DH7 8BJ	Mon-Fri: 08:00-16:00	Mon-Fri: 16:00 - 17:00
Chester-le-Street⁴²							
FAX71	Gorgemead Limited	Cohens Chemist	6 Bridge End	Chester-le-Street	DH3 3RA	Mon-Fri: 09:00-12:30; 14:00-18:00; Sat: 09:00-10:00; 11:30-13:00	Mon-Fri: 08:00-09:00; 12:30-14:00; Sat: 11:30-13:00
FG999	Gorgemead Limited	Cohens Chemist	Middle Chare	Chester-le-Street	DH3 3QD	Mon-Fri: 09:00-17:30	Mon-Fri: 17:30-18:00
FQG19	Boots UK Limited		8-9 St.Cuthberts Walk	Chester-le-Street	DH3 3YQ	Mon-Sat: 09:00-13:00; 14:00-17:00	Mon-Sat: 13:00-14:00; 17:00-17:30
FDD30	Superdrug Stores Plc		48-50 Front Street	Chester-le-Street	DH3 3BD	Mon-Sat: 08:30-14:00; 14:30-17:30	None
FPQ55	Boots UK Limited		Cestria Health Centre, Whitehill Way	Chester-le-Street	DH2 3DJ	Mon-Fri: 09:00-17:00	Mon-Wed: 08:15-09:00; 17:00-18:15; Thu: 08:15-09:00; 17:00-20:15; Fri: 08:15-09:00; 17:00-18:15
FE898	Centrechem Limited		Pelton Primary Care Centre, Ouston Lane	Pelton	DH2 1EZ	Mon-Fri: 09:00-18:00	Sat: 09:00-12:00
	Pelton & Fellrose Medical Group		Lavender Centre, Pelton Lane	Pelton	DH2 1HS	Mon-Fri: 08:30-18:00	-

⁴² Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core Hours, or GP Dispensary Opening Hours	Additional Pharmacy Supplementary Hours
FRQ82	Fletcher Gamble Limited	Pelton Fell Pharmacy	Fell Road	Pelton Fell	DH2 2NR	Mon-Fri: 09:00-12:00; 13:00-18:00	None
FOQ83	G Whitfield Limited		38 Gill Crescent North	Fencehouses	DH4 6AW	Mon-Wed: 09:00-12:30; 14:00-18:00; Thu: 09:00-12:30; 14:00-17:00; Fri: 09:00-12:30; 14:00-18:00; Sat: 09:00-12:30	None
FL073	Boots UK Limited		The Medical Centre, Front Street	Sacrison	DH7 6JW	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon: 08:00-09:00; 13:00-14:00; 18:00-20:00; Tue-Fri: 08:00-09:00; 13:00-14:00
FMQ48	J Dinning (Lumley) Limited		13 Lombard Place	Great Lumley	DH3 4QP	Mon-Fri: 08:30-17:45	None
FW641	Amerikana LLP	Vigo Pharmacy	Unit 1D, Drum Industrial Estate	Chester-le-Street	DH2 1SS	Mon-Fri : 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00; Sat:09:00-18:00

Appendix 11:

Pharmaceutical service maps

Summary of information

Master map of pharmaceutical services for County Durham

The map of all pharmacies and dispensing doctors in County Durham appears in Appendix 11.1. This has used the information of pharmacy and dispensing doctor listings in Appendix 10. It is a statutory requirement to keep this up to date (see Appendix 3).

Locality information

All other pharmacy service maps are broken down into the 6 PNA localities of:

- Dales (Appendix 11.2)
- Easington (Appendix 11.3)
- Derwentside (Appendix 11.4)
- Sedgefield (Appendix 11.5)
- Durham (Appendix 11.6)
- Chester-le-Street (Appendix 11.7)

For each locality the following maps are presented:

Population

- Location of pharmacies, mapped against population density (all ages).
- Location of pharmacies, mapped against population density of the over 65's.
- Location of pharmacies, mapped against deprivation.

Access

- Pharmacies open after 6pm (with a 100 hour pharmacy distinction).
- Pharmacies open at the weekend (with a 100 hour pharmacy distinction).

Note: This information is based on core opening hours only since additional supplementary opening hours can, with a 3 month notice to NHS England, change at any time. Information on core opening hours was obtained from NHS England in April 2017.

Public health pharmacy services

- Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions.
- Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions.
- Pharmacies offering the Supervised Consumption Service, mapped against deprivation.
- Pharmacies offering the Level 2 Stop Smoking Service, mapped against COPD admissions.

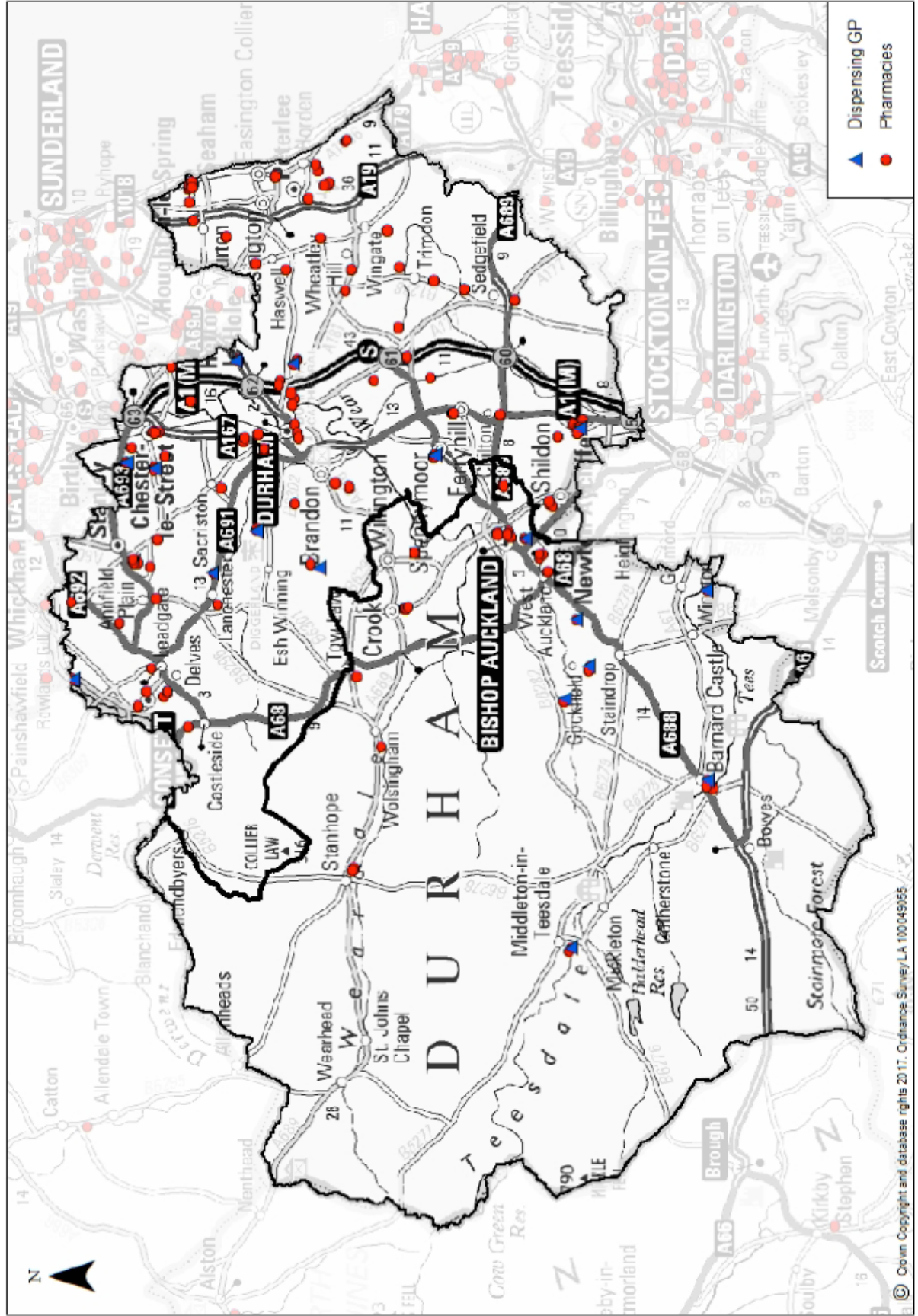
Note: This information was based on commissioner service data in April 2017. Provision of the NRT Voucher Scheme is not mapped since this is a widespread service.

CCG commissioned services

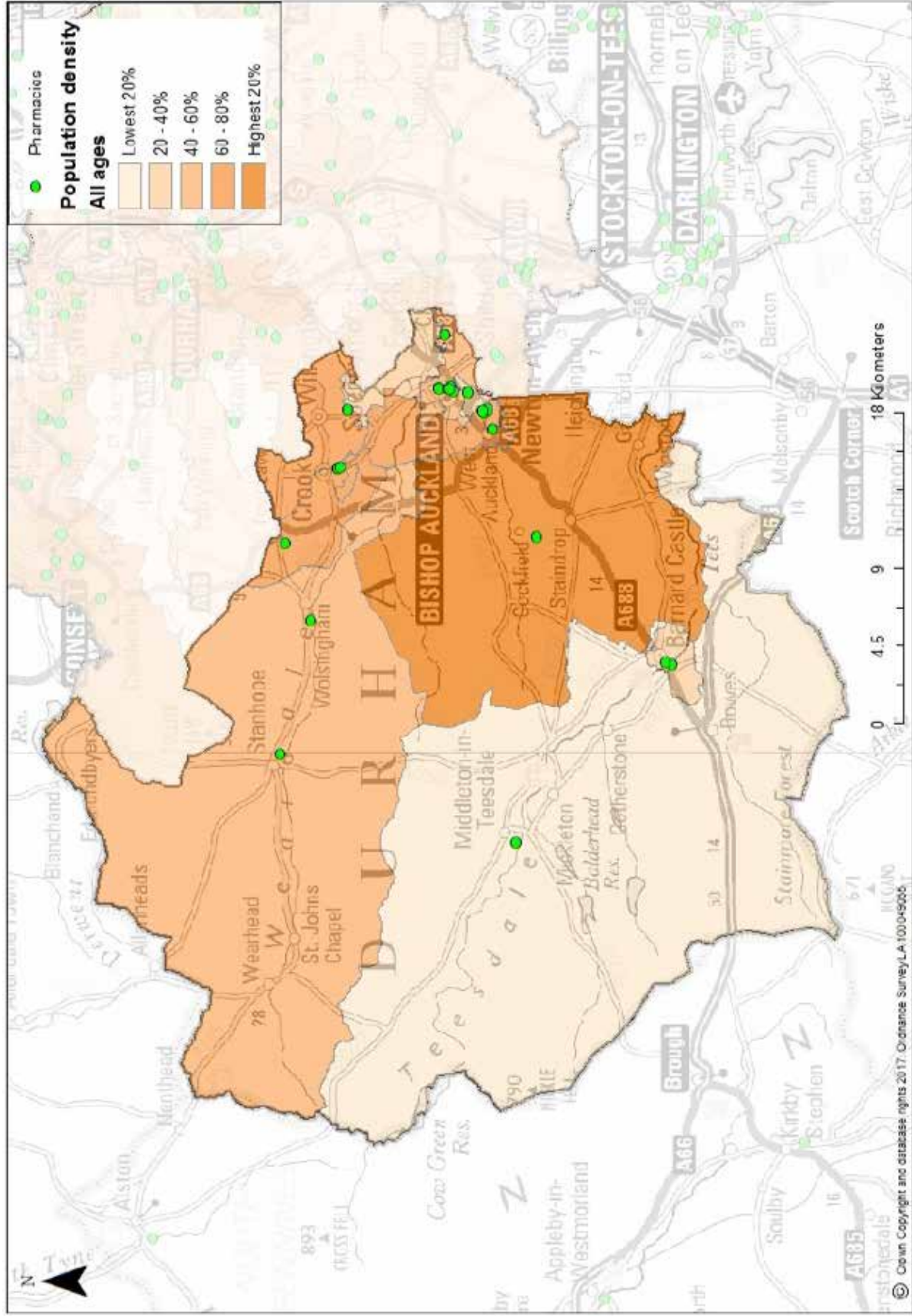
- Pharmacies offering the Anticoagulation, Food Thickening, Palliative Care and/or TB Drug Services.

Note: This information is based on commissioner service data in June and October 2017. Provision of the Minor Ailment Scheme is not mapped since this is a widespread service.

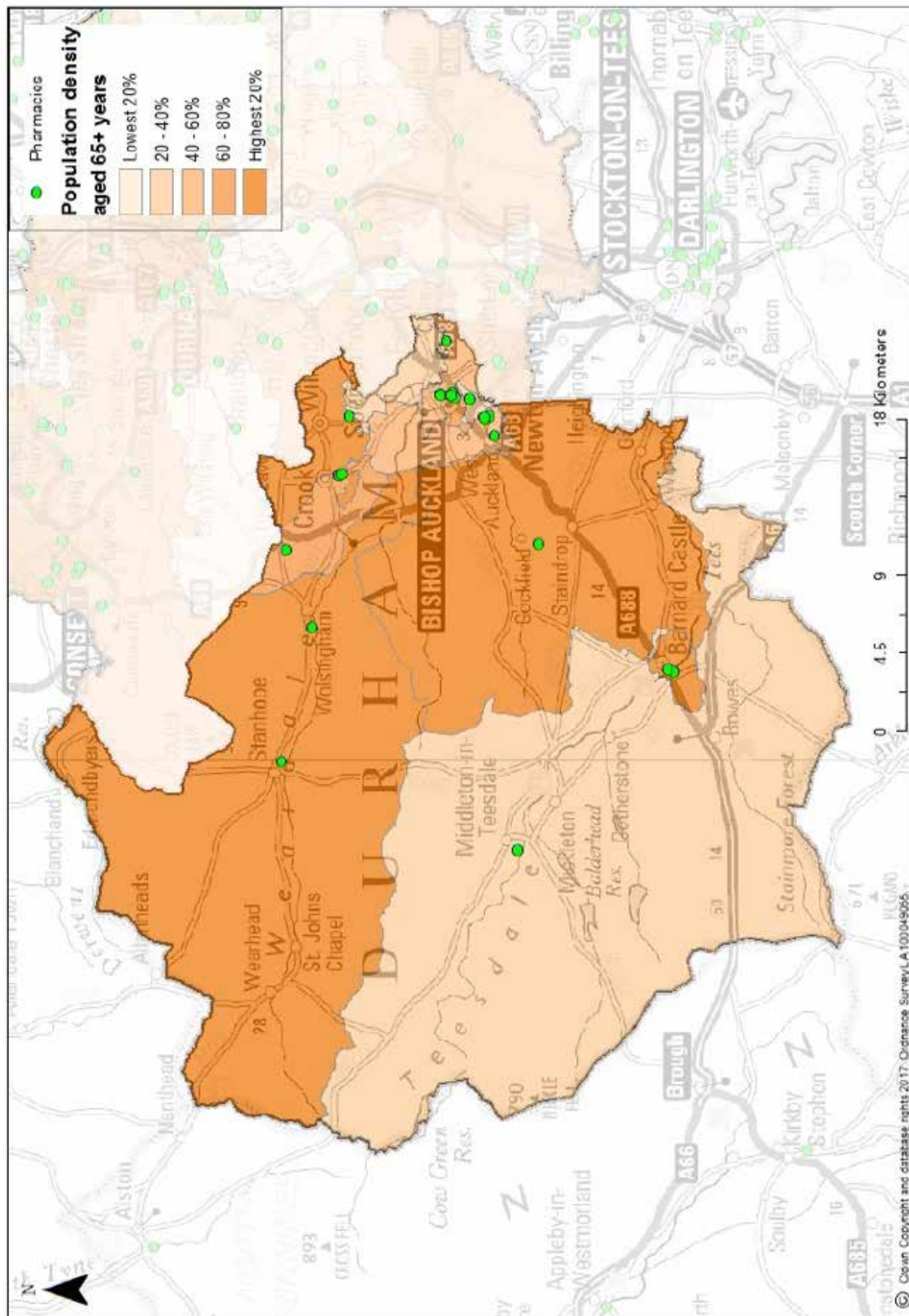
Appendix 11.1: Master map of pharmaceutical services in County Durham



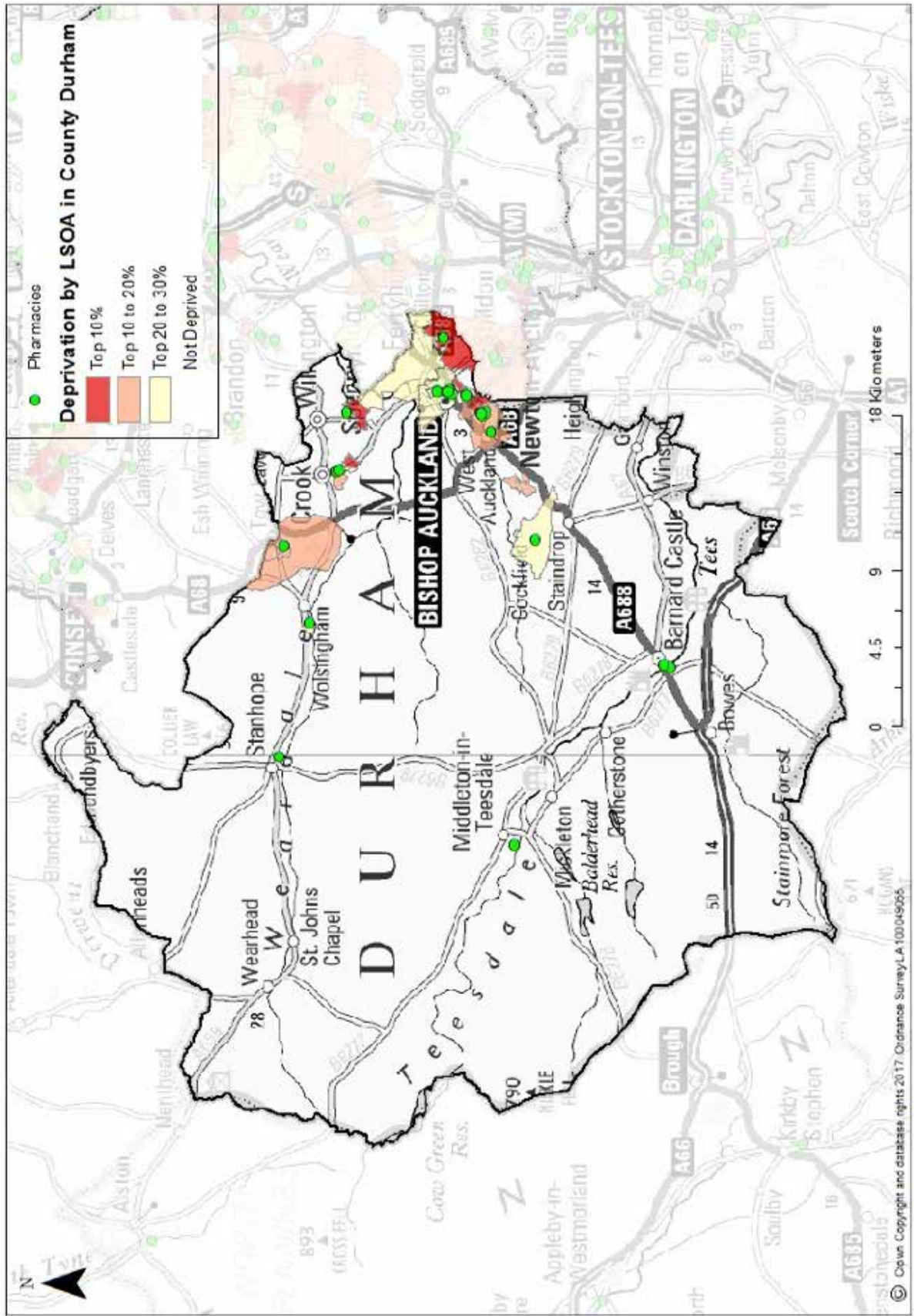
The Dales population
Location of pharmacies, mapped against population density (all ages)



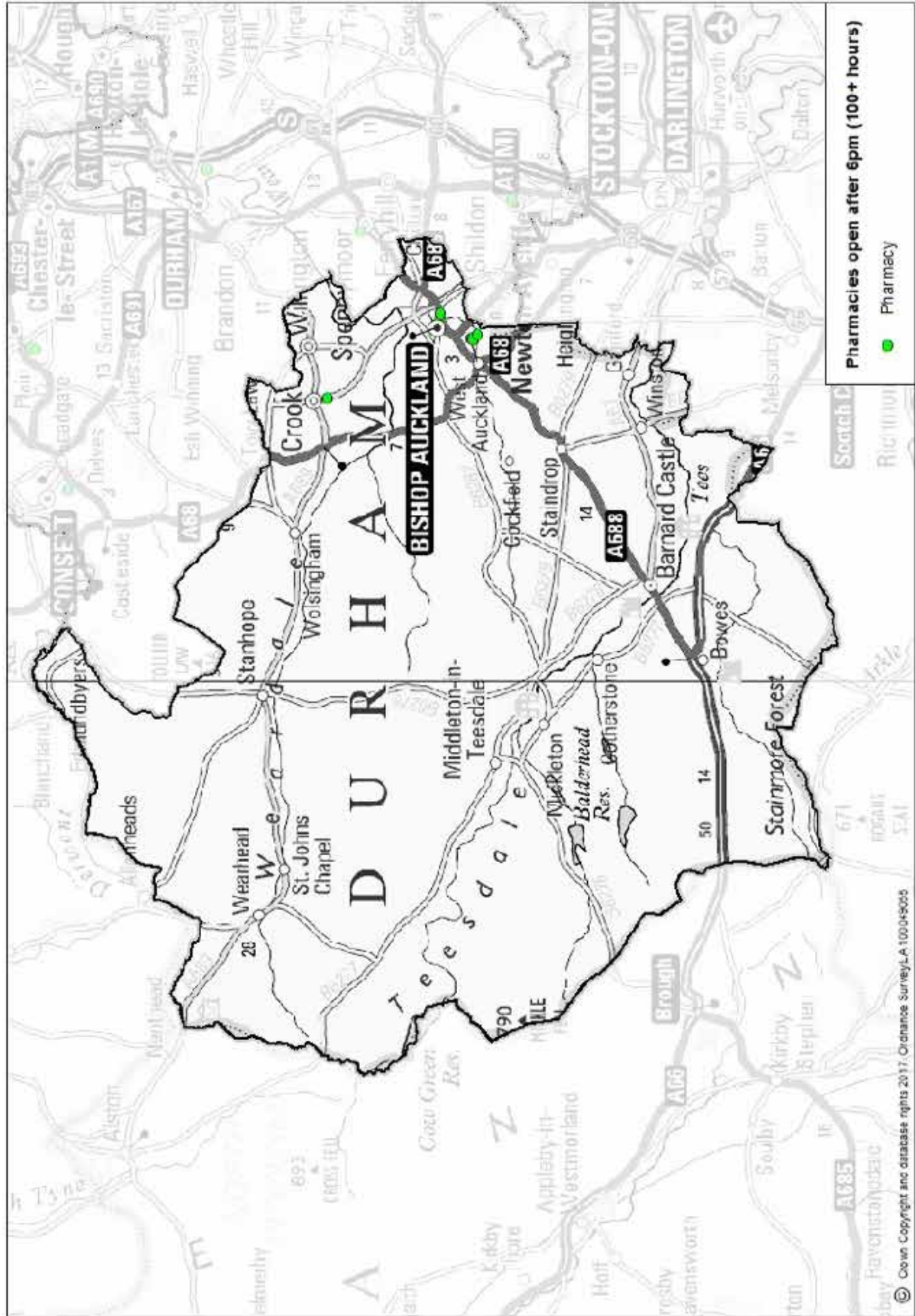
**The Dales population
Location of pharmacies, mapped against population density of the over 65's**



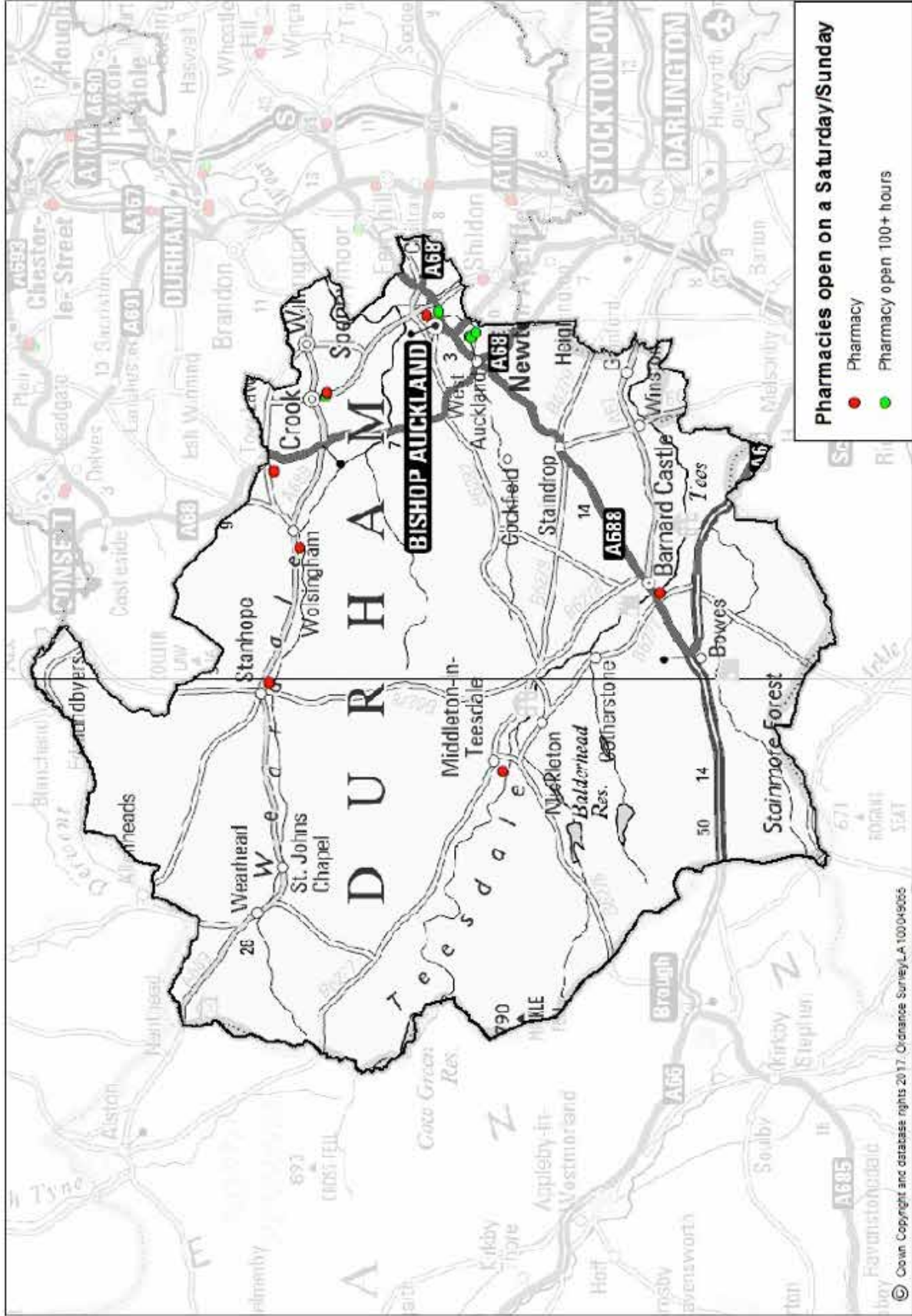
**The Dales population
Location of pharmacies, mapped against deprivation**



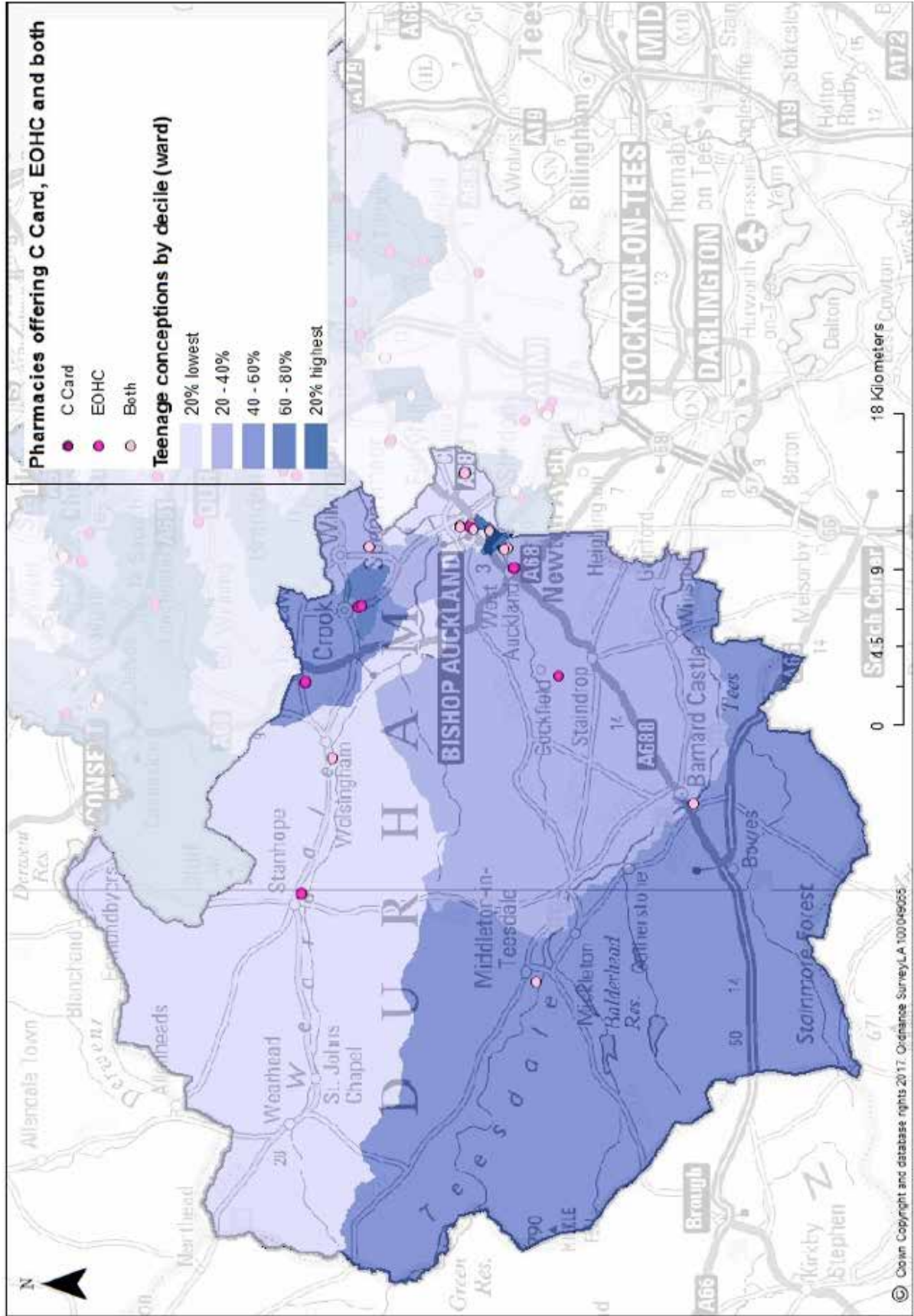
**Access to pharmacy services in the Dales (based on core opening hours)
Pharmacies open after 6pm**



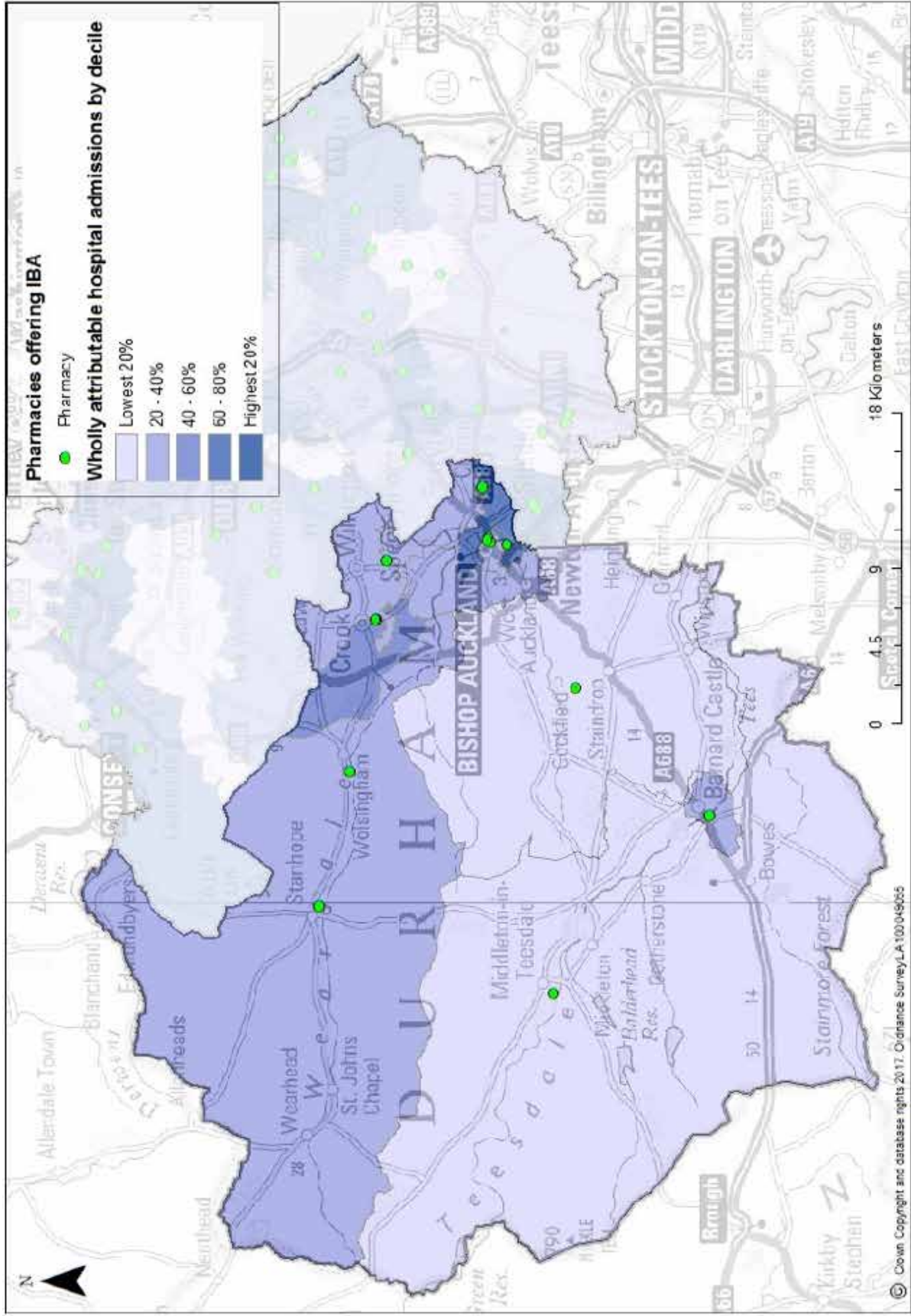
**Access to pharmacy services in the Dales (based on core opening hours)
Pharmacies open at the weekend**



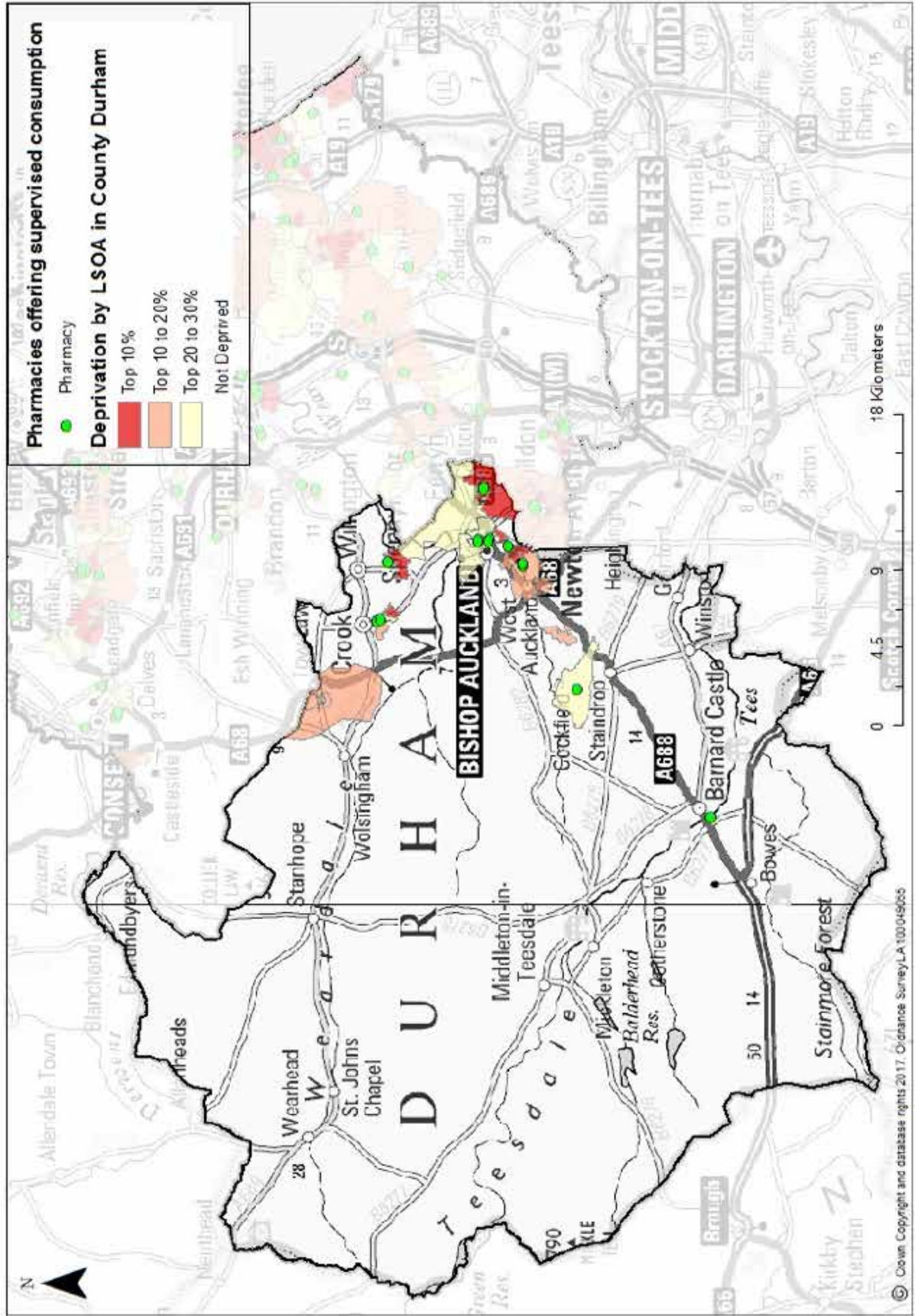
**Public health pharmacy services in the Dales
Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions**



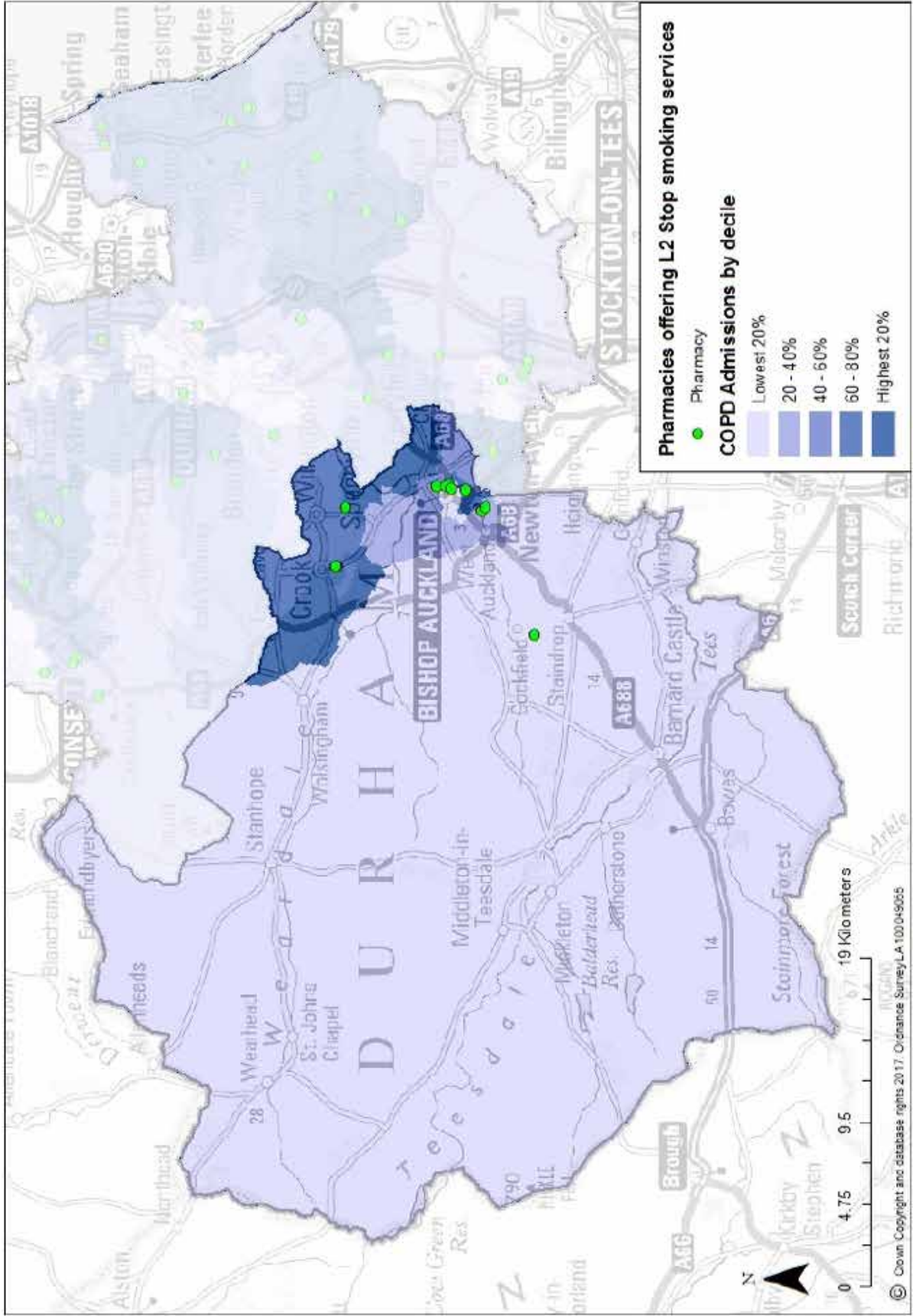
**Public health pharmacy services in the Dales
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions**



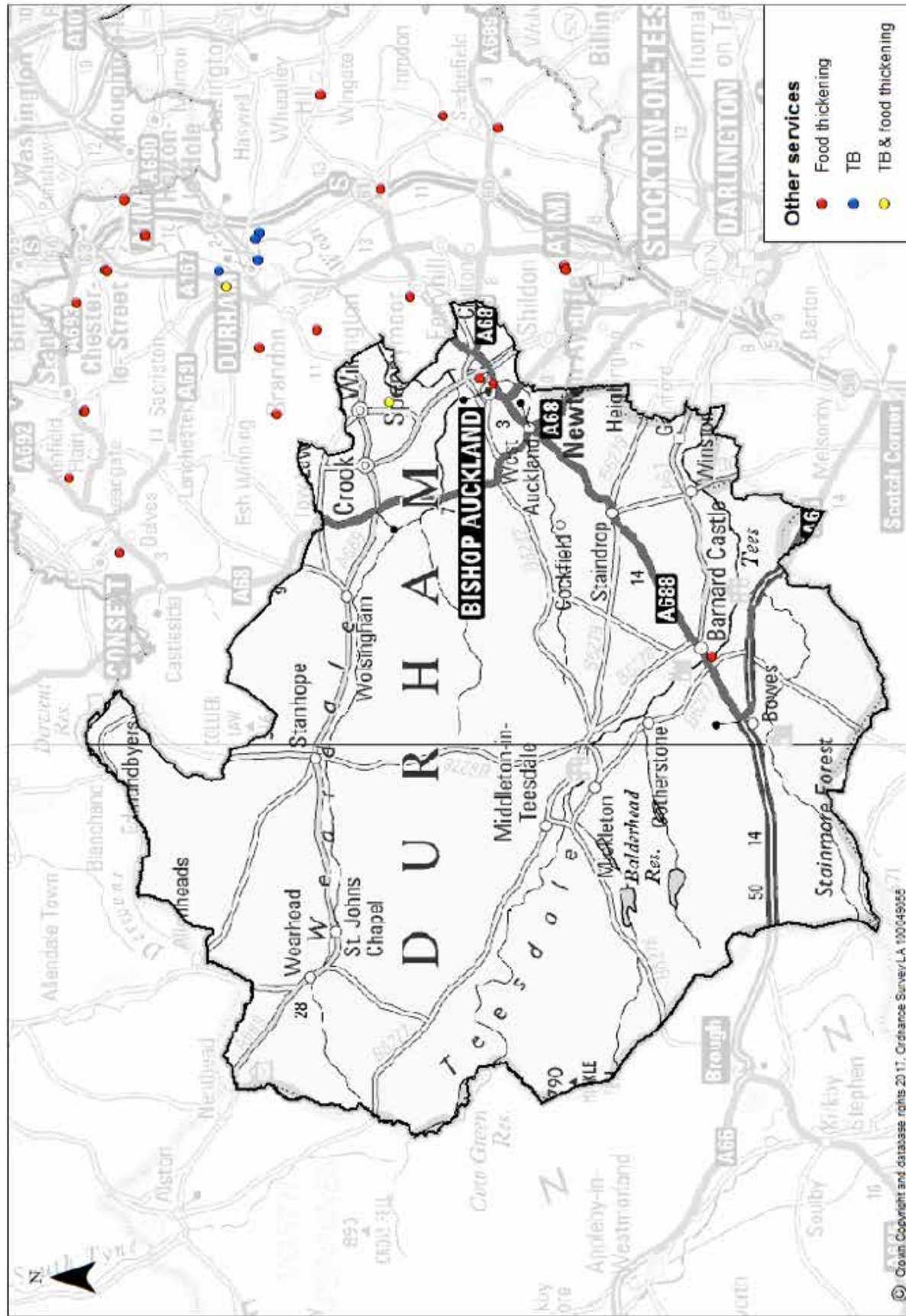
**Public health pharmacy services in the Dales
Pharmacies offering the Supervised Consumption Service, mapped against deprivation**



**Public health pharmacy services in the Dales
Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions**

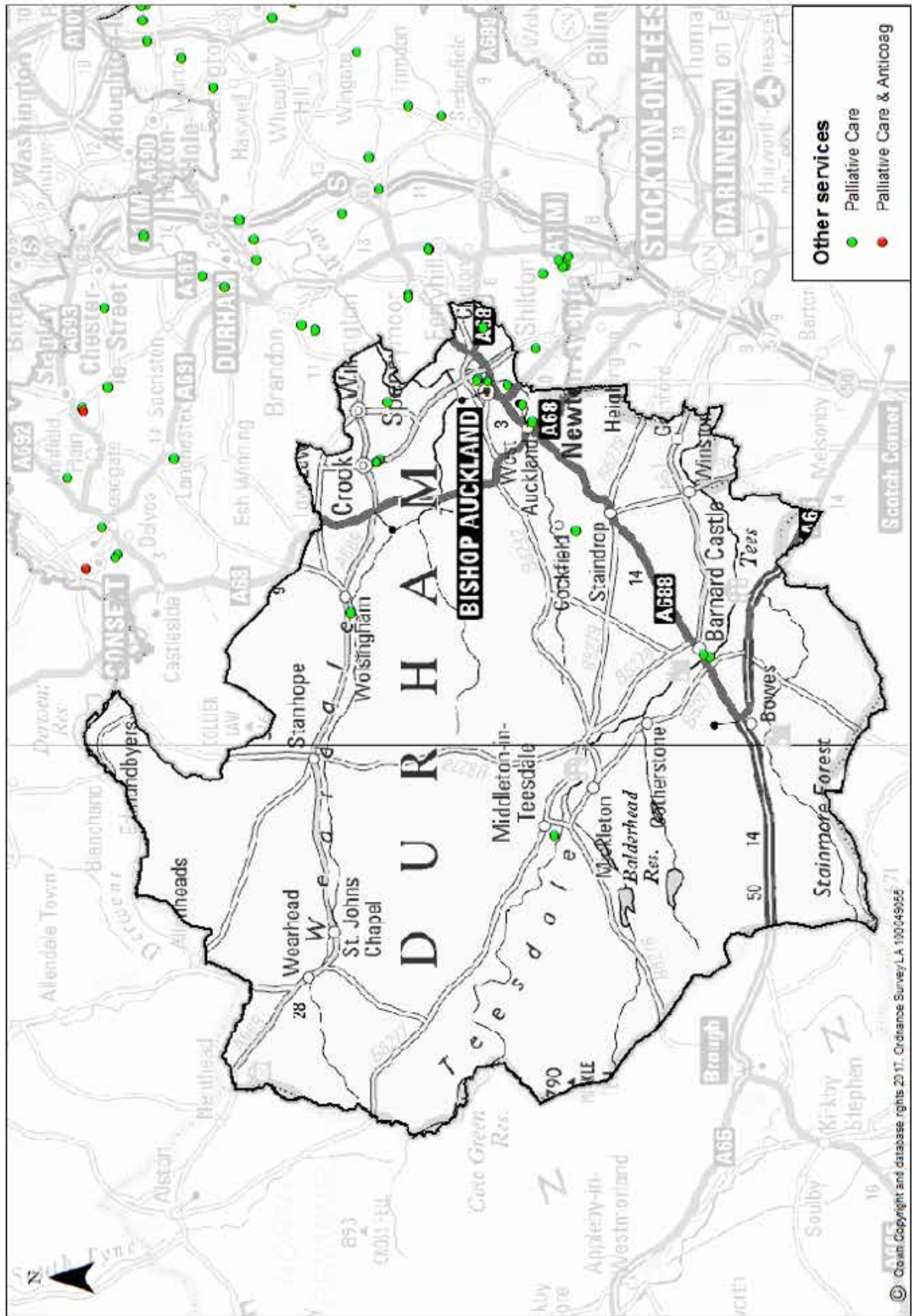


**CCG pharmacy commissioned services in the Dales
Pharmacies offering the Food Thickening and/or TB Drug Services**



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**CCG pharmacy commissioned services in the Dales
Pharmacies offering the Palliative Care and/or Anticoagulation Services**

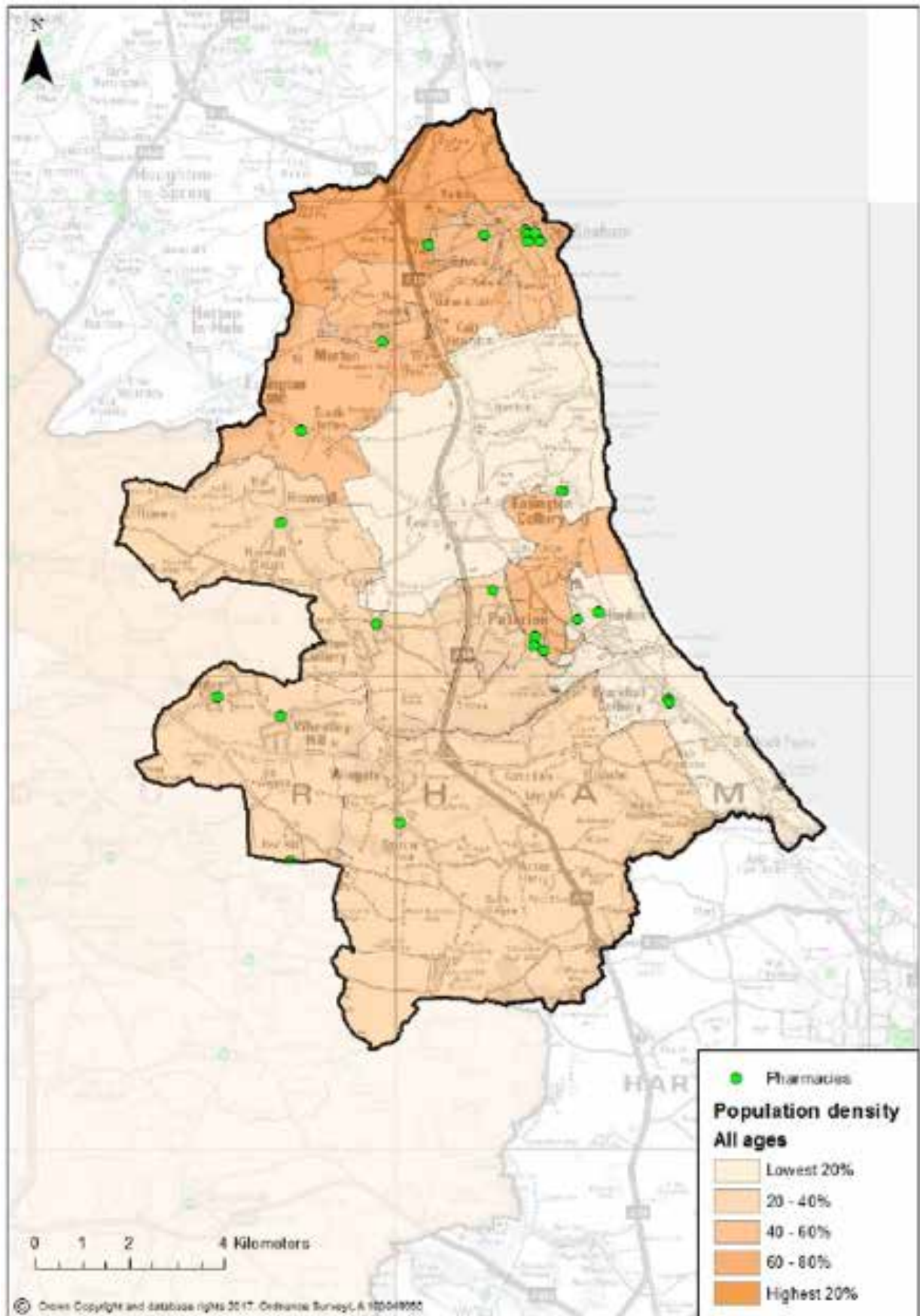


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Appendix 11.3: Easington

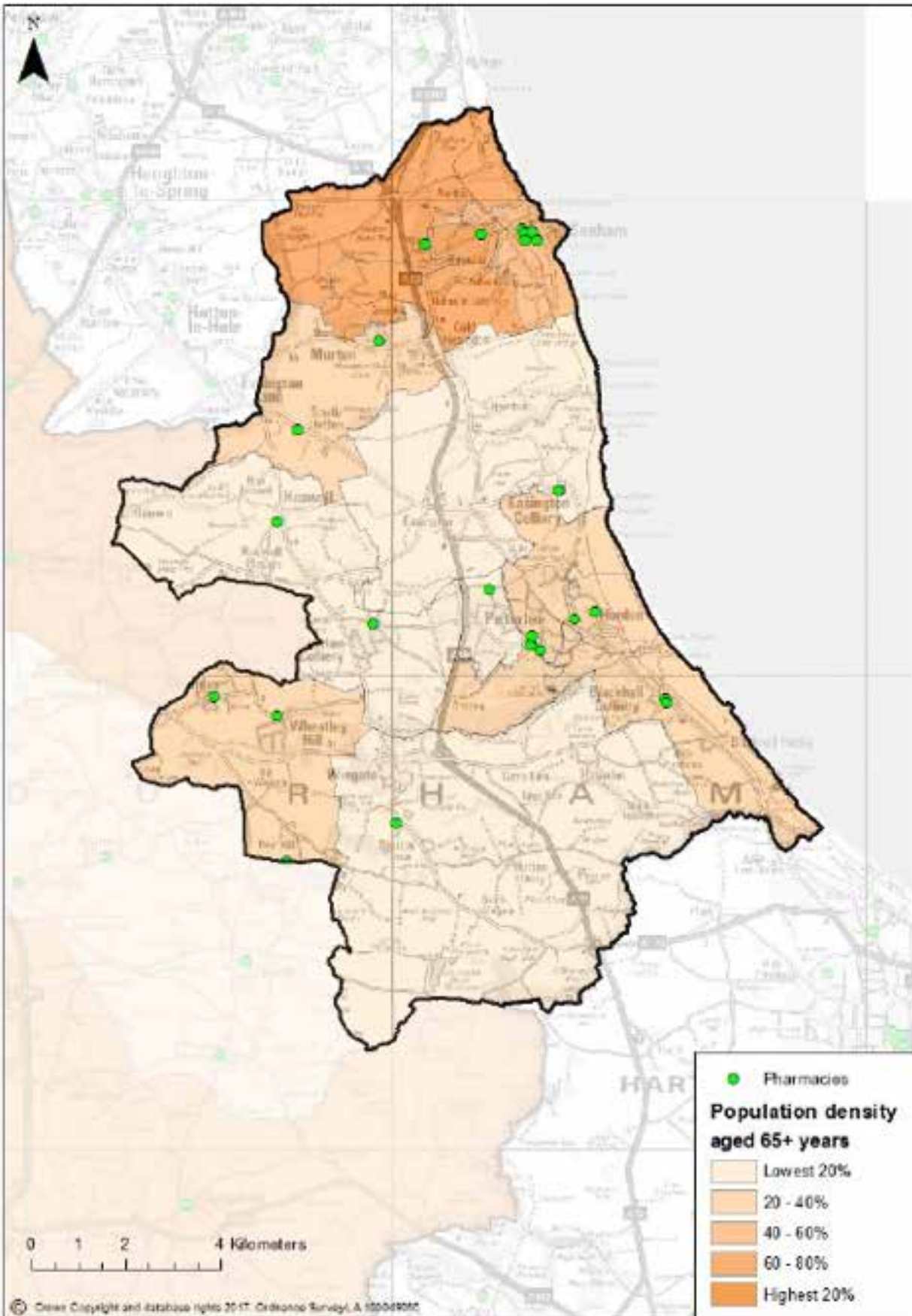
Easington population

Location of pharmacies, mapped against population density (all ages)

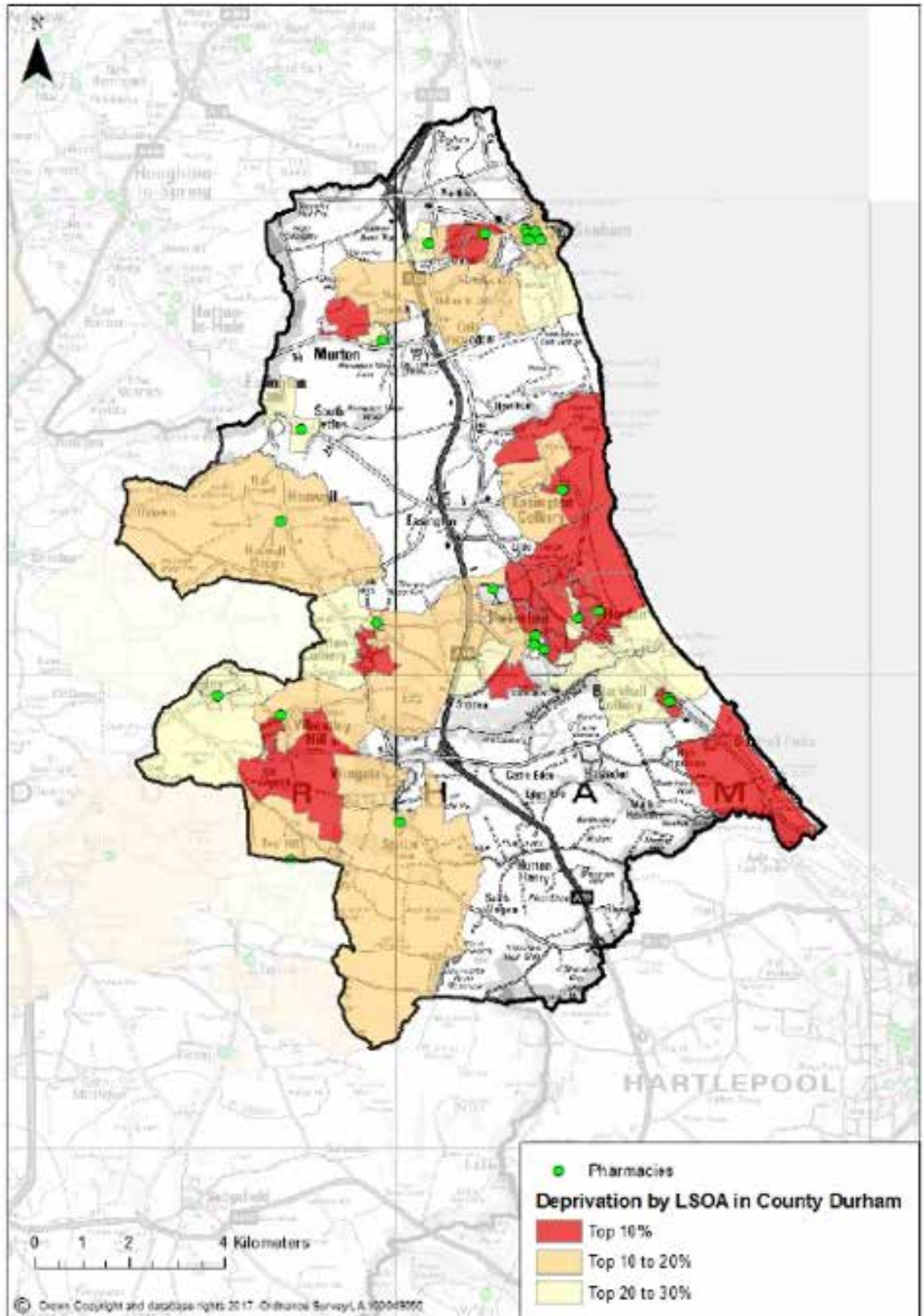


Easington population

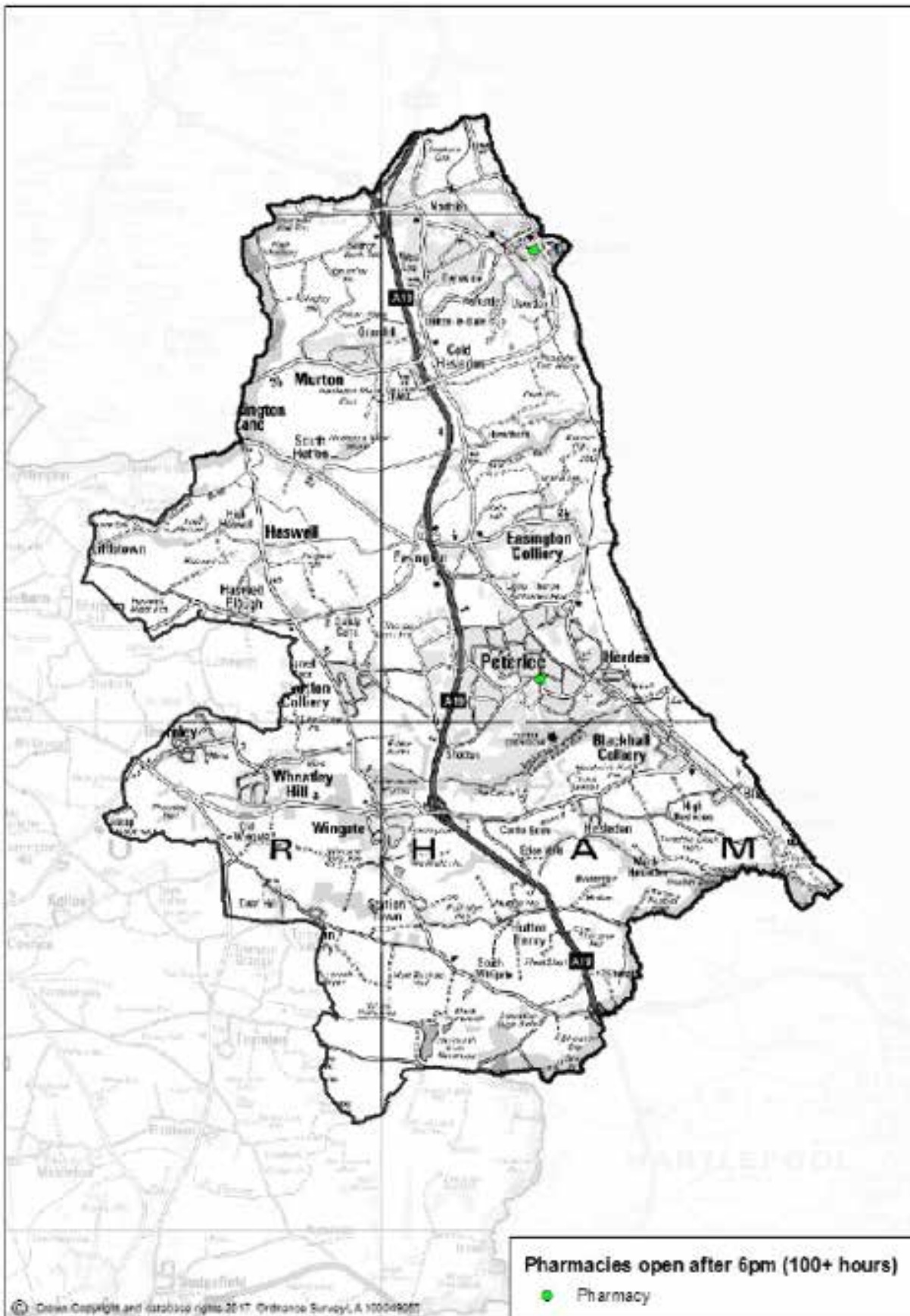
Location of pharmacies, mapped against population density of the over 65's



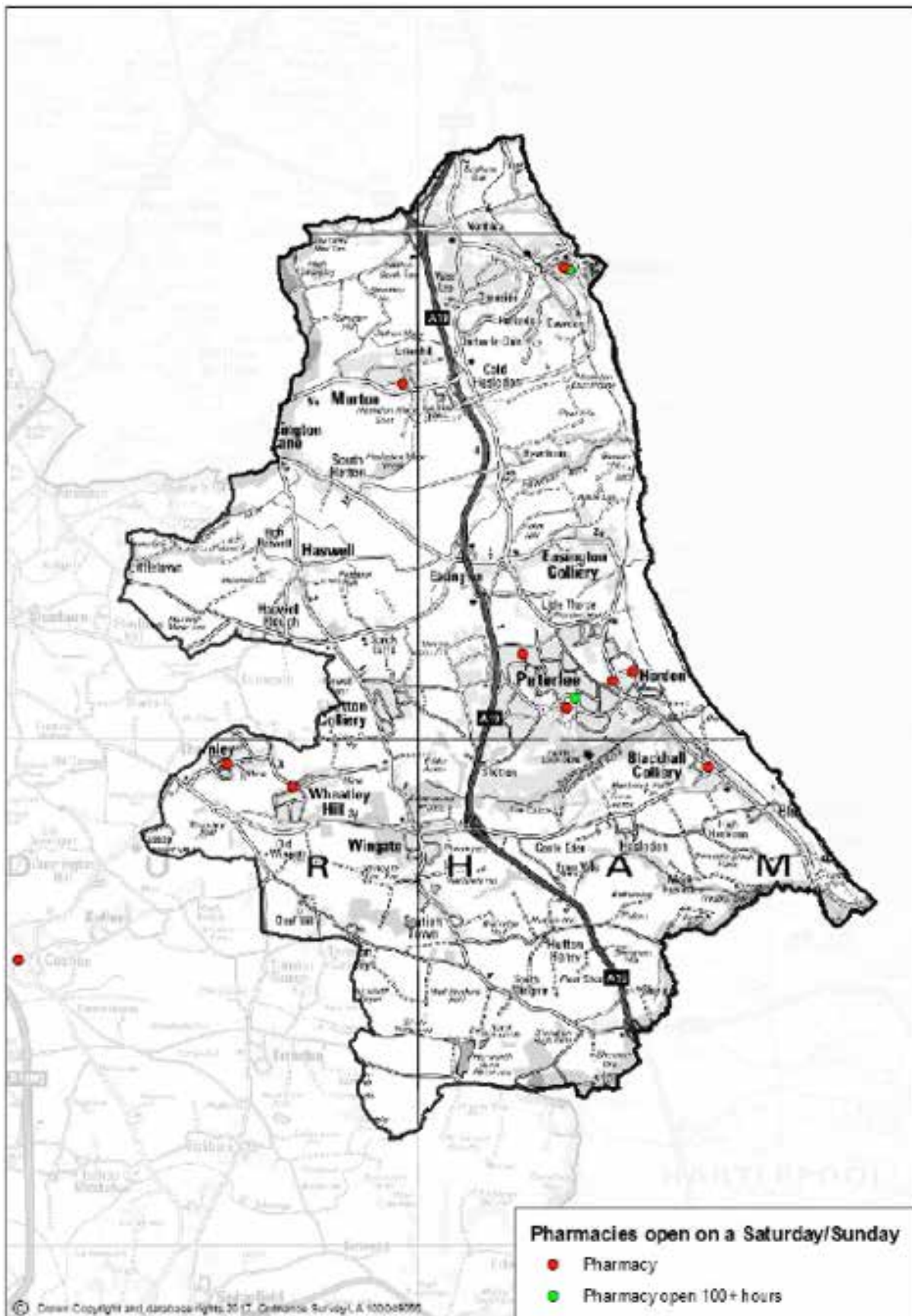
Easington population
Location of pharmacies, mapped against deprivation



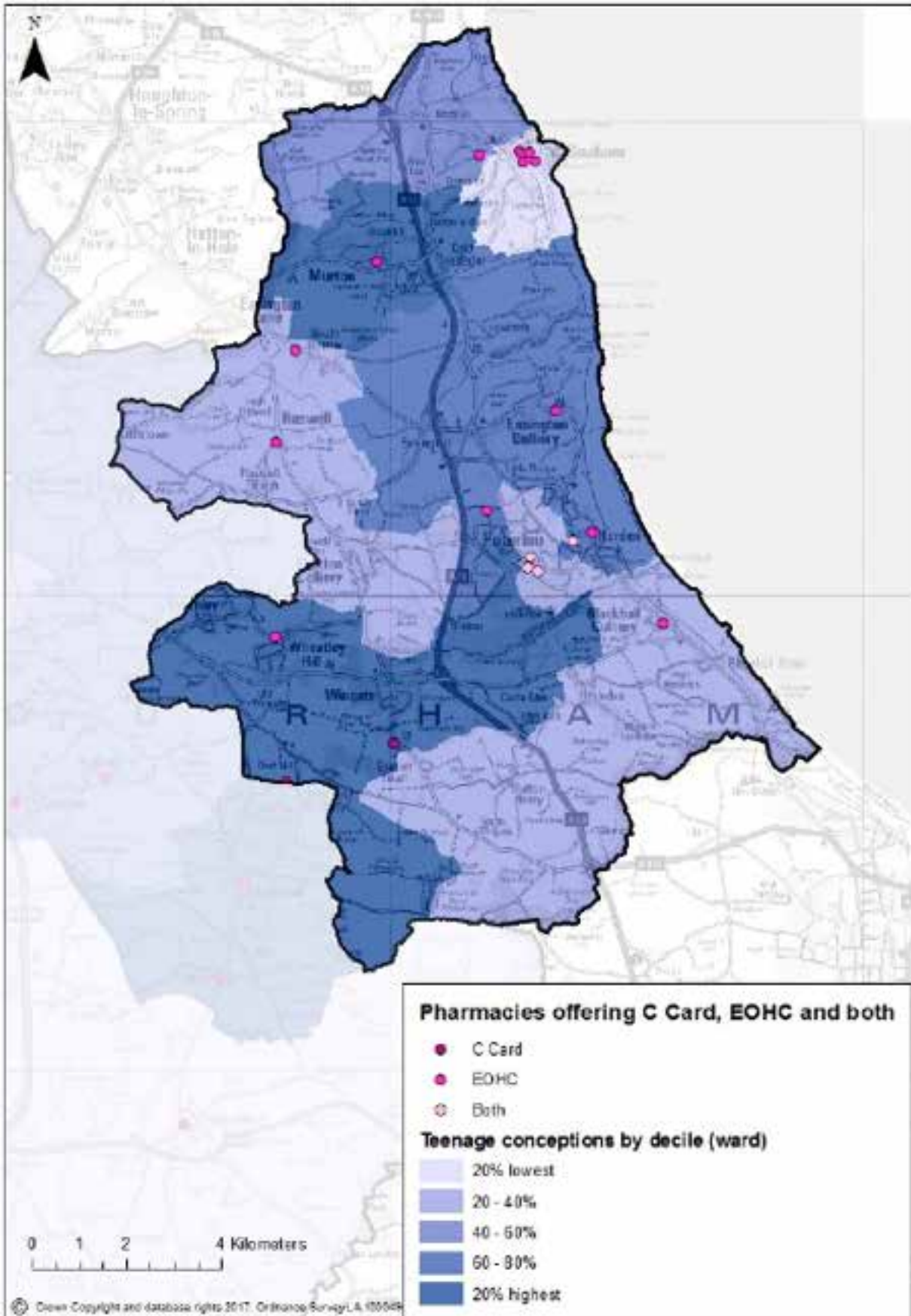
Access to pharmacy services in Easington (based on core opening hours)
Pharmacies open after 6pm



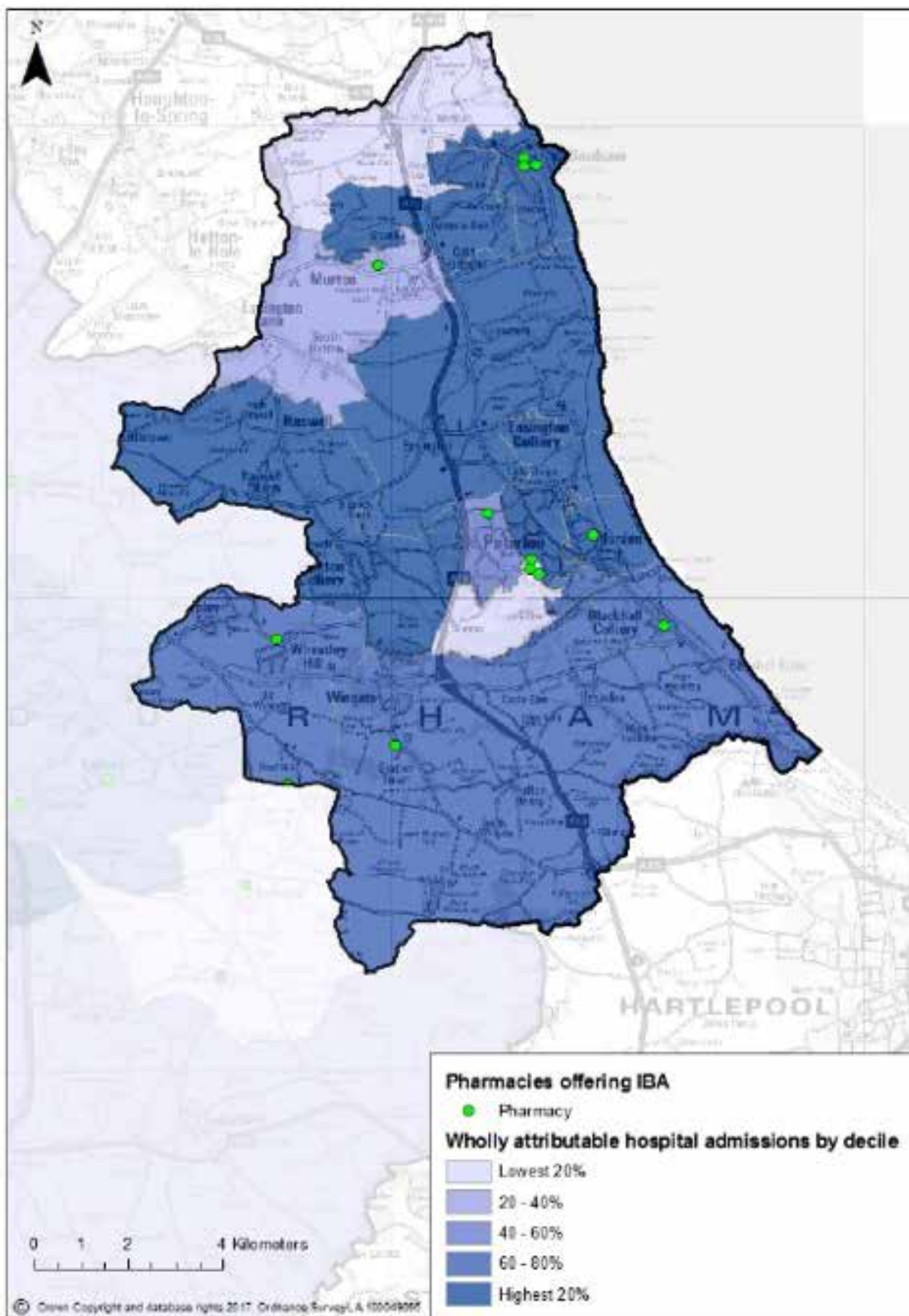
**Access to pharmacy services in Easington (based on core opening hours)
Pharmacies open at the weekend**



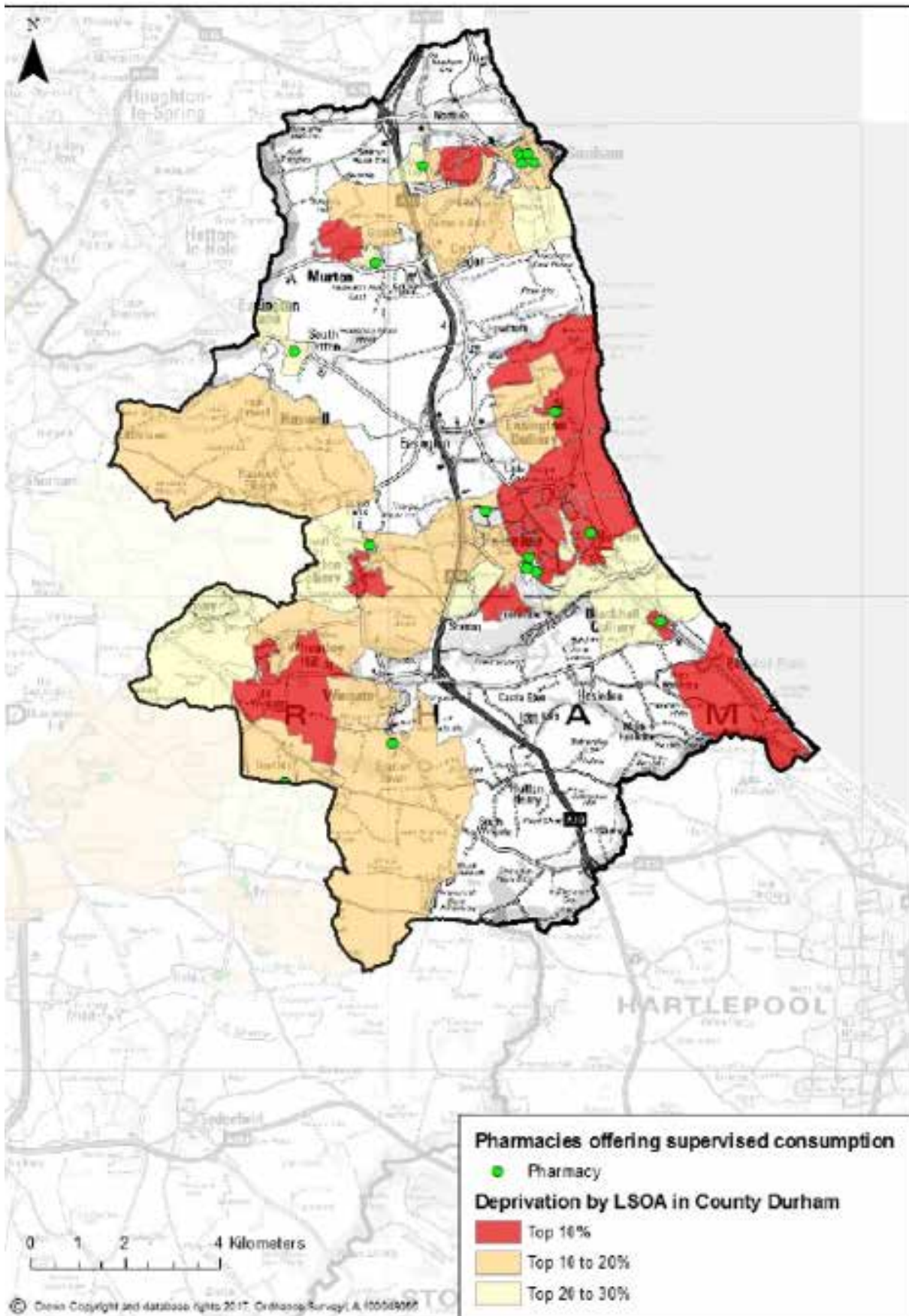
Public health pharmacy services in Easington
Pharmacies offering sexual health services (EOHC and C card schemes), mapped
against prevalence of teenage conceptions



Public health pharmacy services in Easington
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions

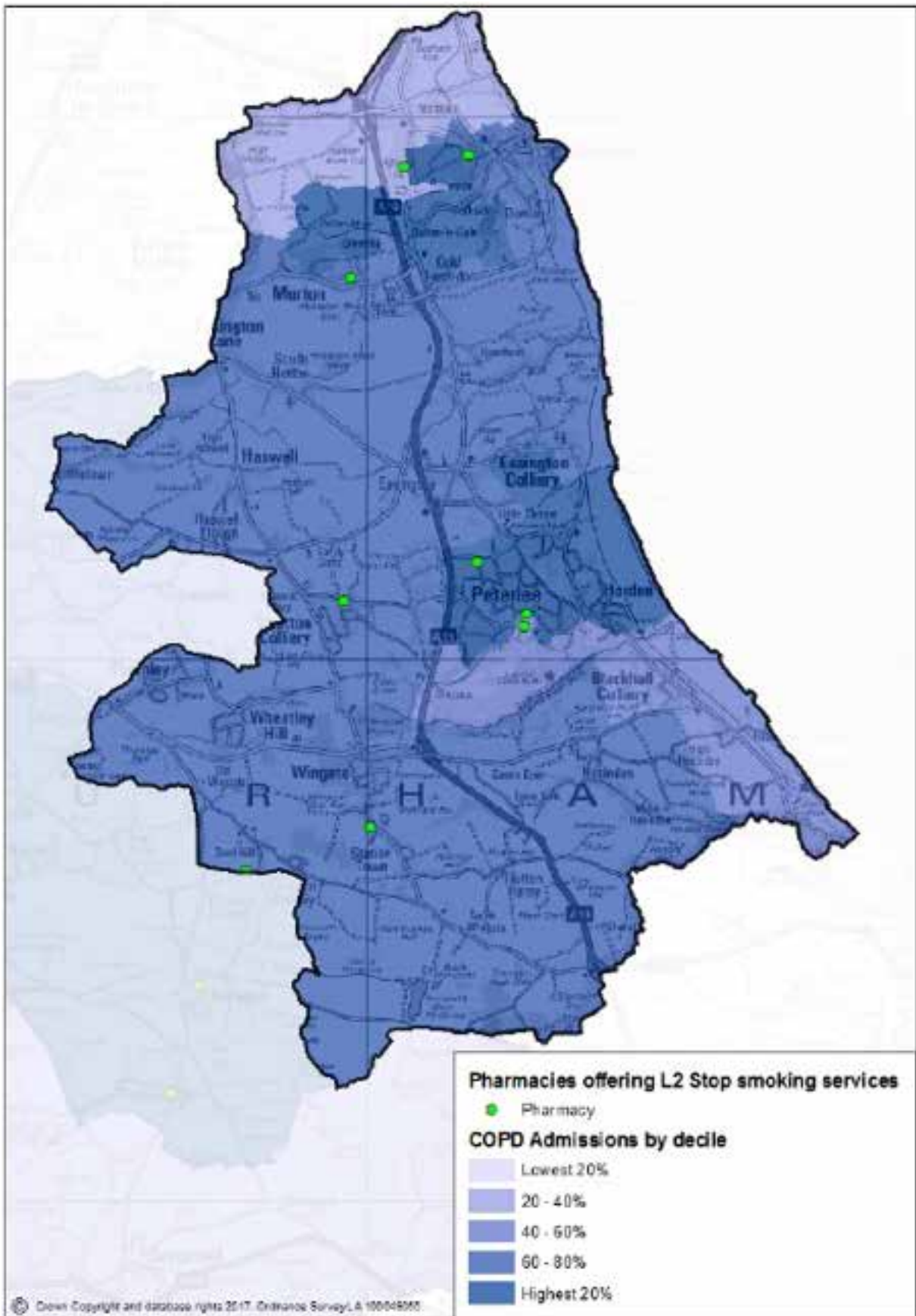


Public health pharmacy services in Easington
Pharmacies offering the Supervised Consumption Service, mapped against deprivation

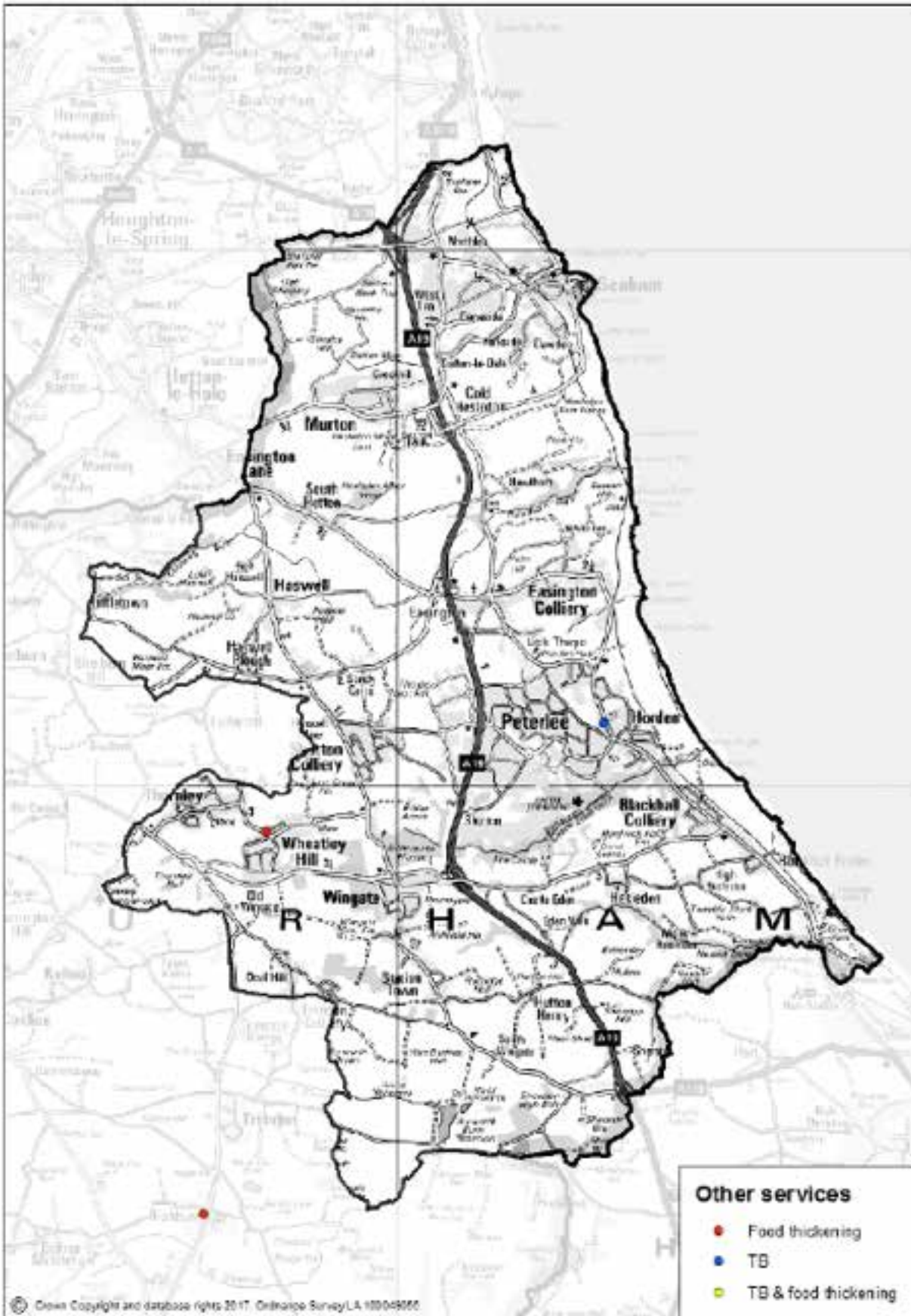


Public health pharmacy services in Easington

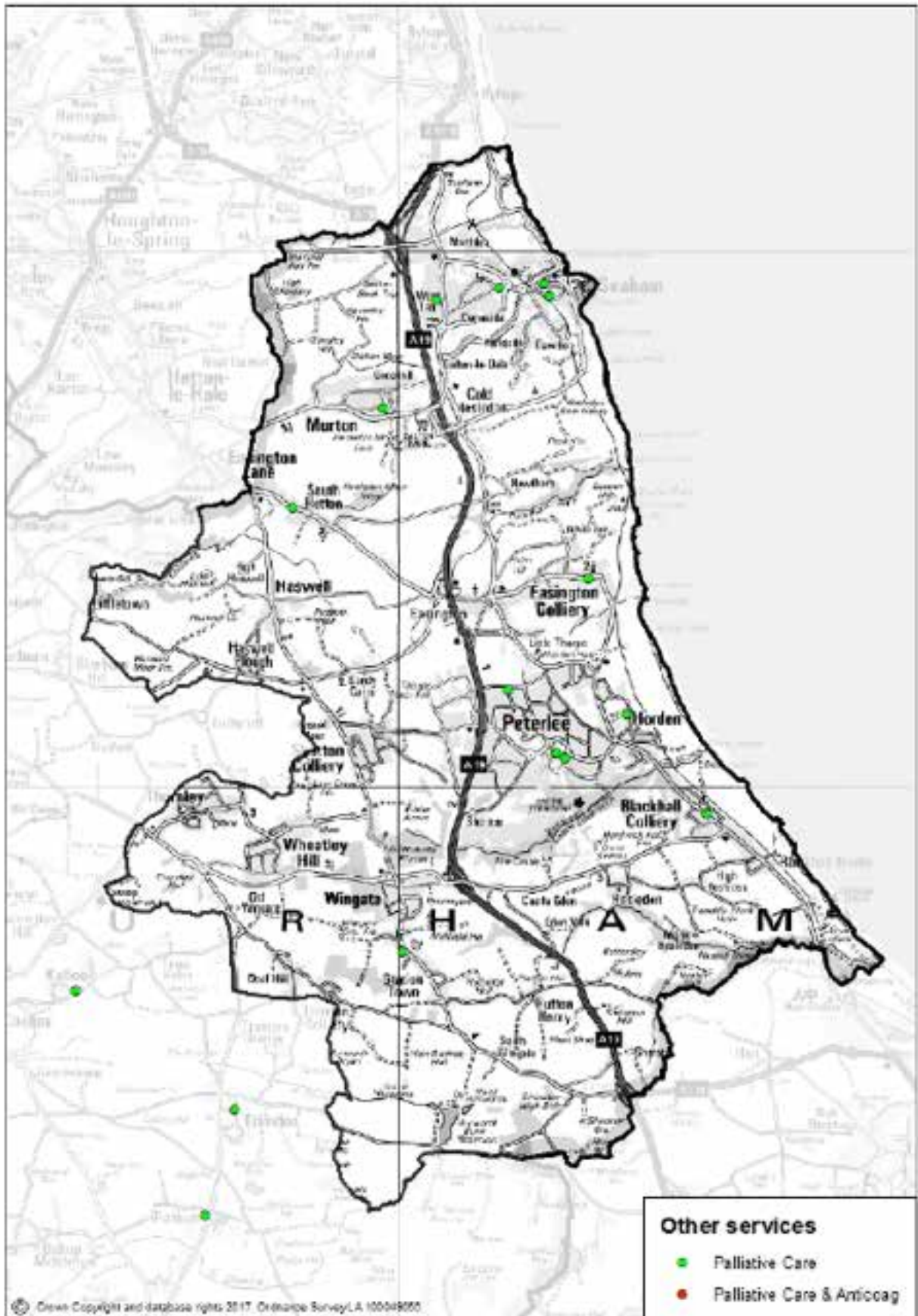
Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions



CCG pharmacy commissioned services in Easington
Pharmacies offering the Food Thickening and/or TB Drug Services

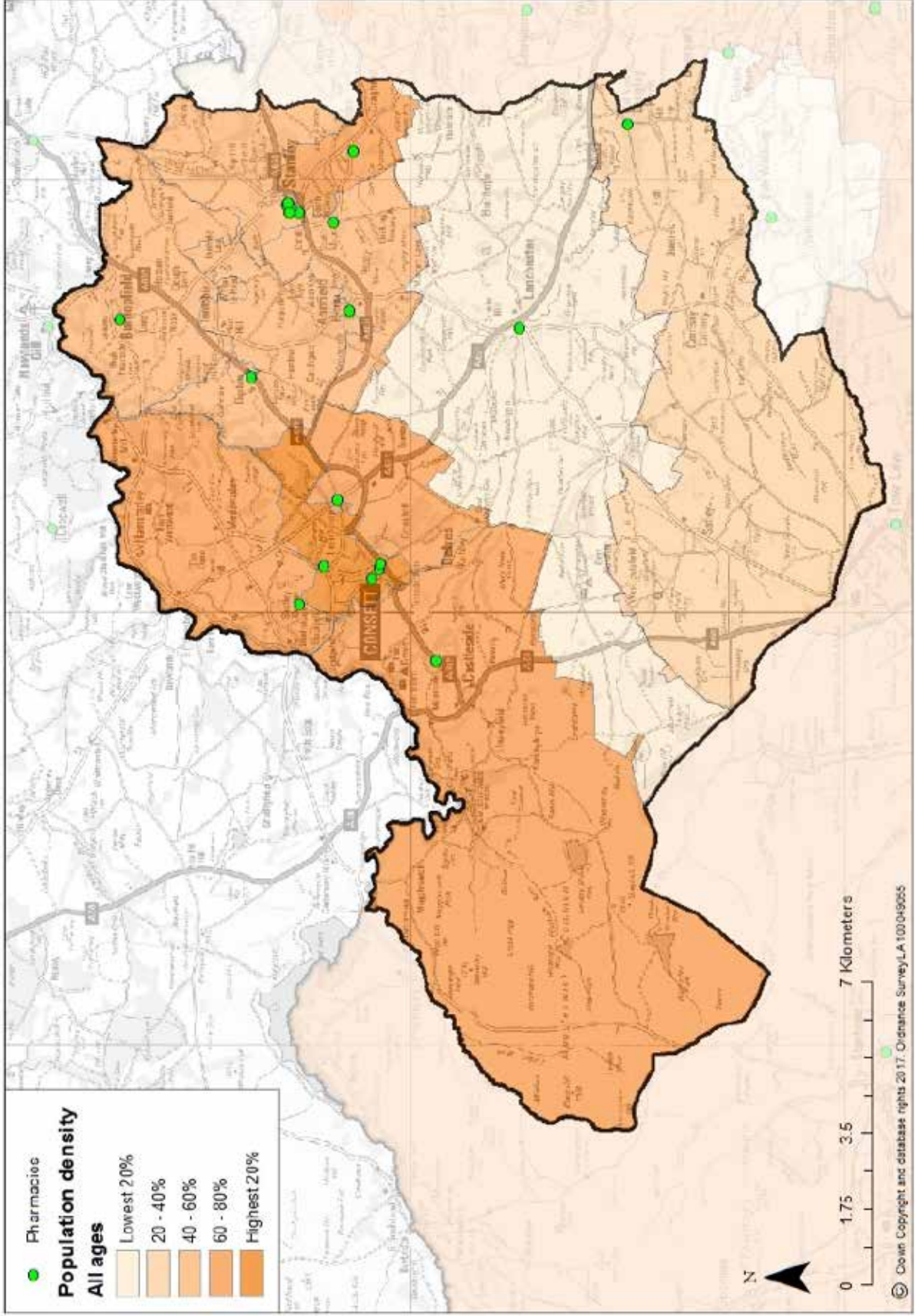


CCG pharmacy commissioned services in Easington
Pharmacies offering the Palliative Care and/or Anticoagulant Services

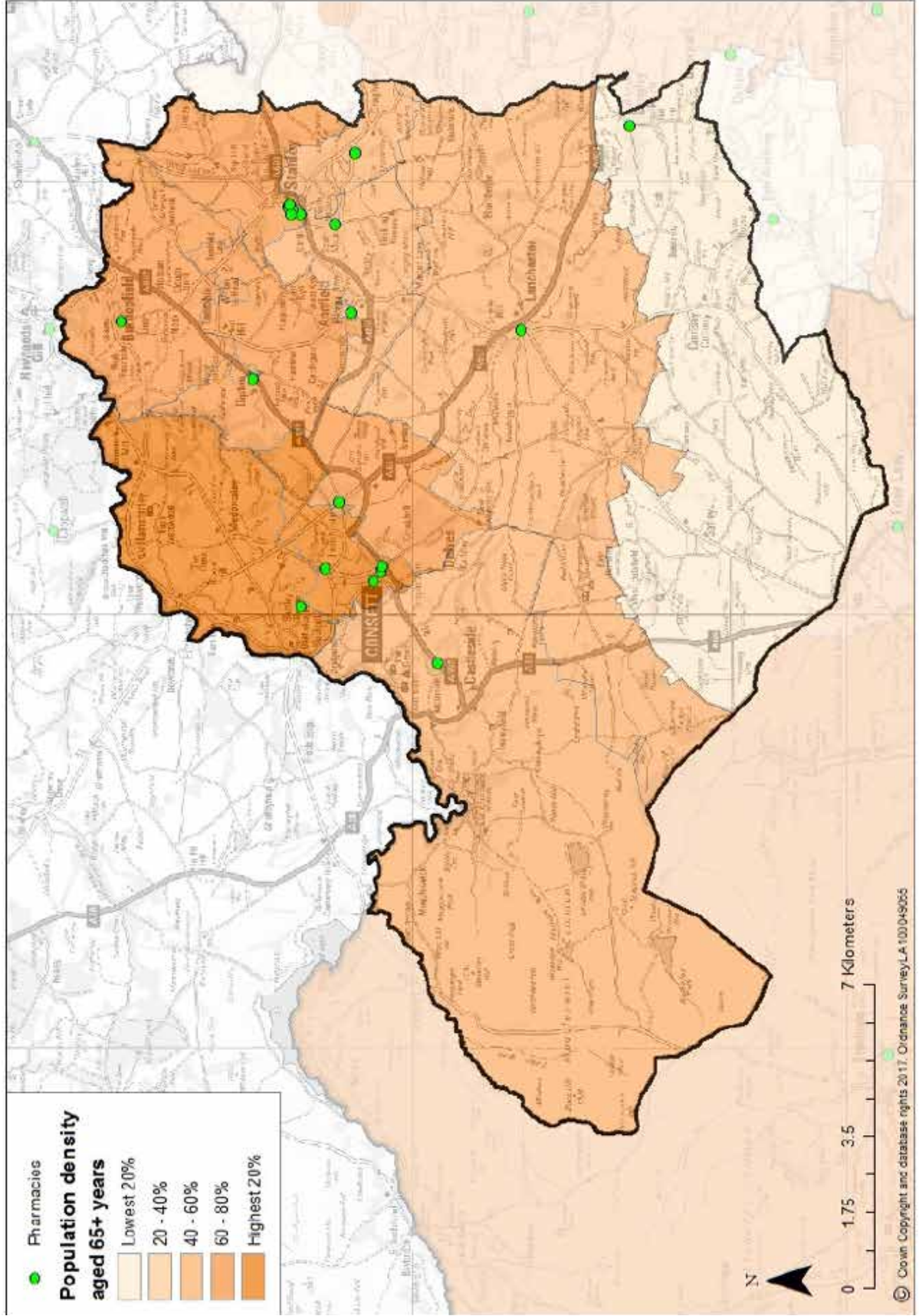


Appendix 11.4: Derwentside

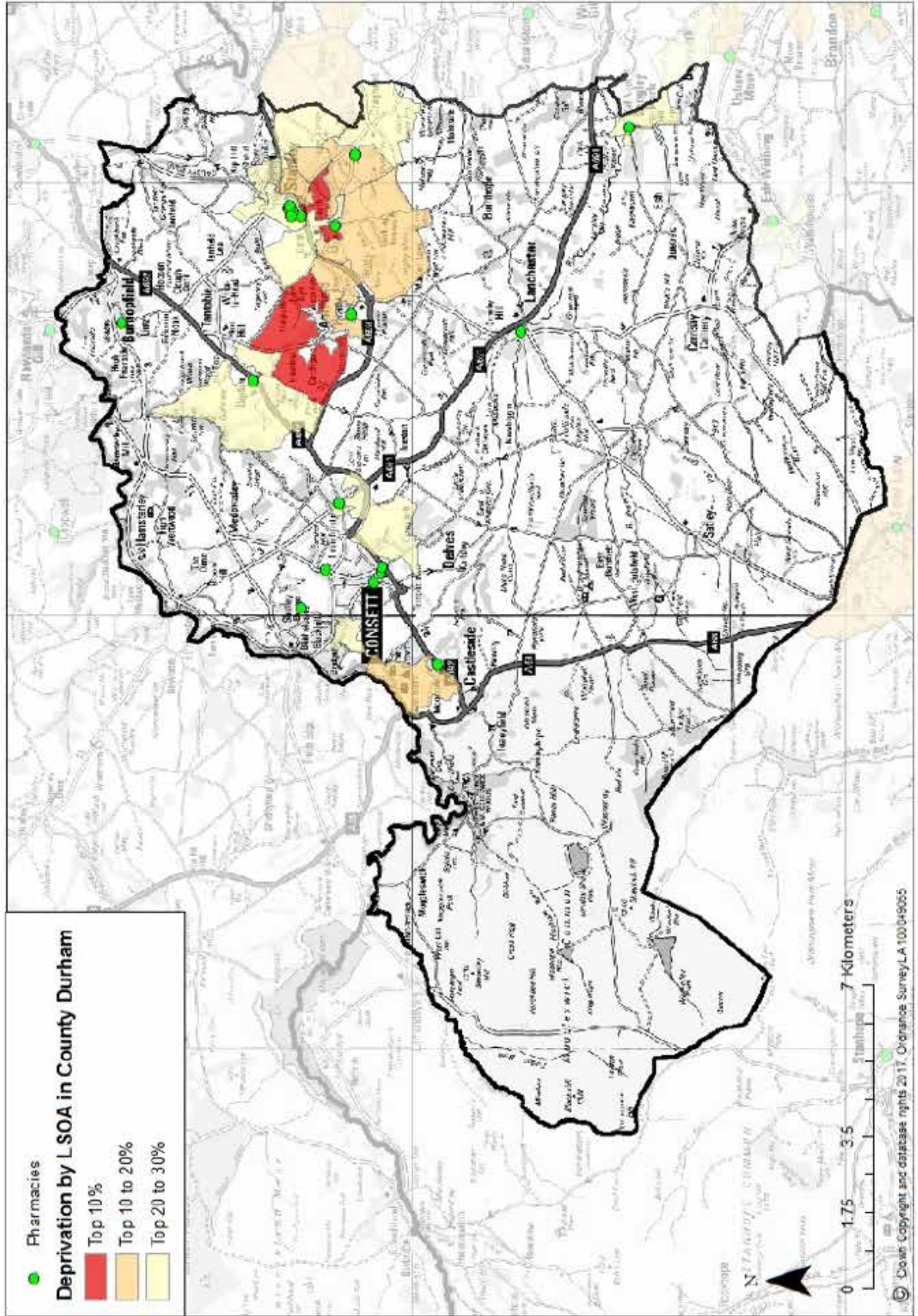
Derwentside population Location of pharmacies, mapped against population density (all ages)



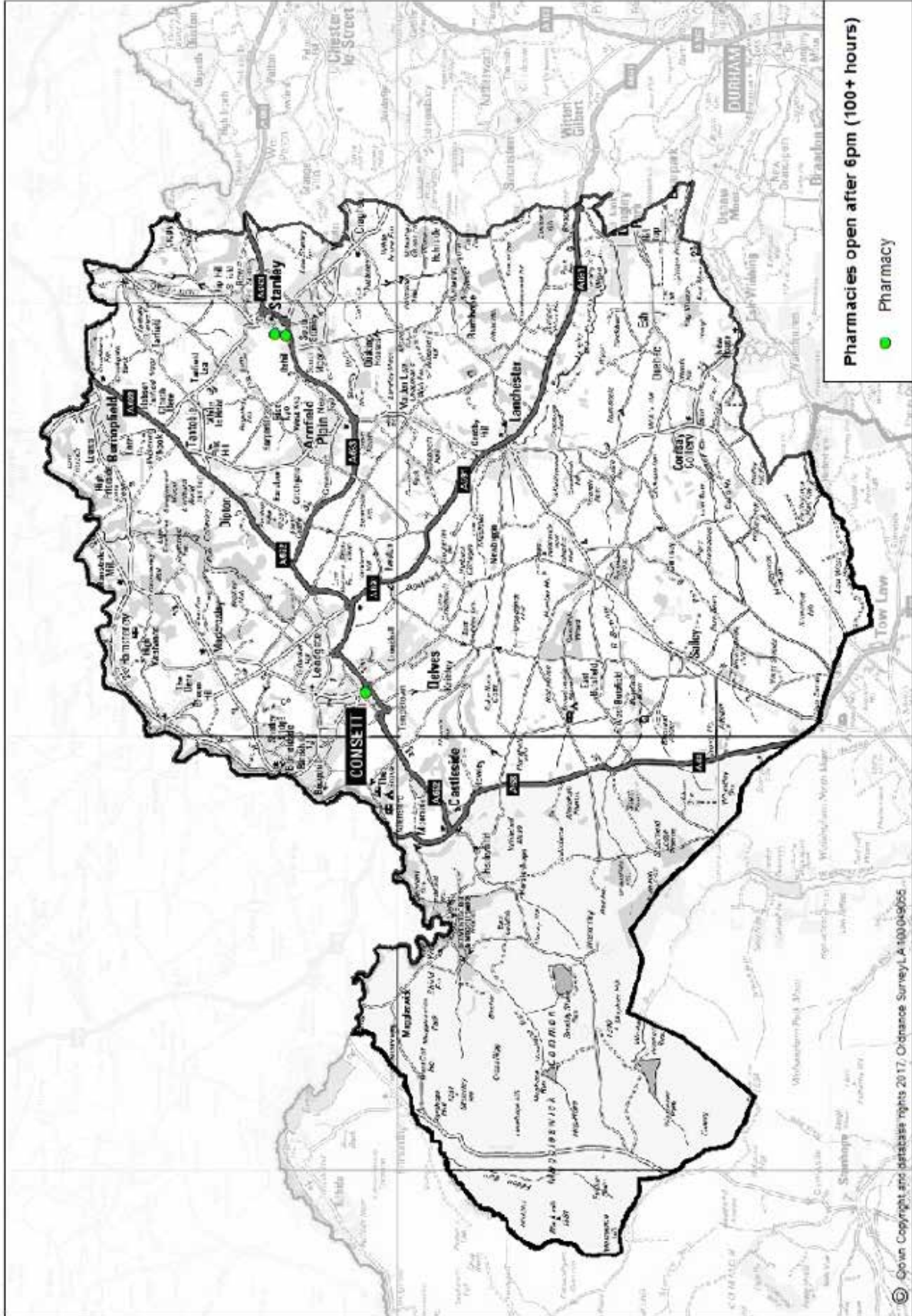
Derwentside population Location of pharmacies, mapped against population density of the over 65's



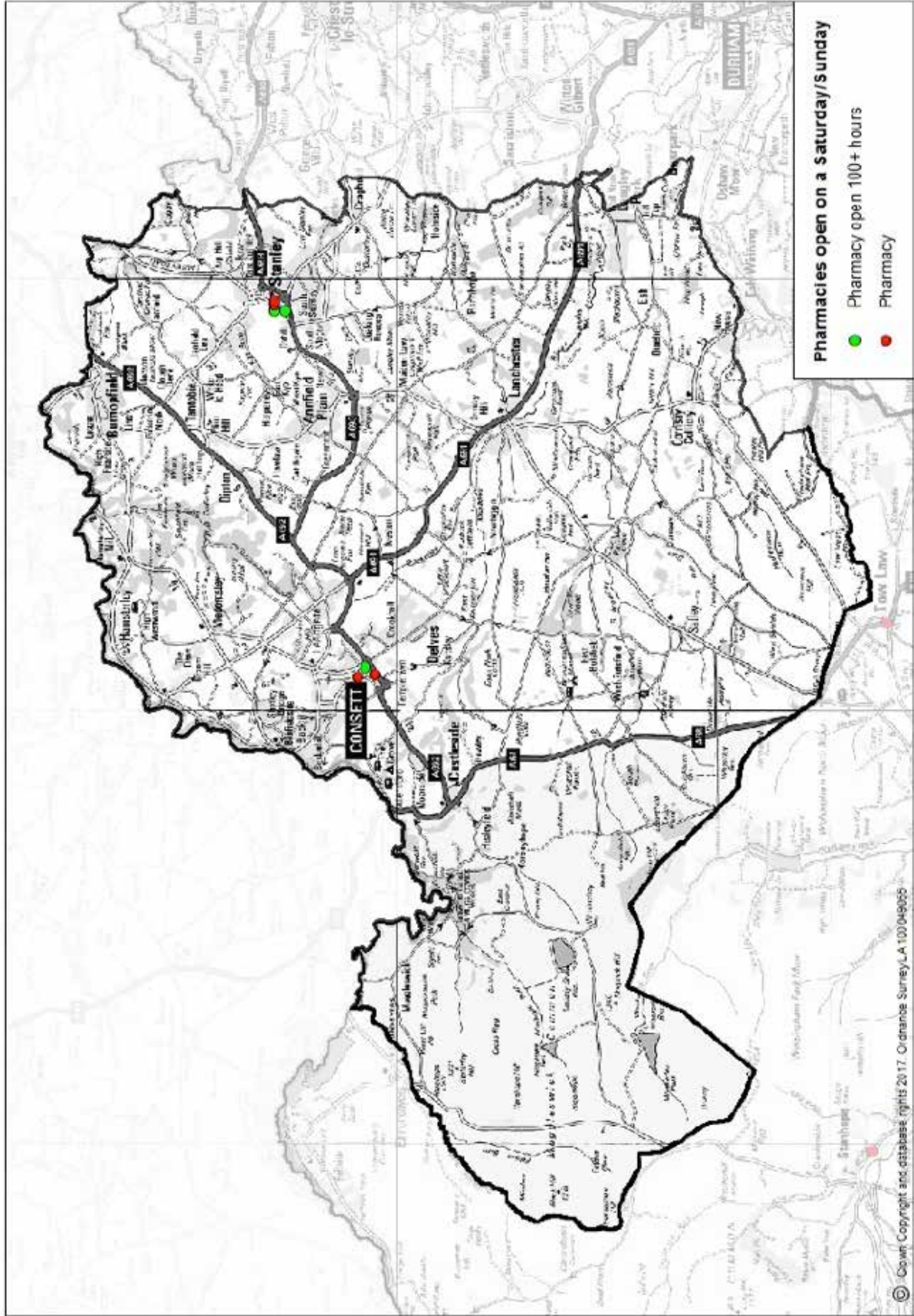
Derwentside population Location of pharmacies, mapped against deprivation



**Access to pharmacy services in Derwentside (based on core opening hours)
Pharmacies open after 6pm**

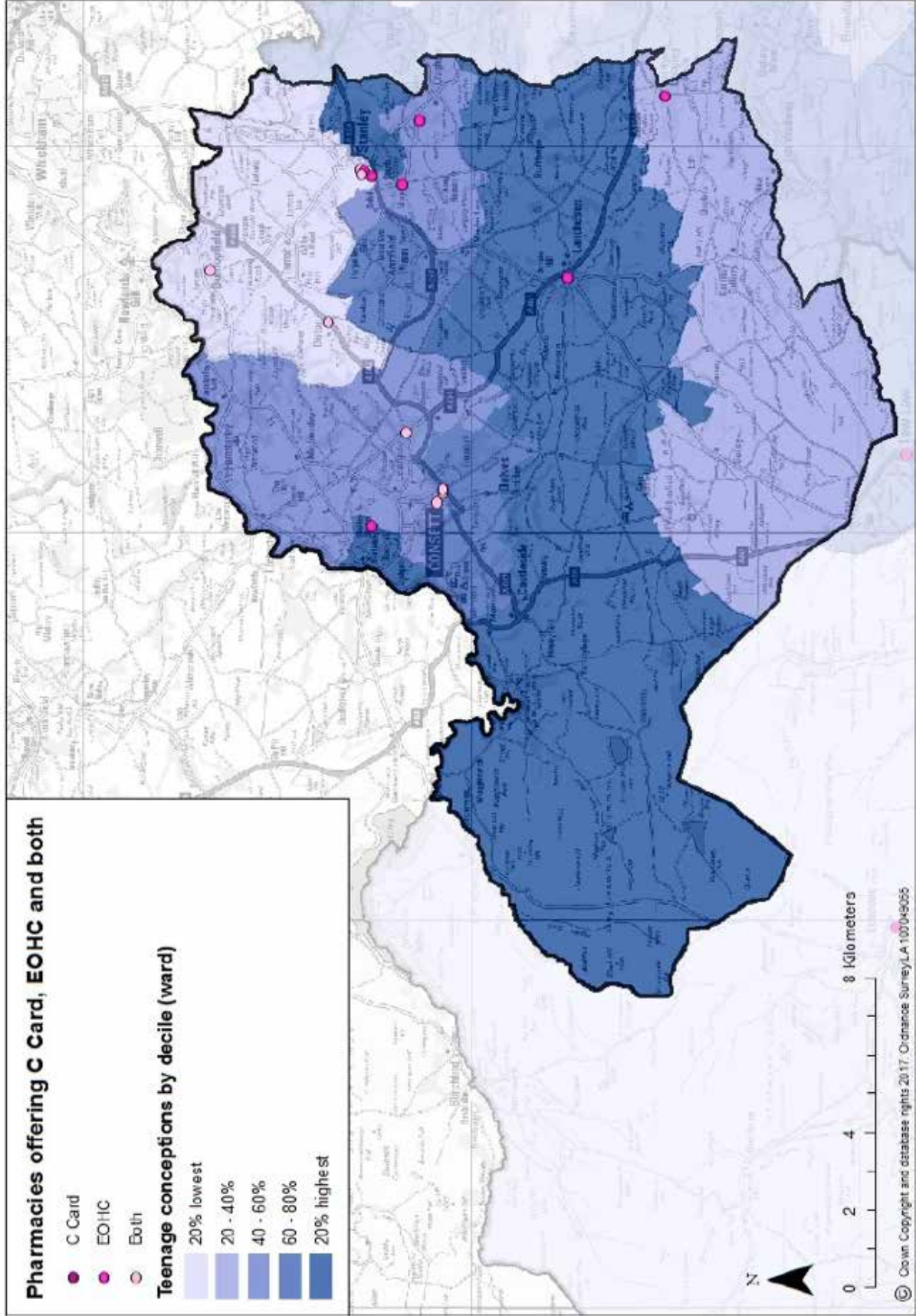


**Access to pharmacy services in Derwentside (based on core opening hours)
Pharmacies open at the weekend**

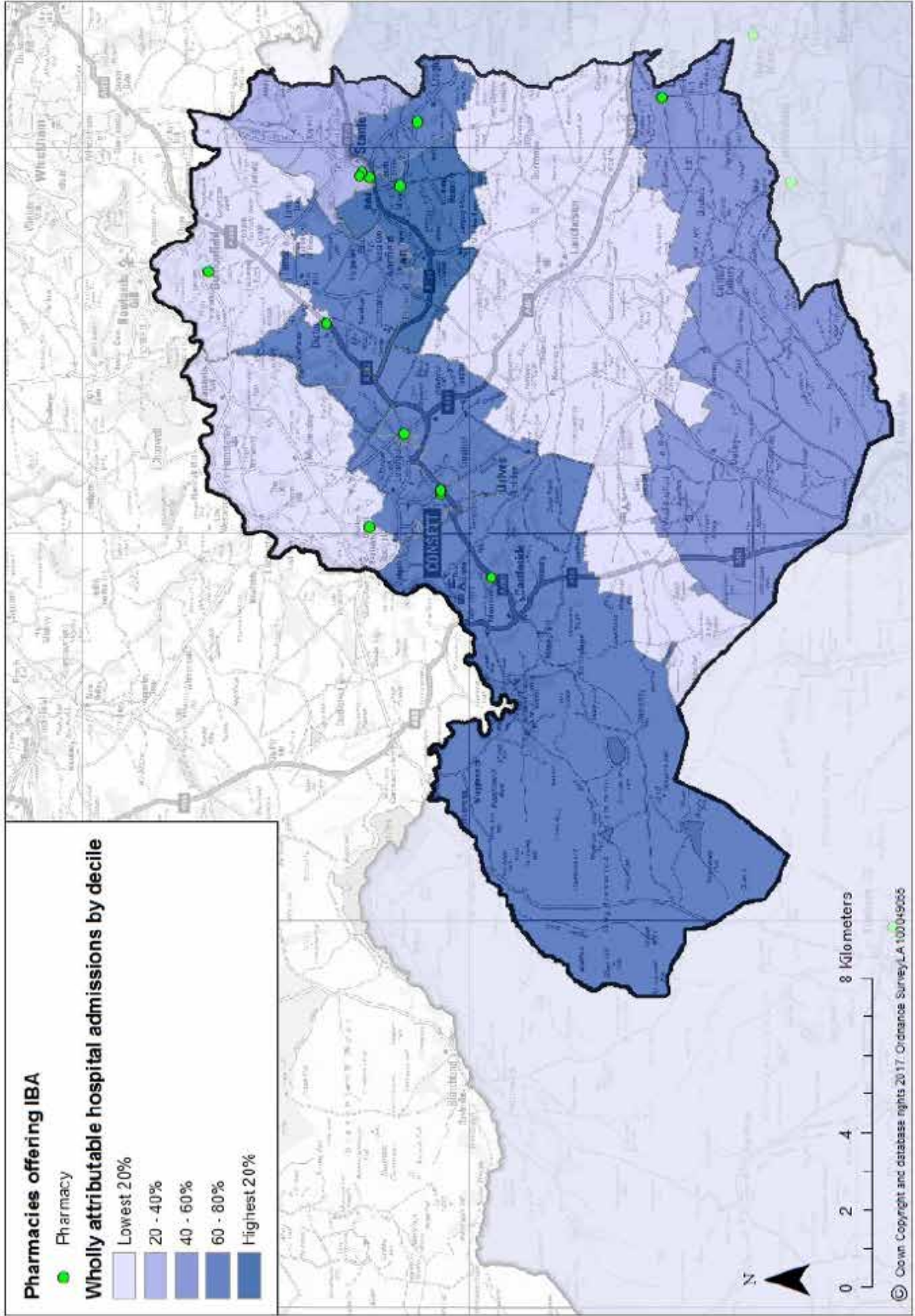


Public health pharmacy services Derwentside

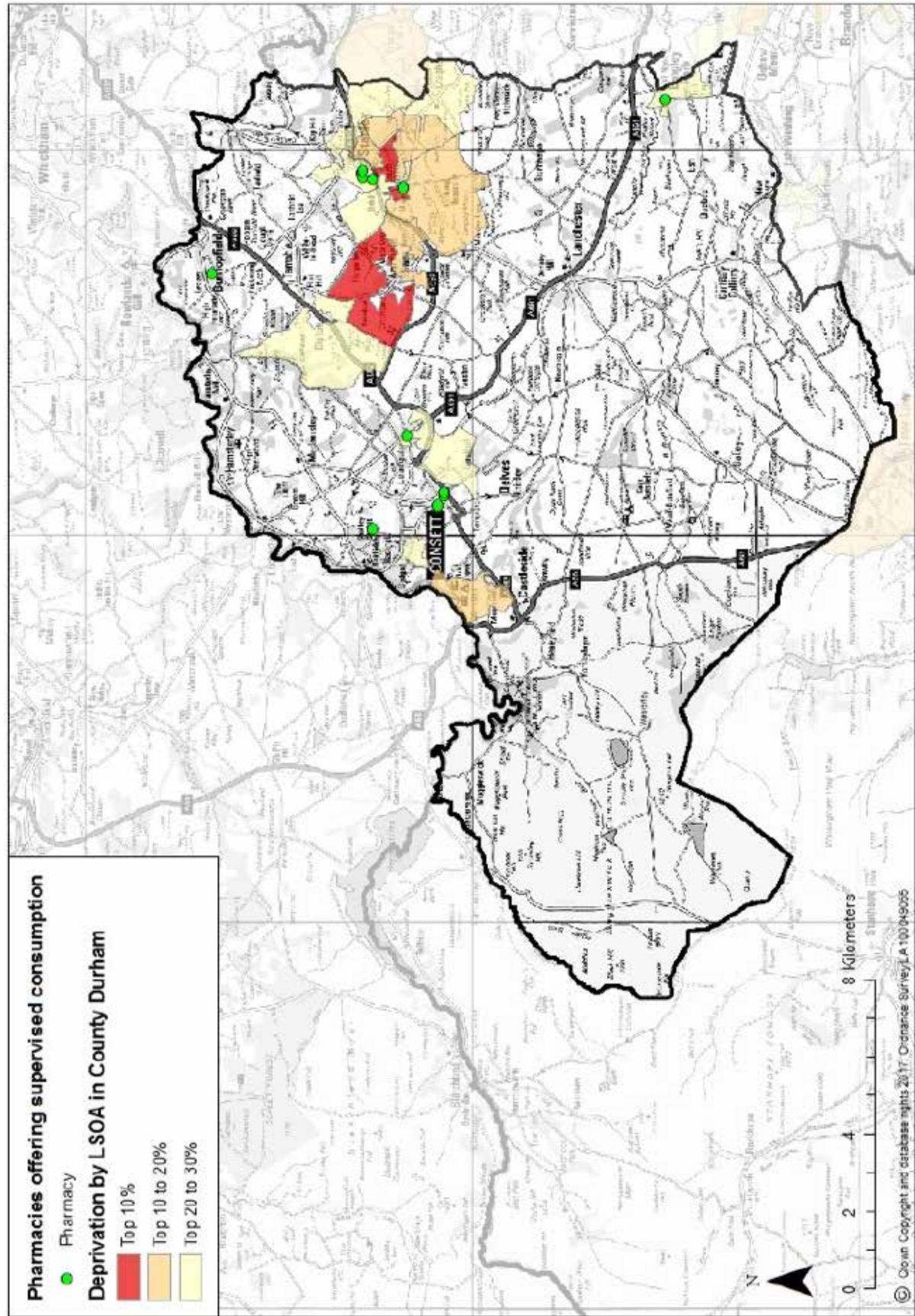
Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions



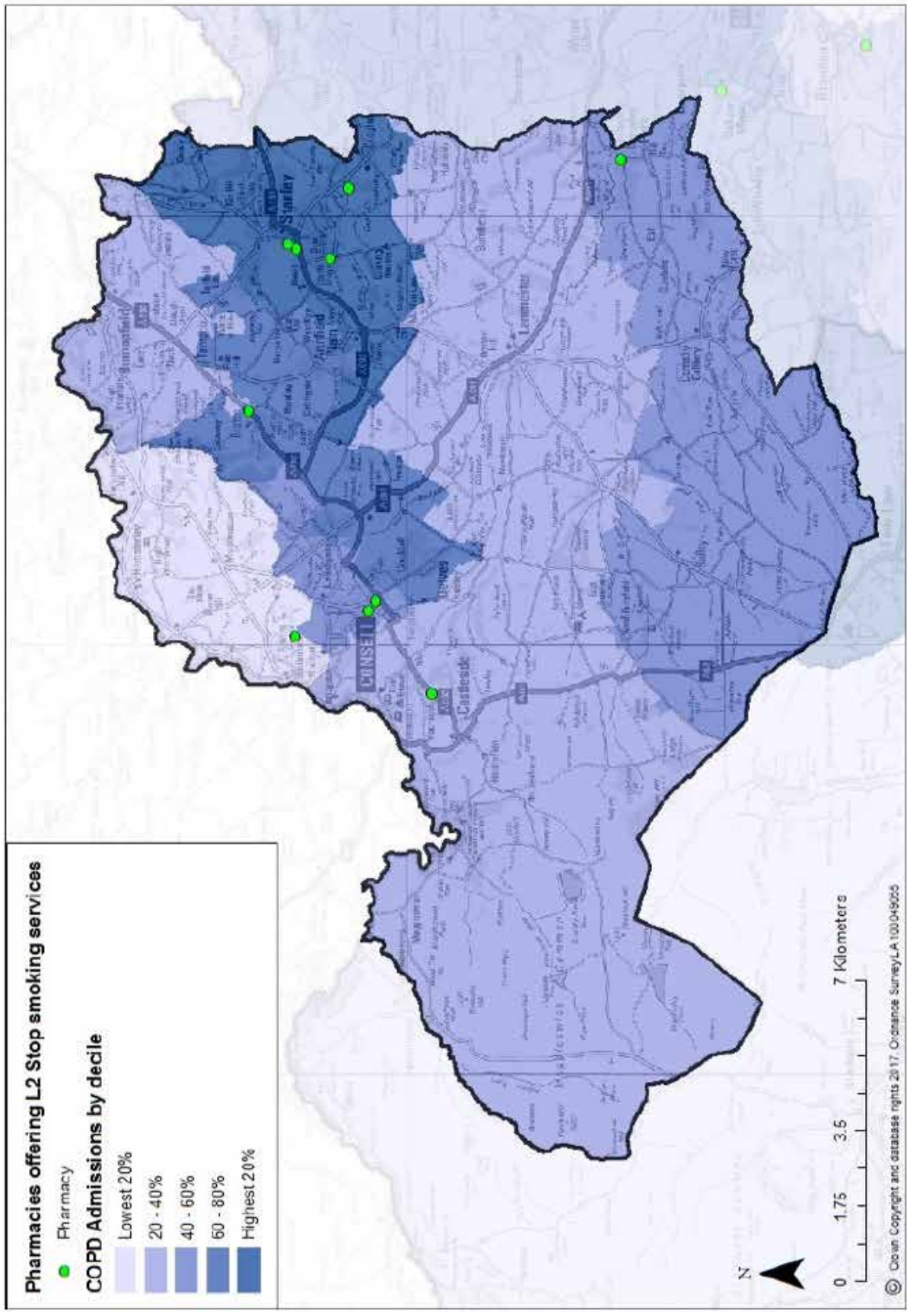
**Public health pharmacy services in Derwentside
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions**



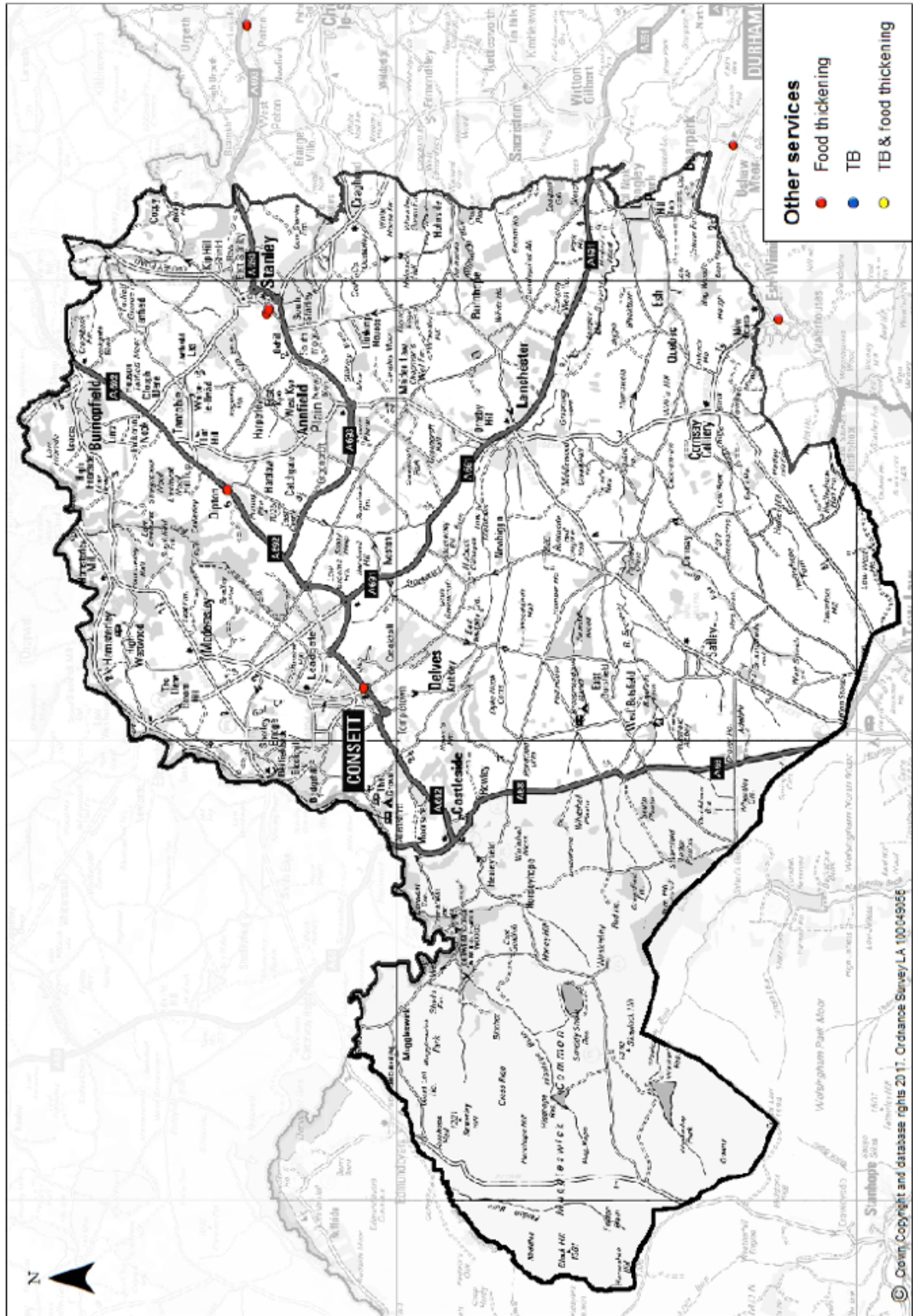
**Public health pharmacy services in Derwentside
Pharmacies offering the Supervised Consumption Service, mapped against deprivation**



Public health pharmacy services in Derwentside Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions

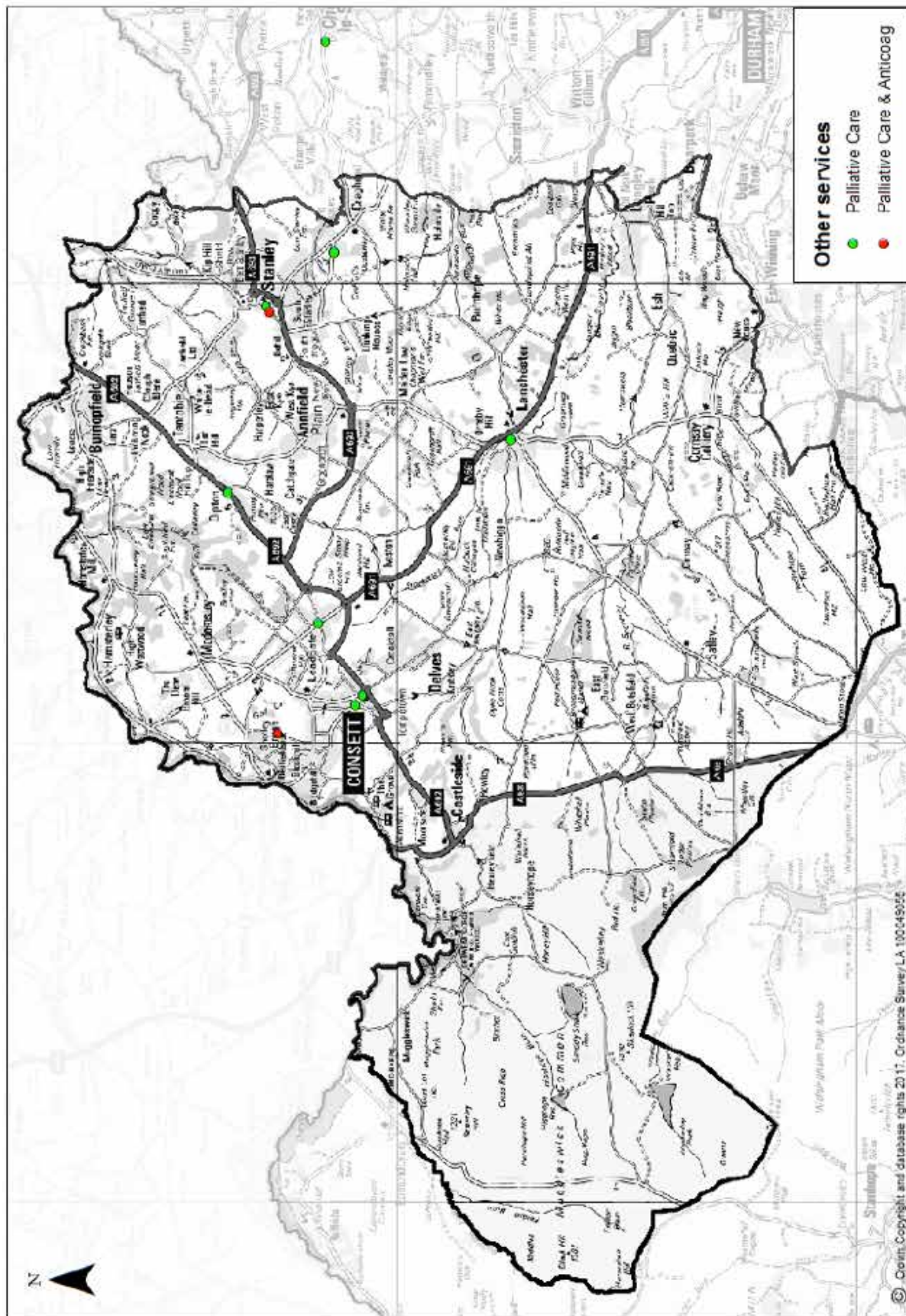


**CCG pharmacy commissioned services Derwentside
Pharmacies offering Food Thickening and/or TB Drug Services**



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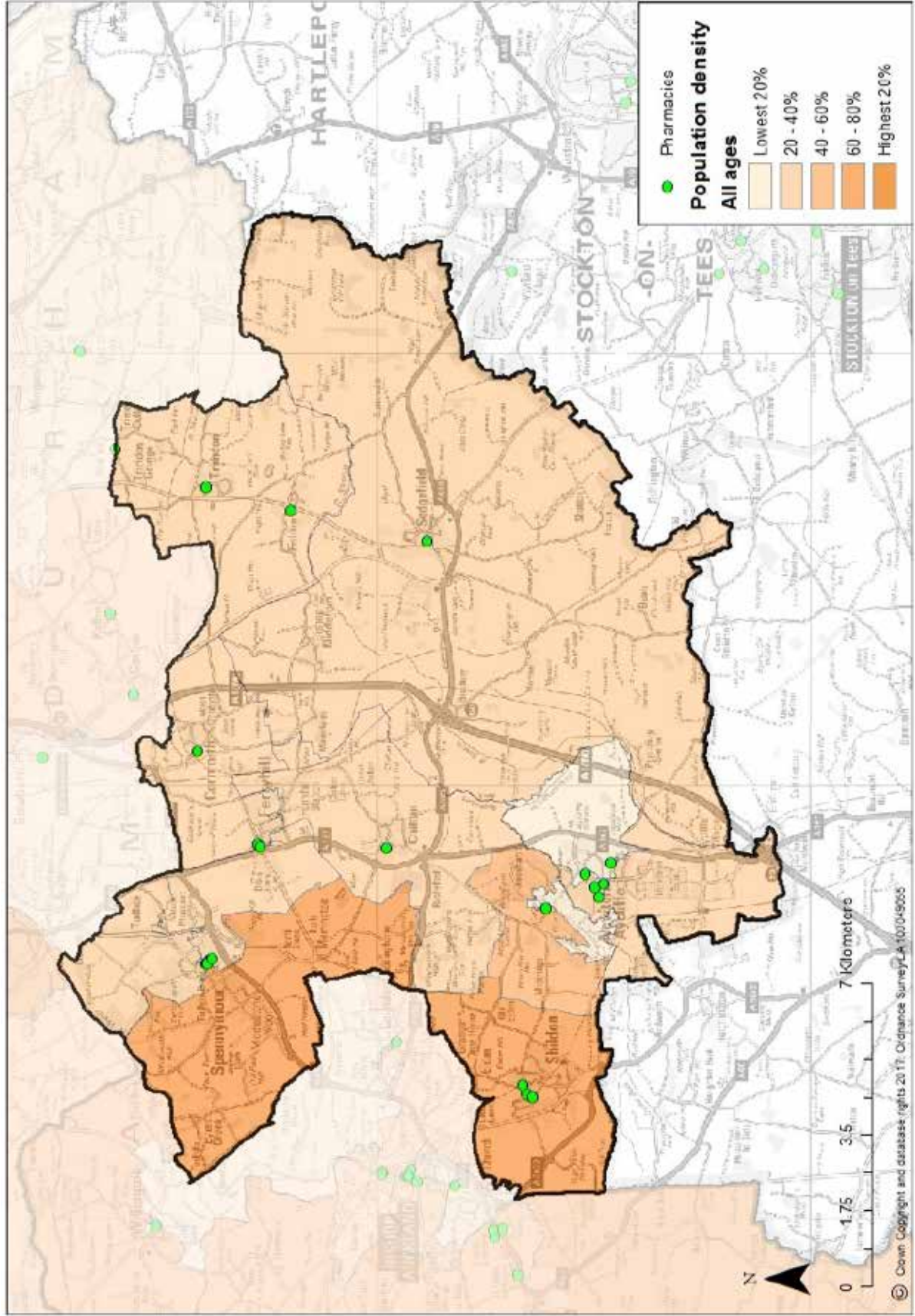
CCG pharmacy commissioned services Derwentside Pharmacies offering Palliative Care and Anticoagulant Services



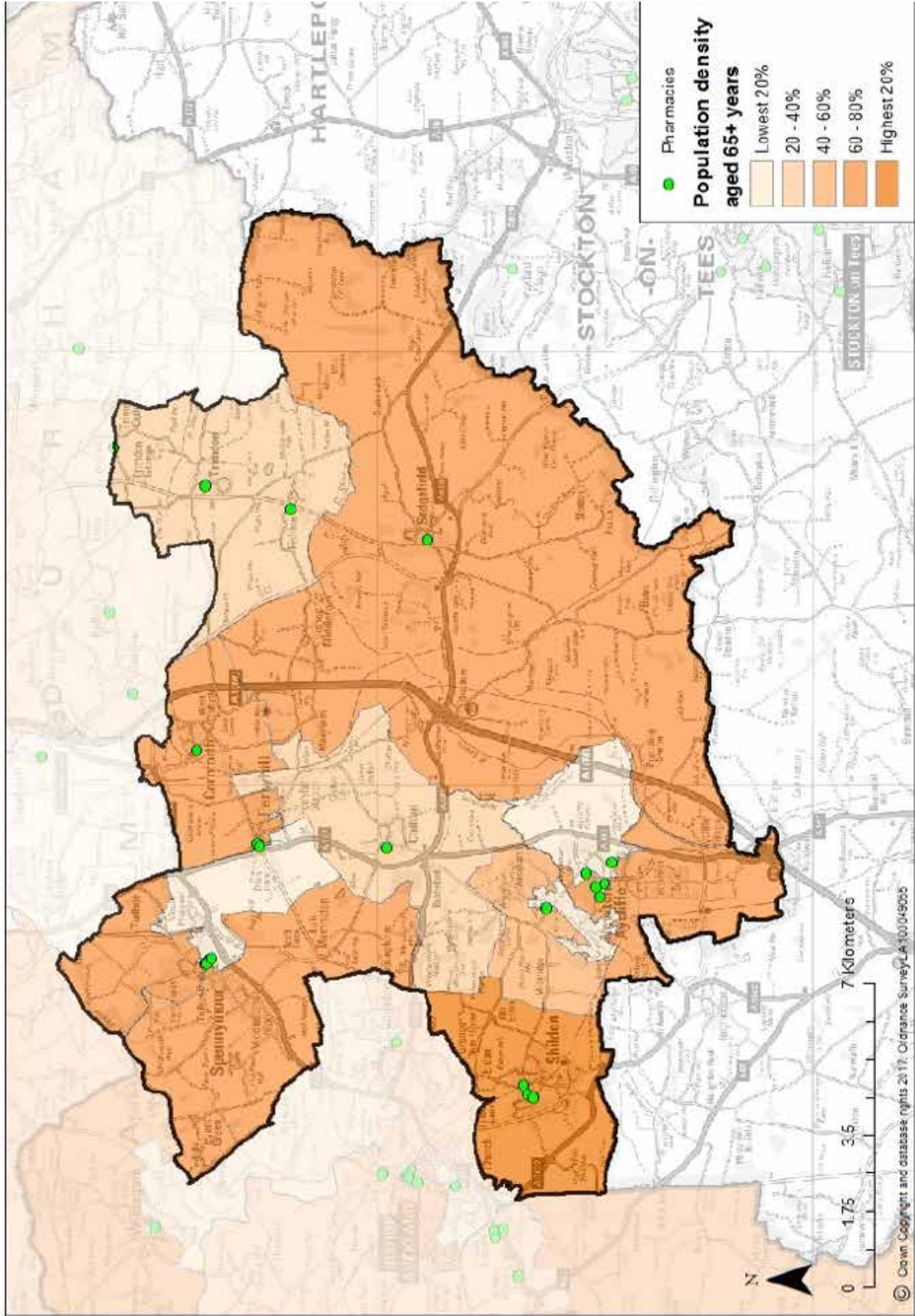
Appendix 11.5: Sedgelyield

Sedgelyield population

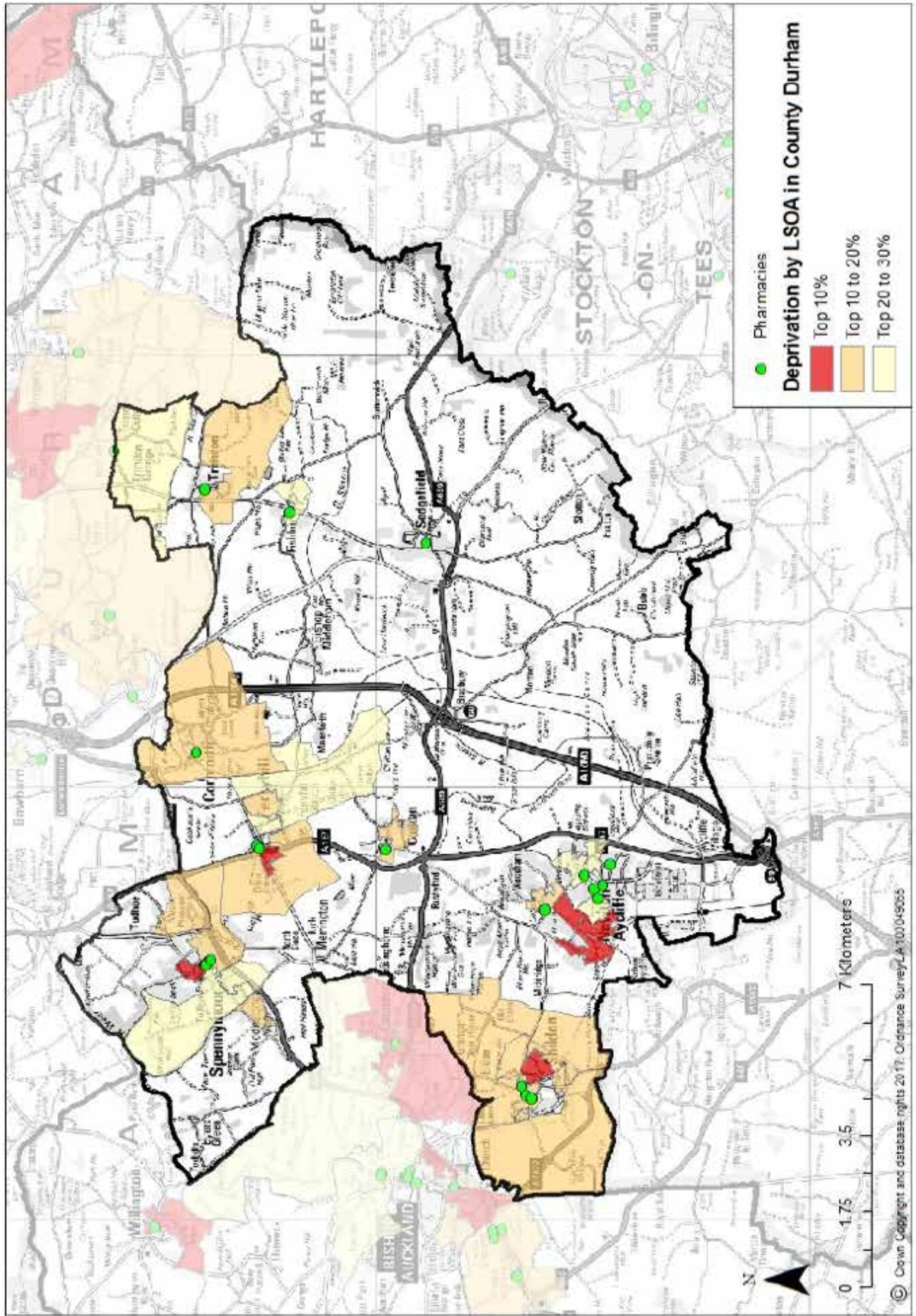
Location of pharmacies, mapped against population density (all ages)



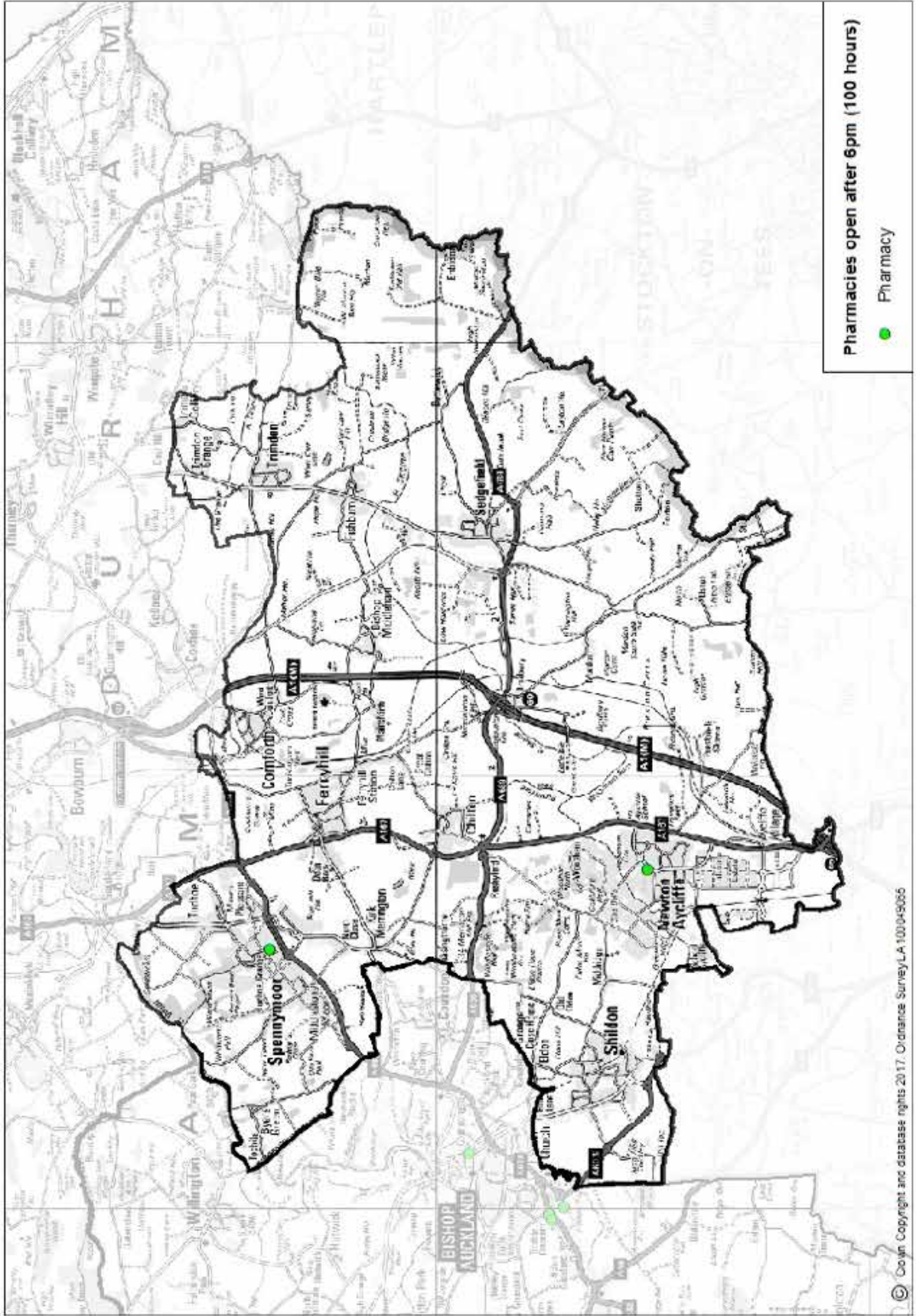
Sedgefield population
Location of pharmacies, mapped against population density of the over 65's



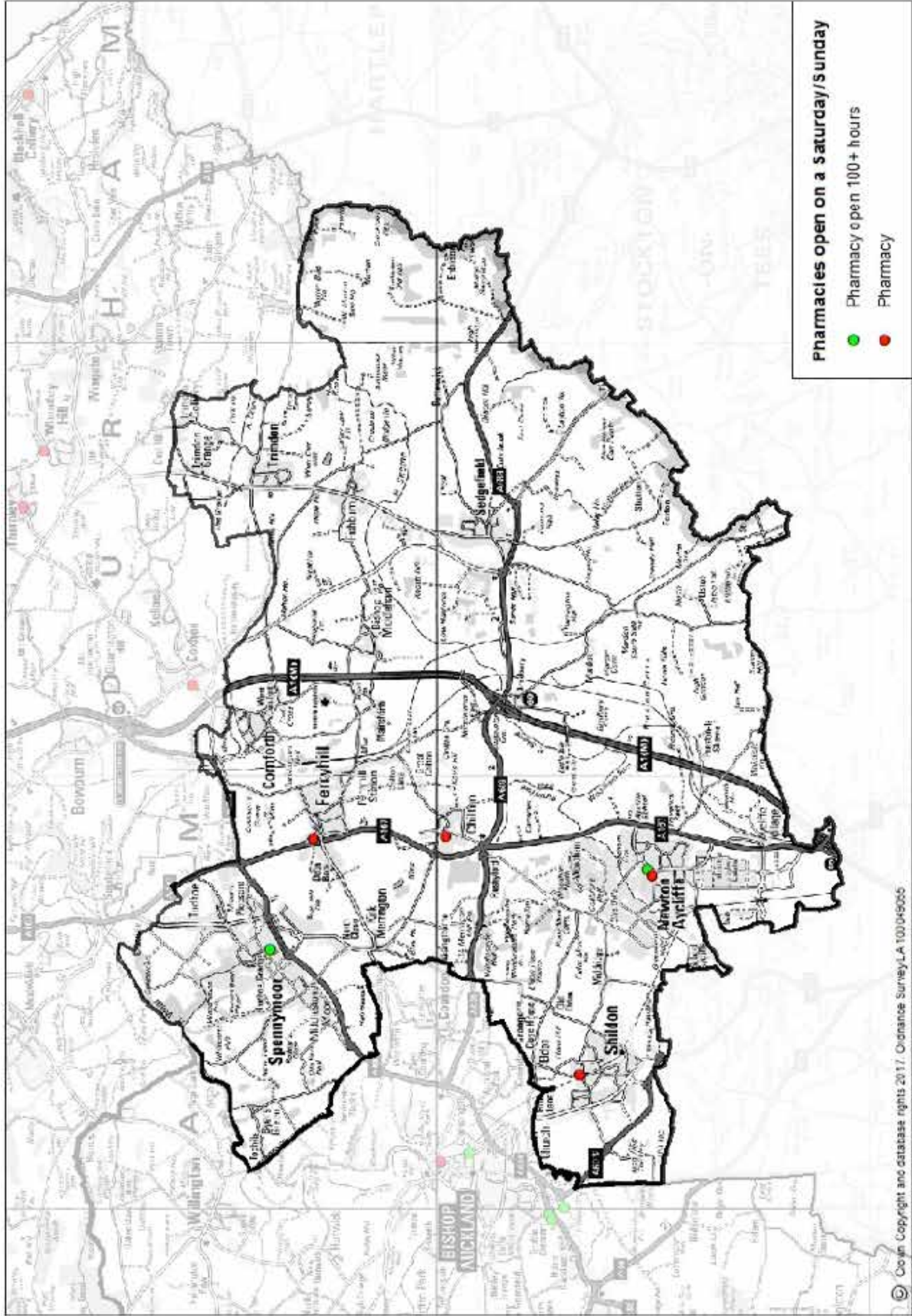
**Sedgefield population
Location of pharmacies, mapped against deprivation**



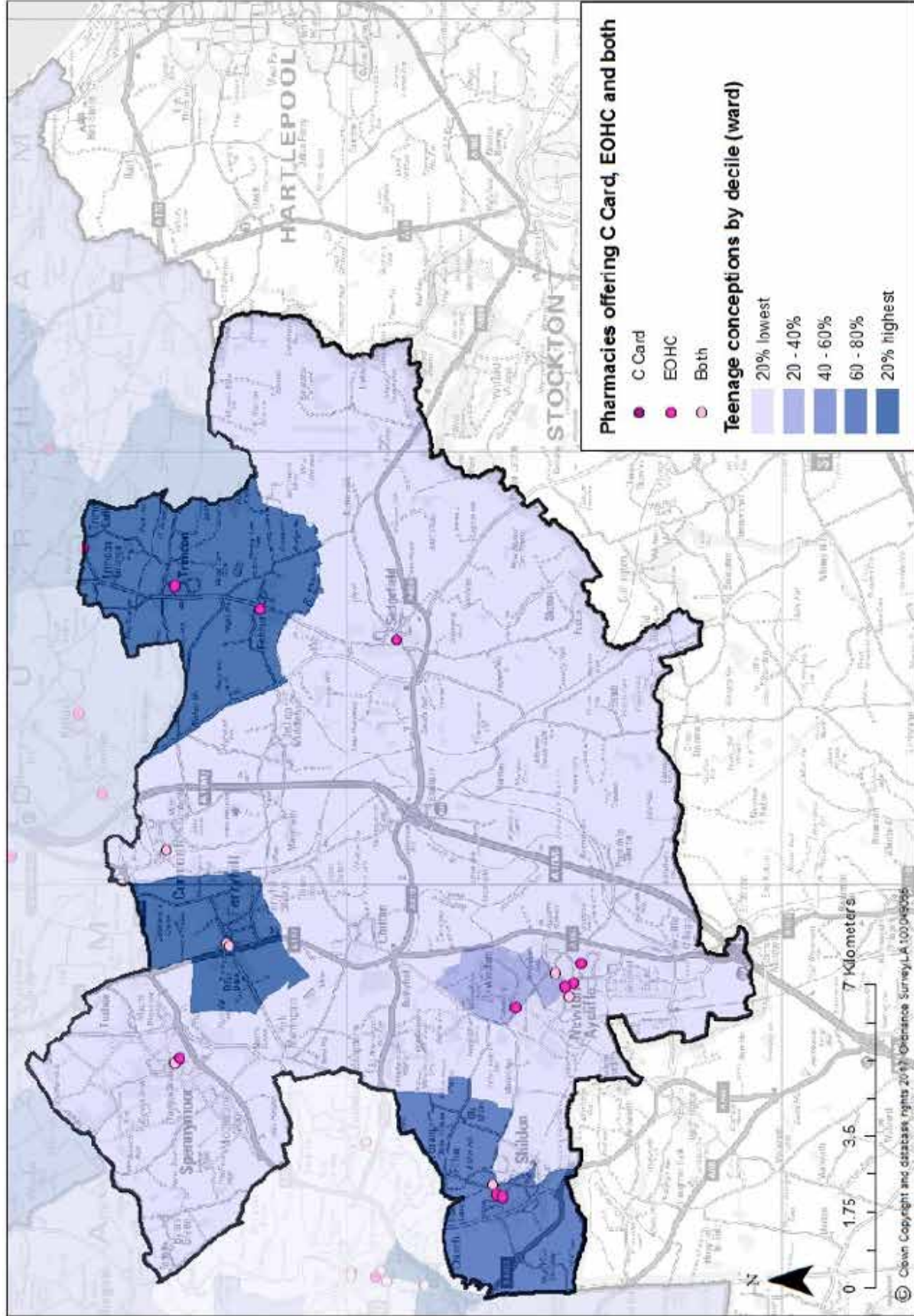
**Access to pharmacy services in Sedgelyield (based on core opening hours)
Pharmacies open after 6pm**



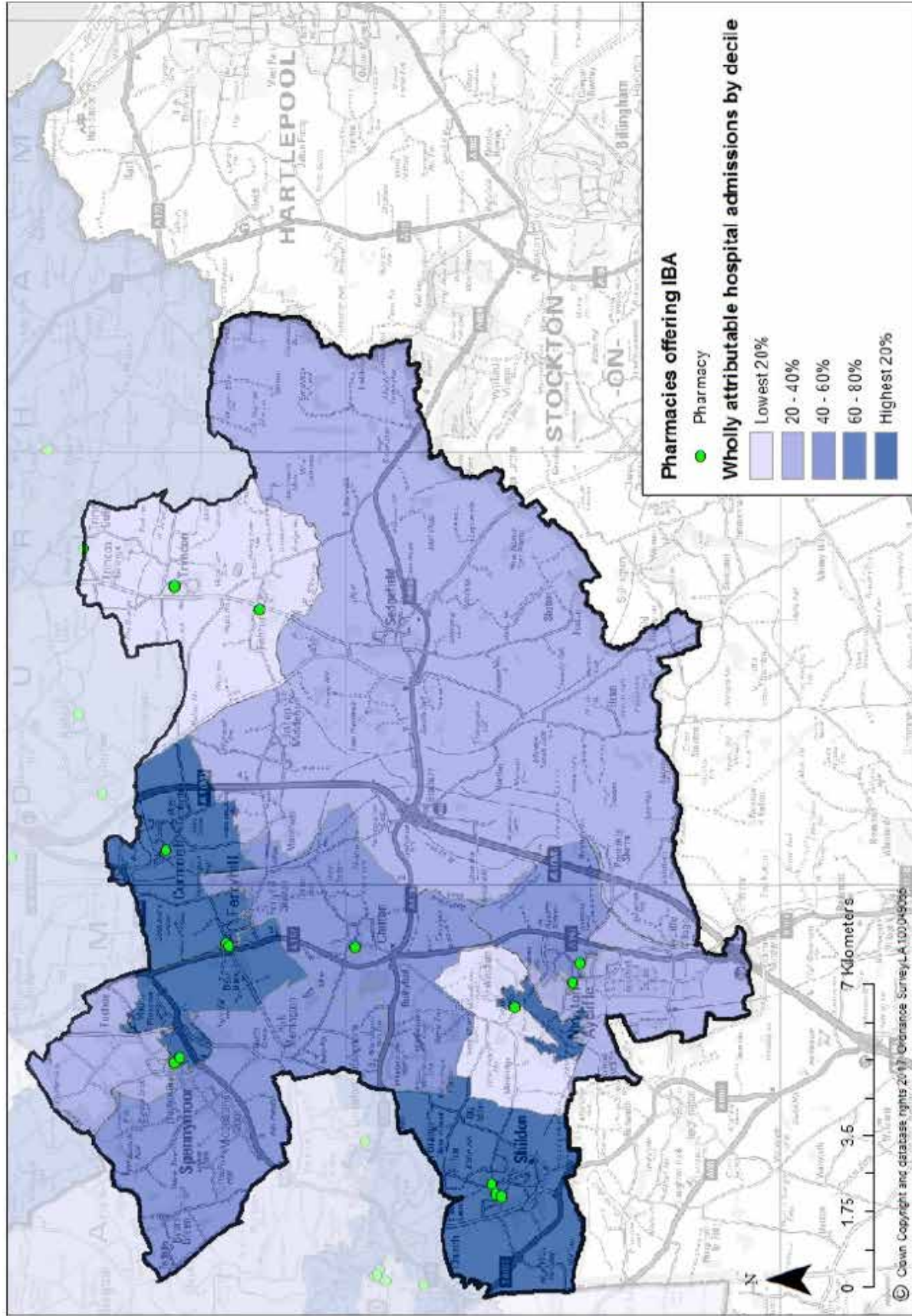
**Access to pharmacy services in Sedgefield (based on core opening hours)
Pharmacies open at the weekend**



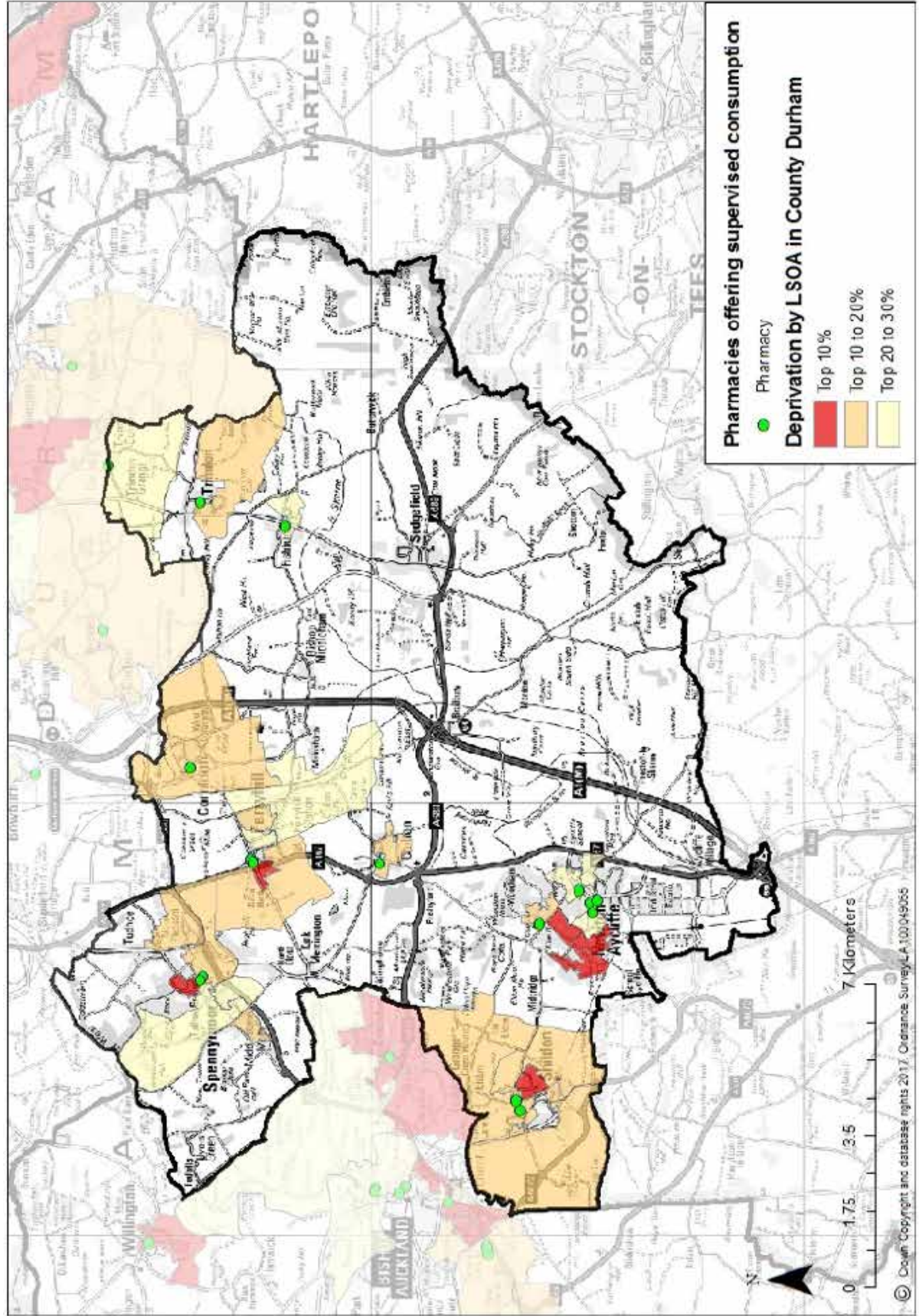
**Public health pharmacy services in Sedgelyield
Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions**



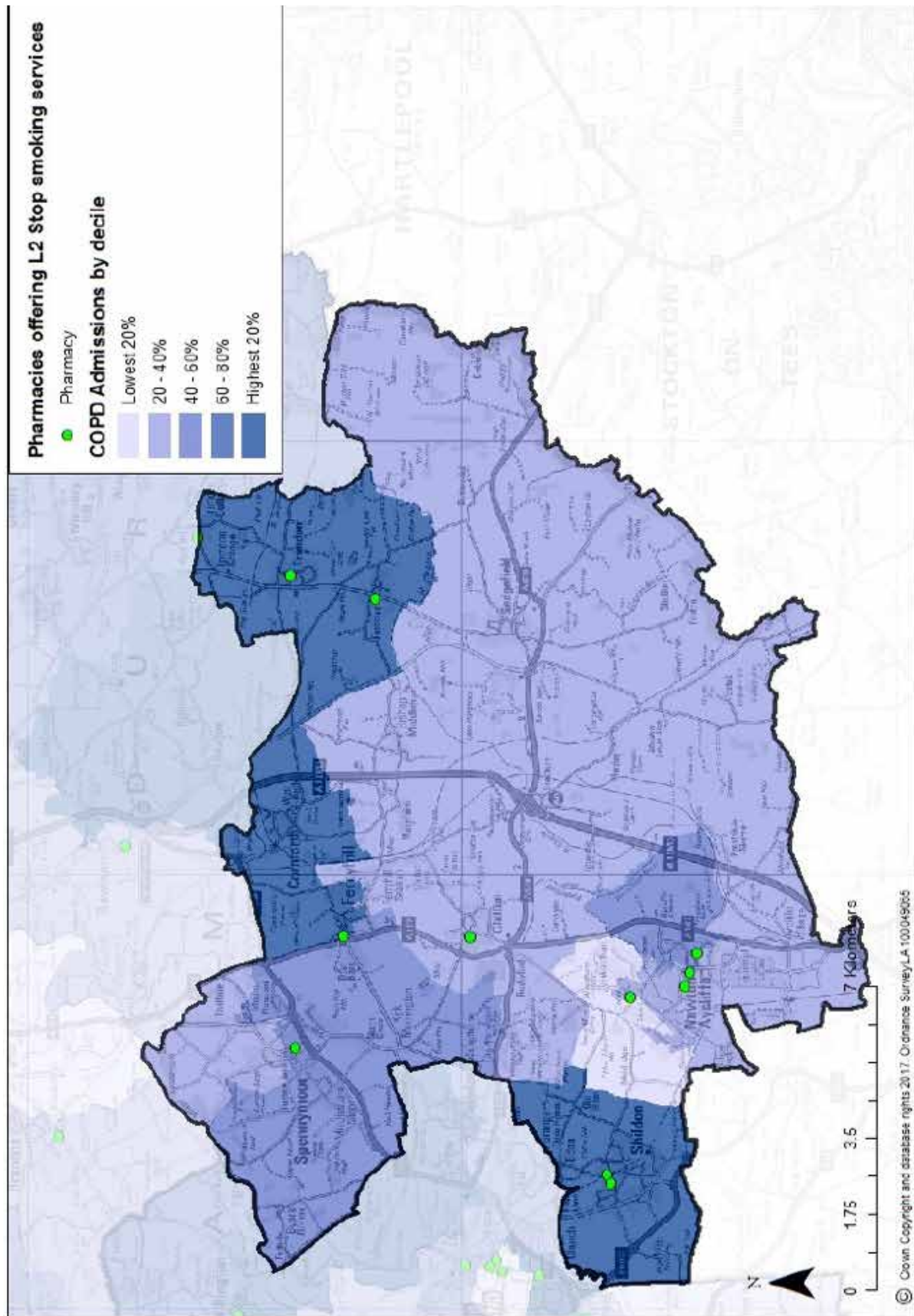
**Public health pharmacy services in Sedgelyield
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions**



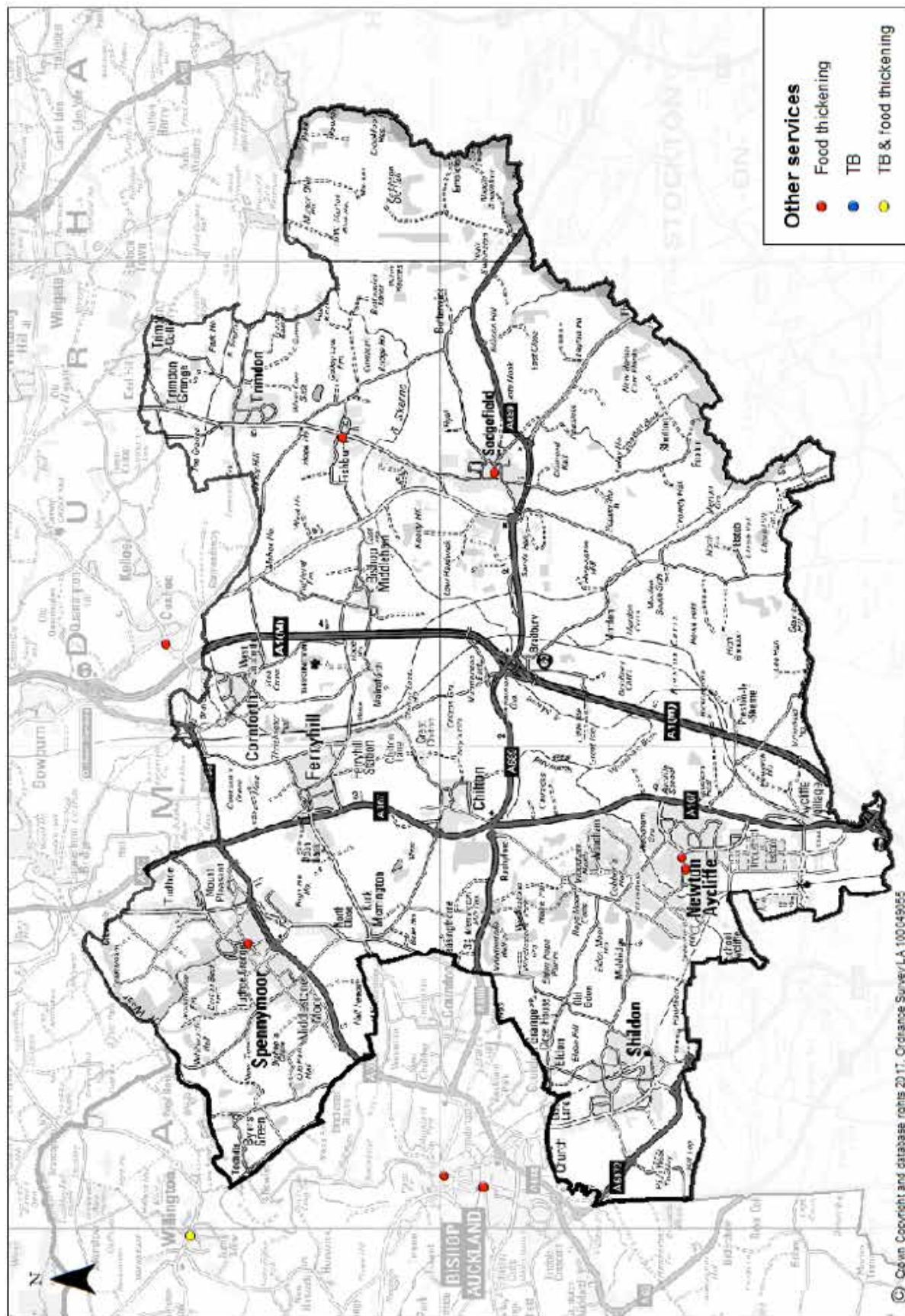
Public health pharmacy services in Sedgelyield Pharmacies offering the Supervised Consumption Service, mapped against deprivation



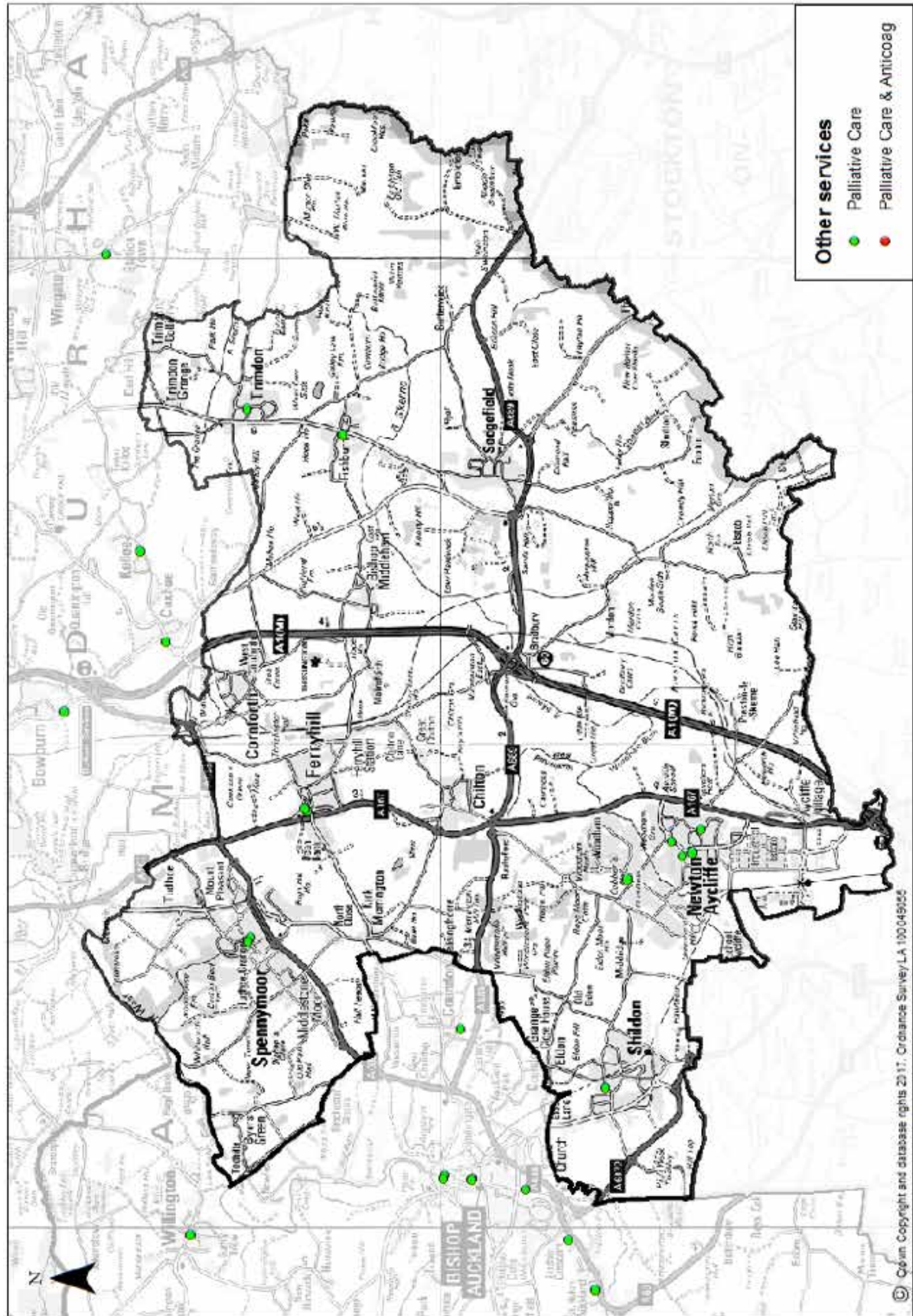
Public health pharmacy services Sedgefield
Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions



**CCG pharmacy commissioned services in Sedgelyield
Pharmacies offering the Food Thickening and/or TB Drug Services**



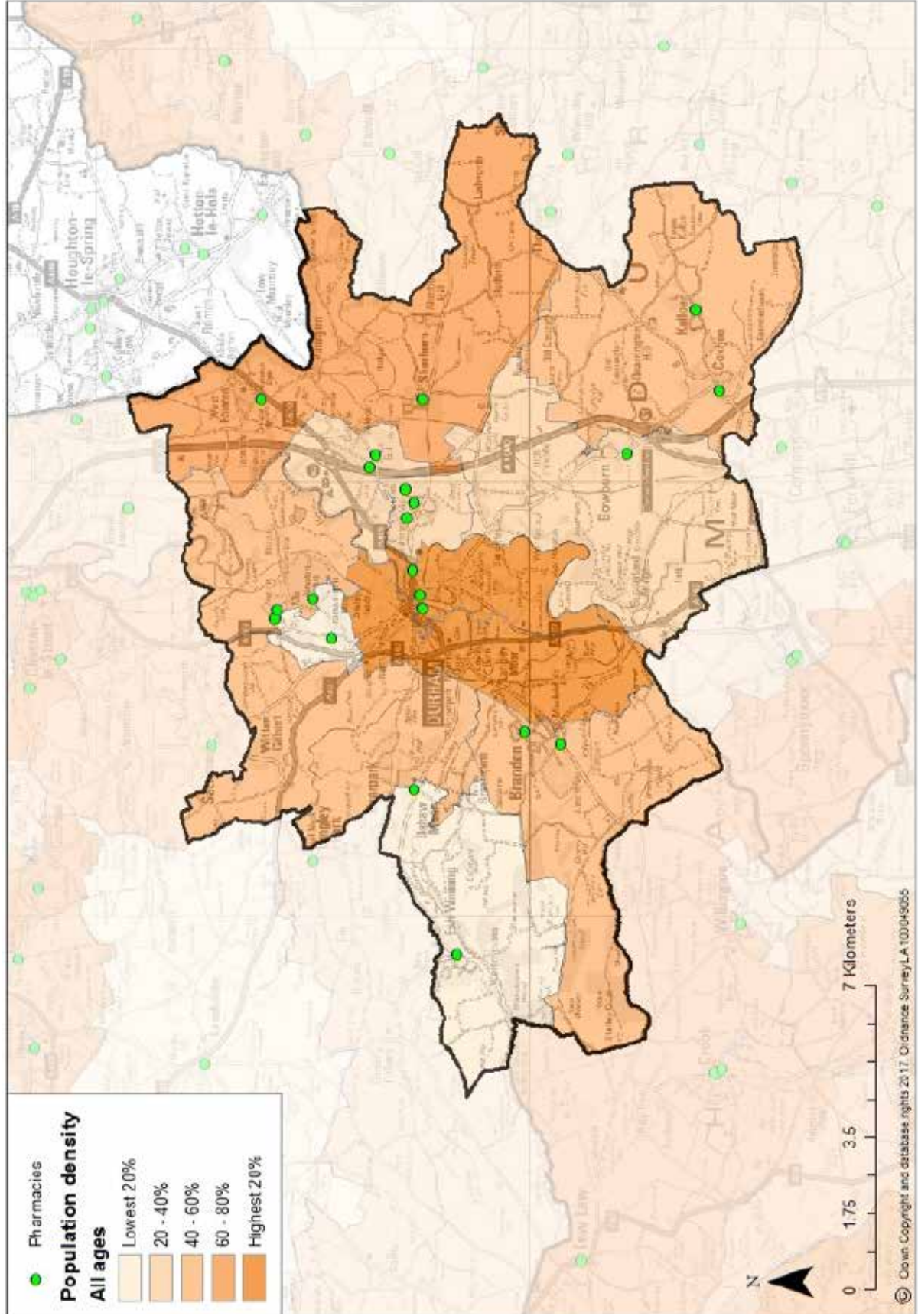
**CCG pharmacy commissioned services in Sedgefield
Pharmacies offering the Palliative Care and Anticoagulant Services**



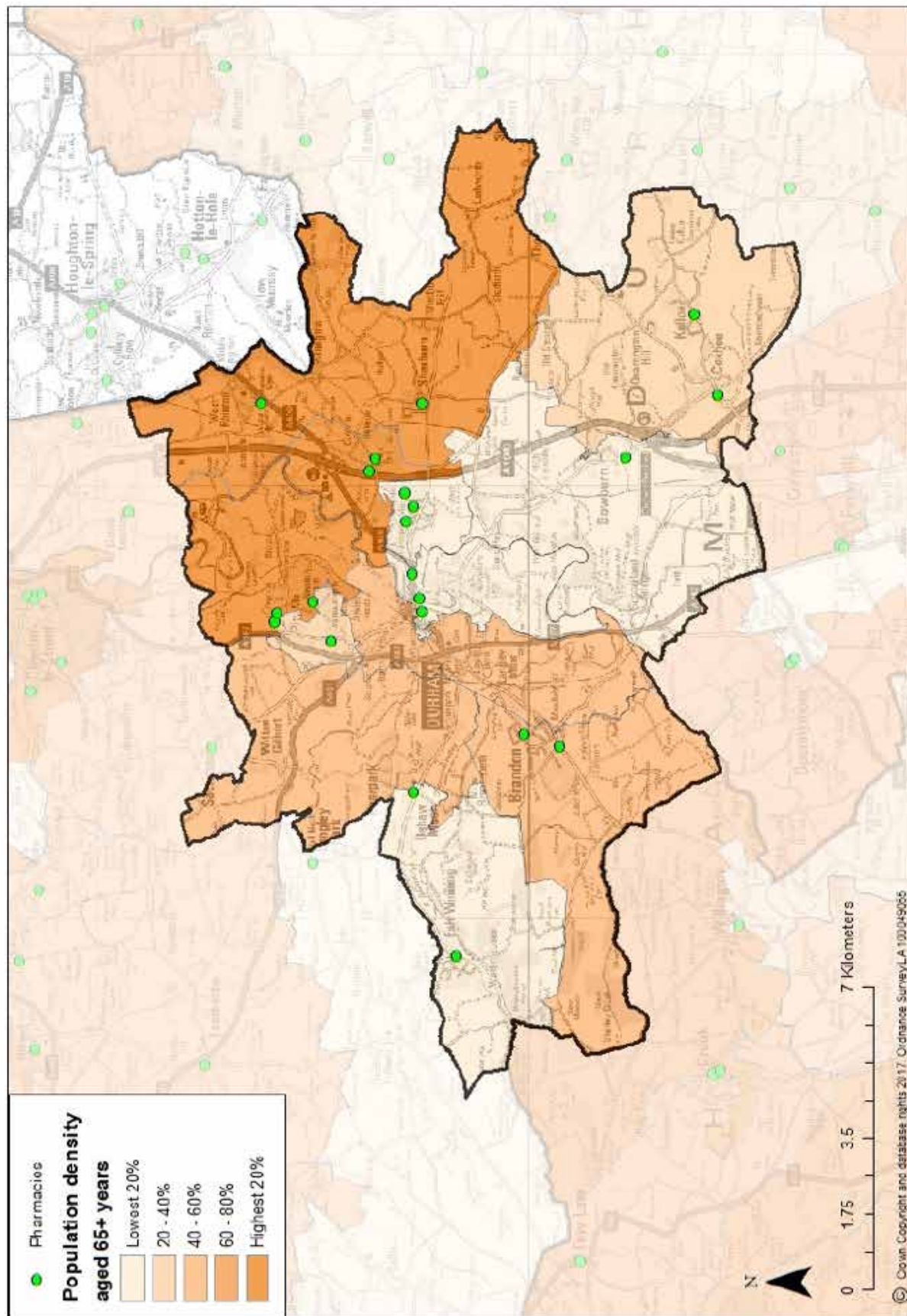
Appendix 11.6: Durham

Durham population

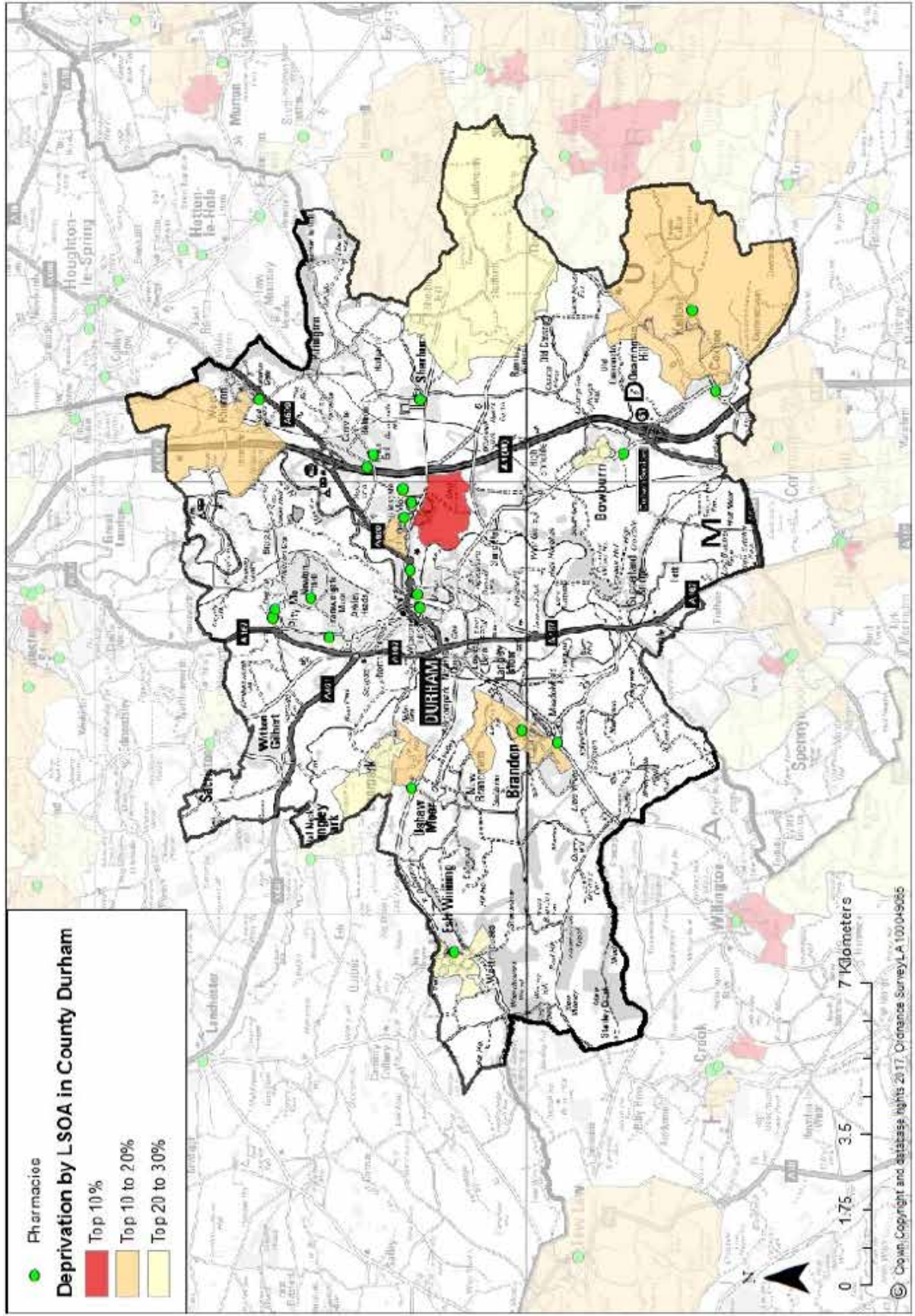
Location of pharmacies, mapped against population density (all ages)



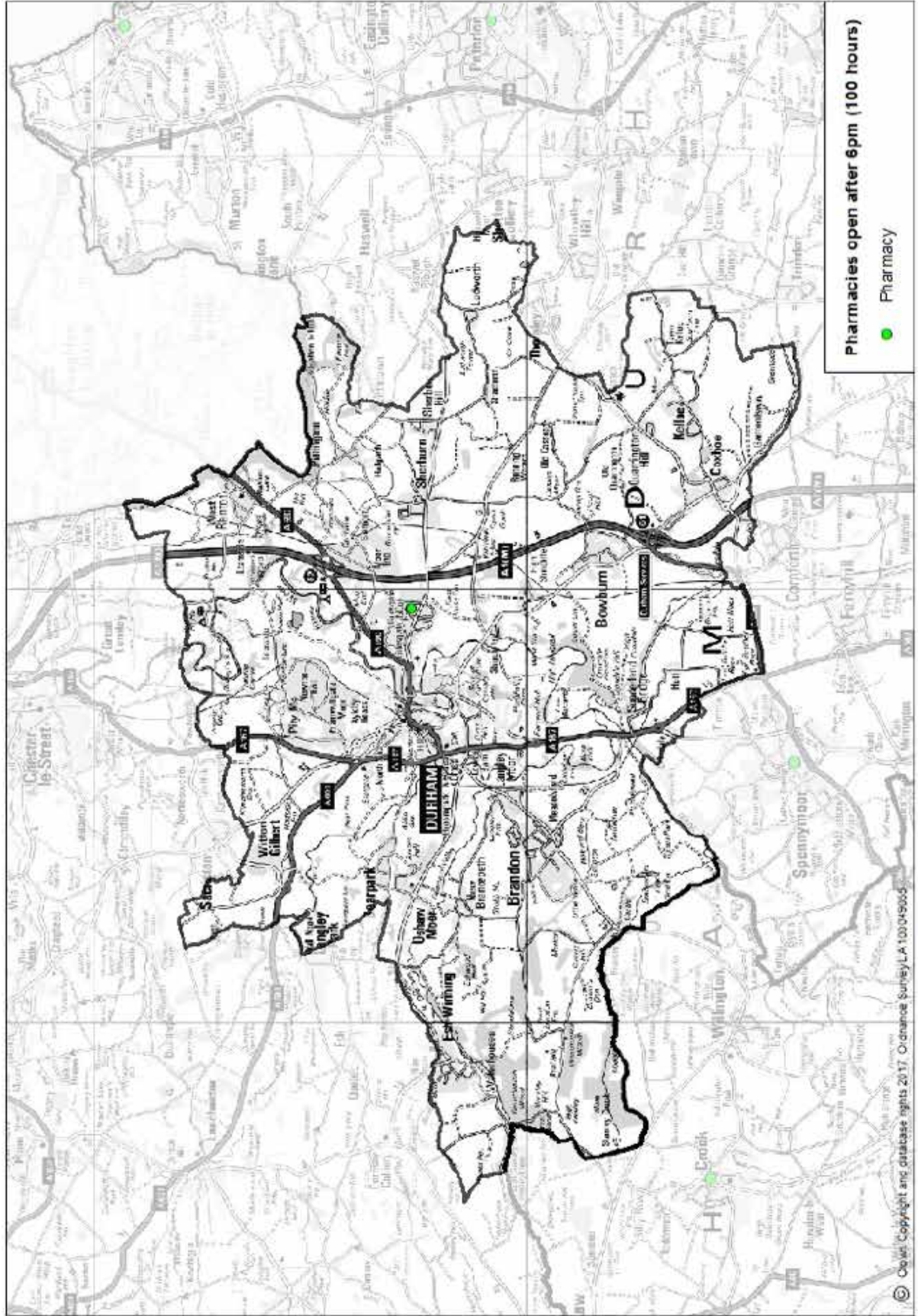
**Durham population
Location of pharmacies, mapped against population density of the over 65's**



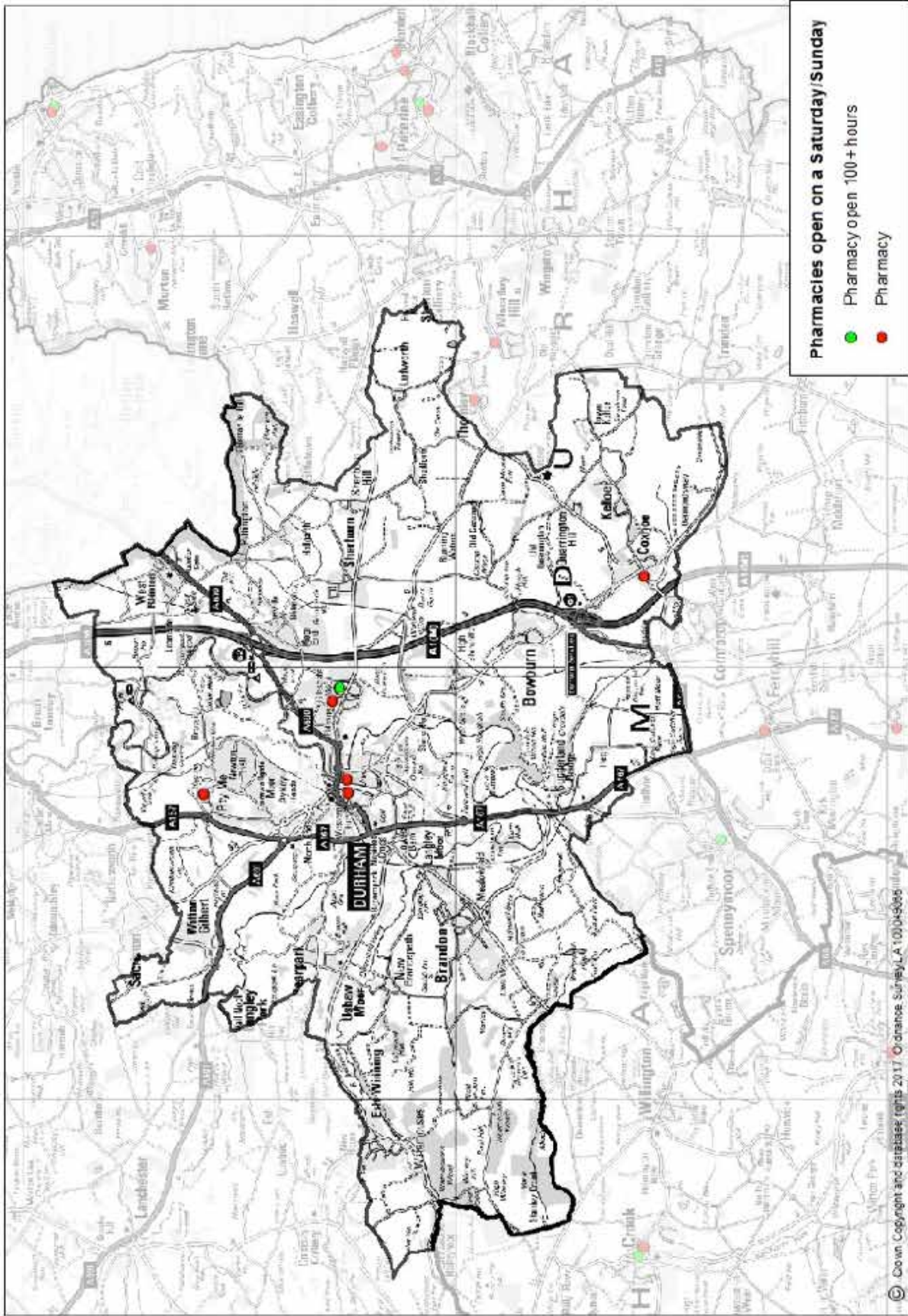
Durham population Location of pharmacies, mapped against deprivation



**Access to pharmacy services in Durham (based on core opening hours)
Pharmacies open after 6pm**

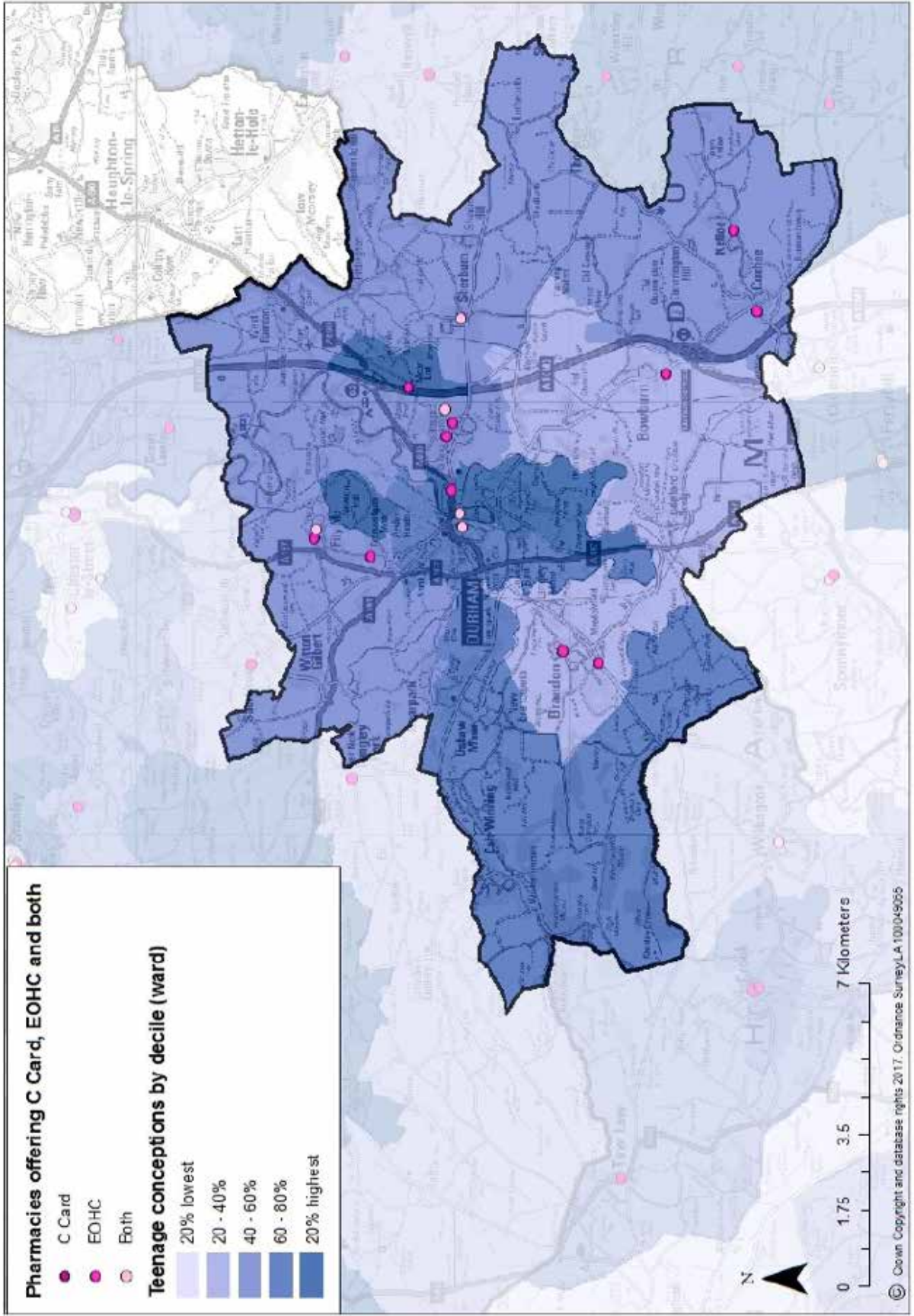


**Access to pharmacy services in Durham (based on core opening hours)
Pharmacies open at the weekend**



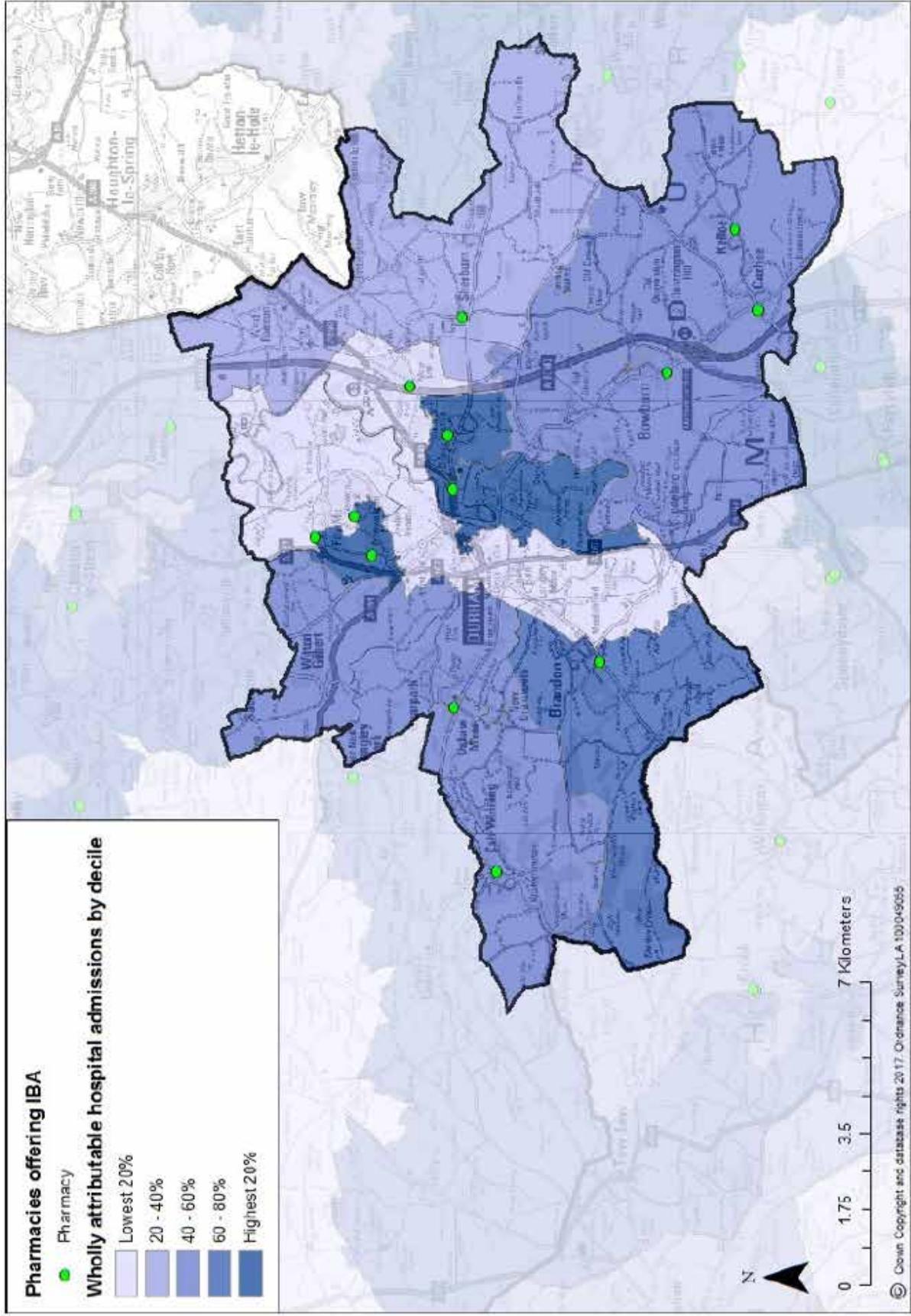
Public health pharmacy services in Durham

Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions

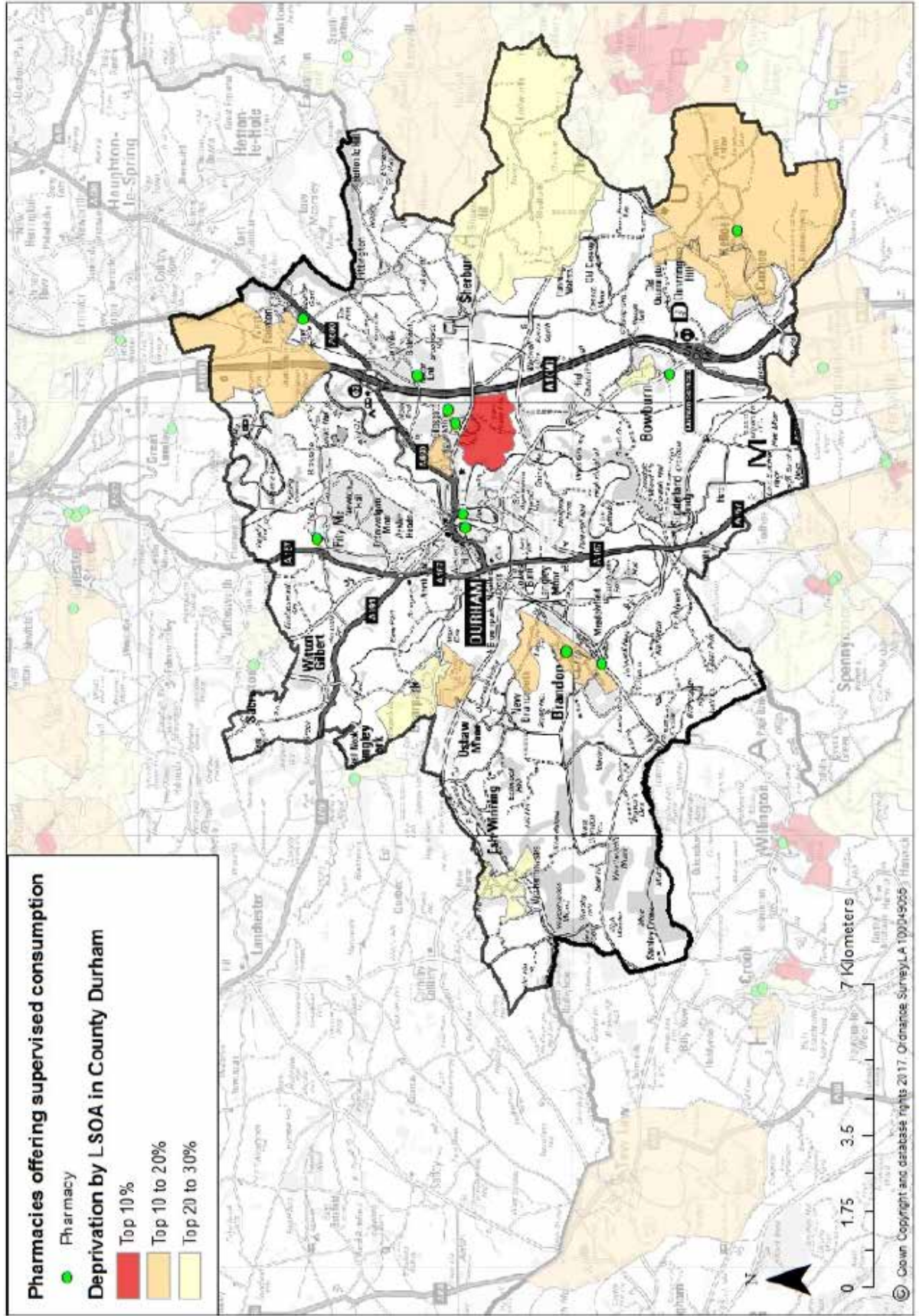


Public health pharmacy services in Durham

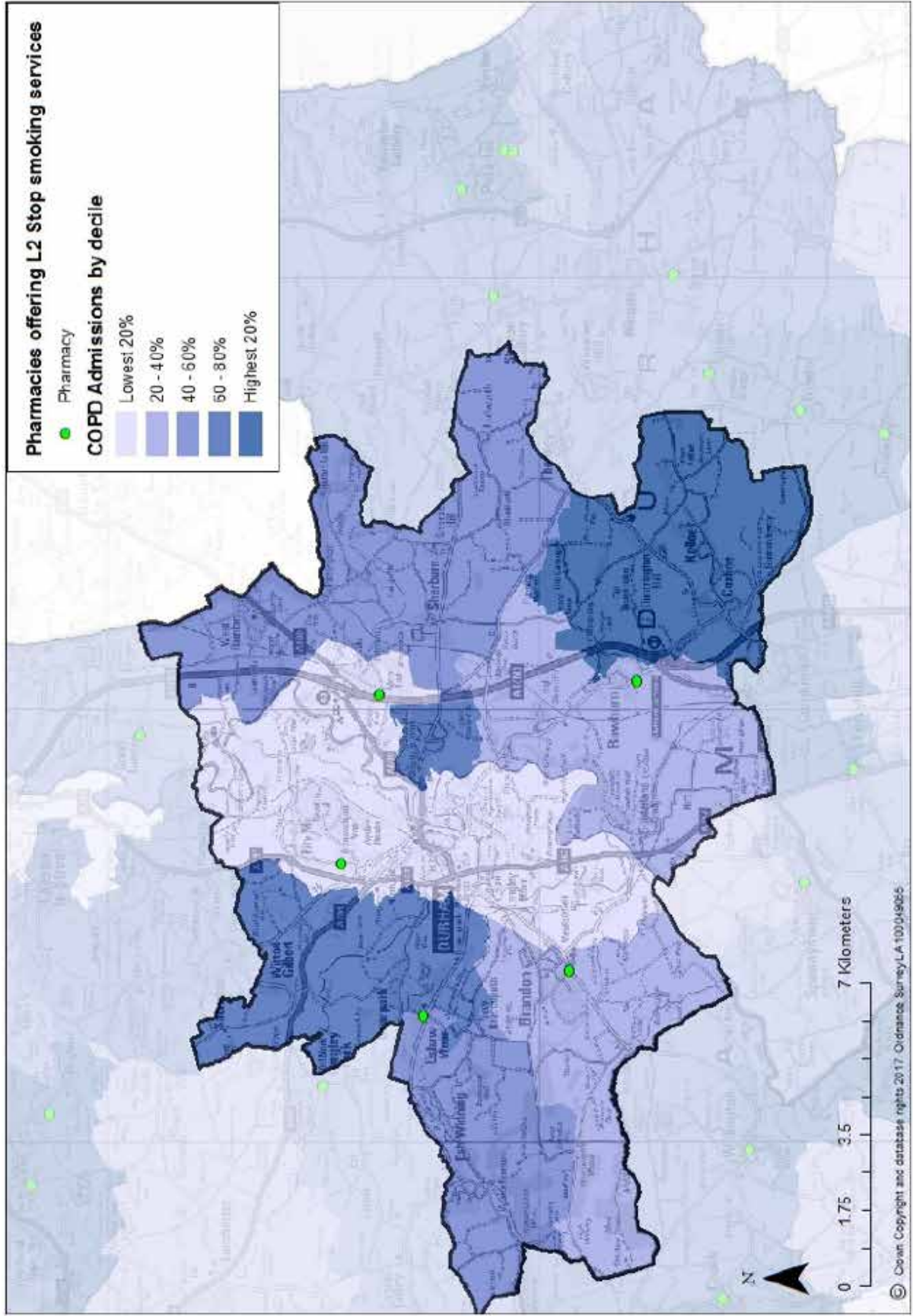
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions



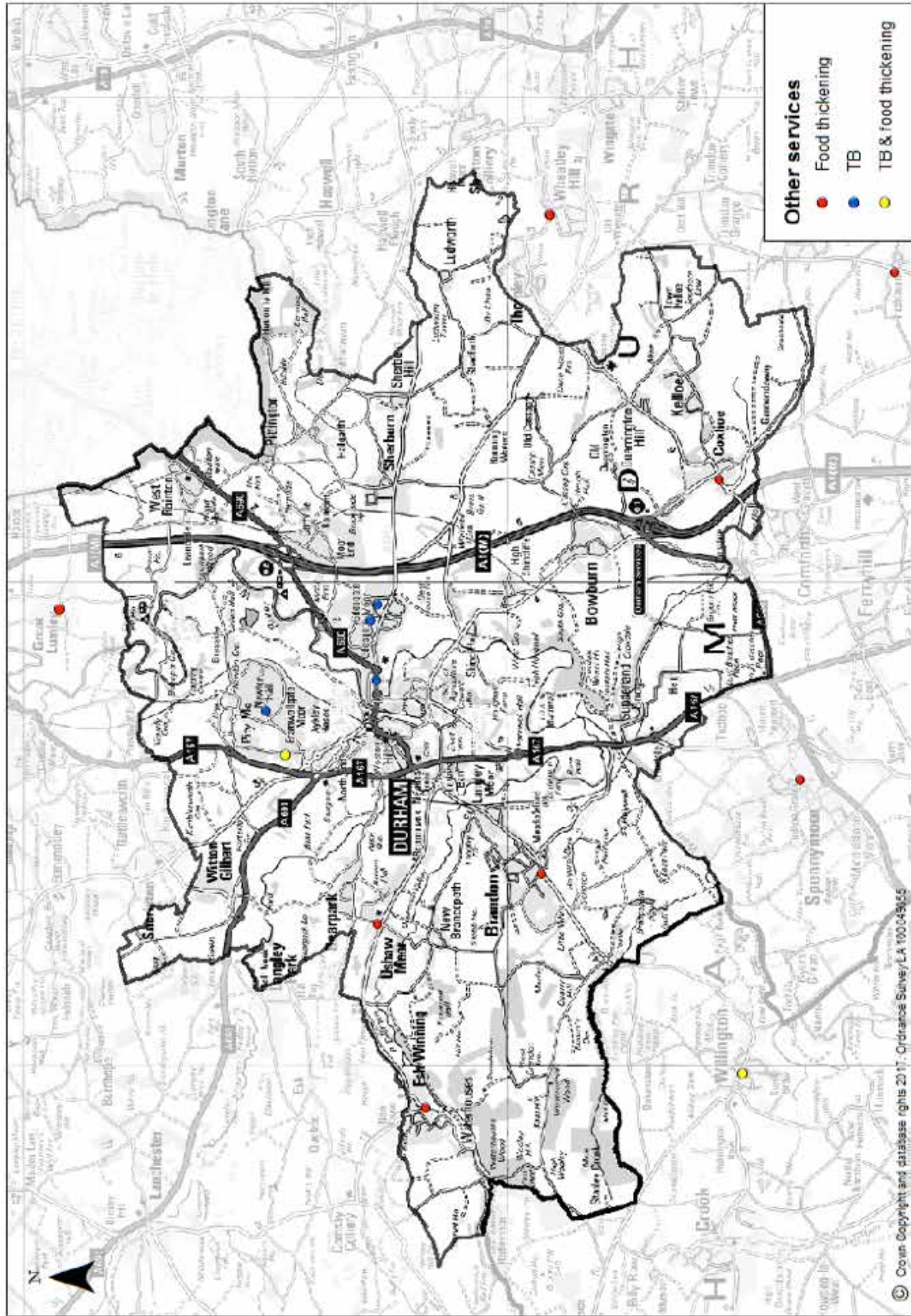
**Public health pharmacy services in Durham
Pharmacies offering the Supervised Consumption Service, mapped against deprivation**



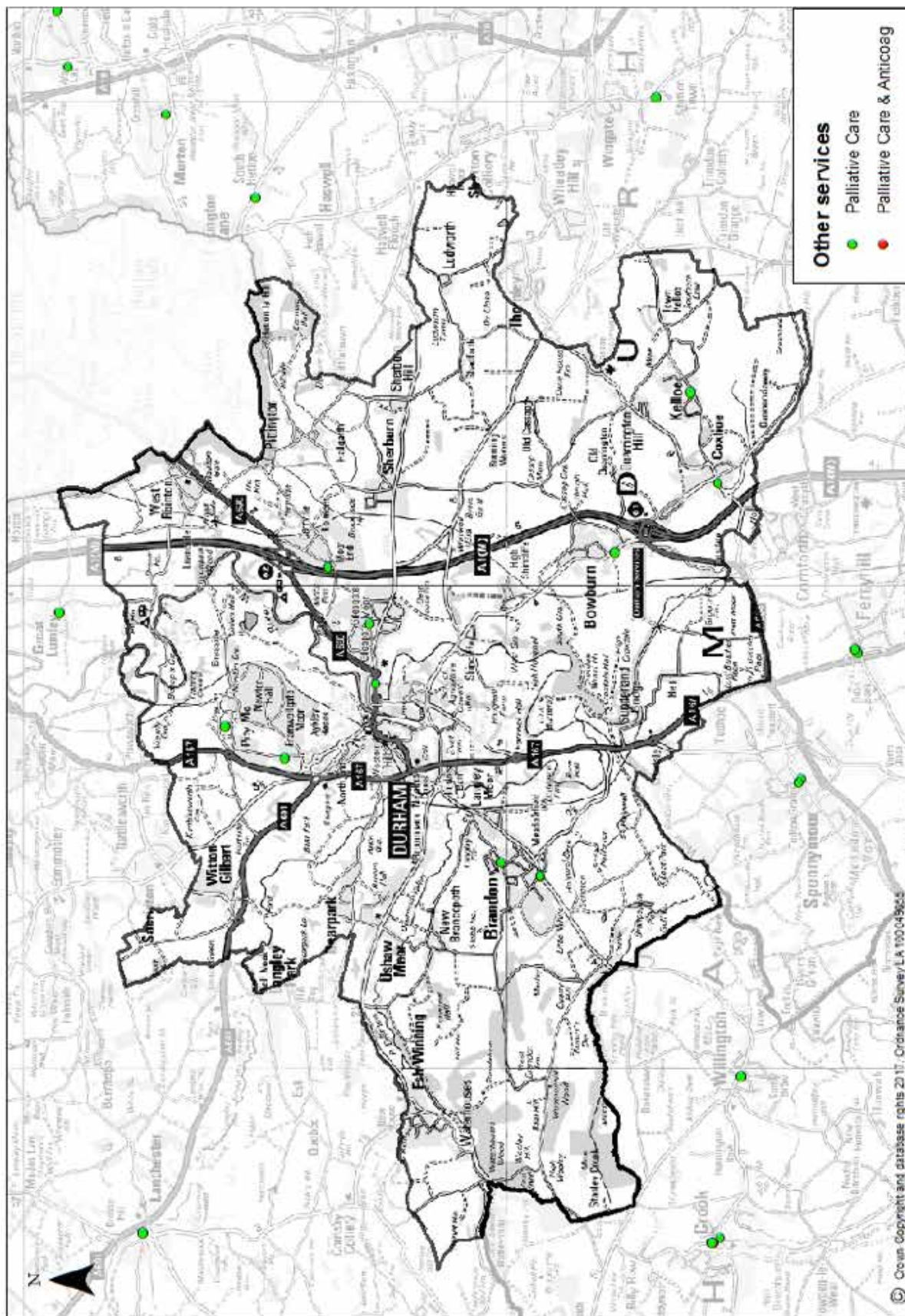
**Public health pharmacy services in Durham
Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions**



**CCG pharmacy commissioned services Durham
Pharmacies offering the Food Thickening and/or TB Drug Services**

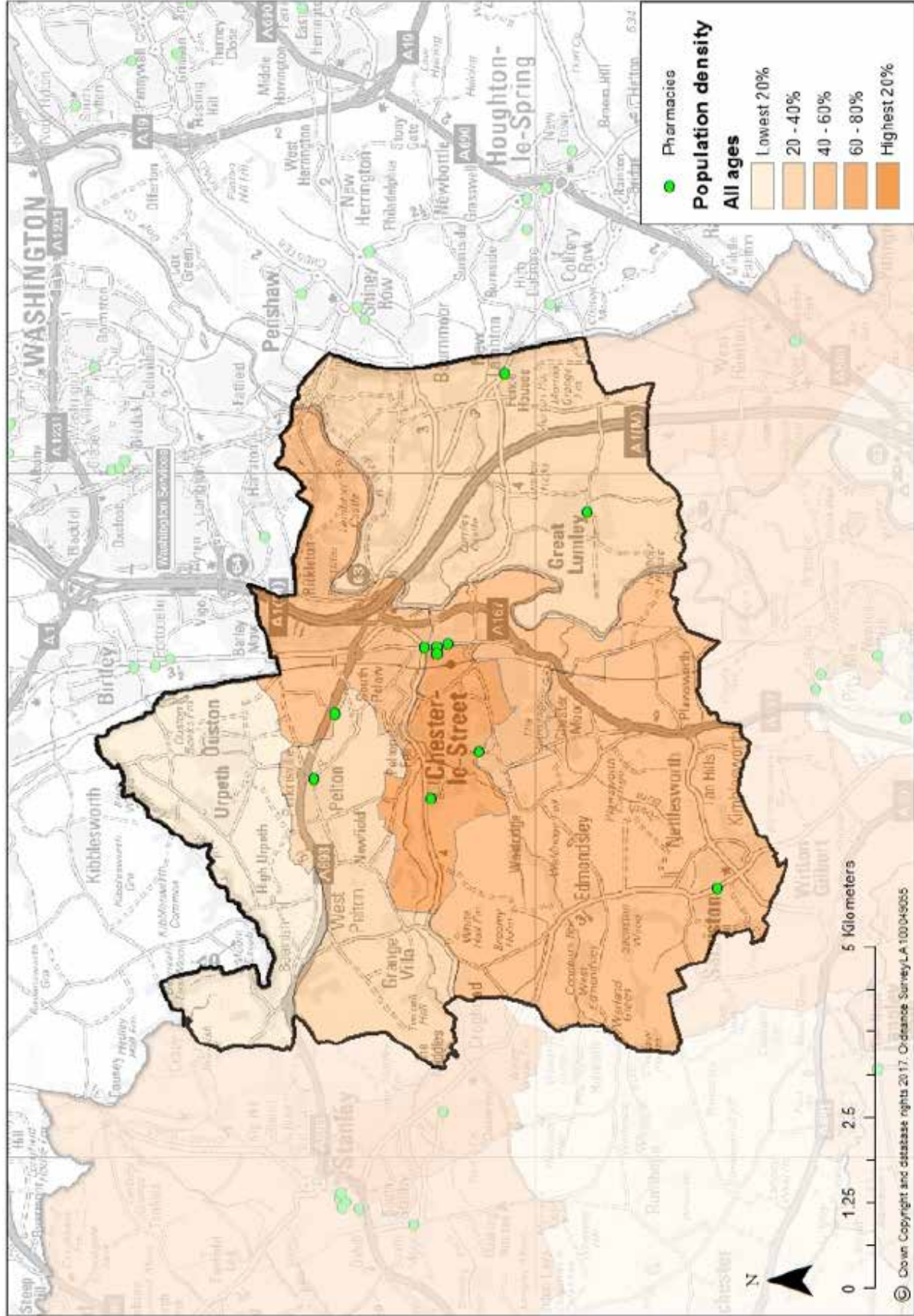


**CCG pharmacy commissioned services Durham
Pharmacies offering the Palliative Care and Anticoagulant Services**



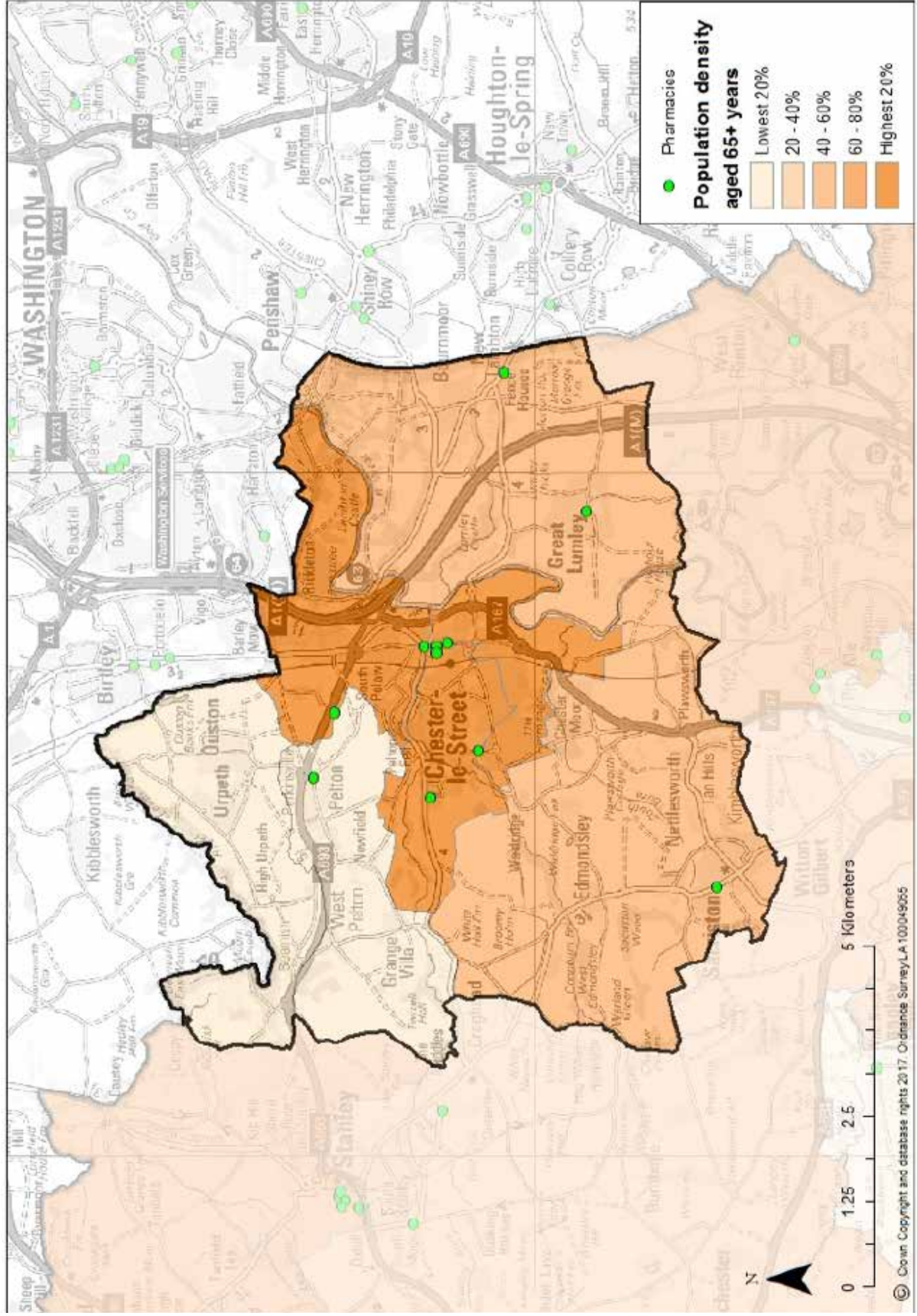
Appendix 11.7: Chester-le-Street

Chester-le-Street population Location of pharmacies, mapped against population density (all ages)

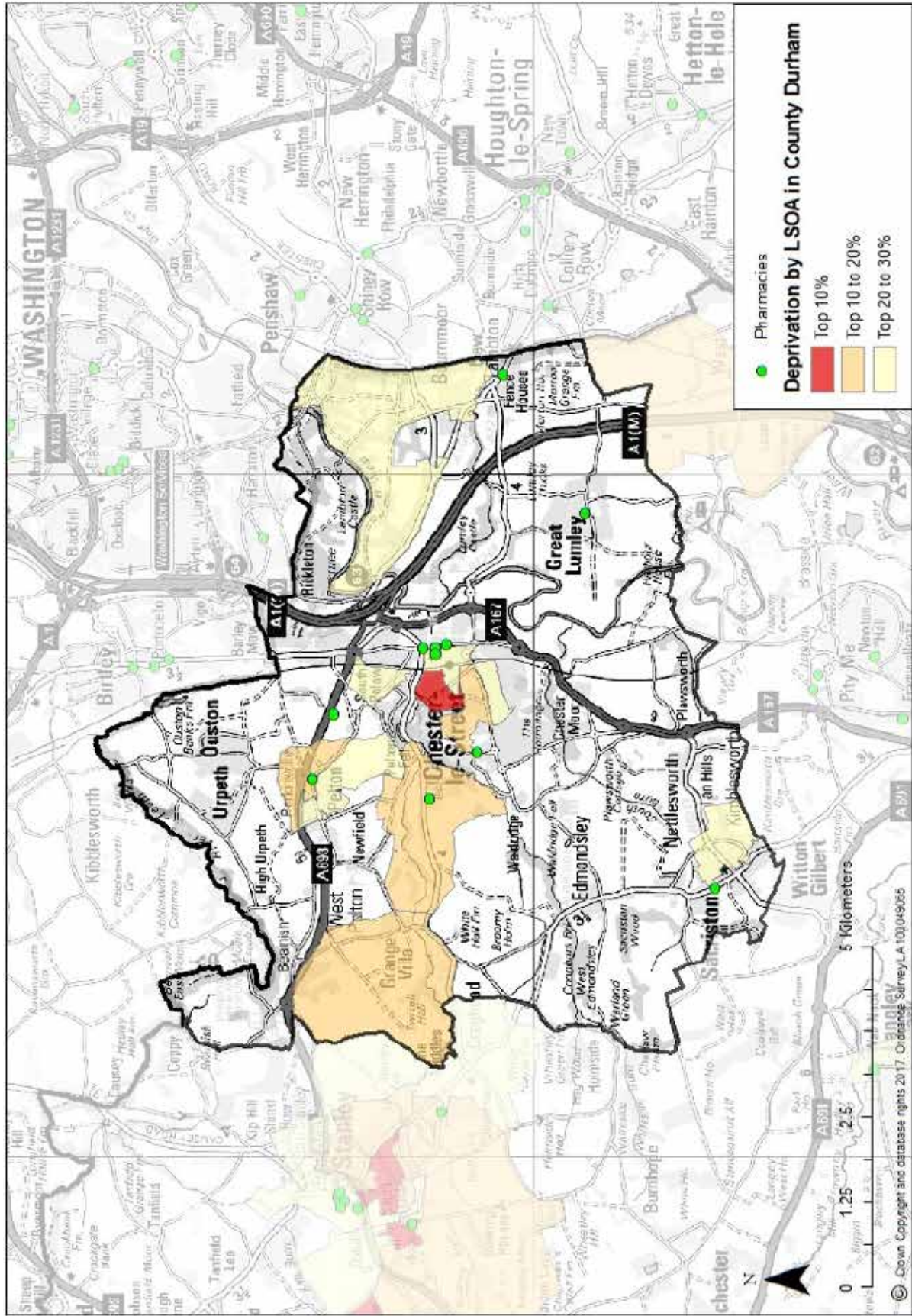


Chester-le-Street population

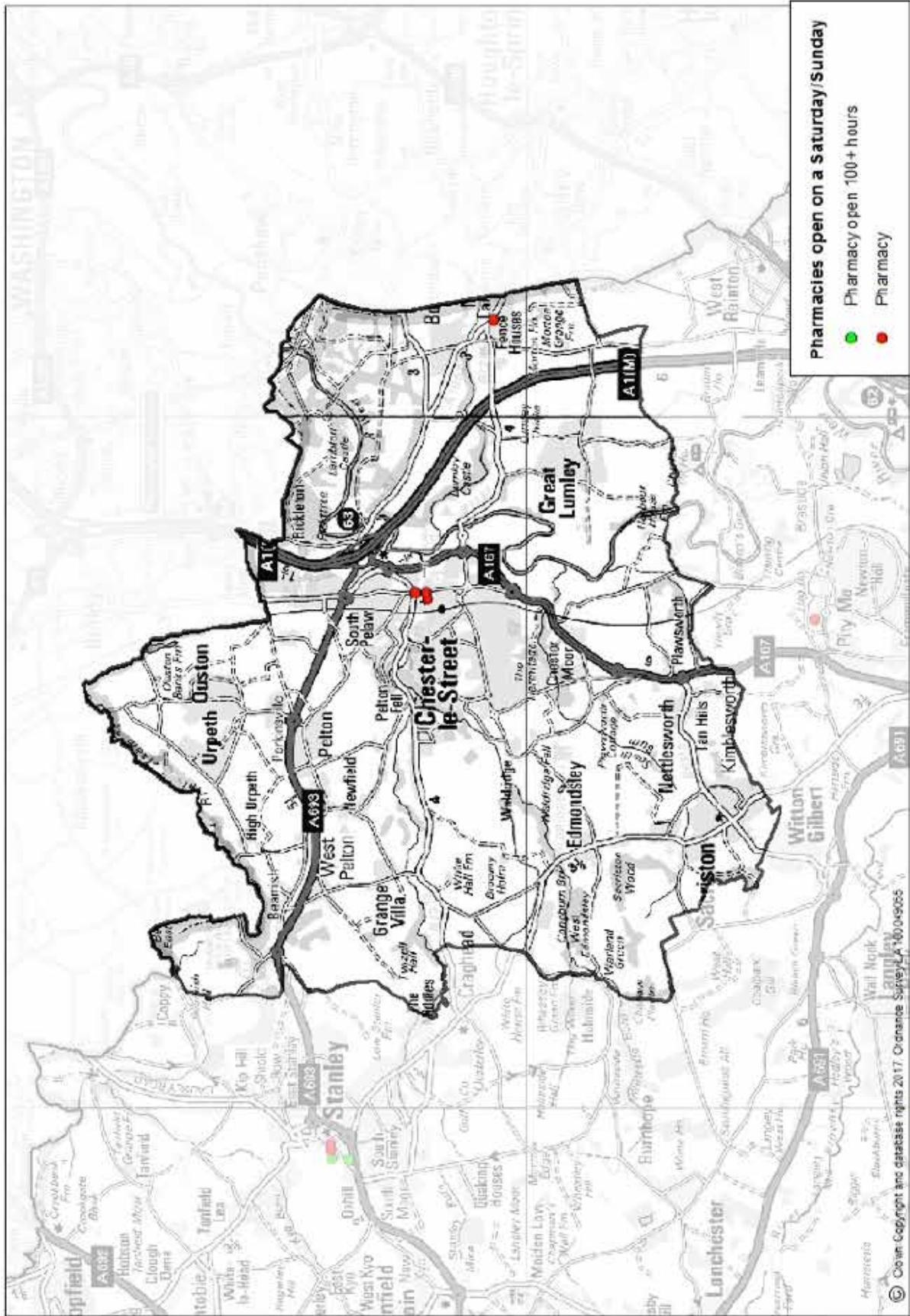
Location of pharmacies, mapped against population density of the over 65's



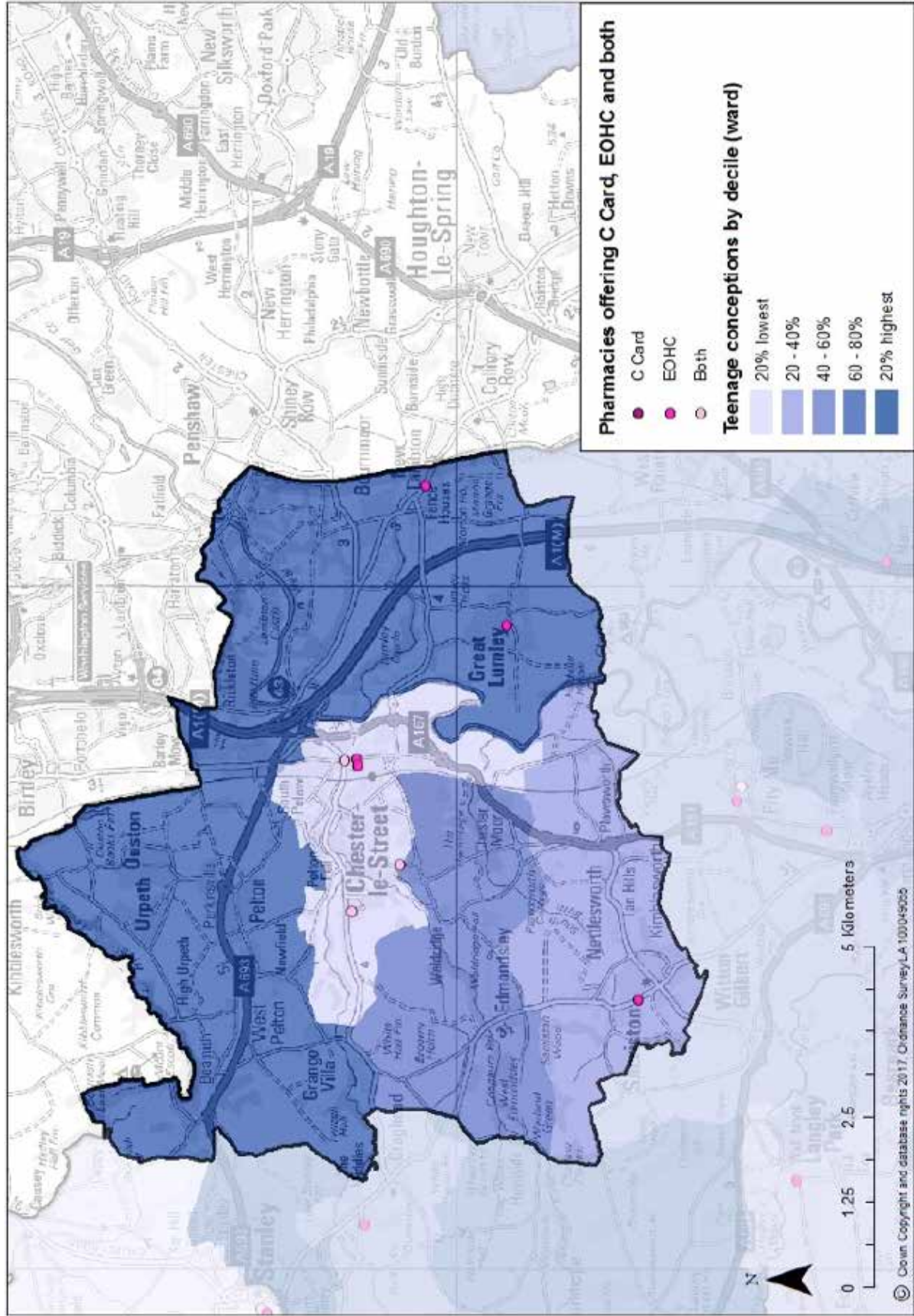
**Chester-le-Street population
Location of pharmacies, mapped against deprivation**



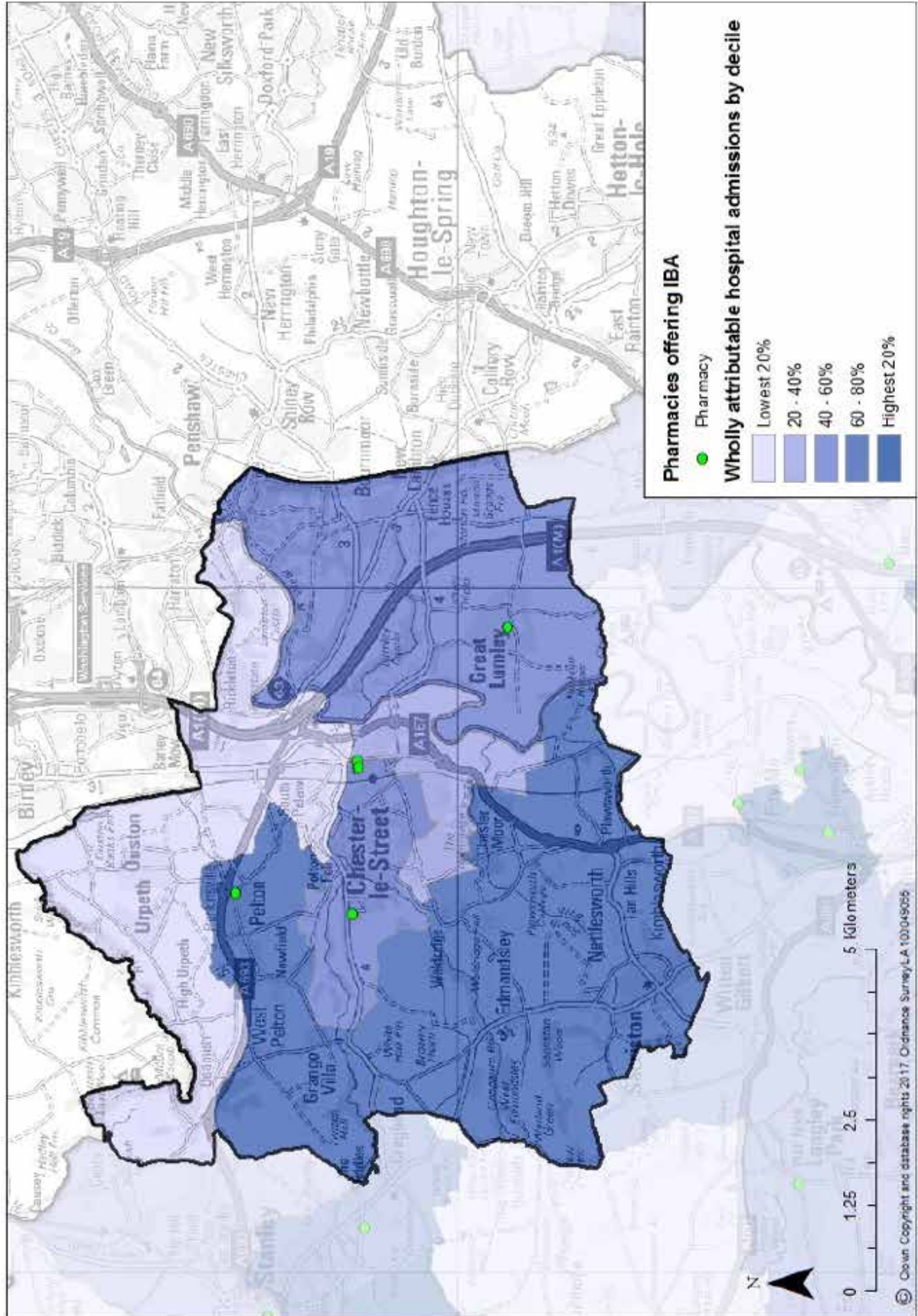
Access to pharmacy services in Chester-le-Street (based on core opening hours)
Note: There are no pharmacies in the Chester-le-Street area with core opening hours after 6pm.
Pharmacies open at the weekend



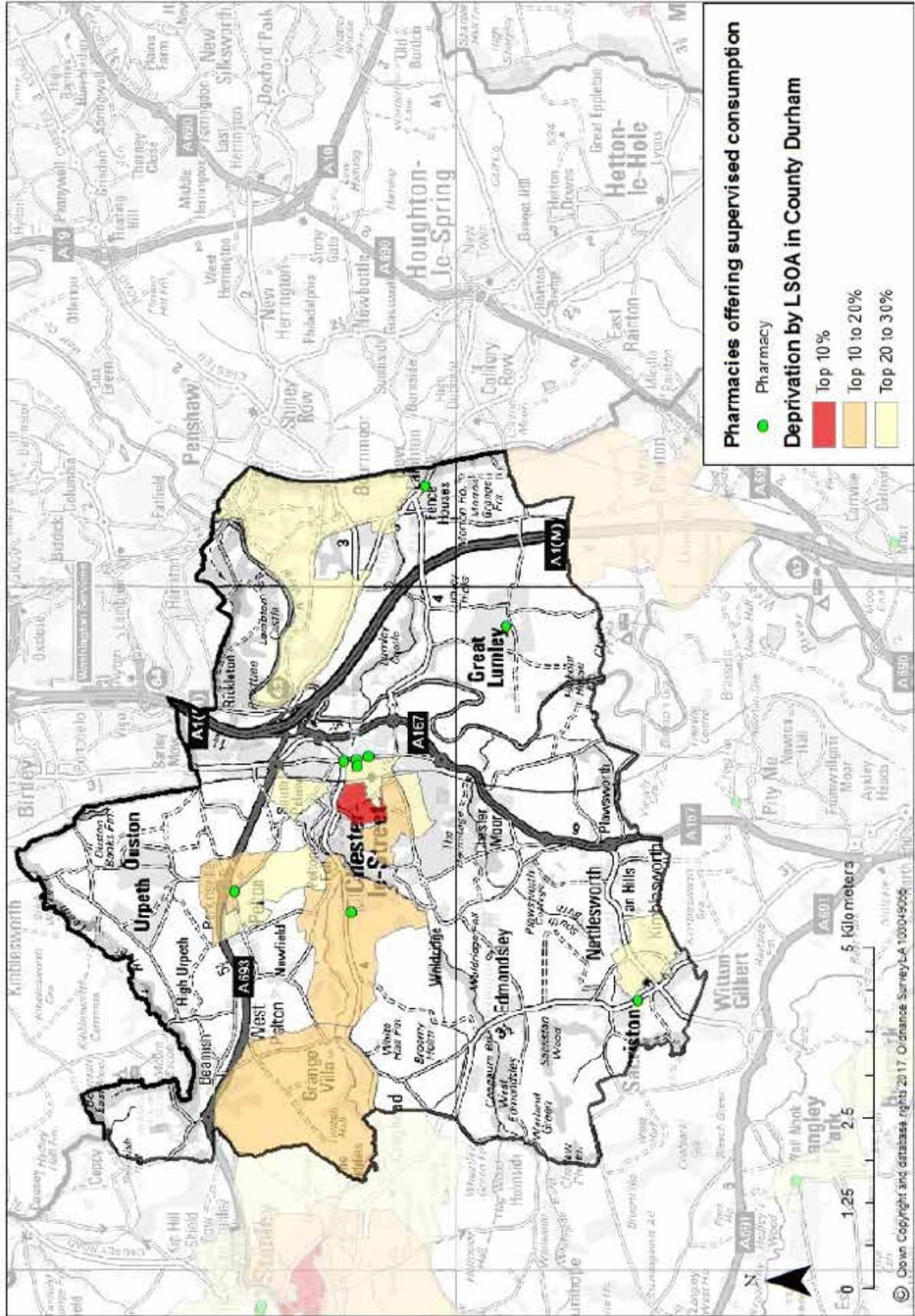
Public health pharmacy services in Chester-le-Street
Pharmacies offering sexual health services (EOHC and C card schemes), mapped against prevalence of teenage conceptions



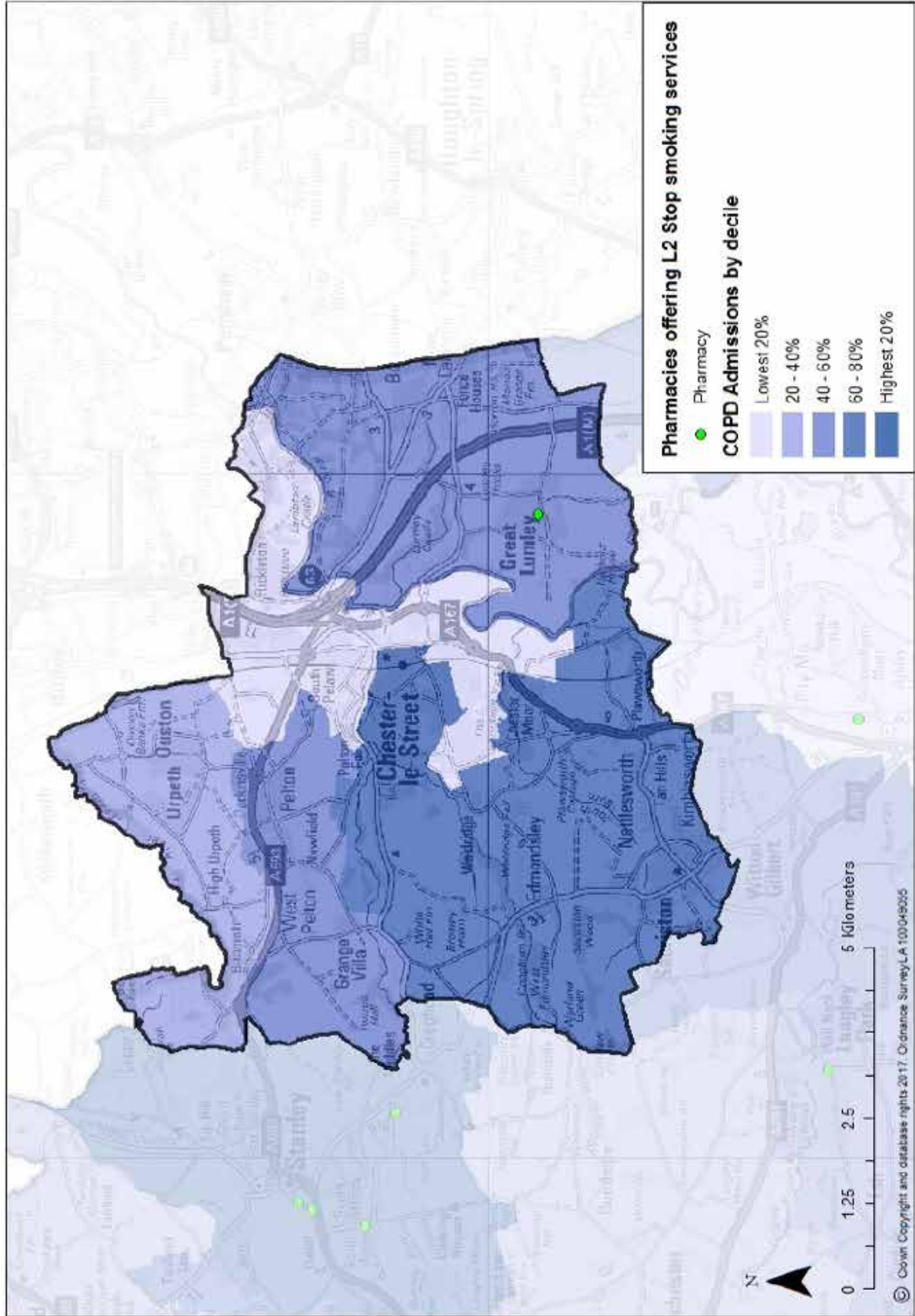
**Public health services in Chester-le-Street
Pharmacies offering the Alcohol Brief Intervention Service, mapped against alcohol related hospital admissions**



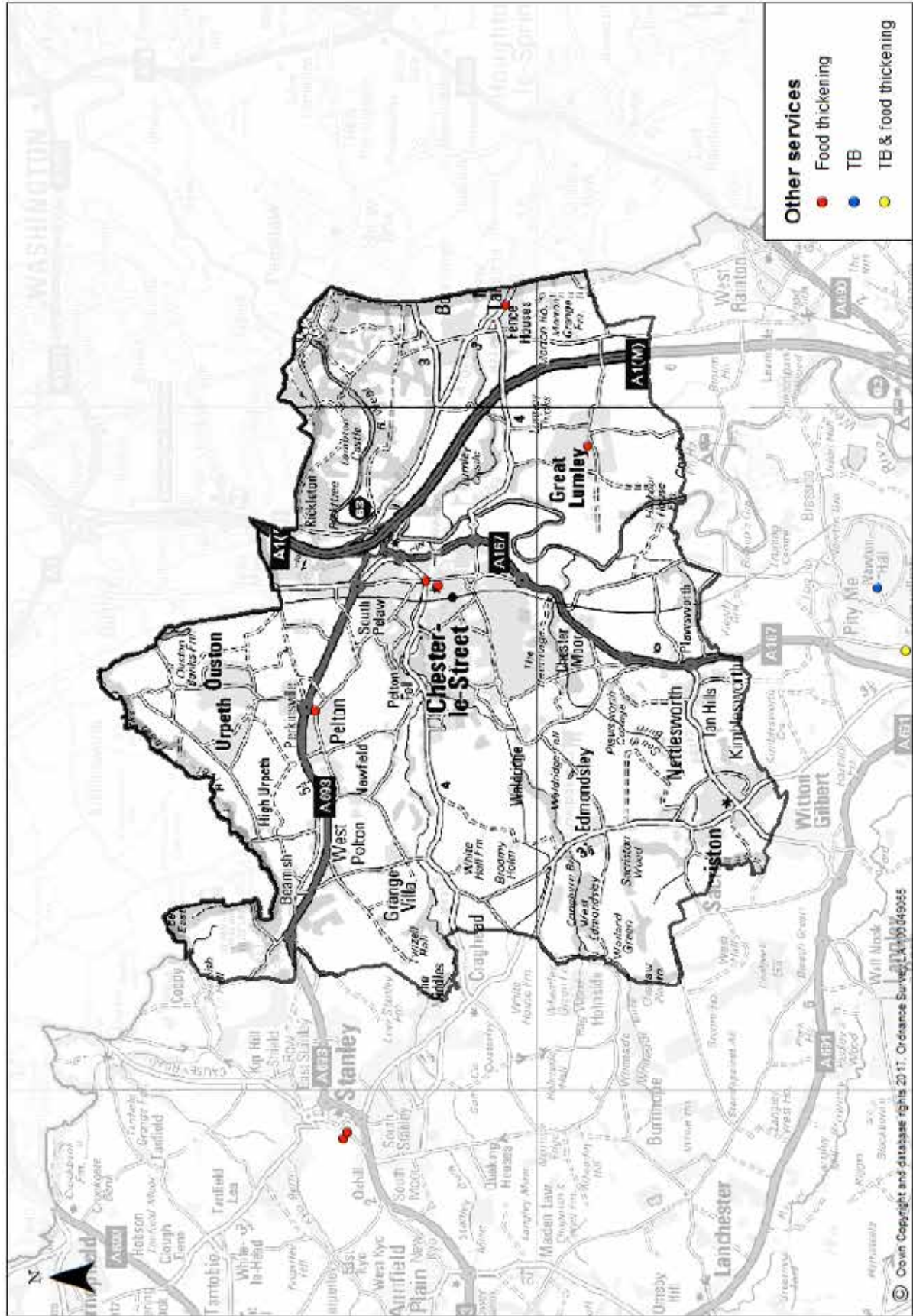
**Public health services in Chester-le-Street
Pharmacies offering the Supervised Consumption Service, mapped against deprivation**



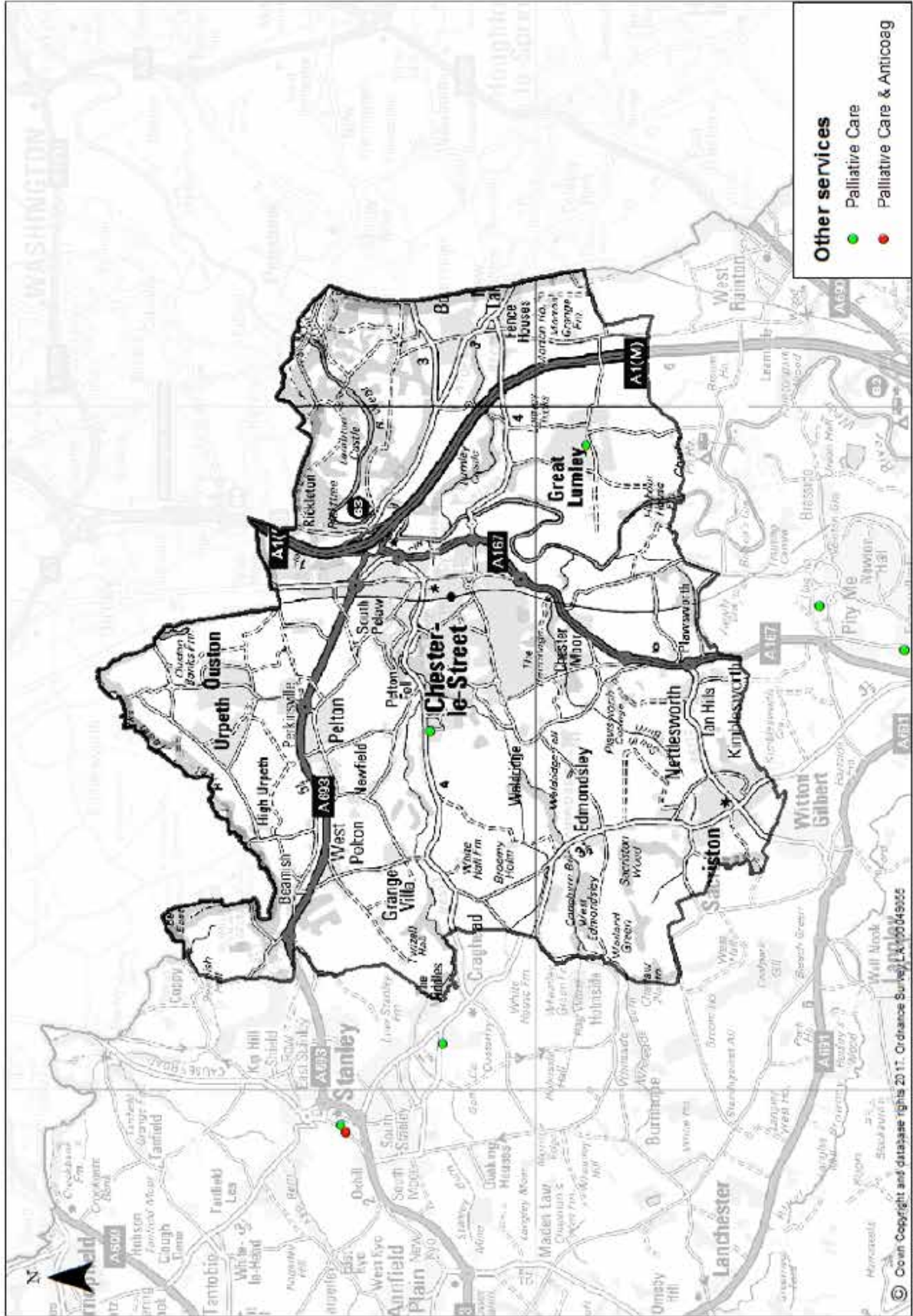
**Public health pharmacy services in Chester-le-Street
Pharmacies offering a Level 2 Stop Smoking Service, mapped against COPD admissions**



**CCG pharmacy commissioned services in Chester-le-Street
Pharmacies offering the Food Thickening and/or TB Drug Services**



**CCG pharmacy commissioned services in Chester-le-Street
Pharmacies offering the Palliative Care and Anticoagulant Services**



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Notes

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