Middlesbrough
Health and Wellbeing Board

Pharmaceutical Needs Assessment

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Welcome and Introduction (to be updated following HWB approval)

From 1st April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area, referred to as a "Pharmaceutical Needs Assessment".

Pharmacies have an important role in supporting the health and wellbeing of the population of Middlesbrough Borough Council. Pharmacies provide good access to services for dispensing and a range of other services and provide support to people in making healthy lifestyle choices.

The 2018 Pharmaceutical Needs Assessment provides basis for NHS England to make informed decisions on the future pharmacy provision across the borough. It outlines the current and future needs of our population across the Borough and the pharmaceutical services currently available. The PNA has been developed in consultation with a range of professionals, service users and the public and makes recommendations to inform decision-making.

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Chair – HWB
March 2018

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1.0 Executive Summary

1.1 Background

The pharmaceutical needs assessment (PNA) for Middlesbrough is the statement of the needs for pharmaceutical services in the Health and Wellbeing Board (HWB) area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

The Health and Social Care Act 2012 established HWBs and transferred responsibility to develop and update PNAs from PCTs (Primary Care Trusts) to HWBs. The first PNA for Middlesbrough was completed under these arrangements in 2015 and this is the second. As a statutory document it will be updated by Supplementary Statement in accordance with Regulation as services change and fully revised at least every three years.

Just as the JSNA (Joint Strategic Needs Assessment) is the means by which local commissioners describe the heath, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, the PNA provides a framework to enable the strategic development and commissioning priorities for community pharmacy and other pharmaceutical services to help meet the needs of the local population. Needs described in the Middlesbrough JSNA are fundamental to the determination of pharmaceutical needs for the area. The PNA and the JSNA will continue to be used in parallel for future commissioning purposes to support delivery of local Health and Wellbeing strategies.

Since 2013, PNA has been used by NHS England to respond to applications to either join the ‘Pharmaceutical List’ or to amend conditions of being included in it (such as location or opening hours). Additionally, in 2016, new regulations have been introduced to allow two pharmacies to merge ‘consolidate’. The opinion of the HWB on whether or not a gap in service provision would be created by the consolidation must be given and therefore the PNA will also now be used by the HWB in inform this decision. These purposes, and the legislative framework that covers both what must be included in the PNA, and how NHS England will use it, greatly influences the content and some of the language used, which reflects that used in the legislation and decision-making processes.

Following this statutory consultation on the draft, the PNA will be published by 25th March 2018. The assessment will be maintained by Supplementary Statements issued in accordance with the Regulations as services change.

1.2 Process

The Middlesbrough PNA has been produced in accordance with the current 2013 Regulations (Department of Health, 2013) and Department of Health guidance (Department of Health, May 2013) alongside the corresponding PNA for Redcar and Cleveland with the support of our local stakeholders including local pharmacy contractors and the Local Pharmaceutical Committees (LPC) of Tees. The PNA is built on the robust processes followed in 2011 and 2015 to produce the current needs assessment which has remained fit for purpose.

Acknowledgements. We are very grateful to all those who contributed data and other information to support the development of the PNA including colleagues at NHS England and local CCGs/ Commissioning Support, the Local Pharmaceutical Committee, local community pharmacy contractors and other commissioned service providers such as Stop Smoking Service and Sexual Health Teesside. With thanks to Leon Green Public Health Intelligence for facilitating updates to a range of local data, information and maps.

1.3 Conclusions

Pharmaceutical needs outlined in section 10.0 are incorporated into specific statements of need for pharmaceutical services in section 11.0, as required by the Regulations. Main conclusions are outlined below.

Following this assessment, the HWB considers that:

- there are pharmacies within one to two miles of the areas where people live, work or shop; there are some differences between localities which reflect the nature of their populations.
- There is good provision of pharmaceutical services seven days a week in both localities
- Taking into account all the data provided, presented and considered on the health, wellbeing and associated pharmaceutical needs of the Middlesbrough area and the availability and variety of pharmaceutical services, the Needs Assessment has identified necessary pharmaceutical services and the current provision thereof and found there to be **no gap** in terms of numbers of pharmacy contractor or appliance contractor premises or outlets, and their general location, including the days on which and hours at which the services are provided. Pharmacy services are generally considered to be well located and very easy to access.
- The HWB considers that there is sufficient choice of both provider and services available to the resident and reliant population of both localities of Middlesbrough to meet current needs and likely future needs for these necessary pharmaceutical services.

There has been two changes to the Pharmaceutical List in the Middlesbrough HWB area since the 2015 PNA. One pharmacy in North Ormesby closed in

November 2016 and a distance-selling pharmacy opened in September 2016 on Riverside Park in Central ward. Pharmaceutical services are provided by **30 pharmacies** in the Middlesbrough HWB area, there are no dispensing doctors and no appliance contractors.

There have been changes to primary care GP services with the introduction of GP extended hours access hubs on a weekday evening from 6.00pm until 9.30pm and from 8.00am until 9.30pm on a Saturday and Sunday at North Ormesby Health Village and at the One Life Centre on Linthorpe Road.

Having regard to all the relevant factors (including the opening times of the GP extended hours access hubs, other changes to general practice, housing development) and future needs, it is considered that:

- the general location in which the current pharmaceutical services are provided, including the days of the week and times at which these services are provided are necessary to meet the current and likely future pharmaceutical needs for Essential services in both localities of Middlesbrough HWB area
- there is no identified need for any additional provider of pharmaceutical services (that is, for the avoidance of doubt, no current or known future need for new additional pharmacy contractor/s)
- for pharmaceutical needs to continue to be met, it is necessary to maintain the number of core hours provided before 9.00am and after 6.00pm on week days and all core hours on a Saturday and Sunday. The pharmacies that are open for 100 hours per week are necessary providers of core hours; they provide a substantial contribution to opening hours stability and the HWB would not wish to see any of their total opening times reduced
- All the current needs and likely future needs for these necessary services are met or could be met by contractors and services provided within the HWB area, although providers outside the HWB contribute by providing improvement or better access to some pharmaceutical services such as the dispensing of some prescriptions for appliances, and the dispensing of a small percentage of routine prescriptions, for convenience or choice, either by distance selling or otherwise.

Additional opportunities for improvement or better access to pharmaceutical services include:

- for commissioners to continue to review the availability of all services to maximise any opportunities for patients to benefit from the provision of services from pharmacies that open for longer opening hours or from pharmacies in different locations.
- commissioners to support the opportunities to integrate pharmacies within the NHS to support key national strategies, for example, Urgent and Emergency Care, moving care closer to home, and promoting self-care agendas. Two new services currently commissioned in this HWB area supporting these agendas are described in the PNA, the NHS Urgent Medicines Supply Advance Service (NUMSAS) and Community Pharmacy Referral Service (CPRS) services

- maximising the use of the electronic transfer of prescriptions (EPS) and the electronic Repeat Dispensing service
- maximising the opportunities for health promotion and brief intervention through the Healthy Living Pharmacy (HLP) initiative

2.0 Introduction

2.1 What is a Pharmaceutical Needs Assessment?

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

http://www.legislation.gov.uk/uksi/2013/349/contents/made

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

2.2 What are Pharmaceutical Services?

The pharmaceutical services to which a PNA must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS England (previously known as the NHS Commissioning Board – 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).

This definition requires further expansion or explanation in several areas as follows:

- NHS England holds the national contracts for pharmacy contractors and therefore is required to publish, the pharmaceutical list. 'Persons' on the pharmaceutical list include community pharmacies and dispensing appliance contractors;
    - *pharmacy contractors* (i.e. each community pharmacy)
    - *dispensing appliance contractors* (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply,

on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.

- pharmaceutical services provided by those on a pharmaceutical list would mean all the 'core' contracted services under the national (PhS) contract and known as essential services for pharmacy contractors and also the essential services for DACs (see section 3.2)
- including directed services means this also includes the advanced and enhanced services of PhS for pharmacy contractors and advanced services for dispensing appliance contractors (see section 3.2); noting that 'enhanced' services can only be commissioned by NHS England as they hold the national contract
- this definition of pharmaceutical services does not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups or others, but these must be included in the assessment as they affect the determination of any gaps in provision; these services could be commissioned by NHS England on behalf of the other local commissioners should contracting arrangements change;
- there are two other types of pharmaceutical contractor - *dispensing doctors,* who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities"*.*
- A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.
- with the statement 'may be provided by NHSCB' there is some implication to include in the PNA reference to services that are provided by providers other than those on the pharmaceutical list but that NHSCB 'may' i.e. could provide (or commission) if they were minded to do so, or invited to do so on behalf of other local commissioners.

In summary, the PNA will therefore be assessing the need for this wider range of services and will consider the provision of:

- **essential services** provided by PhS pharmacy contractors and those services currently set out in Directions, namely **advanced and enhanced services**, including any provision by **local pharmaceutical services** (LPS) contractors
- **essential services** provided by DACs and those **advanced services** currently set out in Directions
- the **dispensing** of drugs and appliances by a person on a **dispensing doctors** list as included in their pharmaceutical terms of service but **not**

the other NHS services that may be provided under arrangements made by NHSCB with a dispensing doctor i.e., Dispensing Reviews of Use of Medicines (DRUMs) are outside the definition of pharmaceutical services

and having regard to other locally commissioned services (NHS or otherwise) where this may be relevant.

2.3 Why has the Health and Wellbeing Board prepared a PNA?

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 (Department of Health, 2010) introduced a statutory requirement for PCTs to publish a PNA.

The Health and Social Care Act 2012 (Department of Health, 2012) established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England from 1 April 2013.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs within the new commissioning architecture from April 2013; found at:

http://www.legislation.gov.uk/uksi/2013/349/contents/made

Overall commissioning priorities are driven by the JSNA and the associated priorities for the commissioning of pharmaceutical services should be driven by the PNA. The PNA will therefore become an intrinsic part of the overall strategic needs assessment and commissioning process, though as a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them (Department of Health, May 2013).

2.4 Who has produced it?

The PNA for Middlesbrough has been prepared alongside the corresponding PNA for Redcar and Cleveland. The Director of Public Health has directed the process of producing the PNAs, securing pharmaceutical expertise, public health intelligence, LPN Chair support and advice from the CCG Integration Executive committee with some shared approaches across all four Tees boroughs and also wider involvement with NHS England and public health leads developing PNAs across the north east of England.

2.5 How will it be made available?

The PNA will be published on the Middlesbrough Borough Council website

2.6 How often will it be completed?

The 2013 Regulations, as amended, require a fundamental review of the PNA every three years, including statutory consultation. The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement and by publishing a full revised assessment before the 25 March 2021.

In making an assessment of changes to need in its area, the HWB will have regard in particular to changes to the:

–number of people in its area who require pharmaceutical services;

–demography of its area; and

–risks to the health or well-being of people in its area.

In addition, because the PNA will be used by NHS England in accordance with the Regulations for Market Entry, HWBs will also more regularly need to consider whether they need to make a new assessment of their pharmaceutical need i.e. after identifying changes to the availability of pharmaceutical services that have occurred since publication of a previous PNA, where these changes are relevant to the granting of applications to open new or additional pharmacy premises. When making a decision as to whether the changes warrant a new assessment, HWBs will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

This is separate from the provision for Supplementary Statements described below, as the Supplementary Statement will simply be a statement of fact, and would not make any assessment on the impact of the change on the need for pharmaceutical services within a locality.

2.6.1 Supplementary statements

Part 2 regulation 6 (3) of the 2013 Regulations makes provision for HWBs to issue a supplementary statement. These would be issued where:

- there has been a change to the availability of pharmaceutical services since the publication of the PNA;
- this change is relevant to the granting of applications referred to in section 129(2)(c)(i) and (ii) of the NHS Act 2006 (i.e. applications to open a new pharmacy, to relocate or to provide additional services); and
- the HWB is satisfied that a revised PNA would be a disproportionate response.

Supplementary Statements may also be required following conclusion of a new type of potential application to consolidate (merge) pharmacies as outlined in the next section.

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

2.7 How will it be used?

Once published, this PNA will be used by:

- NHS England in their decision-making process when applying the Regulations to the process of application to, and management of, the Pharmaceutical List. PNAs are the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (i.e. open a new pharmacy under these Regulations) are:
    - to meet current needs identified in PNA
    - to meet future needs identified in PNA
    - to provide for improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
    - to provide for future improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
    - 'unforeseen benefits' applications seeking to provide for improvements or better access to pharmaceutical services that were not identified in the pharmaceutical needs assessment.

  NHS England Cumbria and the North East undertake these statutory processes and the HWB must make the PNA and associated Supplementary Statements available to them.

- There are also new duties introduced since the 2015 PNA. National funding for community pharmacy was recently reduced by 6% (NHS England, 2016) and it is nationally recognised that some pharmacy contractors may choose to close given the changes to the funding arrangements in the national contract. The consolidation regulations provide an alternative to simply closing a pharmacy but consolidation will only be allowed if after consultation with the Health and Well Being Board, NHS England is satisfied that the consolidation would not create a gap in provision. This would allow two pharmacies to make an application to merge and provide services from one of the two current premises. If a consolidation application is refused the pharmacy may still choose to simply close – in this situation the Health and Wellbeing board will be required to assess the impact of any closure and this may require a formal reassessment of the PNA.

- When notified of a Regulation 26A consolidation application the HWB is required to make representations in writing to NHS England indicating whether, if the application were granted, the proposed closure of the pharmacy and its removal from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need or to secure improvements, or better access, to pharmaceutical services.

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

3.0 Policy Context

3.1 Recent national policy drivers

In contrast to the stability of the Pharmaceutical List since the previous PNA in 2015 there have been some significant changes to government policy with potential to affect the future of community pharmacy. Some key current policy documents of relevance include:

NHS England's publication of the *Five Year Forward View* (FYFV) in October 2014 and the *General Practice Forward View* in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The vision in the FYFV is for a sustainable NHS that continues to be tax-funded, free at the point of use and fully equipped to meet the evolving needs of its patients, now and in the future. The main aim of the FYFV is to deliver high quality care for patients whilst making efficiency savings within the system.

The Five Year Forward View (FYFV) Next Steps included the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Urgent Care. And specifically for community pharmacy, the vision is to be more integrated with the wider health and social care system. This will help relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering seven-day health and care services.

The General Practice Forward View (GPFV) included £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21

In December 2015, the Department of Health (DoH) outlined proposals, in '*Community Pharmacy in 2016/17 and beyond*' to put pharmacy at the heart of the NHS delivering high quality care:

- Pharmacists enabled to practise more clinically - irrespective of setting and including in community pharmacy - and optimising medicines in a way which puts patients at the centre of decision making, with regular monitoring and review.
- Clinical pharmacists in GP practices, able to prescribe medicines and working side by side with GPs, supporting better health and prevention of ill-health.
- Clinical pharmacists working in care homes, working with residents and staff to make the most of medicines.
- Clinical pharmacists helping patients who have urgent problems, at the end of the phone – for example via the 111 service or on the internet.
- Easier for patients to get their prescriptions, for example via the internet where a patient feels this would be more convenient for them.

- Pharmacists freed up to support patients to make the most of their medicines, promote health and provide advice to help people live better, harnessing the skills of the wider pharmacy team to support and deliver high quality patient centred health and care.

The DoH outlined that their aim is that these changes will:

- Integrate community pharmacy and pharmacists more closely within the NHS, optimising medicines use and delivering better services to patients and the public.
- Modernise the system for patients and the public – making the process of ordering prescriptions and collecting dispensed medicines more convenient for members of the public by ensuring they are offered a choice in how they receive their prescription. The DoH noted that there is low uptake of digital channels – out of step with how other public sector services have developed over the past 10 years
    - Ensure the system is efficient and delivers value for money for the taxpayer.
    - Maintain good public access to pharmacies and pharmacists in England.

Additionally in the same document the DoH outlined proposals as to how Community pharmacy could play its part in delivering efficiencies and in the final package announced in October 2016 that there would be a substantially reduced remuneration for essential services in 2016/17 and 2017/18. The DoH outlined that efficiencies can be made without compromising the quality of services or public access to them because:

- there are more pharmacies than are necessary to maintain good patient access - 40% of pharmacies are in clusters of 3 or more meaning that two-fifths of pharmacies are within 10 minutes-walk of 2 or more other pharmacies, each being supported by NHS funds.
- Historically most NHS funded pharmacies have qualified for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider

National funding for community pharmacy was reduced by 6% (NHS England, 2016) and it is nationally recognised that this may mean that some pharmacy contractors may choose to close given the changes to the funding arrangements. As a result a new scheme has been introduced to support the changes:

- Pharmacy Access Scheme (PhAS) - the aim of the PhAS is to ensure a baseline level of patient access to community pharmacy services is protected and protects areas where there are fewer pharmacies and areas of higher health needs, with the aim of helping to prevent areas being left without access to NHS community pharmaceutical services. To be eligible a pharmacy must be:

    1. More than a mile away from its nearest pharmacy by road

2. On the pharmaceutical list as at 1 September 2016: and
3. Not be in the top quartile by dispensing volume
4. More than 0.8 miles away from its nearest pharmacy by road and be in an area of high deprivation

In Middlesbrough there are 3 of the 30 pharmacies currently afforded protection by the PhAS until March 2018 (arrangements beyond March 2018 are not confirmed nationally). Some pharmacies in the HWB area in the areas of greatest deprivation are currently afforded some financial protection.

Middlesbrough	
Locality	**Pharmacy**
M1	Whitworths Chemist, Thorntree
M2	Your Local Boots Pharmacy, Hemlington
	The Oval Pharmacy, Brookfield

The community pharmacy Quality Payments Scheme was also introduced as part of the changes to CPCF to run from 1 December 2016 until 31 March 2018 (NHS England, 2016). The Scheme rewards community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

Gateway criteria to the payments of the scheme will promote
- increased uptake of advanced services
- increased access and use of secure 'nhsmail' and the electronic prescription service (EPS)
- improved accuracy of NHS Choices information for pharmacy.

Pharmacies passing the gateway will receive a quality payment if they meet one or more further quality criteria which include:
- accessing the Summary Care Record (SCR)
- maintaining NHS 111 directory of service o national Assessment of Compliance and Registration for Healthy Living Pharmacy (HLP) and
- staff training as Dementia Friends and Safeguarding training
- patient safety reports
- referrals after asthma review

A Pharmacy Integration fund (PhIF) has also been introduced and is being used to commission and evaluate activities which will drive the greater use of community pharmacy in new, integrated care models. NHS England is working to embed pharmacy into the NHS Emergency and Urgent care pathways by expanding on the services already delivered by community

pharmacies to those who need urgent repeat prescriptions or treatment for urgent minor ailments and common conditions and this includes

- commissioning of the urgent medicines supply pilot (NUMSAS) as an advanced service
- feasibility testing of a further advanced service to support urgent minor illness care by community pharmacy – Community Pharmacy Referral Service (CPRS)

3.2 Community Pharmacy Contractual Framework

The Contractual Framework for Community Pharmacy provides three levels of pharmaceutical service - essential, advanced and enhanced.

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

The essential and advanced services have nationally agreed funding. Any enhanced services are commissioned and funded locally by NHS England according to local need and priorities. Pharmacies are able to offer advanced and enhanced services if they are compliant with essential services and have achieved the relevant accreditation status.

The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the 2013 Regulations as the Terms of Service for NHS 'Chemists'. More accessible details of the requirements for each of the essential and advanced services can be found on the Pharmaceutical Services Negotiating Committee (PSNC) website: at http://psnc.org.uk/contract-it/the-pharmacy-contract/, http://psnc.org.uk/services-commissioning/essential-services/ and http://psnc.org.uk/services-commissioning/advanced-services/.

3.2.1 Core and supplementary hours

All pharmacies must specify their 'core' and 'supplementary' hours. A standard contract requires a pharmacy to agree 40 core contracted hours per week. Any number of additional hours may be specified as supplementary hours. Pharmacies who have been admitted to the pharmaceutical list by virtue of a so-called '100-hour' exemption to the Control of Entry test must provide a full pharmaceutical service for at least 100 core hours per week. A pharmacy may also offer to provide more core hours (than the standard 40 hour contract) as part of an 'unforeseen benefits' or 'future improvements or better access application' – if the application is approved on this basis NHS England direct the pharmacy to provide pharmaceutical services during the core hours identified and the contractor must not unreasonably withhold agreement to the directed services within 3 years of the date of the premises being included in the relevant pharmaceutical list. Pharmacies may only

change their core hours following a formal application process and the subsequent agreement of NHS England. Supplementary hours may be changed with a (usual) minimum of 90 days' notice.

3.2.2 Essential services

There are six essential services that every pharmacy must provide which form the basis of the contractual framework for community pharmacy. These are dispensing, repeat dispensing, disposal of waste medicines, support for self-care, public health and signposting. All these services are provided under a clinical governance framework, also set out in the Terms of Service, which includes clinical audit and information governance requirements. All pharmacies are required to comply with the specifications for these services and compliance is assessed as part of the contract monitoring process of the Community Pharmacy Contractual framework (CPAF) undertaken by NHS England.

3.2.3 Community Pharmacy Advanced Services

Currently there are five advanced services and one pilot advanced service specified in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended); Medicines Use Review, Appliance Use review, Stoma Customisation Service, New Medicines Service, Seasonal Influenza Vaccination service and the NHS Urgent Medicines Supply service pilot.

3.2.3.1 Medicines Use Review and Prescription Intervention Service

Medicines Use Review (MUR) is a service offered by community pharmacies as part of the national Community Pharmacy Contractual Framework. All pharmacies can provide the service if they are compliant with the essential service elements of the contract and have appropriate premises and accredited pharmacists. With the patient's consent, the service involves a one to one private consultation with a pharmacist to discuss the patient's real understanding, use and experience of their medicines. It is perhaps most likely to benefit people with long term conditions who need to take medicines regularly. The Prescription Intervention Service is broadly similar; the intervention is triggered by or identified in relation to a particular prescription.

A quality MUR could support patients' better understanding of their medicines, improve adherence and decrease waste medicines. There is a maximum allowance of 400 MURs per pharmacy per annum and at least 70% of these must be carried out with patients whose medicine(s), or circumstances, are listed in one or more of the national target groups set out in Schedule 1 to the Directions;

- High risk medicines - those patients prescribed certain 'high risk' medicines (non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants (including low molecular weight heparin), antiplatelets, diuretics)

- Respiratory - patients with respiratory disease and using at least two medicines from the designated list
- Post-discharge - patients discharged from hospital within the previous eight weeks AND whose medicines were changed while they were in hospital; the MUR should ideally be offered within four weeks of discharge
- Cardiovascular risk - patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines and taking at least one medicine from the cardiovascular, diabetes or thyroid/anti-thyroid lists

3.2.3.2 Appliance Use Review (AUR) and Stoma Appliance Customisation Service

Pharmacy contractors or dispensing appliance contractors (DACs) may provide the services if they are compliant with the essential service elements of their contract, have appropriate premises and suitably trained, accredited pharmacists or specialist nurses working on behalf of the contractor that dispensed the appliance. It is permitted to conduct AURs at the patient's home or at the contractor's premises.

Similar to an MUR for certain 'specified appliances' such as stoma or urology appliances, the AUR service is intended to improve the patient's knowledge and use of their appliance(s). The maximum number of AUR services for which a pharmacy contractor or an appliance contractor is eligible for payment in any financial year is not more than 1/35th of the aggregate number of specified appliances dispensed during that financial year by the contractor.

Stoma appliance customisation refers to the process of modifying parts for use with a stoma appliance, based on the patient's measurements and, if applicable, a template. The underlying purpose of a stoma appliance customisation service is to ensure the proper use and comfortable fitting of the stoma appliance and improve the duration of usage of the appliance, thereby reducing wastage.

3.2.3.3 New Medicine Service

The underlying purpose of the 'New Medicine Service' (NMS) advanced service is to promote the health and wellbeing of patients prescribed with new medicines for long term conditions, in order to help reduce symptoms and long term complications, and (in particular by intervention post dispensing) to help identification of problems with management of the condition and the need for further information or support. Furthermore, the NMS is intended to help the patients with long term conditions
(i) make informed choices about their care,
(ii) self-manage their long term conditions,
(iii) adhere to agreed treatment programmes, and
(iv) make appropriate life style changes.

The service is split into three stages of patient engagement, intervention and follow up. There are specific conditions/therapies included in the NMS which are:

- asthma and COPD
- diabetes (Type 2)
- antiplatelet / anticoagulant therapy
- hypertension.

For each therapy area/condition, a list of medicines has been published; a patient must be prescribed one of these medicines for one of these conditions for an NMS intervention to be applicable according to the specification

3.2.3.4 Seasonal Influenza Vaccination service

Seasonal flu vaccination was the fifth advanced service (Department of Health, 2016)

3.2.3.5 NHS Urgent Medicines Supply Service (NUMSAS) pilot

At the time of publication of the PNA in 2015, a pilot Pharmacy Emergency Repeat Medicine Supply Service (PERMSS) was operating in the north east for winter 2014-15. This initiative, supported by the Local Professional Networks (Pharmacy) in the northern area of NHS England, working closely with NHS111 and the LPCs across the north, contributed evidence for the feasibility of such a service alongside the national Emergency Supply audit of 2015 (NHS England).

In October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 national community pharmacy funding settlement, the Pharmacy Integration Fund (PhIF) (NHS England, 2017) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is commissioned by NHS England as an Advanced Service running from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. (NHS England, 2016). This is the sixth advanced service, though now operating as a pilot. (Department of Health, 2016).

The aims of the service are to direct people to community pharmacy via referral from NHS 111, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

3.2.4 Community Pharmacy Enhanced Services

As well as the nationally specified and nationally funded essential and advanced services which contractors on a pharmaceutical list may provide,

some services may be developed, commissioned and funded locally. Locally contracted services are known as enhanced services only if they are commissioned by the NHS England area holding the national PhS contract with the pharmacy contractor. The following list shows the enhanced services included these Directions:

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

3.2.4.1 Locally Commissioned Community Pharmacy Services (not enhanced services)

Community pharmacy services, like NHS enhanced services, may be developed, commissioned and funded locally by other commissioners such as CCGs or local authorities. Where they are not contracted by NHS England and thereby not associated with a community pharmacy national PhS contract they are no longer 'pharmaceutical services' in the context of the PNA. However, the existence of these contracted services does have implications for meeting identified needs for pharmaceutical services in a given area and are therefore it is essential that they are referenced and included in the PNA.

3.3 Terms of Service for Appliance Contractors (DACs) and Dispensing Doctor practices

Just as the Terms of Service for community pharmacy contractors are included in Schedule 4 of the 2013 Regulations, so are the Terms of Service for the Essential and Advanced Services for DACs and Dispensing doctors described in Schedules 5 and 6 respectively.

4.0 Process

The Middlesbrough HWB PNA has been prepared under the direction of the Director of Public Health. The aim was to produce a PNA in accordance with the statutory requirements, taking into account the variation in pharmaceutical needs between and within different localities and likewise between and within different groups by systematic assessment of

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

4.1 Timeline for development

Development work on the PNAs commenced in 2017. Patient/ public/ stakeholder primary engagement surveys and community pharmacy data collection activities were undertaken in September/October 2017. The statutory 60-day consultation period commenced xxxxxxxx 2017 and ended on xxxxxxxxx 2018. The PNA development action plan was used to monitor progress to ensure publication of the PNA by 25th March 2018.

4.2 Data Sources, Collection and Validation

Having regard to the PNA Regulations and Guidance to the Regulations and the NHS Employer's guide the following sources of data and collection / validation activities were undertaken.

4.2.1 Demographic Information and Strategic Health Needs Information

A critical source of demographic information and strategic health needs information to support any pharmaceutical needs assessment is the Joint Strategic Needs Assessment. The Middlesbrough JSNA is available on-line at http://www.teesjsna.org.uk/middlesbrough/.

The Public health intelligence specialist is responsible for leading the production of the JSNA and thereby the PNA development process accessed the same datasets for reference or incorporation into this more specific needs assessment. Consequently, the whole JSNA is not reproduced unnecessarily here but sufficiently to provide demographic and strategic health needs data.

4.2.2 Defining localities

The 2013 Regulations (regulation 4(1) Schedule 1 paragraph 6(1)) require that the PNA explains how the localities for Middlesbrough HWB area have been determined.

4.2.2.1 PNA 2011

A range of options were considered for the PNA in 2011.

For the purposes of understanding pharmaceutical needs for commissioning purposes at a local level, and having regard to the likelihood that the PNA would be used in the future for determining market entry, it was considered that sub-division of the geography and associated demographics below PCT level was required.

Mindful of the potential constraints of obtaining all the required information at super output area (SOA) level, the process undertaken to define localities was as follows:
(a) The IMD 2007 (Communities and Local Government, 2010) Overall Score Borough Quintiles were displayed by electoral ward (as defined at that date) on maps for each of the four Tees PCTs.
(b) The maps were reviewed by PCT Senior Pharmacists, members of the PNA 2011 Working Group and Cleveland LPC
(c) It was agreed that wards would be aggregated to 'Localities' for the purposes of the PNAs. Wards included in each Locality are described in section 6.0.

4.2.2.2 PNA 2015

The views of NHS England in using the existing localities for decision-making regarding market entry were taken into account and the population data-sets available for potential use at sub local authority level were again reviewed. The process of mapping IMD 2010 Overall Score Borough Quintiles by electoral ward (as defined at that date) was repeated. Reviewing the outcome of the mapping process and all of the above, it was determined that the existing locality areas were fit for purpose and suitable to be retained; updated where necessary for any ward boundary changes.

4.2.2.3 PNA 2018

The views of NHS England in using the PNA and the existing localities for decision-making regarding market entry were again taken into account and the population data-sets for potential use at sub local authority level were again reviewed.

The process of mapping IMD 2015 Overall Score Borough Quintiles by electoral ward (as defined at that date) was repeated. Ward boundary changes took effect in Middlesbrough in May 2015. Reviewing the outcome of the mapping process, the impact of the ward boundary changes and all of the above, it was determined that the existing locality areas were fit for purpose and suitable to be retained; updated where necessary to take account of the ward boundary changes. Wards included in each Locality are described in section 6.0.

4.2.3 Demographic information at locality level

The demography of the Middlesbrough HWB area is described in reasonable detail, together with relevant data sources in the JSNA or from other public health datasets/ resources which enable the different needs of people in the area who share a protected characteristic to be assessed.

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

4.2.4 Data collection for Community Pharmacies

Understanding the existing community pharmacy resource is a fundamental requirement of the PNA. In addition to information available from the Pharmaceutical List held by NHS England and other commissioners some information must be collated from contractors themselves. A data collection template was developed in PharmOutcomes, an electronic tool that all pharmacies have access to for contract monitoring. The template was based on a PSNC data template, adapted for local use. The LPC (as host of the PharmOutcomes platform locally) supported the development of the template prior to going live and supported the process of encouraging contractors to respond.

Pharmaceutical list information was not pre-populated in the document, nor were pharmacies required to enter it which may introduce errors. The NHS England list was provided for contractors to view and validate by declaration.

A transcription of the electronic Data Collection document into paper format is included as Appendix 1. It was considered that a 100% return was required from contractors to ensure that the most complete picture of pharmaceutical services provision was available and Middlesbrough contractors all submitted their data for analysis.

NHS England undertakes contract monitoring processes for the Community Pharmacy Contractual Framework (CPAF) and some of this information could be useful as part of the assessment of existing pharmacy capacity in future assessments.

4.2.5 Dispensing Appliance Contractors (DACs)

NHS England provided information on DACs. There are none of the above located within Middlesbrough or located in Tees, Durham or Darlington. There are 5 contractors in the more northern area of the North East region.

4.2.6 Dispensing practices

There are no dispensing (doctor) practices in Middlesbrough.

4.2.7 GP practice

General practice contractor lists were obtained from records held by NHS England and the CCG. Opening hours were checked via NHS Choices as this information is not held centrally by NHS England. CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided prescribing and dispensing information at local authority level as required. Examples include total prescribed items, out of area dispensing and repeat dispensing rates, from ePACT, the electronic prescription data produced by the NHS Business Services Authority.

4.2.8 Rurality definition and maps

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England.

4.2.9 Designated neighbourhoods for LPS purposes

Some PCTs/ HWB areas may also have designated neighbourhoods for LPS purposes, however, the Borough of Middlesbrough does not have any such areas.

4.3 Consultation and Engagement

It is important that the PNA process includes, and has reference to, patient experience data, such as the views of patients, carers, the public and other local stakeholders, on their current experiences of pharmaceutical services and their aspirations for the future. In addition to this engagement activity, HWBs are also required to consult on a draft of their PNA for a minimum period of 60 days. A summary of the communication, engagement and consultation processes undertaken by Middlesbrough HWB will be included as Appendix 2. Appendix 3 specifically covers the formal consultation including HWB response to comments made.

4.3.1 Engagement

4.3.1.1 Stakeholder engagement

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

Patients and the general public are important stakeholder groups for whom a separate engagement exercise was undertaken (see section 4.3.1.2). Similarly, engagement with community pharmacists was undertaken as part of the survey via PharmOutcomes

The scope of the stakeholder survey was:

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

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

The stakeholder survey used in 2015 was reviewed and updated and the final survey distributed to those individuals, groups and organisations identified as representatives of a broad range of professional and/ or 'client groups' as well as those who would later be required by Regulation to be included in the formal consultation on the draft needs assessment. The 2017 this survey, along with patient and pharmacy contractor surveys were co-developed with colleagues developing the PNAs in Stockton-on-Tees and Hartlepool. A blank version of the survey is included at Appendix 4.

To improve access to the survey via an on-line facility and to support data analysis, an electronic version of the survey was created. The option to complete a hard copy version was also offered. The survey was undertaken in September/October 2017. Individual stakeholders were reminded of their option to also complete the patient/ public survey as a user of pharmaceutical services themselves.

4.3.1.2 Patient / Public engagement

It was similarly decided that a survey method would be used for the patient/ public engagement process. The scope of the survey was to evaluate public opinion, personal experiences and feelings about their local pharmacy services and thereby:

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

The patient survey developed and used in 2014 was reviewed and updated working in collaboration with colleagues from Stockton-on-Tees and Hartlepool and made available as an electronic version on-line.

The survey was distributed in September 2017 via existing processes to a wide range of partner organizations and other groups to support appropriate patient/ public involvement. Employees of local authorities and partner organisations were also encouraged to complete the survey via email or internal electronic newsletters. In addition, posters advertising the link to the survey were made available to GP practices and community pharmacies and each community pharmacy was requested to make available 100 business cards again promoting the link to the survey

The survey was conducted online via survey monkey. The option to complete a hard copy version was offered but not taken up by any respondents in

Middlesbrough. A copy of the paper version of the Patient Survey is included as Appendix 5.

4.3.1.3 Existing patient experience data

The potential value of the community pharmacy returns from their annual Community Pharmacy Patient Questionnaire (CPPQ) questionnaire and the annual Complaints Report were considered. For the CPPQ, although contractors are contractually required to complete this comprehensive patient experience exercise, and many contractors are now publishing their survey on NHS choices in line with the Quality Payments initiative, they are only required to return a limited summary of the survey activity and not the entirety of the returns gathered. As contractors themselves also self-select what is returned, the value of this resource was considered to be limited.

The annual complaints reports are returned to NHS England. The return is recorded but the detail of the number of complaints is not collated. Without comparison to other areas the value of this information was considered limited.

4.3.2 Consultation

The 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development (PART 2 regulation 8) and this consultation must last for a minimum of 60 days. The minimum 60 day consultation starts on the day that the list of consultees are served with a draft. For the purposes of paragraph 4 of regulation 8, a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation. Regulation 8 lists those persons who must receive a copy of the draft PNA and be consulted on it – for a list of these local stakeholders and organisations please see Appendix 2 (after consultation)

Middlesbrough HWB will undertake a formal consultation on the draft PNA from January 2018. Existing LA process will be used to raise awareness of the consultation process, plus notification of consultation to pharmacies via PharmOutcomes availability of copies of the PNA and the consultation reply form. A standard set of questions have been developed to support the consultation response based on those developed in 2014

HWBs are also be required to publish in their PNA a report on the consultation including analysis of the consultation responses and reasons for acting or otherwise upon any issues raised. A brief summary of the key outcomes of the consultation will therefore be included at Section 8.6.2 of this final document, with a copy of the consultation questions and the full consultation report included as Appendix 3.

5.0 Approval

The final PNA for Middlesbrough HWB will be approved in March 2018 prior to publication on or before 25th March 2018.

6.0 Localities - definition and description

6.1 Localities – definition

Middlesbrough is centrally located within the five unitary authorities in Tees Valley. It is bordered to the north and west by the river Tees and Stockton-on-Tees borough and to the east by Redcar & Cleveland borough. To the south is the Hambleton district of North Yorkshire.

Since April 2013, NHS South Tees Clinical Commissioning Group (CCG) has been the local commissioner of NHS services for Middlesbrough and Redcar & Cleveland combined. The Middlesbrough Health and Wellbeing Board works with the CCG and other partners such as NHS Trusts, Mental Health Trusts and Healthwatch organisations in the area. NHS England holds the NHS national contracts for primary care providers such as general practitioners (GPs – family doctors), dentists, optometrists and community pharmacies.

It may be reasonable to consider population health and wellbeing needs at a Health and Wellbeing Board level. However, for the purposes of understanding pharmaceutical needs at a more local level, further sub-division of the geography and associated demographics is required. The process undertaken to define the localities was described in section 4.2.2.

Why use deprivation to define localities? The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. The association of increasingly poor health with increasing deprivation is well established; all-cause mortality, smoking prevalence and self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also. As needs in relation to pharmaceutical services might also reasonably be related to deprivation, it seemed acceptable to use the Indices of Deprivation 2015 (ID 2015), being readily available at ward level, to begin to understand our localities for the purpose of this PNA.

Using the methodology described previously above, two localities have been identified for Middlesbrough as shown on the map in Figure 1.

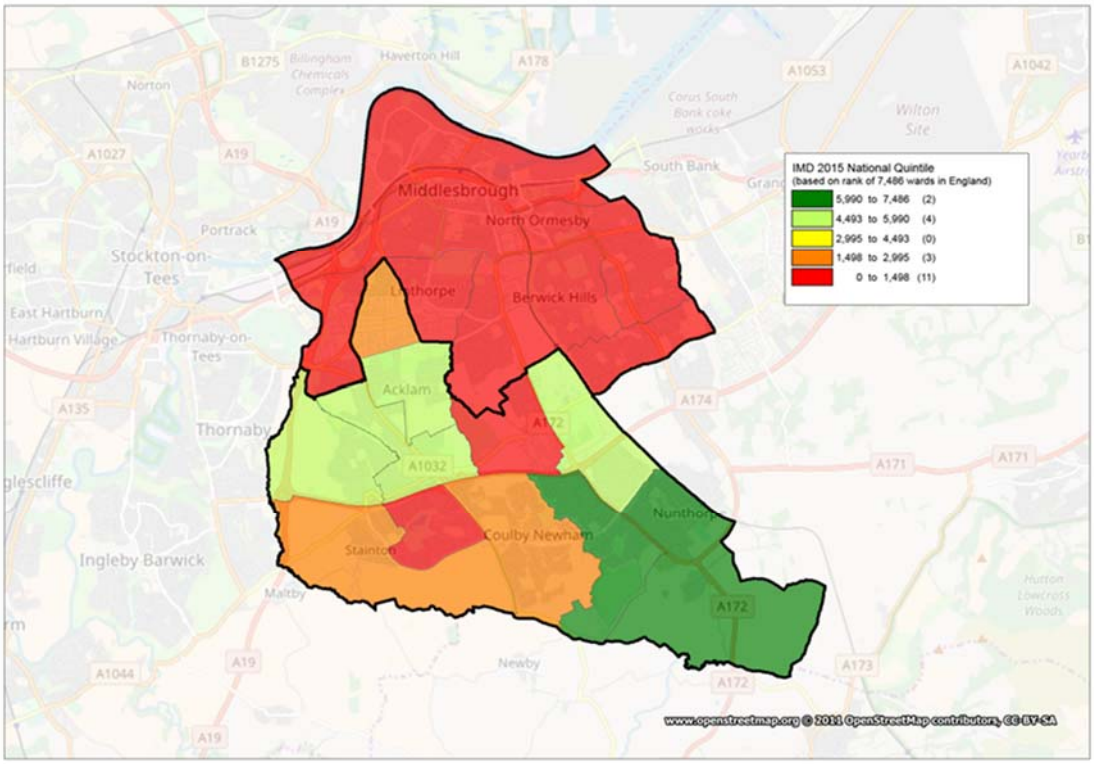

Figure 1. IMD 2015 Overall Domain, National Quintiles based on estimated wards ranks.

Whilst establishing localities, there was considerable discussion regarding the placement of [Linthorpe] ward; general agreement and local knowledge placed it with Locality M2: Middlesbrough South for the PNA.

It was acknowledged that the needs of the populations of [Hemlington] and [Ladgate] in particular, and also of [Stainton & Thornton] (from the point of view of being less populated) may require additional consideration when reviewing the needs of Locality M2: Middlesbrough South as a whole.

These localities have now been in use by PCT/ NHS England for over six years and following review, they are left unchanged for the 2018 PNA.

Figure 2 shows the wards defining the two localities in Middlesbrough HWB.

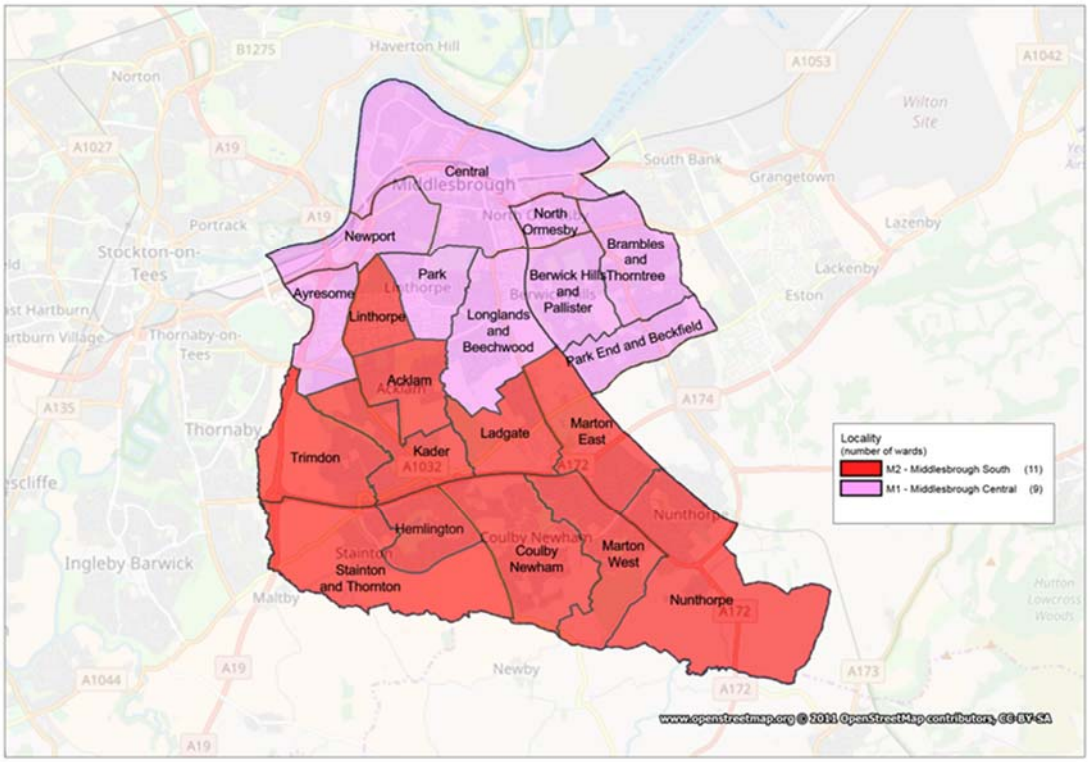

Figure 2. Map showing the defined localities in Middlesbrough HWB

Ward boundaries have changed since the 2015 PNA, leading to some minor adjustment to the boundary between M1: Middlesbrough Central and M2: Middlesbrough South localities. In particular:

- The boundary between Ayresome ward and Kader ward has moved southwards, so that area bounded by Mandale Road, Heythrop Drive, Farley Drive and Minsterly Drive has moved from Kader into Ayresome; M2 to M1 locality.
- A portion at the north east of the old Linthorpe ward bounded by Ayresome Street, Addison Road, St Barnabas Road and Ayresome Green Lane has moved to the new Park ward, moving from M2 to M1 locality.
- A portion at the south east of the old Linthorpe ward bounded by Roman Road, Orchard Road, The Avenue, Westbeck Gardens and Emmerson Avenue has moved to the new Park ward, moving from M2 to M1 locality.

There are other changes to ward boundaries; however, none of the other changes have altered the boundary between localities. Furthermore, the boundary changes have not altered the locality of any current pharmacies.

The wards that are aggregated to define each of the Middlesbrough localities are shown in Table 1, for both the 2011 wards and the current (2015) wards. Although many ward names are retained, boundary adjustments mean that the current (2015) wards do not necessarily match with the 2011 wards of the same name.

M1: Middlesbrough Central		M2: Middlesbrough South	
2011 wards	2015 wards	2011 wards	2015 wards
Ayresome	Ayresome	Acklam	Acklam
Gresham	Newport	Brookfield	Trimdon
University	Central	Coulby Newham	Coulby Newham
Middlehaven		Hemlington	Hemlington
Park	Park	Kader	Kader
Clairville	Longlands & Beechwood	Ladgate	Ladgate
Beechwood		Linthorpe	Linthorpe
Pallister	Berwick Hills & Pallister	Marton	Marton East
Park End	Park End & Beckfield	Marton West	Marton West
Beckfield		Nunthorpe	Nunthorpe
Thorntree	Brambles & Thorntree	Stainton & Thornton	Stainton & Thornton
North Ormesby & Brambles Farm	North Ormesby		
12 wards	**9 wards**	**11 wards**	**11 wards**
Locality Colour Code for PNA		Locality Colour Code for PNA	

Table 1. Showing wards in each of the two localities in Middlesbrough HWB area comparing 2011 and 2015.

6.2 Localities - population

We cannot begin to assess the pharmaceutical needs of our localities without first understanding our population. The demography of Middlesbrough is described in detail in the current JSNA now accessible at http://www.teesjsna.org.uk/middlesbrough/.

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

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

6.2.1 Population and age/sex breakdown

Table 2 shows estimated population breakdown by broad age (mid-2015 estimates: Source ONS) for the Middlesbrough HWB area, by ward. The all-age population of Middlesbrough is estimated to be 140,398 (mid-2016 estimate). The population is projected to increase by 2,300 (1.6%), to about

142,700 by 2021, with a 9% increase in the number of people aged over 65 (ONS, 2014-based population projections).

Population information should be considered in conjunction with a consideration of rurality as described in section 6.2.11.2 as a low resident population may not necessarily be an indicator of rurality in a heavily industrialised area. Population flows such as a daily influx of workers to town centres, out of town retail shopping areas or to industrial areas are also an important consideration discussed in this section.

Substantial variation is observed across Middlesbrough, both between and within localities.

Points of particular note

- The total population by ward ranges from under 2,400 in Stainton & Thornton to more than four times that number. Central, Newport and Longlands & Beechwood wards each have more than 10,000 residents. The lower population of Stainton & Thornton ward represents only 1.7% of the total Middlesbrough population, indicative of its location at the edge of the Borough and historically more rural nature.
- Even accounting for the fact that more of the whole population live in M1: Middlesbrough Central (56.8%) than in M2: Middlesbrough South (43.2%), there are markedly more children in locality M1 than in M2 (see Table 3). This is particularly notable in Berwick Hills & Pallister and Brambles & Thorntree wards in M1: Middlesbrough Central, where more than one quarter of the population are children. In fact, when considering services for children, it should be recognised that 62% of the 0-15 years population of Middlesbrough live in the M1 locality, whilst also noting the proportion of children in the Hemlington ward of the M2: Middlesbrough South locality.
- Conversely, for older people, 57.4% of those over 65 live in M2: Middlesbrough South. Kader, Nunthorpe, Marton West, Stainton & Thornton and Trimdon wards have the highest proportion over 65s, with Kader, Marton West and Nunthorpe also having high proportions of people aged 85+. Life expectancy in these wards is better than the Middlesbrough average. In contrast, Central ward in M1 locality shows a proportion of over 65s of only 6.5% - less than half that of the Middlesbrough average of 15.8%, largely as a result of the higher proportion of working-age adults. The low population numbers and low proportion of over 65s in the Central ward reflects both the more commercial nature of that ward as well as lower life expectancy.

Mid-2015 population estimates for wards, Middlesbrough

Ward Code	Ward Name	All Ages	Age 0-15		Age 16-64		Age 65+		Age 85+	
		Number	Number	percent	Number	percent	Number	percent	Number	percent
E05009853	Acklam	5,774	1,020	17.7	3,604	62.4	1,150	19.9	131	2.3
E05009854	Ayresome	6,230	1,478	23.7	3,941	63.3	811	13.0	78	1.3
E05009855	Berwick Hills & Pallister	9,379	2,451	26.1	5,729	61.1	1,199	12.8	231	2.5
E05009856	Brambles & Thorntree	8,929	2,428	27.2	5,374	60.2	1,127	12.6	122	1.4
E05009857	Central	11,978	2,315	19.3	8,881	74.1	782	6.5	71	0.6
E05009858	Coulby Newham	8,761	1,577	18.0	5,676	64.8	1,508	17.2	193	2.2
E05009859	Hemlington	6,647	1,543	23.2	3,953	59.5	1,151	17.3	125	1.9
E05009860	Kader	5,046	668	13.2	2,750	54.5	1,628	32.3	232	4.6
E05009861	Ladgate	5,497	1,159	21.1	3,308	60.2	1,030	18.7	133	2.4
E05009862	Linthorpe	6,672	1,390	20.8	4,277	64.1	1,005	15.1	155	2.3
E05009863	Longlands & Beechwood	10,550	2,402	22.8	6,706	63.6	1,442	13.7	205	1.9
E05009864	Marton East	5,025	885	17.6	3,038	60.5	1,102	21.9	123	2.4
E05009865	Marton West	5,235	833	15.9	3,168	60.5	1,234	23.6	152	2.9
E05009866	Newport	11,479	2,427	21.1	8,092	70.5	960	8.4	78	0.7
E05009867	North Ormesby	2,974	546	18.4	2,012	67.7	416	14.0	49	1.6
E05009868	Nunthorpe	4,838	749	15.5	2,785	57.6	1,304	27.0	144	3.0
E05009869	Park	9,752	2,083	21.4	6,404	65.7	1,265	13.0	150	1.5
E05009870	Park End & Beckfield	7,917	1,654	20.9	4,866	61.5	1,397	17.6	177	2.2
E05009871	Stainton & Thornton	2,309	343	14.9	1,431	62.0	535	23.2	57	2.5
E05009872	Trimdon	4,517	684	15.1	2,794	61.9	1,039	23.0	76	1.7
E06000002	Middlesbrough	139,509	28,635	20.5	88,789	63.6	22,085	15.8	2,682	1.9

Source: Annual Small Area Population Estimates, Office for National Statistics © Crown Copyright 2016

Key

Low proportion of age group (1 standard deviation below average)

High proportion of age group (1 standard deviation above average)

Table 2. Population breakdown in Middlesbrough by ward and locality (ONS mid-year estimates, 2015).

Population in each age group as a percentage of locality population. Total population as a percentage of the Middlesbrough total.	Age 0-15	Age 16-64	Age 65+	Age 85+	Total Popn
Locality M1: Middlesbrough Central	21.2%	66.9%	11.9%	1.5%	56.8%
Locality M2: Middlesbrough South	16.9%	62.1%	21.0%	2.5%	43.2%

Table 3: Population fraction in Middlesbrough by locality (ONS estimate 2015)

- Wards with the largest potential daily population influx include Central (Middlesbrough's town and business centre along with daily and seasonal changes due to university students), Coulby Newham (which has a district shopping centre), North Ormesby (the Health Village) and Longlands & Beechwood (acute hospital).
- Cross-boundary outflow is likely to be most significant to various areas of the Stockton-on-Tees Borough e.g., to the Retail area at Teesside Park (particularly late evenings and weekends) and also to the Portrack Lane area for of out-of-town retailing). For younger people, there may be some cross boundary flow to the Stockton Riverside (post-16) College and the University of Durham's Stockton Campus. Smaller cross boundary out-flows are also possible into other larger supermarkets / retail areas such as those in Stockton-on-Tees (Portrack and Durham Road) and Redcar and Cleveland (South Bank and Cleveland Retail Park).
- The Nunthorpe area is bisected by the local authority boundary which makes the Middlesbrough ward of Nunthorpe subject to cross boundary flows into and out of the 'Ormesby' ward of Redcar and

Cleveland. A similar pattern of behaviour is observed at the Middlesbrough boundary with the so-called 'Eston corridor' area of Redcar and Cleveland, including South Bank. Postal addresses of locations in this area may confuse the issue with some locations in South Bank and Eston for example having Middlesbrough as their postal address when they are actually a Redcar and Cleveland ward.

- Figure 3 shows that the gender balance across Middlesbrough is not skewed sufficiently from the reasonable norm to influence pharmaceutical needs; the higher number of young males (aged 20-24) than females is of note. There is no reliable data on sexual orientation.

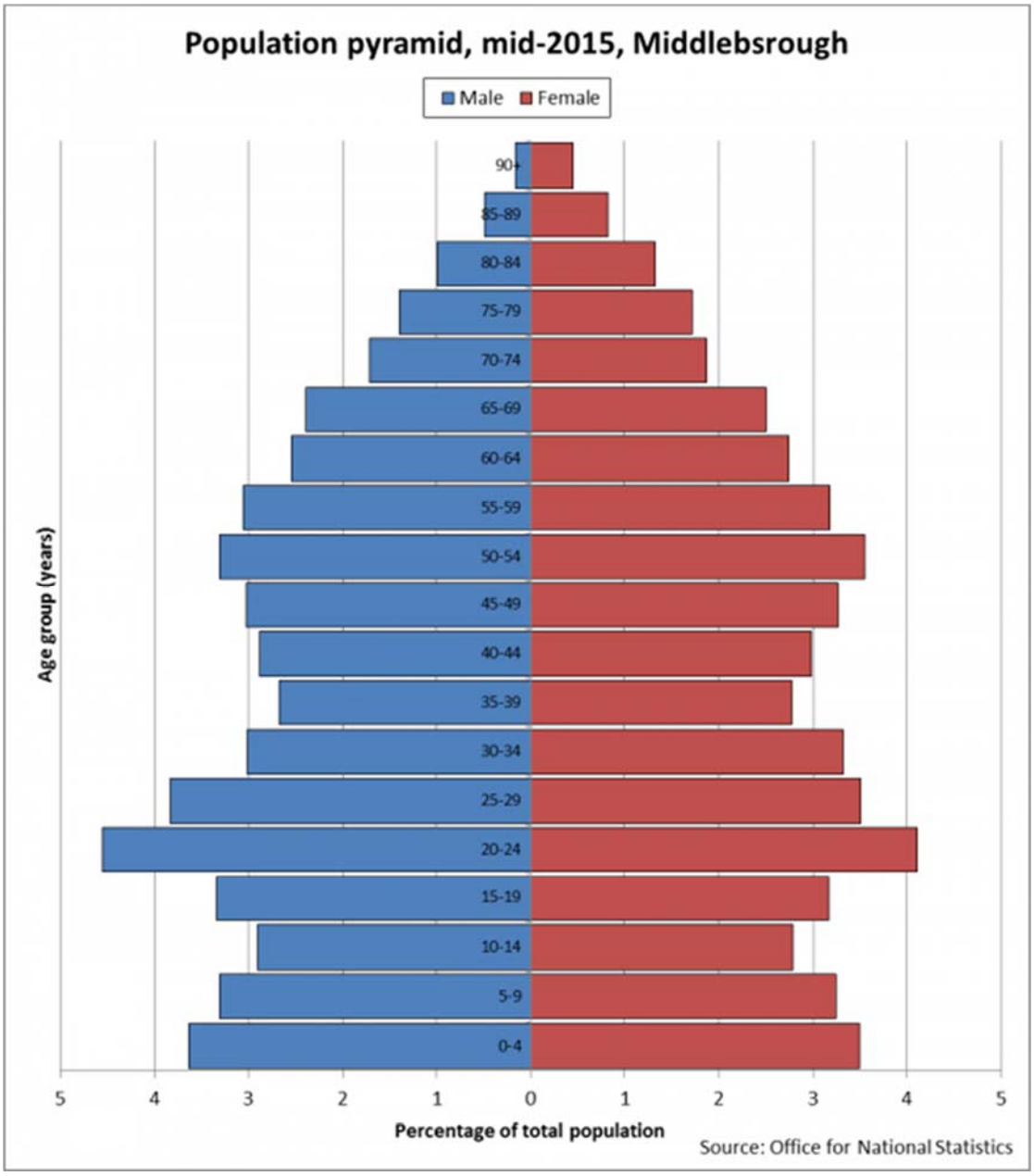

Figure 3. Population pyramid for Middlesbrough (mid 2015 estimates).

6.2.2 Deprivation Profile: Index of Multiple Deprivation (IMD) 2015

The English Indices of Deprivation 2015 (IMD 2015) are the official measures of dimensions of deprivation at small area level or Lower Super Output Areas (LSOAs). LSOAs have an average population of 1,500 people. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation. For further information see 'The English Indices of Deprivation 2015.'
https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

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

Middlesbrough is ranked 6th out of 326 local authority areas in England based on IMD 2015 and where rank 1 is the most deprived. Table 4 shows the estimated ward scores (IMD 2015) and national ranks for the 20 Middlesbrough wards. The associated rank (where 1 is most deprived) of each ward of the 7,486 (IMD 2015), 7,934 (IMD 2010) or 7,932 (IMD 2007) wards in England, is also shown, alongside the England quintile of those ranked scores for both datasets, where quintile 1 (Q1) is most deprived.

It should be noted that changes in rank and quintile may be caused by variation in the national number of wards as well as relative changes in deprivation. Since this is a relative measure, ranking wards against each other, a change in rank from one period to the next does not necessarily indicated that a particular ward has got less or more deprived in itself. For example, if all wards got less deprived, but some more so than others, a particular ward might have decreased in rank by virtue of other wards improving to a greater extent.

The proportion of 'red' on the quintile columns visually indicates the degree of deprivation experienced by the Middlesbrough population.

Table 5 further demonstrates this, summarizing the number of wards in each deprivation quintile (England), for each of the two Middlesbrough localities.

These data show

- Multiple deprivation scores (IMD 2015) for **all nine** of the wards in M1: Middlesbrough Central locality are within the most deprived quintile for England and, furthermore, in the most deprived 10%. Seven of these

are in the top 100 most deprived wards in England and six in the most deprived 1% of wards.

- Two additional wards in the other locality (M2: Middlesbrough South) are also in the most deprived quintile for England, making 55% of the Borough's wards in the most deprived for England.
- From 2010 to 2015, the rank of eight of the nine wards in M1 got worse, while the rank of four of the six wards already in the 'least deprived 50%' (green) improved, suggesting Middlesbrough's inequalities have widened.
- Two wards in M2: Middlesbrough South are in the least deprived quintile for England and there are no wards in the middle quintile (Q3). This demonstrates an important theme of striking and substantial inequality within such a small geographic area.

Locality	Ward	Eng Rank* 2007	England Quintile** 2007	Eng Rank* 2010	England Quintile** 2010	Eng Rank* 2015	England Quintile** 2015
M1	Ayresome	546	Q1	581	Q1	670	Q1
M1	Berwick Hills & Pallister	60	Q1	54	Q1	27	Q1
M1	Brambles & Thorntree	23	Q1	22	Q1	10	Q1
M1	Central	30	Q1	23	Q1	30	Q1
M1	Longlands & Beechwood	72	Q1	73	Q1	60	Q1
M1	Newport	123	Q1	87	Q1	38	Q1
M1	North Ormesby	46	Q1	7	Q1	2	Q1
M1	Park	953	Q1	1070	Q1	742	Q1
M1	Park End & Beckfield	130	Q1	164	Q1	99	Q1
M2	Acklam	3847	Q3	5211	Q4	5438	Q4
M2	Coulby Newham	1546	Q1	1715	Q2	1339	Q2
M2	Hemlington	276	Q1	320	Q1	228	Q1
M2	Kader	4049	Q3	4281	Q3	4835	Q4
M2	Ladgate	1086	Q1	1195	Q1	1188	Q1
M2	Linthorpe	2367	Q2	3086	Q2	2767	Q2
M2	Marton East	3618	Q3	4837	Q4	5614	Q4
M2	Marton West	5771	Q4	6447	Q5	6310	Q5
M2	Nunthorpe	6735	Q5	6992	Q5	7024	Q5
M2	Stainton & Thornton	2575	Q2	2721	Q2	2013	Q2
M2	Trimdon	4445	Q3	5011	Q4	4956	Q4

*** Rank of 7,932 (2007); 7,934 (2010); and 7,486 (2015) wards in England**
****Q1 is most deprived**

ENGLAND RANK*	Key
Falls within top 10% of deprived wards nationally	
Falls within 10%-50% of deprived wards nationally	
Falls within 50%-100% of deprived wards nationally	

Table 4. National Ranks of estimated overall scores for IMD 2007, IMD 2010 and IMD 2015 – Middlesbrough wards (Source: Tees Valley Combined Authority, based on DCLG data)

	M1: Middlesbrough Central		M2: Middlesbrough South		HWB	
	Number of wards	*Proportion of this locality*	*Number of wards*	*Proportion of this locality*	*Number of wards*	*Proportion of the HWB area*
Q1	9	100%	2	18%	**11**	55%
Q2	0	0	3	27%	**3**	15%
Q3	0	0	0	0	**0**	0
Q4	0	0	4	36%	**4**	20%
Q5	0	0	2	18%	**2**	10%
Total	**9**		**11**		**20**	

Table 5. Number of wards in each deprivation quintile (IMD 2015) by locality for Middlesbrough.

6.2.3 Ethnicity

Table 6 shows an extract of the data for ethnic origin of the population by ward in each Middlesbrough locality from the 2011 census.

Proportions of the population that are non-white are small in some wards but comprise up to 40% in others. Data is shown here for wards where the percentage of the non-white population is greater than around 2% for consideration of any specific pharmaceutical needs related to ethnicity.

- Middlesbrough has more than double the non-white population compared with the Tees Valley average, but nevertheless has a lower non-white population than the National average. Asian individuals make up the greatest proportion of the non-white community in Middlesbrough.

- The majority of the Asian population live in the Middlesbrough Central locality, mostly in four wards - University (33%), Park, Gresham and Middlehaven (23%). The notable exception is the Linthorpe ward in the M2: Middlesbrough South locality where almost 15% of the population are Asian.

- However, looking at the ward map, you can see that the non-white population mostly live in the north western areas of Middlesbrough, and that in this respect Linthorpe ward might more appropriately be associated with M1: Middlesbrough Central locality as it forms part of a 'population gradient' of non-white population starting at University- Middlehaven- Gresham and moving through Park- Linthorpe- Ayresome. This concentration of difference in a population has implications for the particular needs for certain pharmaceutical services provided in those areas of Middlesbrough.

6.2.3.1 Refugees and asylum seekers

There is a specialist general practice in Middlesbrough which registers refugees and asylum seekers. This practice (Foundations) operates from sites

in the M1: Middlesbrough Central locality. The majority of these patients are understood to live towards Middlesbrough town centre.

In quarter 2 of 2017, Middlesbrough had 508 Asylum seekers in receipt of Section 95 support (Home Office: Asylum data tables, volume 4).
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Ward code	Locality	Ward name	Census 2011 Ethnic minorities - Asian (%)	Census 2011 Ethnicity White (%)
00ECND	M1	Ayresome	3.8	91.8
00ECNE	M1	Beckfield		97.0
00ECNF	M1	Beechwood	4.5	91.5
00ECNH	M1	Clairville	5.9	90.3
00ECNK	M1	Gresham	14.9	71.8
00ECNQ	M1	N. Ormesby & Brambles Fm	3.4	92.4
00ECNT	M1	Middlehaven	22.9	62.3
00ECNW	M1	Pallister		97.0
00ECNX	M1	Park	14.2	80.9
00ECNY	M1	Park End		96.8
00ECPA	M1	Thorntree		96.4
00ECPB	M1	University	33.3	51.9
00ECNC	M2	Acklam	7.1	90.7
00ECNG	M2	Brookfield	2.2	95.9
00ECNJ	M2	Coulby Newham		97.5
00ECNL	M2	Hemlington		97.8
00ECNM	M2	Kader	9.8	88.5
00ECNN	M2	Ladgate	3.6	93.1
00ECNP	M2	Linthorpe	14.8	79.1
00ECNR	M2	Marton	3.2	94.8
00ECNS	M2	Marton West	2.7	95.9
00ECNU	M2	Nunthorpe	2.9	94.7
00ECNZ	M2	Stainton and Thornton		98.4
		Middlesbrough	**7.1**	**88.2**
		Tees Valley	**2.9**	**94.8**
		England	**6.8**	**86.0**

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

6.2.4 Benefits

Tables 7 and 7a show data for income related benefits and the rates of households with fuel poverty by ward and locality in Middlesbrough. Local authority rates are worse than England in all cases; but the range of variability in these measures across the wards is notable.

Wardcode	Locality	Wardname	Households receiving Income Support, Feb 2017 (%)	Working Age Population receiving Key Benefits, May 2013 (%)
E05001483	M1	Ayresome	8.6	19.4
E05001484	M1	Beckfield	6.3	27.5
E05001485	M1	Beechwood	9.7	30.8
E05001487	M1	Clairville	6.5	25.3
E05001489	M1	Gresham	7.3	29.4
E05001494	M1	N. Ormesby & Brambles Fm	9.4	36.2
E05001497	M1	Middlehaven	6.1	30.0
E05001499	M1	Pallister	11.5	30.0
E05001500	M1	Park	4.7	18.2
E05001501	M1	Park End	11.5	30.6
E05001503	M1	Thorntree	12.9	36.1
E05001504	M1	University	7.0	22.2
E05001482	M2	Acklam	1.4	6.7
E05001486	M2	Brookfield	1.0	6.8
E05001488	M2	Coulby Newham	3.1	14.7
E05001490	M2	Hemlington	6.7	26.5
E05001491	M2	Kader	1.2	7.2
E05001492	M2	Ladgate	5.5	16.4
E05001493	M2	Linthorpe	3.1	10.1
E05001495	M2	Marton	1.2	4.9
E05001496	M2	Marton West	0.7	5.1
E05001498	M2	Nunthorpe	0.5	5.4
E05001502	M2	Stainton and Thornton	2.4	14.8
		Middlesbrough	**5.8**	**20.2**
		England	**2.4**	**11.1**

Table 7. income-related benefits, Middlesbrough wards. Source: Nomis 2017; Tees Valley Unlimited Ward data file: 2014

- There is considerable variation in the proportion of the population receiving income related benefits across the wards. The wards in locality M1: Middlesbrough Central showing a markedly higher proportion of the population receiving income benefits overall.
- Although not shown here in the table, there has been a substantial improvement in the rates of households without central heating in Middlesbrough from 7% in 2001 to 1.8% in the 2011 Census. The 2001 average masked substantial variation, with over 20% of households in some Middlesbrough wards still without central

heating. The highest level in 2011 is now reduced to 5% of households.

- However, having central heating does not translate into affordability. Levels of fuel poverty show that all the wards in M1: Middlesbrough Central have rates of 13% and higher. Two wards in M2 (Linthorpe and Ladgate) also have rates at this level. The lower level in M2: Middlesbrough South reflects the broadly newer, potentially better insulated, housing stock in that area as well as a level of income.
- Only six of Middlesbrough's 20 wards have fuel poverty rates below the England average. These are all in M2 locality.

Wardcode	Locality	Wardname	Households with Fuel Poverty, 2015 (%)
E05009854	M1	Ayresome	15.2
E05009855	M1	Berwick Hills & Pallister	15.2
E05009856	M1	Brambles & Thorntree	15.0
E05009857	M1	Central	28.4
E05009863	M1	Longland & Beechwood	14.4
E05009866	M1	Newport	29.9
E05009867	M1	North Ormesby	24.1
E05009869	M1	Park	13.3
E05009870	M1	Park End & Beckfield	18.7
E05009853	M2	Acklam	12.4
E05009858	M2	Coulby Newham	6.6
E05009859	M2	Hemlington	11.8
E05009860	M2	Kader	10.5
E05009861	M2	Ladgate	13.1
E05009862	M2	Linthorpe	14.7
E05009864	M2	Marton East	9.0
E05009865	M2	Marton West	7.7
E05009868	M2	Nunthorpe	10.6
E05009871	M2	Stainton & Thornton	9.3
E05009872	M2	Trimdon	11.6
		Middlesbrough	**15.6**
		England	**11.0**

Table 7a. Estimated fuel poverty by ward and locality, Middlesbrough. Source: DECC LSOA data mapped to wards

6.2.5 Employment

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

Table 8 shows, by locality and ward, the estimated proportion of the working age population in employment (March 2013), unemployed for over 1 year at July 2014.

Ward code	Locality	Ward name	Estimated APS Employment Rate - March 2013 (%)	Unemployed Over 1 year - July 2014 (%)
E05001497	M1	Middlehaven	39.5	5.1
E05001503	M1	Thorntree	40.8	9.6
E05001504	M1	University	41.5	3.1
E05001489	M1	Gresham	41.7	4.5
E05001494	M1	N. Ormesby & Brambles Fm	46.9	2.7
E05001499	M1	Pallister	49.6	3.8
E05001501	M1	Park End	50.6	3.2
E05001485	M1	Beechwood	52.0	2.7
E05001487	M1	Clairville	55.0	2.6
E05001484	M1	Beckfield	56.9	2.4
E05001483	M1	Ayresome	59.9	1.3
E05001500	M1	Park	60.0	1.6
E05001490	M2	Hemlington	53.0	1.4
E05001492	M2	Ladgate	59.7	1.7
E05001502	M2	Stainton and Thornton	63.9	0.3
E05001498	M2	Nunthorpe	66.0	0.0
E05001491	M2	Kader	67.1	0.4
E05001488	M2	Coulby Newham	68.6	1.3
E05001486	M2	Brookfield	68.8	0.4
E05001493	M2	Linthorpe	69.3	1.6
E05001495	M2	Marton	70.6	0.3
E05001482	M2	Acklam	71.2	0.0
E05001482	M2	Marton West	71.8	0.2
		Middlesbrough	58.1	**2.0**
		England	70.9	**0.7**

Table 8. Employment, and long-term unemployment rates, Middlesbrough wards. Source: Tees Valley Unlimited Ward data file: 2014

In the 2015 PNA it was noted that the proportion of people in employment in Middlesbrough was well below the national average. Only two wards in the whole of Middlesbrough had employment rates slightly above the national average, the rest are all lower. The employment rate in Hemlington is closer to wards in the M1: Middlesbrough Central locality than those in the rest of M2: Middlesbrough South locality. In terms of residents, the demand for access to a pharmacy outside of '9-6' hours is likely to be higher in M2: Middlesbrough South locality, however, this population is also likely to be more mobile and may be more likely to access pharmacy services nearer to where they work. What is also known is that the working age population of

Middlesbrough is reducing which has profound implications for the future delivery of care.

However, since 2013/14 data, overall employment in Middlesbrough has increased broadly in line with regional and national rates, remaining continually lower than both. In 2016/17, employment in Middlesbrough was 64.9%, compared with the North East and England rate of 69.8% and 74.4%, respectively. It is likely that the ward-level variation remains broadly similar to 2013/14.

Tables 8a shows, by locality and ward, the number of 18-24 year olds unemployed at July 2017.

Wardcode	Locality	Wardname	Unemployed 18-24 year olds (July 2017)
E05009854	M1	Ayresome	6.9
E05009855	M1	Berwick Hills & Pallister	9.0
E05009856	M1	Brambles & Thorntree	10.0
E05009857	M1	Central	3.3
E05009863	M1	Longland & Beechwood	7.7
E05009866	M1	Newport	6.1
E05009867	M1	North Ormesby	14.0
E05009869	M1	Park	6.8
E05009870	M1	Park End & Beckfield	7.8
E05009853	M2	Acklam	4.6
E05009858	M2	Coulby Newham	3.5
E05009859	M2	Hemlington	7.5
E05009860	M2	Kader	3.7
E05009861	M2	Ladgate	6.6
E05009862	M2	Linthorpe	4.7
E05009864	M2	Marton East	4.4
E05009865	M2	Marton West	2.6
E05009868	M2	Nunthorpe	2.6
E05009871	M2	Stainton & Thornton	3.4
E05009872	M2	Trimdon	3.8
		Middlesbrough	**5.9**
		England	**2.8**

Table 8a. Youth unemployment rates, Middlesbrough wards. Source: Nomis

Levels of youth unemployment in Middlesbrough are twice the national rate. The highest rates of youth unemployment are in the M1: Middlesbrough Central locality with the levels over 10% in North Ormesby and Bramble & Thorntree wards and higher than the Middlesbrough average in all but Central

ward. Only two wards (Marton West and Nunthorpe) have rates below the England average. These figures may be considered alongside those for educational attainment shown in section 6.2.10.

6.2.6 Car ownership (need for public transport)

Table 9 shows data from the 2011 census. Understanding of public transport and car ownership in a locality is useful in understanding potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) from a consideration of access to transport to attend a pharmacy.

It is noted that the pattern of car ownership is consistent with other variables for example employment rates. The population of M1: Middlesbrough Central is significantly more likely to be dependent on public transport (or walking) to access a community pharmacy as **all** wards show the proportion of households without a car to be substantially higher than the Tees Valley and England average (shown by pale yellow highlighting). There a lower numbers without cars in some of the M2: Middlesbrough South wards.

In contrast, households in seven of the eleven wards in M2: Middlesbrough South have two or more cars (lilac highlighting).

Ward code	Locality	Ward name	Census 2011 Households with no car (%)	Census 2011 Households with two or more cars (%)
00ECNT	M1	Middlehaven	67.3	6.5
00ECNK	M1	Gresham	63.6	5.9
00ECNQ	M1	N. Ormesby & Brambles Fm	58.9	8.6
00ECPA	M1	Thorntree	55.9	9.1
00ECNW	M1	Pallister	55.7	10.0
00ECNY	M1	Park End	53.6	11.7
00ECPB	M1	University	53.5	10.8
00ECNF	M1	Beechwood	49.3	11.6
00ECNE	M1	Beckfield	49.0	12.6
00ECNH	M1	Clairville	43.7	16.5
00ECND	M1	Ayresome	39.5	18.3
00ECNX	M1	Park	36.3	20.7
00ECNL	M2	Hemlington	38.8	16.0
00ECNN	M2	Ladgate	33.6	25.1
00ECNJ	M2	Coulby Newham	24.6	32.1
00ECNP	M2	Linthorpe	21.9	29.8
00ECNZ	M2	Stainton and Thornton	19.0	36.4
00ECNM	M2	Kader	17.3	35.2

00ECNG	M2	Brookfield	15.7	36.0
00ECNC	M2	Acklam	15.6	36.7
00ECNR	M2	Marton	13.9	39.3
00ECNS	M2	Marton West	8.7	47.6
00ECNU	M2	Nunthorpe	7.6	55.5
		Middlesbrough	**37.6**	**22.2**
		Tees Valley	**30.5**	**27.7**
		England	**25.6**	**32.1**

Table 9. Proportion of households in Middlesbrough without a car and conversely with more than one car. Source: Tees Valley Unlimited Ward data file: ONS 2011

6.2.7 Housing and households

Table 10 shows information from the 2011 census. Since 2001, the balance between owner occupancy, LA or housing association tenancy and private rented accommodation has moved with the national trend of a decrease in the former and increase in the latter.

There are further striking contrasts in some of the indicators shown here. The proportion of houses that are owner occupied ranges from under 20% in Thorntree to more than 85% in six of the wards in M2: Middlesbrough South. The contrast between wards where either private or local authority renting dominates the tenure type is also notable. In Thorntree, Beechwood and Hemlington, 47-57% of the households are rented from the LA/Housing Associated and in Middlehaven, University and Gresham, more than 40% of households have private landlord tenancies. Just as it sounds, the [university] wards houses the University of Teesside and potentially lots of students living in privately rented accommodation, as does the neighbouring Gresham Ward.

Ward code	Locality	Wardname	Census 2011 Tenure - Owner-Occupied (%)	2011 Tenure - Rented from LA/HA (%)	Census 2011 Tenure - Private Rented (%)	2011 Households without Central Heating	Census 2011 Overcrowded Households (%)	2011 Households with No-one working
00ECNT	M1	Middlehaven	19.7	39.7	40.6	3.7	15.6	51.4
00ECPA	M1	Thorntree	31.3	57.4	11.3	1.5	10.0	44.5
00ECNK	M1	Gresham	32.5	17.8	49.7	4.9	12.6	42.9
00ECPB	M1	University	35.0	20.1	44.9	2.9	18.5	42.3
00ECNF	M1	Beechwood	35.3	48.1	16.6	1.7	10.1	37.4
00ECNQ	M1	N. Ormesby & Brambles Fm	39.6	31.2	29.2	3.6	6.6	42.0
00ECNY	M1	Park End	45.3	41.6	13.1	1.9	7.0	35.3
00ECNW	M1	Pallister	46.3	41.0	12.7	1.6	7.1	35.8
00ECNE	M1	Beckfield	49.2	36.5	14.3	0.8	5.9	32.4
00ECNH	M1	Clairville	50.7	34.7	14.6	0.9	8.2	31.7
00ECND	M1	Ayresome	56.8	31.1	12.1	1.8	6.0	26.4
00ECNX	M1	Park	65.1	7.7	27.2	4.1	7.4	21.1
00ECNL	M2	Hemlington	43.4	46.9	9.7	0.5	6.7	32.5
00ECNJ	M2	Coulby Newham	59.9	31.9	8.2	0.4	5.4	21.1
00ECNN	M2	Ladgate	67.1	19.3	13.6	2.1	5.8	23.6
00ECNZ	M2	Stainton and Thornton	69.7	20.8	9.4	1.6	4.2	19.8
00ECNP	M2	Linthorpe	75.1	3.5	21.4	1.5	6.1	14.9
00ECNR	M2	Marton	85.9	3.5	10.7	0.4	2.9	12.1
00ECNC	M2	Acklam	86.7	1.6	11.7	1.2	2.5	10.3
00ECNS	M2	Marton West	88.7	3.4	7.9	0.3	2.1	9.0
00ECNM	M2	Kader	88.8	2.4	8.8	1.0	3.0	12.3
00ECNG	M2	Brookfield	89.7	1.9	8.5	1.5	2.0	15.0
00ECNU	M2	Nunthorpe	92.5	1.9	5.6	0.5	1.1	10.8
		Middlesbrough	**57.8**	**23.9**	**18.3**	**1.8**	**7.0**	**23.0**
		Tees Valley	**64.4**	**19.6**	**15.9**	**1.6**	**4.9**	**23.2**
		England	**64.3**	**17.6**	**18.0**	**2.7**	**8.5**	**9.9**

Table 10 Housing and household information by ward and locality in Middlesbrough. Source: Census 2011; Tees Valley Unlimited Ward data file: 2014

6.2.8 Older people

Table 11 shows the proportion of 'all pensioners' and 'lone pensioner' households by ward in localities. Middlesbrough wards with rates over the England rate are highlighted in red. There are more of these wards in the 'lone pensioner' than in the 'all pensioner column. For all pensioners, the overall rate for Middlesbrough is lower than the national rate. Collectively, older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and long term conditions. Lone pensioners may have increased need for support in managing both their medicines and their long term conditions and a potentially greater requirement for domiciliary pharmaceutical care which is not currently available.

Ward code	Locality	Ward name	Census 2011 Lone Pensioner Households (%)	Census 2011 All Pensioners Households (%)
00ECNE	M1	Beckfield	17.7	28.7
00ECNW	M1	Pallister	14.9	19.2
00ECNQ	M1	N. Ormesby & Brambles Fm	13.0	27.1
00ECNF	M1	Beechwood	12.9	26.5
00ECNY	M1	Park End	12.4	19.4
00ECNH	M1	Clairville	12.3	24.8
00ECPA	M1	Thorntree	11.2	24.5
00ECNX	M1	Park	10.6	26.4
00ECND	M1	Ayresome	10.5	20.3
00ECNK	M1	Gresham	10.5	30.0
00ECNT	M1	Middlehaven	10.1	40.1
00ECPB	M1	University	8.0	27.7
00ECNM	M2	Kader	19.3	23.8
00ECNG	M2	Brookfield	15.7	25.1
00ECNC	M2	Acklam	15.3	24.1
00ECNR	M2	Marton	14.2	24.2
00ECNN	M2	Ladgate	14.2	23.1
00ECNJ	M2	Coulby Newham	13.7	24.9
00ECNZ	M2	Stainton and Thornton	13.5	26.0
00ECNS	M2	Marton West	12.6	25.4
00ECNL	M2	Hemlington	12.6	28.0
00ECNU	M2	Nunthorpe	11.8	23.9
00ECNP	M2	Linthorpe	9.5	23.0
		Middlesbrough	**12.7**	**25.4**
		Tees Valley	**13.1**	**25.9**
		England	**12.4**	**26.3**

Table 11. Households with pensioners by ward in Middlesbrough from 2003 (Census 2011)

6.2.9 Children

Table 12 shows some measures relating to children in the Borough. The table is sorted by locality (to group the wards in each locality together) then by the proportion of children in poverty within those localities so that trends across the measures are easier to identify. Rates for all measures are substantially worse than the England and Tees Valley average.

Wardcode	Locality	Wardname	Children (0-15) living in Out Of Work Benefit Claimant Households, May 2015 (%)	Children in Poverty (after housing costs), 2015 (%)	Single parent households census - 2011 (%)
E05001483	M1	Ayresome	31.3	38.7	15.0
E05001484	M1	Beckfield	33.8	38.0	10.9
E05001485	M1	Beechwood	35.7	42.4	16.8
E05001487	M1	Clairville	32.3	36.4	12.0
E05001489	M1	Gresham	39.4	51.5	11.3
E05001494	M1	N. Ormesby & Brambles Fm	49.0	46.2	15.9
E05001497	M1	Middlehaven	37.7	49.5	6.7
E05001499	M1	Pallister	46.9	44.1	19.2
E05001500	M1	Park	22.2	37.1	8.7
E05001501	M1	Park End	46.8	47.4	18.6
E05001503	M1	Thorntree	52.7	47.9	17.4
E05001504	M1	University	27.8	52.0	9.1
E05001482	M2	Acklam	7.1	12.5	5.2
E05001486	M2	Brookfield	8.5	19.8	4.8
E05001488	M2	Coulby Newham	17.2	25.9	7.2
E05001490	M2	Hemlington	35.4	43.2	13.0
E05001491	M2	Kader	6.9	12.6	4.0
E05001492	M2	Ladgate	29.1	33.2	10.5
E05001493	M2	Linthorpe	15.9	33.0	7.6
E05001495	M2	Marton	4.5	11.8	5.4
E05001496	M2	Marton West	3.0	10.3	5.5
E05001498	M2	Nunthorpe	5.7	14.1	2.8
E05001502	M2	Stainton and Thornton	13.5	20.0	7.4
		Middlesbrough	**28.9**	**37.1**	**10.4**
		England	**14.7**	**27.4**	**7.2**

Table 12. Measures related to children by ward and locality, Middlesbrough. Source: Nomis, End Child Poverty, Tees Valley Unlimited Ward data file: 2014

The proportion of children living in 'out of work benefit claimant' households (2015) is over 40% in four wards and above 20% for all wards in M1: Middlesbrough Central locality and two further wards in M2: Middlesbrough South. In Thorntree, the rate is 17 times the rate seen in Marton West. More than 35% of children are growing up in poverty in each ward in M1: Middlesbrough Central and the rate is also above the national rate for 3 wards in M2:Middlesbrough South. The proportion of single parent households is greater than the national average in all but one ward in M1:Middlesbrough Central, and in 5 of the 11 in M2:Middlesbrough South. Whilst the children of single-parent households will not always experience deprivation or poverty, the rates shown here, along with other measures indicate where this may be the case for many single parent families.

More than 30% of children are entitled to free school meals in all 12 of the wards in the M1: Middlesbrough Central locality with the rates in some wards at twice that level.

This data reveals a significant challenge to the health, wellbeing and future attainment of these children and helps consider how pharmaceutical services

may support this population whose needs may be related to some of these characteristics.

Wardcode	Locality	Wardname	Pupils Receiving Free School Meals, 2017 (%)
E05009854	M1	Ayresome	19.8
E05009855	M1	Berwick Hills & Pallister	40.4
E05009856	M1	Brambles & Thorntree	42.0
E05009857	M1	Central	29.5
E05009863	M1	Longland & Beechwood	32.7
E05009866	M1	Newport	37.5
E05009867	M1	North Ormesby	47.5
E05009869	M1	Park	22.6
E05009870	M1	Park End & Beckfield	34.0
E05009853	M2	Acklam	5.8
E05009858	M2	Coulby Newham	12.0
E05009859	M2	Hemlington	31.0
E05009860	M2	Kader	6.9
E05009861	M2	Ladgate	25.1
E05009862	M2	Linthorpe	12.4
E05009864	M2	Marton East	4.3
E05009865	M2	Marton West	5.4
E05009868	M2	Nunthorpe	4.2
E05009871	M2	Stainton & Thornton	6.8
E05009872	M2	Trimdon	7.4
		Middlesbrough	**25.9**
		England	**14.3**

Table 12a. Pupils eligible and taking free school meals by ward and locality, Middlesbrough. Source: Middlesbrough Borough Council

6.2.10 Educational attainment

Table 13 show some indicators of educational attainment for the wards and localities in Middlesbrough with National comparators where appropriate. Considering the educational attainment based on proportion of school leavers achieving 5 or more GCSEs (including English and maths) in 2016, the overall Middlesbrough performance (51.2%) is substantially lower than the National average of 57.4%.

These averages mask variation between wards and, once again, a clear divide between the localities. The GSCE attainment in the highest achieving wards is nearly **three times** that of the lowest. The range of attainment in the Middlesbrough Central locality alone is from 28% in North Ormesby to a 'high' of 58.1% in Park ward. Seven of the nine wards in this locality show a 5+

GCSE attainment of less than 50%. Historically, 10% of the students in Thorntree and Clairville wards left school with no GCSE passes at all; there has been a marked general improvement. In contrast, the range of attainment in M2:Middlesbrough South locality is better and three wards show rates of attainment over 70%.

The table also shows the national rank (ID 2015) of the ward score for *Education, skills and training deprivation* (out of the 7,486 wards in England), colour-coded to show scores in the worst 10% nationally, and better 50% nationally. Clear inequalities in educational achievement and prospective life-chances are demonstrated.

The implication for pharmaceutical needs is substantial and wide ranging. Low levels of literacy and numeracy must cause difficulty for individuals using and understanding the 'written word' in relation to medicines for example - and this may be a risk to both the individual themselves or to those in their care e.g., children.

Wardcode	Locality	Wardname	5+ GCSEs, A*-C including English and maths, 2016 (%)	IMD 2015 - education, skills and training domain, estimated national rank[1]
E05009854	M1	Ayresome	54.7	502
E05009855	M1	Berwick Hills & Pallister	31.1	70
E05009856	M1	Brambles & Thorntree	32.9	17
E05009857	M1	Central	37.9	32
E05009863	M1	Longland & Beechwood	47.7	91
E05009866	M1	Newport	44.9	53
E05009867	M1	North Ormesby	28.0	10
E05009869	M1	Park	58.1	1304
E05009870	M1	Park End & Beckfield	42.9	241
E05009853	M2	Acklam	80.6	5491
E05009858	M2	Coulby Newham	58.4	2520
E05009859	M2	Hemlington	47.4	591
E05009860	M2	Kader	62.7	5169
E05009861	M2	Ladgate	54.4	1217
E05009862	M2	Linthorpe	59.5	4524
E05009864	M2	Marton East	63.3	6347
E05009865	M2	Marton West	78.7	6925
E05009868	M2	Nunthorpe	70.0	7091
E05009871	M2	Stainton & Thornton	47.1	3887
E05009872	M2	Trimdon	78.7	4740
		Middlesbrough	**51.2**	n/a
		England	**57.4**	n/a

1: Rank of 7,486 wards in England

Key

In 10% most deprived in England

10-50% most deprived in England

50% least deprived in England

Table 13. Educational attainment by ward and Education, skills and training deprivation, Middlesbrough (Source: Tees Valley Combined Authority, Department for Education)

6.2.11 Population density and rurality

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

6.2.11.1 Population density

Population density varies quite markedly across the Tees Valley. Table 14 shows that the population density in each of the two districts north of the Tees is quite similar. However, whilst the numbers of people Middlesbrough and Redcar and Cleveland are similar, Middlesbrough is geographically much smaller than any of the other districts. The population density of Middlesbrough is therefore five times that of both Darlington and Redcar and Cleveland and two and a half times that of either Hartlepool or Stockton-on-Tees.

	Population estimate (2016)	Area (hectares)	Population Density (persons by hectare)
Darlington	105,646	19,748	**5.3**
Hartlepool	92,817	9,386	**9.9**
Middlesbrough	140,398	5,387	**26.0**
Redcar & Cleveland	135,404	24,490	**5.5**
Stockton-on-Tees	195,681	20,393	**9.6**

Table 14. Population density for Middlesbrough and Local authorities in the Tees Valley. Source ONS 2016

6.2.11.2 Rurality

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

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

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

Although Figure 4 shows the map of Middlesbrough indicating inherited controlled localities, it is not unsurprising to find that there are no dispensing doctor practices in this densely populated urban area. The two small ‘controlled locality’ areas retained are at the boundaries of Stockton-on-Tees and Redcar and Cleveland i.e., where there is a controlled locality on the other side of the HWB boundary. It is thought that these areas may have arisen as a result of ward/ boundary changes. No records are available to indicate the length of time since this map has been reviewed, however it is known to be longer than nine years ago. The process of reviewing rurality is lengthy as a result of the process of consultation required. With this anomalous situation for Middlesbrough it is suggested that such a review is undertaken as soon as is practicable in accordance with the Regulations.

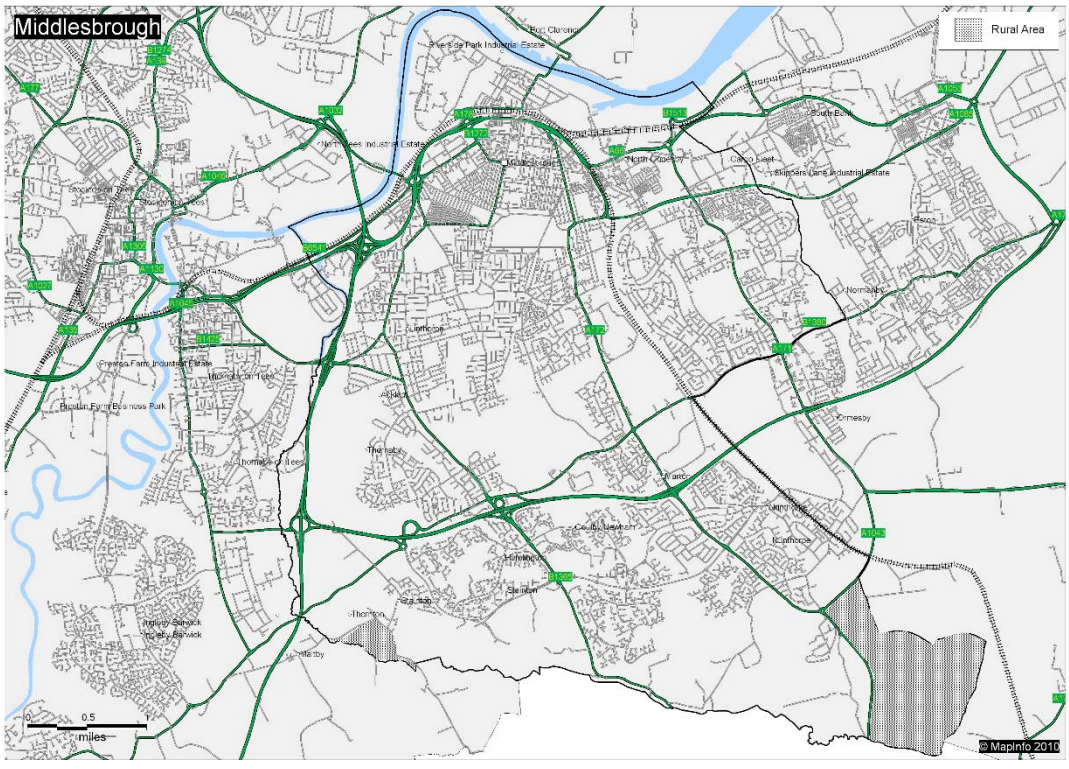


Figure 4. Rurality map for NHS Middlesbrough (now the HWB area)

7.0 Local Health Needs

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

As we have seen, Middlesbrough has great variation in levels of deprivation and in health and wellbeing outcomes across wards. Life expectancy for both men and women, and healthy life expectancy is lower than the regional and national averages. Within Middlesbrough there are striking inequalities with a man living in the least deprived areas of the borough living 12.9 years longer than a man in the most deprived area; for women that difference is 12.0 years. There are also significant differences between healthy life expectancy In Middlesbrough with the lowest age of 49.7 years for males and 51.1 years for females and the highest of 70.6 years for males and females. In some of the most deprived areas of the borough many residents are living over 20 years in poor health. (Public Health England, 2017).

The Central ward previously had the poorest estimated health deprivation national rank in England (ID 2010), although it was most recently ranked 8th most deprived for this domain (ID 2015).

This presents a huge challenge, in ensuring services are available to the whole population, whilst providing additional targeted support for the most vulnerable groups since the health of people in Middlesbrough is generally worse than the England average.

The evidence shows that key causes of early death (and significant causes of illness) in Middlesbrough are cancer (particularly lung cancer mortality) and lung disease. Rates of heart disease, stroke and liver disease are also higher than the England average. Over the last ten years, death rates from all causes have fallen steadily for both men and women. Early deaths from circulatory diseases (mainly heart disease and stroke) had fallen more markedly in Middlesbrough than England from 1995 to 2010. However, since then rates have continued to fall nationally but remained fairly static in Middlesbrough, resulting in widening of health gaps that had previously been reducing.

Early deaths from cancer have fallen more slowly than for circulatory diseases. However, since 2009-11, the gap between Middlesbrough and England has tended to narrow, but the local rate remains significantly higher than England. Disease rates are generally higher in areas of greater deprivation, as are the risk factors for these diseases such as smoking, poor diet, lack of physical activity and alcohol.

Table 15 shows data from the Census 2011 for those with ‘Limiting Long Term Illness’ (LLTI) by ward and in localities in Middlesbrough. The rates of people counted as living with a LLTI, including those of working age, are both higher in Middlesbrough than for England, though similar to the Tees Valley rates. These figures again mask some variation across wards and within

localities, but there are rates over 20% LLTI in 16 of the 23 wards in the borough.

There are six wards for which the self-reported health status of ‘not good’ is at least 10%; twice the England average. We know that patients with several long-term conditions have a poorer quality of life, poorer experience of care, poorer clinical outcomes, have longer hospital stays, have more post-operative complications and require significantly more health service resources. People with long-term conditions are users of a large proportion of health care services (50% of all GP appointments and 70% of all bed days) (Department of Health, 2012), and their treatment and care absorbs 70% of acute and primary care budgets in England.

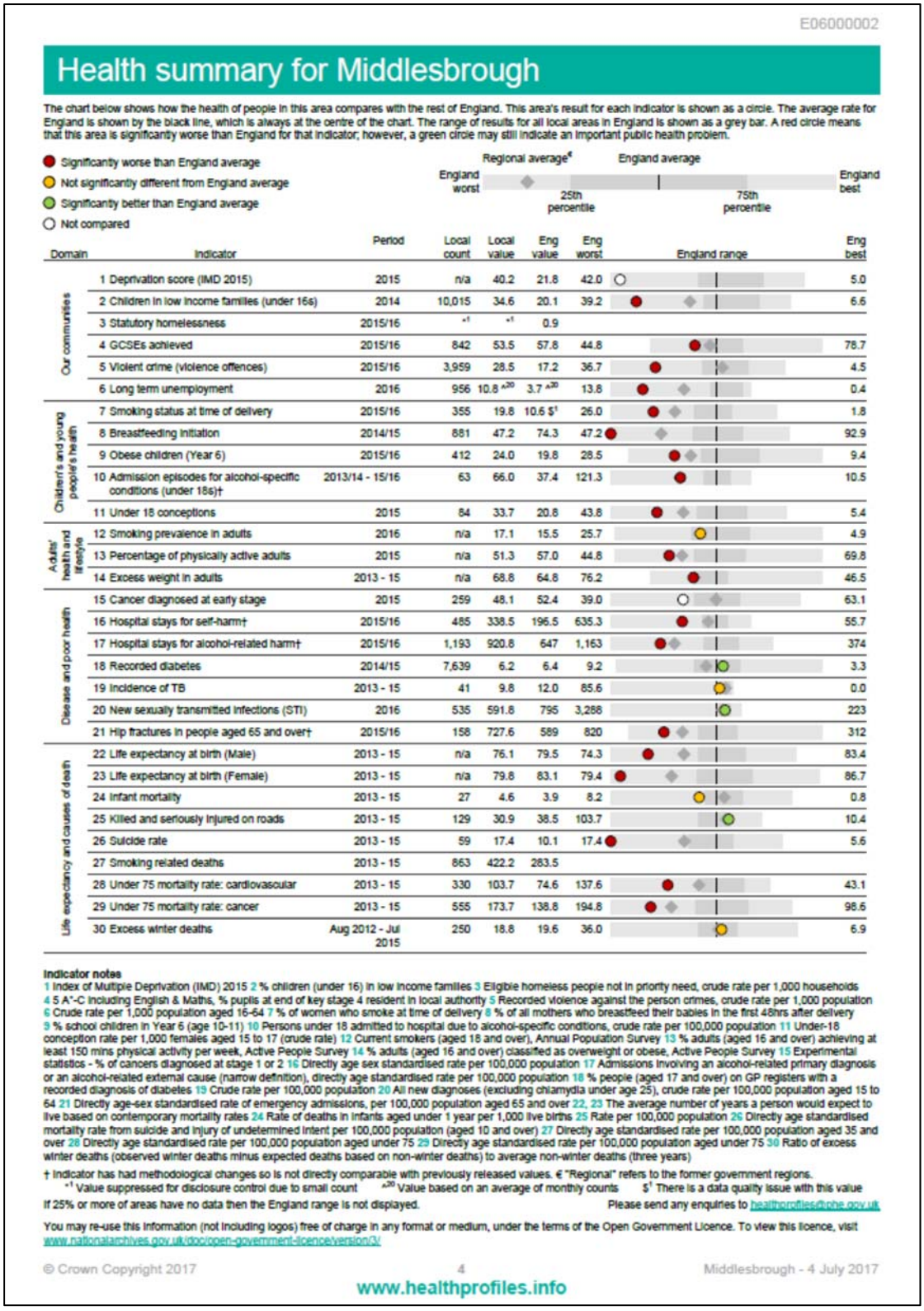
Pharmaceutical needs are often substantial for those living with a LLTI and those considerable numbers who are of working age, who are able to work and actually in work, may need to access pharmaceutical services outside of routine working hours. However, wards with high rates of LLTI in the working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

It is also becoming more common for people to have multiple long-term conditions; by 2018 the number of people in England with three or more long-term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million. How patients with long-term conditions are managed and supported is a significant factor for the people of Middlesbrough.

Wardcode	Locality	Wardname	Census 2011 With Limiting Long Term Illness (LLTI) (%)	Census 2011 Working age with LLTI (%)	Census 2011 Good Health (%)	Census 2011 Fair Health (%)	Census 2011 Not Good Health (%)
00ECPB	M1	University	15.7	14.8	81.3	12.6	6.2
00ECNK	M1	Gresham	19.2	16.9	77.0	15.1	7.9
00ECNX	M1	Park	20.5	17.0	79.0	13.5	7.5
00ECND	M1	Ayresome	20.7	17.8	77.8	14.3	7.9
00ECNT	M1	Middlehaven	21.2	19.3	74.9	15.1	10.1
00ECNH	M1	Clairville	22.1	19.2	76.7	14.6	8.8
00ECNY	M1	Park End	22.6	20.2	76.1	14.7	9.2
00ECNQ	M1	N. Ormesby & Brambles Fm	24.2	22.0	73.4	16.3	10.3
00ECNW	M1	Pallister	24.3	20.1	73.6	15.9	10.5
00ECPA	M1	Thorntree	24.6	24.1	72.9	15.7	11.4
00ECNF	M1	Beechwood	27.2	24.5	72.5	16.2	11.4
00ECNE	M1	Beckfield	28.3	21.2	70.8	18.2	11.0
00ECNP	M2	Linthorpe	15.5	11.1	84.3	11.3	4.5
00ECNS	M2	Marton West	16.2	9.4	85.0	11.0	4.0
00ECNU	M2	Nunthorpe	16.4	9.5	84.7	11.1	4.2
00ECNC	M2	Acklam	17.6	11.6	83.2	12.5	4.4
00ECNR	M2	Marton	18.0	11.2	82.6	13.2	4.3
00ECNG	M2	Brookfield	21.0	13.8	79.3	14.7	6.1
00ECNM	M2	Kader	21.1	11.9	79.6	14.9	5.5
00ECNN	M2	Ladgate	21.2	15.6	78.4	15.0	6.6
00ECNZ	M2	Stainton and Thornton	21.4	16.8	79.4	13.0	7.6
00ECNJ	M2	Coulby Newham	21.7	16.6	77.7	14.4	7.9
00ECNL	M2	Hemlington	23.4	22.5	75.8	15.5	8.8
		Middlesbrough	**20.9**	**16.8**	**78.1**	**14.3**	**7.6**
		Tees Valley	**20.8**	**15.9**	**78.2**	**14.7**	**7.1**
		England	**17.9**	**13.0**	**81.2**	**13.2**	**5.6**

Table 15. Census data 2011 for people with Limiting Long Term Illness and indication of health status by ward and locality in Middlesbrough. Source ONS 2011

The Health Profile 2017 for Middlesbrough gives a snapshot of health in the area and compares this local authority with the rest of England. An extract from this, the Health Summary for Middlesbrough is reproduced in Figure 5. Here you will see the local results displayed as a circle on a bar for England indicating our relative position. A red dot indicates that the health domain is significantly worse than the England average and this chart provides a simple graphic illustration of the local health and wellbeing status - in lots of red dots. Nearly three-quarters of the indicators (19/26) where statistical significance is calculated are significantly worse than England.



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Health summary for Middlesbrough

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Regional average€ | England average | England worst | England best | 25th percentile | 75th percentile

Domain	Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	40.2	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2014	10,015	34.6	20.1	39.2		6.6
	3 Statutory homelessness	2015/16	*[1]	*[1]	0.9			
	4 GCSEs achieved	2015/16	842	53.5	57.8	44.8		78.7
	5 Violent crime (violence offences)	2015/16	3,959	28.5	17.2	36.7		4.5
	6 Long term unemployment	2016	956	10.8 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7 Smoking status at time of delivery	2015/16	355	19.8	10.6 $[1]	26.0		1.8
	8 Breastfeeding initiation	2014/15	881	47.2	74.3	47.2		92.9
	9 Obese children (Year 6)	2015/16	412	24.0	19.8	28.5		9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	63	66.0	37.4	121.3		10.5
	11 Under 18 conceptions	2015	84	33.7	20.8	43.8		5.4
Adults' health and lifestyle	12 Smoking prevalence in adults	2016	n/a	17.1	15.5	25.7		4.9
	13 Percentage of physically active adults	2015	n/a	51.3	57.0	44.8		69.8
	14 Excess weight in adults	2013 - 15	n/a	68.8	64.8	76.2		46.5
Disease and poor health	15 Cancer diagnosed at early stage	2015	259	48.1	52.4	39.0		63.1
	16 Hospital stays for self-harm†	2015/16	485	338.5	196.5	635.3		55.7
	17 Hospital stays for alcohol-related harm†	2015/16	1,193	920.8	647	1,163		374
	18 Recorded diabetes	2014/15	7,639	6.2	6.4	9.2		3.3
	19 Incidence of TB	2013 - 15	41	9.8	12.0	85.6		0.0
	20 New sexually transmitted infections (STI)	2016	535	591.8	795	3,288		223
	21 Hip fractures in people aged 65 and over†	2015/16	158	727.6	589	820		312
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2013 - 15	n/a	76.1	79.5	74.3		83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	79.8	83.1	79.4		86.7
	24 Infant mortality	2013 - 15	27	4.6	3.9	8.2		0.8
	25 Killed and seriously injured on roads	2013 - 15	129	30.9	38.5	103.7		10.4
	26 Suicide rate	2013 - 15	59	17.4	10.1	17.4		5.6
	27 Smoking related deaths	2013 - 15	863	422.2	283.5			
	28 Under 75 mortality rate: cardiovascular	2013 - 15	330	103.7	74.6	137.6		43.1
	29 Under 75 mortality rate: cancer	2013 - 15	555	173.7	138.8	194.8		98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	250	18.8	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
*[1] Value suppressed for disclosure control due to small count ^20 Value based on an average of monthly counts $[1] There is a data quality issue with this value
If 25% or more of areas have no data then the England range is not displayed. Please send any enquiries to healthprofiles@phe.gov.uk

Figure 5: Extract from Health Profile 2017

Although the Health Profile 2017 indicates that the health of the people of Middlesbrough is improving, it is still worse than the England average. Whilst the indicators are not all described separately here, we need to have regard for them in relation to pharmaceutical needs.

Other key issues for Middlesbrough are highlighted as follows:

Smoking.
Proportionally more people smoke in Middlesbrough than in England. The smoking related death rate is worse than the England average and represents about 290 deaths per year (2013-15). Smoking by mothers during pregnancy is a major contributor to low birth weight.

Sexual health
The Sexual Health Needs Assessment for Teesside 2013 identified that:

- Teenage pregnancy rates in England have declined significantly over the past ten years. This trend has also been seen in Hartlepool and Redcar and Cleveland but not in Middlesbrough and Stockton.
- Teenage pregnancy rates are higher in more deprived areas. In addition Hartlepool and Middlesbrough seem to have higher teenage pregnancy rates than other local authorities with similar levels of deprivation.
- Population statistics project a decrease in the young population in Teesside over the next few years. It is however unlikely that this will lead to a decrease in demand for sexual health services as STIs in Teesside are increasing, particularly gonorrhea and chlamydia infections.
- Young people have the highest burden of disease from STIs. STIs rates are higher in more deprived areas and among specific groups such as men having sex with men (MSM).
- Highest teenage pregnancy rates of >65 in Middlehaven, North Ormesby and Brambles Farm, Thorntree, Beechwood and Hemlington.
- Highest numbers of teenage pregnancy in Thorntree, North Ormesby &Brambles Farm, Gresham, Pallister and Park End.
- Highest rate of acute STIs in Tees, rank 49 of 326 local authorities in England (1 is worst).
- Increasing rate of chlamydia diagnoses (rate of 250 compared to 209 in North East and 182 in England). Chlamydia infection rates highest in most deprived areas and in 20 -24 age group. Diagnosis rate in 2012 was 3798 (above the 2,300 national target).

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

Children and young people
- As shown above, teenage pregnancy rates remain high compared with the national average and one of the highest rates in England; there is a particular concern regarding conceptions rates in the under 16s (although

the rate has reduced in recent years) and risk taking behavior of young people in relation to sexual health.

- Nearly one fifth (19.8%) of pregnant women in Middlesbrough continue to smoke during pregnancy and are smoking at the time of delivery. Although this has reduced from 26.2% in 2012/13, this remains worse than the England average.
- In Year 6, 24.0% (412) of children are classified as obese, worse than the average for England (NCMP 2015/15).
- Levels of GCSE attainment, rates of breast feeding and smoking at time of delivery are worse than the England average.
- Significant inequalities in oral health are also of concern.
- There are high levels of risk taking behavior of young people in relation to alcohol and illegal drugs. The rate of alcohol-specific hospital stays among those under 18 was 66.0 per 100,000, worse than the average for England. This represents 21 stays per year

There are an estimated 2,200 problematic drug users in Middlesbrough, a large number of whom are in connection with structured treatment services or open access services such as needle exchange. The rate of problematic drug use in Middlesbrough is amongst the worst in England.

There are an estimated 21,500 binge drinking adults in Middlesbrough (LAPE, 2011-14) and hospital attendance related to alcohol is significant; stays for for alcohol-related harm (narrow definition) are worse than the England average; representing 1,193 stays in 2015/16.

In 2013-15, 68.8% of adults in Middlesbrough are classified as having excess weight.

Learning Disabilities

People with learning disabilities are pre-disposed to the development of a number of health-limiting conditions. The availability of health services that improve access and support for the high numbers of people in Middlesbrough with low adult literacy and numeracy levels, as well as physical disabilities, is important.

Mental Health

It is easy to overlook the burden of poor mental health. Mental ill health is a condition that can severely impact on the quality of life of those suffering from it and those immediately around them. It may also lead to other forms of deprivation such as unemployment or homelessness; potentially individuals may find themselves in a downward spiral that may be difficult to break out of. This makes it an important component of overall health; - apart from the levels of substance misuse and learning disability issues in Middlesbrough, incapacity benefit for mental illness is higher the national average and accidental self-poisoning with non-opioid analgesics has previously entered the top ten for emergency admissions. The rate of self-harm hospital stays was 339 per 100,000 in 2015/16. Despite recent improvements, this remains worse than the average for England and represents 485 stays per year.

Most of this information has not been summarised by locality. However, by reviewing the population demographics of Middlesbrough as a whole with the other information for the two localities already, it is possible to consider the health needs of each locality. Even the small amount of data presented here begins to provide a clearer perspective of significant need and the inequality, in the Middlesbrough area.

These measures do so starkly indicate that we must avoid worsening this inequality by virtue of our service provision: unless inequalities in provision of care match inequalities of need then inequity will persist.

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

8.0 Current Pharmaceutical Services Provision

The PNA is required to describe current pharmaceutical services provision and consider this within the context of the current need for access to pharmaceutical services for the population of the Middlesbrough HWB area. Before describing the current pharmaceutical services provision, it is worth considering briefly what ‘access’ to ‘pharmaceutical services’ might mean; the range of pharmaceutical services providers and choice thereof, their premises (if applicable) including facilities, quality, location and distribution across the HWB area and the specific pharmaceutical services that they provide, will all need to be considered.

The type of provider is important as this will determine the range of pharmaceutical services available. For example, a community pharmacy contractor will provide at the very least a full and prescribed range of essential services whereas dispensing doctors and appliance contractors can only provide a restricted range of pharmaceutical services. Other locally commissioned providers may also provide a limited range of services in specific situations that impact on the need for community pharmacy contracted pharmaceutical services for example,

- CCG directly-provided or otherwise commissioned services for full Medication Review or prescribing support,
- clinical pharmacists directly employed by general practices as part of the national Pharmacy Integration fund initiative, General Practice pharmacist training Pathway

For provider’s premises, access in this case may mean more than just geographical location. It certainly includes opening times and may also include access via public transport, ability to park, disabled access and so on.

Location or environment of a service provider affects access in terms of distance. However co-location with other services (perhaps with other primary care medical or other services, perhaps with shopping or leisure) might improve overall experience by reducing travel or repeated visits. Conversely not having to attend premises, for example, using the services of a distance-

selling pharmacy may improve access to some patients happy to use the internet, EPS2, telephone and postal services.

Another important aspect of service provision is opening hours. Pharmaceutical services will of course need to be available during 'normal' day-time hours when many other professional services might be expected to be available. However the needs of specific socioeconomic or other groups as service users will also need to be considered, for example

- workers after 6 pm or during lunch times
- those who have accessed general practice extended hours services between 6pm and 9.30pm Monday to Fridays or between 8am and 9.30pm on weekends and bank holidays

An evaluation of patient experience, such as undertaken during the development of the PNA, may further help to assess capacity, premises and quality in terms of pharmaceutical service provision. When considering access as part of the overall assessment of pharmaceutical need, the HWB is also required to have regard to choice. Many of the above issues might influence the choice of pharmaceutical services provider, and provision, available to patients and others. Each of these issues will be considered in the following section.

8.1 Overview of pharmaceutical services providers

NHS Business Services Authority (October 2017) reports that there were 12,023 community pharmacies in England at September 2017, compared to 11,495 at 31 March 2013, an increase of 528 (4.6 per cent).

Pharmaceutical services are provided to the resident population of, and visitors to, the Tees Valley area by a broader range of pharmaceutical service providers than might first be considered. Providers include

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

As at October 2017 there are **62** community pharmacy contractors and no dispensing doctor practices in the boroughs of Middlesbrough and Redcar & Cleveland. Thirty of these community pharmacies are located in the Middlesbrough HWB area; there are no dispensing doctor practices. As an overview, Table 16 shows the number of pharmacies in each locality across the Tees Valley and also shows the location of those pharmacies that open for more than 100 hours per week.

Locality	Number of pharmacies	Number of these open 100 hours per week
M1: Middlesbrough Central	20	3
M2: Middlesbrough South	10	3
Middlesbrough HWB	***30***	***6***
R1: East Cleveland	6	0
R2: Guisborough	3	1
R3: Greater Eston	11	3
R4: Redcar and Coast	12	2
Redcar and Cleveland HWB	***32***	***6***
South Tees area	**62**	**12**

Table 16 Pharmacies in each locality in South Tees and number of those pharmacies that open for more than 100 hours per week

Table 17 shows rates in South Tees indicating Middlesbrough is well served being similar to the England average of 21.8 pharmacies per 100,000 population.

	Number of pharmacies (2017)	Population (2016)	Pharmacies per 100,000 population
Middlesbrough	30	140,398	21.4
Redcar and Cleveland	32	135,404	23.6

*population data 2016

Table 17. Pharmacies (2017) in South Tees per 100,000 of the population 2016

There are no Local Pharmaceutical Services[1] (LPS) area designations and no Local Pharmaceutical Services (LPS) in the Middlesbrough HWB area.

There are no dispensing appliance contractors located in the Borough of Middlesbrough, nor any in the wider Tees Valley area, although the nature of services provided by these contractors suggests that this population might sometimes access the services of an appliance contractor located outside the Tees Valley area. There are five appliance contractors in the Cumbria, Northumberland, Tyne and Wear (CNTW) Area Team area of the north east of England.

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

[1] Local Pharmaceutical Services (LPS) Schemes [20] are an alternative to the national PhS contract arrangements through which the majority of pharmaceutical services are provided. LPS contracts are made locally by NHS England and must include an element of dispensing, but may include a range of other services not traditionally associated with pharmacy, including training and education.

pharmacy contractors, 22 community pharmacies in Middlesbrough reported[2] that they had a website, 2 less than in 2015.

Additionally, locally contracted services that meet a pharmaceutical need are experienced by the population of Middlesbrough which are provided by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. These will be described later.

8.1.1 Community pharmacy contractors

As previously stated, pharmaceutical services are provided to the population of the Middlesbrough HWB area by **30** community pharmacy contractors. The names and addresses of these pharmacies, by locality, are included in Appendix 7.

Pharmacies have been included in the description of numbers and locations of pharmacies up to and including 30 November 2017. All of these pharmacies provided a response to the survey (no information from the distance selling pharmacy on record) and were included in patient/ stakeholder consultation and engagement processes. Any new pharmacies that open, or other changes (such relocations) or additional data received after this date will be reported after publication of the final PNA, either as a notification or formal Supplementary Statement as appropriate.

The number of pharmacies located in each ward of each of the two Middlesbrough localities is shown in Table 18. No new pharmacies have opened in the area since the last PNA was published in 2015. The table shows an uneven distribution of pharmacies across the Middlesbrough geography. This is also shown in Figure 6 which shows the location of pharmacies in each of locality, together with the locations of the general practices.

It is unsurprising that in an urban area such as Middlesbrough you might find more pharmacies located closer to the town centre (in Middlesbrough Central locality). In fact 63% of the Borough's pharmacies are located here, although only slightly more of the population actually lives in locality M1: Middlesbrough Central (57%) compared to Locality M2: Middlesbrough South (43%). Of course during the course of a weekday working day, or during town centre shopping times, the transient population of M1: Middlesbrough Central may well be higher.

[2] Of the 29 respondents

M1: Middlesbrough Central			M2: Middlesbrough South		
Ward	*Number of pharmacies*	*100-hour pharmacies*	*Ward*	*Number of pharmacies*	*100-hour pharmacies*
Ayresome	0		Acklam	1	
Berwick Hills & Pallister	1		Coulby Newham	3	2
Brambles & Thorntree	1		Hemlington	1	
Central	7	1	Kader	1	
Longlands & Beechwood	1		Ladgate	0	
Newport	1		Linthorpe	3	1
North Ormesby	2		Marton East	1	
Park	5	2	Marton West	0	
Park End & Beckfield	2		Nunthorpe	0	
			Stainton & Thornton	0	
			Trimdon	0	
Locality Totals					
9 wards	**20 pharmacies**	**3 x 100 hr**	**11 wards**	**10 pharmacies**	**3 x 100 hr**
Wards without a pharmacy in this locality = 1			Wards without a pharmacy in this locality = 5		
Middlesbrough Totals			**South Tees Totals**		
20 wards	**30 pharmacies**	**6 x 100 hr**	**42 wards**	**62 pharmacies**	**12 x 100 hr**

Table 18. Showing the distribution of pharmacies by ward and locality in Middlesbrough HWB area, including the location of pharmacies open 100 hours per week

The majority of the general practices are also located in Middlesbrough Central. The map in Figure 6 shows 7 pharmacies (23%) in Middlesbrough are located in wards that do not also contain at least one general practice and therefore they are offering a healthcare facility where no alternative is available. These pharmacies are located in [Park End and Beckfield] ward (2), [Newport] wards in M1: Middlesbrough Central locality and in the [Hemlington], [Kader], [Acklam] and [Marton East] wards of M2: Middlesbrough South.

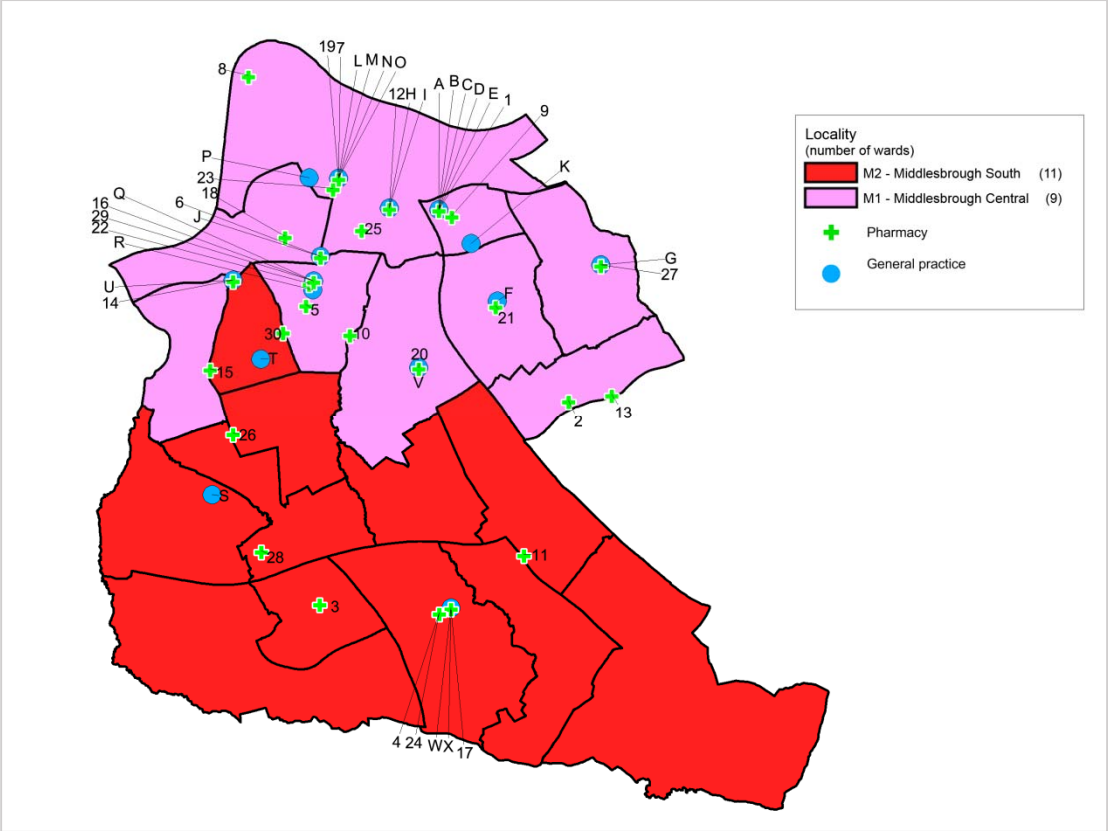

Figure 6. Map of Middlesbrough showing location of community pharmacies and GP practices (at 1.10.17). Note: Pharmacies open 100 hours per week are indicated on the key to the map. There are no Dispensing Doctor practices in Middlesbrough.

M1: Middlesbrough Central			
1	Cohens Chemist, North Ormesby	**A**	Westbourne Medical Centre
2	Your local Boots Pharmacy, Ormesby	**B**	Resolution Health Centre
5	Boots UK, 455 Linthorpe Road	**C**	Kings Medical Centre
6	Your local Boots Pharmacy, One Life Medical Centre	**D**	Hirsel Medical Centre
7	Boots, Cleveland Centre	**E**	Oakfield Medical Practice
8	Riverside Pharmacy	**F**	Crossfell Health Centre
9	Your local Boots Pharmacy, 4 Kings Road	**G**	Thorntree Surgery
10	Palladium Pharmacy, Eastbourne Road	**H**	Newlands Medical Centre
12	Rowlands Pharmacy, Borough Road	**I**	Borough Road and Nunthorpe Medical Group
13	LloydsPharmacy, Ormesby	**J**	Park Surgery
16	LloydsPharmacy, Linthorpe Road **(100 hour)**	**K**	Park Surgery, North Ormesby branch
18	A.C. Moule & Co, Parliament Road	**L**	Erimus Practice
19	Well Pharmacy, Cleveland Centre	**M**	Endeavor Practice
20	Martonside Pharmacy, Martonside Way	**N**	Discovery Practice
21	Crossfell Pharmacy, Berwick Hills	**O**	Prospect Surgery
22	Hunters Pharmacy, Linthorpe Road	**P**	Foundations Practice, Harris Street branch
23	Pharmacy Express, Linthorpe Road	**Q**	Linthorpe Surgery
25	Victoria Chemist, Victoria Road **(100 hour)**	**R**	Village Medical Centre
27	Whitworths Chemists, Thorntree	**V**	Martonside Medical Centre
29	Your Family Pharmacy, Linthorpe Road **(100 hour)**		
M2: Middlesbrough South			
3	Your local Boots Pharmacy, Hemlington	**S**	Bluebell Medical Centre
4	Your local Boots Pharmacy, Coulby Newham	**T**	Cambridge Medical Group
11	Marton Pharmacy	**U**	Foundations Practice
14	LloydsPharmacy, Next to Fulcrum Medical Practice	**W**	Parkway Medical Centre
15	LloydsPharmacy, 89 Acklam Road	**X**	Coulby Medical Practice
17	LloydsPharmacy, Coulby Newham **(100 hour)**		
24	Tesco Instore Pharmacy, Coulby Newham **(100 hour)**		
26	PJ Wilkinson Chemist, Acklam Road		
28	The Oval Pharmacy,		
30	Roman Road Pharmacy **(100 hour)**		

Table 19. Key to Figure 6. GP practice and pharmacy contractor locations in Middlesbrough HWB area (at 1 October 2017)

8.1.1.1 Extant grants

At any point in time, there may be potential pharmaceutical services providers that have applied to NHS England for a community pharmacy contract, whose application may be at one of several stages in the current process. Following an application, NHS England will undertake a formal consultation process according to the Pharmaceutical Regulations 2013 (as amended), and undertake Fitness to Practise checks where necessary before submitting the application to NHS England's decision-making process. It may reasonably take up to four months for this process to conclude, before a decision can be made in accordance with the appropriate Regulations and the outcome notified to the applicant. Successful applicants will have from 6 months to a year in which to open the pharmacy. Where a pharmacy contract has been awarded but the pharmacy has not yet opened, an 'extant grant' must be recorded as this may influence the immediate future requirements for pharmaceutical services in a locality.

There is one extant grant in Middlesbrough at 31st December 2017 which is for the relocation of P J Wilkinson Chemist from Acklam Road to Trimdon Avenue. It is a condition of the relocation that population access to the applicant pharmacy contractor is unaffected. There may be other applications in train before the final PNA is published. The outcome or update on this extant grant and any subsequent applications will be published as notifications/ supplementary statements in due course.

8.1.2 Dispensing Doctors

There are no dispensing doctor practices in Middlesbrough.

8.1.3 Dispensing Appliance Contractors (DACs)

There are no DACs located in Middlesbrough or within the wider Durham, Darlington and Tees area. Prescriptions for 'appliances' written by a prescriber from the Middlesbrough area, are dispensed by

(a) pharmacy contractors within Middlesbrough, or outside the area just as with any other prescription or

(b) by a DAC located outside the area and delivered to the patient.

8.1.4 Other providers

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

- secondary care health provision

- mental health provision
- community services provision
- prison services (Stockton only) and also via
- CCG commissioned pharmaceutical services (e.g., practice pharmacists employed by NECS)
- clinical pharmacists directly employed by general practices as part of the national Pharmacy Integration fund initiative, General Practice pharmacist training Pathway
- Lead – provider contracts e.g., Sexual Health Teesside, contracted to provide sexual health services including Emergency Hormonal Contraception (EHC).

Not all of these providers include directly provided or commissioned dispensing services but do provide other pharmaceutical services. A full description is provided in the section covering the pharmaceutical and other services provided by them in section 8.4.

8.2 Detailed description of existing community pharmacy providers of pharmaceutical services

8.2.1 Premises location: distribution in localities and wards of localities

Each locality has at least ten pharmacies offering more than sufficient choice for the population of each of those localities.

Figure 7 shows the distribution of pharmacies on a map showing population density for the Middlesbrough HWB area. This indicates a reasonable spread of pharmacies broadly in-line with areas of higher population density. Distances between pharmacies are in most cases small; the whole of the Middlesbrough district is just over 5000 hectares in area with only around five miles between the two wards that are furthest apart (i.e. top to bottom on this map). Consequently, many pharmacies serve the population of both localities.
It is been suggested that pharmacies per head of population might be a useful indicator of the number of pharmacies that might be required. However, this takes no account of population density or deprivation and consequent need for pharmaceutical services. The population density of Middlesbrough compared to other areas of Tees (see section 6.2.11.1) could mean that a lower average number of pharmacies are needed per head of population as they will by definition be so much closer together. This is of course with the proviso that the pharmacies maintain their capacity with staffing and suitable premises (dispensary and consultation facilities) to deliver the prescription volume and other services.

In fact, the number of pharmacies per head of population is very similar in Middlesbrough and Redcar & Cleveland (around 1 per 4700 which is very close to the England average), despite their quite different geography and population distribution. The map in Figure 7 shows a good distribution of community pharmacies, particularly in the areas of higher population.

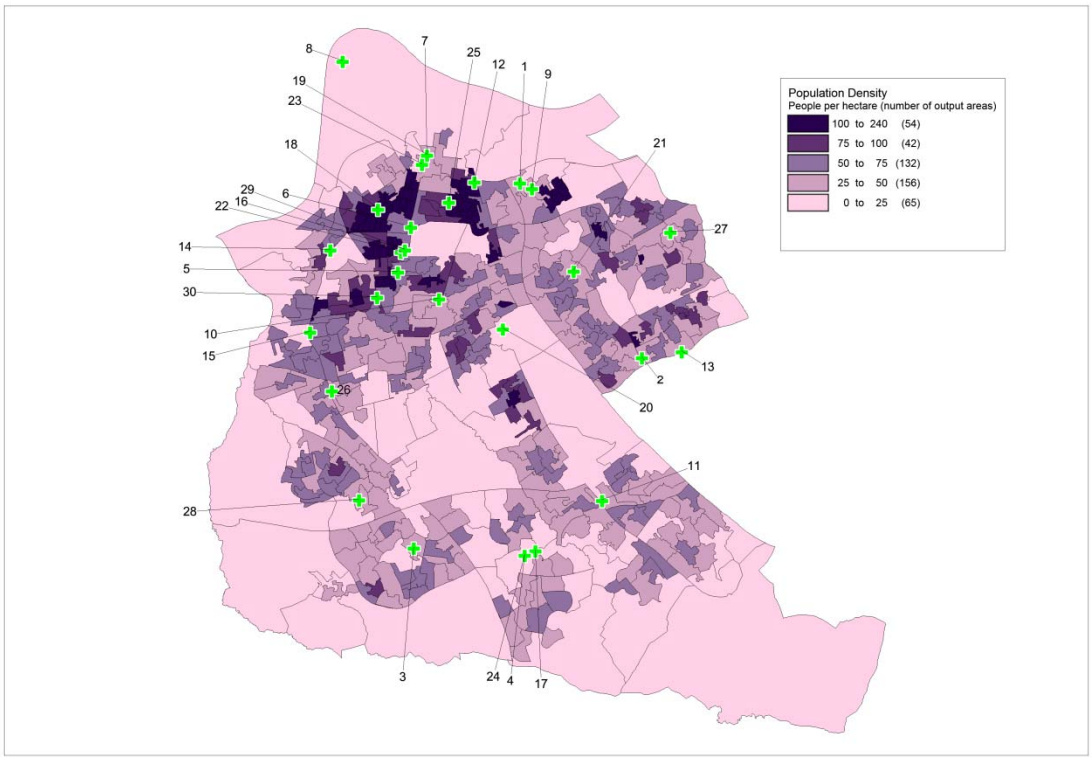

Figure 7. Distribution of pharmacies on a map of population density for the Middlesbrough HWB area

There is at least one pharmacy in 14 (70%) of the 20 wards in Middlesbrough. The table below shows how these pharmacies are distributed.

Wards with no pharmacy	6
Wards with a single pharmacy	8
Wards with 2 pharmacies	2
Wards with 3 pharmacies	2
Wards with 4 pharmacies	0
Wards with 5 pharmacies	1
Wards with 6 pharmacies	0
Wards with 7 pharmacies	1

Six of the 20 wards in Middlesbrough do not have a pharmacy. The total population in these 6 wards is 28,626 which is approximately 20% of the population of the Borough. However, it is not axiomatic that any area, ward or otherwise must have a pharmacy located within that area in order for the population needs for pharmaceutical services to be reasonably met. The following paragraphs explore in more detail the access to a pharmacy premises and their associated essential services for these particular wards which may also illustrate how apparent lack of a pharmacy in a ward can be misleading.

- **Ayresome ward (M1: Middlesbrough Central)**
  The pharmacy alongside Fulcrum Medical Practice is located exactly at the ward boundary between Ayresome and Linthorpe wards. The given

postcode of the pharmacy would allocate it to Ayresome ward, but knowing the ward boundary (a main road) and location of the pharmacy, this actually lies in Linthorpe ward, and that is where it has been included. In terms of numbers, this nominally indicates that there is no pharmacy in Ayresome ward and 3 in Linthorpe.

The selection of ward in this case also influences a move between localities i.e., Ayresome is in M1: Middlesbrough Central and Linthorpe is in M2: Middlesbrough South. Pragmatically, it is clear that this pharmacy is so close to the ward boundary as to potentially serve the population of both wards, and realistically serve the population of Ayresome (6,230) as well as if it were (on paper) allocated to it. Additionally, there is a nearby pharmacy also on the border of Linthorpe and Ayresome wards but in a different location, 0.8 miles, 1300 metres (a fifteen minute walk) away from the first in one direction, a second alternative at Parliament Road 0.7 miles away in Newport ward and a third, still less than a mile or 20 minutes' walk away that is open for 100 hours per week (Roman Road). Even without considering the proximity to the Middlesbrough town centre and Linthorpe Road pharmacies, the population of Ayresome have both access and satisfactory choice just outside the ward and locality.

- **Trimdon (M2: Middlesbrough South)**
  The population of Trimdon (total 4,517) is served by the nearest pharmacies in Acklam, just over a mile at the furthest (populated) distance away depending on postcode[3], and the pharmacy in Kader ward. There are four other pharmacies in Hemlington / Coulby Newham (including two of these pharmacies open 100-hours per week). The Bluebell GP practice recently opened in this ward in May 2017, relocating premises from central Middlesbrough and a branch surgery in Acklam. The most densely populated areas of this ward are closest to the pharmacy in Kader; the population of this ward has more than adequate access to pharmaceutical services.

- **Ladgate (M2: Middlesbrough South)**

  The population of Ladgate (5,497) can access the closest pharmacies either in the neighbouring ward of Longlands and Beechwood ward or at Marton East; either will be around a mile away for the majority of the population of this ward as the pharmacies themselves are only two miles apart along the ward boundary.
  There is no GP practice either in Ladgate, Marton West, Marton East or Nunthorpe wards so the population of these wards will already leave them to access medical care.

- **Marton West and Nunthorpe (M2: Middlesbrough South)**

  The wards of Nunthorpe (4,838) and Marton West (5,235) are characterized by measures of greater affluence; around 90% of the properties are owner occupied and more than 95% are car owners. Both

[3] Driving distances determined by Google maps or Yell.com

wards have pharmacies closely located to the ward boundary. The population of Marton West have satisfactory access and choice from three pharmacies very close by in the district centre at Coulby Newham (including two open 100 hours a week) and a fourth pharmacy at Marton East also in an active parade of shops. The population of Nunthorpe ward, also have access to these four pharmacies. Additionally, persons can, and do, cross the local authority boundary into Redcar and Cleveland to use the pharmacy with a Nunthorpe address in the 'Ormesby' ward which for many will be less than a mile away.

There has been, and continues to be housing development on-going in the Nunthorpe area of this locality. The in-coming population, will not have the higher levels of pharmaceutical need related to deprivation that are a feature of the other locality Middlesbrough. Car ownership rates are likely to be high and the likely future pharmaceutical needs will therefore be easily met by the large range of pharmacies available within a short walking or, more likely driving distance.

- **Stainton and Thornton (M2: Middlesbrough South)**
  The population of Stainton and Thornton is 2,309, the lower population reflecting the more rural nature of this ward. Access to a pharmacy is provided by the pharmacy at Hemlington just over a mile away but it may be more convenient or simply the choice of this population to visit either the pharmacy at Brookfield, a similar distance from Stainton, slightly more from Thornton. Pharmacies at Marton or Coulby Newham (for pharmacies open 100 hours) are not much further and still under 10 minutes by car. Alternatively persons may cross the local authority boundary to visit a pharmacy in Thornaby or Ingleby Barwick around 3 to 4 miles away. More than satisfactory choice is available at these short distances away. There is also considerable housing development on-going in this part of this locality. The in-coming population, for example at Stainton, are not likely to have the higher levels of pharmaceutical need related to deprivation that are common in the other locality Middlesbrough. Car ownership rates are likely to be high and the likely future pharmaceutical needs will therefore be easily met by the large range of pharmacies available within a short driving distance.

8.2.2 Premises environment

Figure 8 shows the distribution of pharmacies in Middlesbrough according to a nominal location descriptor of 'health centre', 'supermarket or large retailing environment' (other than town centre), 'high street/ central town', distance-selling or 'community'.

This shows that in Middlesbrough the largest proportion of pharmacies are in 'the community' i.e. close to where people live distributed about the localities. Several of these may be in shopping parades but only large retailing locations have been counted along with supermarkets to make the distinction between that and a 'community' location, i.e. amongst residential areas. Several pharmacies are also close to GP practices but only one could really be

considered to be part of a ‘Health Centre (Village) setting. The second largest proportion in Middlesbrough are in the central Middlesbrough ‘High street’ (or just off the high street in central areas. A distance-selling pharmacy opened in the Central ward in September 2016 and a pharmacy in Ormesby and one community-based pharmacy closed in November 2016 in the North Ormesby ward.

An advantage offered by pharmacies located in supermarket, retailing or town centre environments is that they are likely to have reasonable access to public transport and car parking given the association with other facilities. It is not always the case that health centre locations have sufficient access to parking facilities, although in this case the pharmacy in the health centre (Village) setting is served by adequate parking..

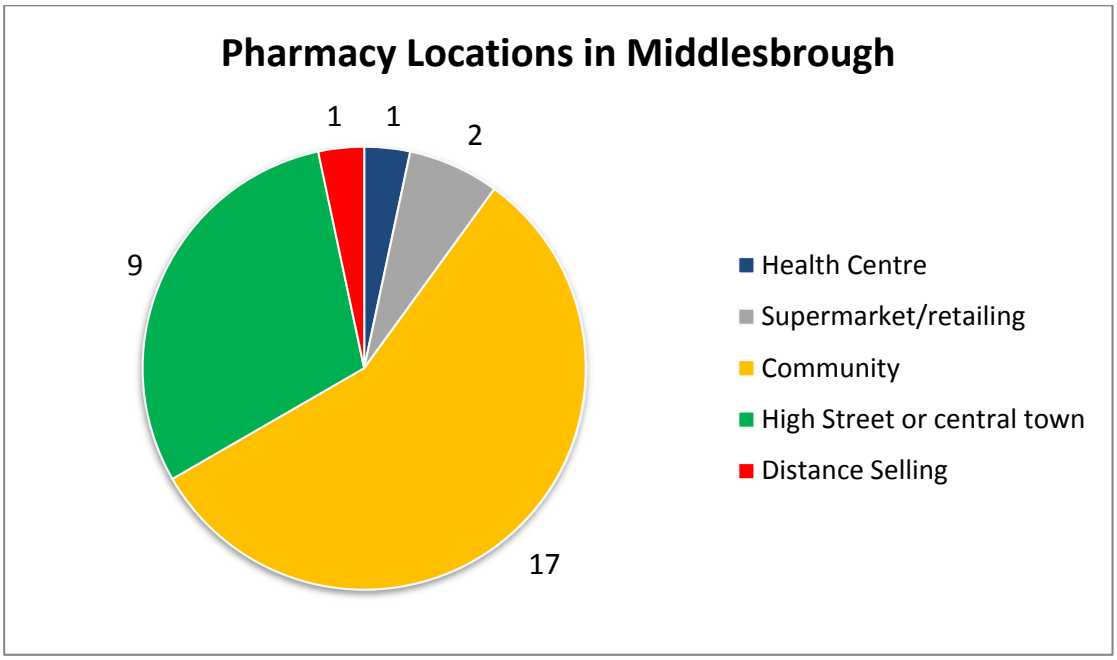

Figure 8. Distribution of pharmacies in Middlesbrough (n=30 at November 2017) according to ‘location environment’

All of the pharmacies in Middlesbrough reported the availability of car parking facilities within 50 metres of their premises in the pharmacy contractor survey and 76% of pharmacies reported that disabled patients could park close by (within 10 metres of) the pharmacy. All pharmacies indicated that there was also a bus stop near the pharmacy indicated good access to all pharmacies for car or by public transport links; central Middlesbrough also has a main–line railway station.

8.2.3 Premises facilities

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

8.2.3.1 Support for disabled people (premises)

All (100%) of pharmacies reported wheelchair access unaided through the main entrance door and half of pharmacies also indicated additional support at the entrance such as doorbells, automatic doors or both.

Thirteen (45%) pharmacies reported the availability of a hearing loop.

8.2.3.2 Consultation area(s)

The availability of a private consultation area that meets the required standard of the pharmacy contract is the premises determinant of whether the pharmacy can undertake to deliver the advanced services of the NHS Community Pharmacy Contractual Framework such as Medicines Use Review and the New Medicine Service. Premises also require a suitable private consultation area for some Enhanced pharmaceutical services (such as flu vaccination) or other locally commissioned services (such Emergency Hormonal Contraception) to be contracted.

All of the pharmacies in Middlesbrough reported having at least one private consultation room, and it is known that some pharmacies have access to more than one consultation area. This demonstrates how existing community pharmacy contractors are responding to the needs of their population. It also shows their increased commitment to, and emphasis on, the current and future provision of services requiring a private consulting environment.

In the absence of a second consultation space, many pharmacies also find it is increasingly useful to have a semi-private area, separate to the accredited consultation room, to maximize flexibility in the services provided. Examples include the need to have the facility to provide supervised consumption when the consultation room may be in use for MURs, or to be able to operate a discrete needle exchange service which does not require a full private room, just a well-designed semi-private area.

Since 2014, all pharmacies have used a web-based, secure, patient data capture system (PharmOutcomes®) to record services, interventions and other quality monitoring activity. NHS England in the north east, local public health teams and others use the system with community pharmacy, under the hosting and management arrangement of the Tees LPC, for the data capture of patient episodes and contracting information, including the data return for the PNA. Most pharmacies now access this system in the consultation room and this is an essential pre-condition of participation in the new Community Pharmacy Referral (and similar) services.

Just under half of the pharmacies also indicated their willingness to provide pharmaceutical services such as MURs off-site in a suitable location such as a patients' home. The current NHS contractual framework does not facilitate routine, funded provision of any pharmaceutical services in a domiciliary setting. An individual pharmacy may apply in writing for permission to complete a domiciliary MUR at a named address. There is no additional fee for this service and at times the application process can be an impediment.

The existence of suitable private consultation facilities substantially improves readiness to offer new or improved clinical services in the near future as implementation time and associated establishment costs are reduced. Many

of the barriers experienced in earlier years when commissioning services from community pharmacy have largely been overcome and there is considerable support and encouragement through current policy and guidance documents to support commissioners to consider community pharmacy delivered services and NHS England has recently increased the number of advanced services available through community pharmacy. The availability and purpose of such consultation facilities could also be better promoted to the general public.

8.2.3.3 Premises standards

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

8.2.4 Workforce training and development

Pharmacists are highly trained professionals. Students may either undertake four years undergraduate training to Masters level together with a further one year pre-registration training programme in a suitable clinical setting or alternatively, new students may attend a five year programme of academic study and pharmacy practice which will see them graduate (at Masters Level) and qualify to enter the GPhC register at the same time.

Pharmacies may elect to become a training practice and be paid an allowance to support the training of a pre-registration pharmacist. Pharmacist trainers must also be committed to the 'trainer role' themselves, maintaining high standards of practice. If local pharmacies are supporting the training of pre-registration trainees, this will encourage new pharmacists into the area, supporting recruitment into pharmacist posts.

Pharmacists are increasingly undertaking further study to enable them to qualify to prescribe (i.e. issue prescriptions). No pharmacies reported having a pharmacist with an independent prescribing qualification, though this is not unusual in a community pharmacy setting. Over two thirds of pharmacies indicated that they would be 'willing and able' to offer independent prescribing services if both trained and commissioned. The opportunities for pharmacists to train as prescribers has not largely been followed up with opportunities to use that training in a community pharmacy setting, though independent prescribing is more widely established in the hospital setting and increasingly in the primary care pharmacy sector. Current national strategy (Pharmacy Integration Fund) is promoting training of pharmacists working in General Practice to independent prescriber level.

In order to deliver a number of currently commissioned services and as a requirement for Healthy Living Pharmacy status, pharmacists and pharmacy staff undertake additional training and qualifications, including competency

based assessments and the Level 2, Understanding Public Health qualification from the Royal Society of Public Health (RSPH)

8.2.5 Pharmacy IT infrastructure

National progress with IT infrastructure in community pharmacies has been recognised as slow in recent years however latterly the digital integration agenda in community pharmacy has been prioritised. Release 2 of the electronic prescription service (EPS) is now well established in all pharmacies. The Quality Payment criteria has supported wider utilisation of NHS mail and the new advanced service, NUMSAS and the pilot CPRS service are both reliant on the availability of NHS.net mail together with PharmOutcomes for recording activity. Community pharmacies are now able to access Summary Care Records (SCR) all but four of the pharmacies in Middlesbrough report having completed the accreditation process. NHS mail and access to SCRs support improvement and better access to pharmaceutical services.

8.2.5.1 Nhs.net and secure email communication

Whilst NHSmail in itself is not a pharmaceutical need, operational improvements that support the efficient, secure and effective delivery of pharmaceutical services intended to meet pharmaceutical need merit reference in the PNA.

NHSmail is the secure email and directory service for NHS staff in England and Scotland, approved for exchanging patient data. The NHS quality payment is encouraging all pharmacy contractors to use a generic (contractor) nhs.net account and support for sign up is currently available.

8.2.6 Pharmacy opening hours

Section 3.2.1 explained how community pharmacy contractor opening hours are defined and managed.

Although pharmacy opening hours are related to **providers** of services, they actually describe the times of availability of **pharmaceutical services**. As well as knowing pharmacy opening times for publication, adequate records of the opening, closing, core and supplementary hours of every individual pharmacy, for every day of the week, must be recorded and adequately maintained by NHS England. As part of the PNA development process in 2011, a comprehensive exercise was completed to validate all of the core and supplementary hours for each pharmacy in Tees to ensure a baseline database that was fit for future purpose in applying the Regulations.

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this list is included in Appendix 7 for reference. As part of the PNA contractor surveys in 2014 and 2017, pharmacies were asked to confirm that the opening hours held by NHS England were correct. Any pharmacy queries on ‘hours’ raised during the PNA development process

would be reported to NHS England by the contractor, for due process to be followed in confirming them.

Historically, when considering new applications under the 'necessary and expedient test', or applications to change hours, PCTs were advised to base their decisions largely on the **core hours** offered by the applicant. This is because contractors are permitted to change **supplementary hours** simply by notifying (now NHS England), with 90 days' notice of their intention to change. This situation continues to apply for applications under the new Regulations and for the PNA it is important to understand any risks to pharmaceutical services provision associated with any times of day or days of the week where a pharmacy being open is reliant on supplementary hours. Some additional security in extended hours provision has been afforded with the advent of pharmacies whose application was approved under the '100 hour' exemption as all of these 100 hours are 'core' hours.

In assessing whether or not the existing pharmacy opening hours provided for the population of Middlesbrough are suitable to meet the needs for pharmaceutical services, one important consideration is the facility to access a general practice prescribing service, particularly since the introduction of general practice extended hours access hub provision.

In Middlesbrough services from North Ormesby Health village and the One Life Centre on Linthorpe Road are provided between 6.00pm and 9.30pm Monday to Friday and between 8.00am and 9.30pm Saturday and Sunday. The evening and weekend appointments are available to everyone registered with a GP in Middlesbrough and also in Redcar and Cleveland. Appointments can be booked via the GP practice in advance or via NHS111 and therefore there will be a mixture of urgent and non-urgent consultations.

Table 20 compares the earliest opening time and latest closing time of **any** pharmacy in each locality, with the earliest opening and latest closing time of any general practice. General practice opening times are used as a general indicator of potential need for the pharmaceutical service of dispensing, though this is not the only consideration regarding suitability of pharmacy opening times by any means.

Access to an open community pharmacy by definition defines access to all the essential services and to advanced services where these are provided, and in Middlesbrough access and choice is good.

All of the pharmacy times displayed in this table are from core hours secured by 100 hour pharmacy provision. Pharmacy core hours are always available at times consistent with GP opening hours. M1: Middlesbrough Central locality, with 20 pharmacies, is very well served and the ten pharmacies in Middlesbrough South provide similarly good coverage. The 100-hour pharmacies in Middlesbrough are now well established as necessary providers of core hours, particularly in the evenings and weekends. The number of core hours currently provided before 9am and after 6pm on a weekday and the number of core hours on a Saturday and Sunday provide a

substantial contribution to opening hours stability and are necessary for the pharmaceutical needs to continue to be met and the HWB would not wish for these 'core' opening hours to be reduced. One pharmacy in Linthorpe, the 100-hour Your Family Pharmacy owned by Whitworths has recently, in agreement with NHS England amended their opening times and now provides improvement and better access to pharmaceutical services covering all opening times of the general practice extended hours access hubs.

	Monday				Tuesday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
M1	7am	11pm	7am	9.30pm	7am	11pm	7am	9.30pm
M2	6am	11pm	7am	8pm	6am	11pm	7am	6pm
	Wednesday				Thursday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
M1	7am	11pm	7am	9.30pm	7am	11pm	7am	9.30pm
M2	6am	11pm	7am	7.30pm	6am	11pm	7am	7.30pm
	Friday							
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Middlesbrough			
M1	7.30am	11pm	7am	9.30pm				
M2	6am	11pm	8am	6pm				
	Saturday				Sunday			
Location	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing	Pharmacy Earliest Opening	Pharmacy Latest Closing	GP Earliest Opening	GP Latest Closing
M1	7.30am	11pm	7.45am	9.30pm	8am	9.30pm	8am	9.30pm
M2	6.30am	11pm	-	-	8am	8pm	-	-

Table 20. Earliest opening and latest closing times for pharmacies and general practices in Middlesbrough localities (figures in red highlights a later opening or earlier closing than a GP practice)

8.2.7 Choice of provider

In 2003 the Office of Fair Trading (OFT) recommended that the control of entry regulations for community pharmacies should be abolished (Office of Fair Trading, 2003) available at
http://www.oft.gov.uk/shared_oft/reports/comp_policy/oft609.pdf.
In a measured response, the Government instead added the criterion of 'reasonable choice' for consumers to the 'necessary or desirable' control test with effect from 2005/06. Dimensions of consumer choice are subjective, and this measure has been difficult to administer in application panels. The criterion of 'choice' is nevertheless retained in the 2013 Regulations and must also be considered in the assessment of pharmaceutical need.

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

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

Possible factors to be considered in terms of the benefits of sufficient "choice"

• What is the current level of access within the locality to NHS pharmaceutical services?

• What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?

• What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?

• What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?

• Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?

• What is the HWB's assessment of the overall impact on the locality in the longer-term?

In more urban areas such as Middlesbrough there are a variety of providers – independent pharmacies and large and small multiples and also six 100- hour pharmacies. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. Patients can also choose to use a distance-selling pharmacy. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in most of these areas. A report published by the OFT in March of 2010 (DotEcon for OFT, 2010), also provided useful information to support the notion of patient choice for pharmacy goods and services and the HWB has considered this whilst having regard to patient choice in making this needs assessment.

Driving distances, or walking distances (where short or different by virtue of footpath only routes e.g., in town centre locations), between pharmacies have been determined by Google maps or Yell.com and are shown in Appendix 6 for Reference purposes. NHS Choices also provides access to a comprehensive searching facility including maps and distances that is updated by NHS England and pharmacies as pharmacy information changes. It is noted that the inclusion of a requirement to maintain the NHS choices

information as part of the Quality Payment is likely to improve the degree to which NHS choices is up-to-date. If a patient was able to access one pharmacy it is possible to assess the proximity in terms of distance of their choice of other providers; this also helps to understand distribution throughout the area.

Virtually all pharmacies in Middlesbrough are no more than 1.5 miles from the nearest alternative pharmacy either within the locality or in the neighbouring locality of Middlesbrough. Sometimes there may be a closer pharmaceutical service across a local authority boundary, but this choice is hardly ever required given the range of provider premises, services and opening times. As noted previously, most distances between home and pharmacy or general practice or another pharmacy are likely to be small in Middlesbrough given the small geography and the population density throughout.

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

However, choices can only be made if patients are aware of those choices available to them and evidence suggests that public information on pharmacy hours, services and location could be improved.

8.3 Description of existing pharmaceutical services provided by community pharmacy contractors

8.3.1 NHS Essential services

The presence of a community pharmacy automatically defines the availability of the majority provision of all the essential services[4] since all pharmacies included in the Pharmaceutical List of NHS England are required to provide all of the essential services in accordance with their PhS (or LPS) contract. A community pharmacy presence is now almost certain to also indicate the availability of at least one of the advanced services each pharmacy may elect to provide. Enhanced Services (or other commissioned service) will only be available where the local NHS or local authority commissioner has chosen to provide them.

[4] Areas with a dispensing doctor may have additional access to dispensing; DACs may also contribute. In Middlesbrough any contribution by DACs is provided outside the HWB area.

8.3.1.1 NHS Prescriptions

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. The number of prescription items dispensed by community pharmacies in England in 2016-17 was 1015.6 million compared to the 84. 9 million items dispensed in general practices and 8.5 million by appliance contractors (NHS Digital 2017). This was an increase of 17 million (1.7 per cent) from 2014-15. Prescription volume has increased over 50% since 2004-05. South Tees CCG practices located in what was the previous PCT area of NHS Middlesbrough dispensed 3,614,392 items in 2016-17, an increase of 228,436 items (6.7%) compared to 2013-14. Prescriptions transferred electronically accounted for 53.3% of prescriptions across the borough in 2016/17.

There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Middlesbrough nor are they unable to respond to any predicted increase in volume. Pharmacy premises and practice has adapted to the increased volume of work with changes in training and skill mix (including the introduction of accredited checking technicians (ACTs) and latterly the introduction of the electronic prescription service (EPS).

Since 2006-7 the number of pharmacies in England has increased by almost 18%, with a large contribution of this increase arising from the four exemption categories introduced in 2005, particularly the 100-hr exemption. Since 2005 six 100-hr pharmacies have opened in Middlesbrough (20% of the current total number). Together with other new pharmacies, this equates to a net increase of around 50% since 2005. However, the rate of pharmacy openings in the two years 2014-15 and 2015-16 has reduced significantly to approximately 25% of the rate seen over the previous eight years (Health and Social Care Information Centre, 2016) and in Middlesbrough there has been no net increase in the last three years. With some exceptions, such as new entrants locating in supermarkets or out-of-town shopping centres, new entry had tended to concentrate in localities already served by pharmacies, including around GP surgeries where prescription demand is higher, and often involved the 100 hours per week pharmacy exemption. Of the 215 pharmacies opening in England in 2009-10, 72% were within 1km of the nearest pharmacy. (www.ic.nhs.uk accessed 20.1.11).

This is exemplified in Middlesbrough where there are two pharmacies open 100 hours per week, on the same side of the road so close as to have the same postcode. Each is only 30 metres from a very long established 40-hour pharmacy, and only 300 metres in each of two directions to two other long established 40-hour pharmacies; this provides a choice of five within 0.2 miles and this is not even the town centre. Patients often do not understand why these circumstances have arisen although there was a suggestion that they might benefit from services responding to the increased competition. However, where this clustering might, in other industries, lead to consumer benefits through increased price competition, the main activity of the majority of pharmacies is dispensing of NHS prescriptions at a fixed price (to patients this is at the relevant prescription charge, or, in most cases, free at the point

of dispensing). Therefore, the benefits of price competition cannot occur with regard to NHS prescriptions.

Uptake of the NHS repeat dispensing service has been variable since 2005. There are on-going efforts to increase this level; for 2016-17 the proportion for Middlesbrough was only 1.9%. The Murray Report 2016, the King's fund independent report commissioned by the Chief Pharmaceutical Officer recommends that full use of the electronic repeat dispensing service should be made and should become the default for repeat dispensing and also recommends that its use should be incentivised both for community pharmacies and GPs.

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

8.3.2 NHS Advanced services

(a) **Medicines Use Review (MUR) and Prescription Intervention Service**
MURs were introduced as a new service with the new PhS contract in 2005. The purpose of a Medicines Use Review is to support people to better manage their medicines, improve concordance and adherence and reduce waste. MURs were introduced as a new service with the new PhS contract in 2005. The service was a substantial change to previous practice and there was some early uncertainty about the practicalities of completing them and reported issues of quality being compromised for quantity. Although there were some early adopters, uptake was initially slow across the borough. The service is now well established, but there are still opportunities for improvement.

Table 21 shows that in 2016-17 a total of 9452 Medicines Use Reviews were completed by the 29 pharmacies in Middlesbrough; each pharmacy completed at least 6 MURs in the year. This is more than double the total number carried out in 2008-09 (3882) when there were 27 pharmacies in Middlesbrough.

As established pharmacies are generally permitted contractually to undertake up to 400 MURs per year, this figure has been used to estimate the potential maximum number MURs that Middlesbrough pharmacies could have

completed in 2016-17; 11600. The number of MURs undertaken in 2016-17 represents 81% of the maximum potential. Though pharmacies are now completing 81% of the potential number of MURs that their national allowance permits each year, it could be suggested that in Middlesbrough alone, almost 2150 patients missed the opportunity to improve their understanding of their medicines last year.

However, the MUR service remains a service that pharmacies may **elect** to provide and it is the quality as well as the quantity of MURs that should remain the focus. As this is not an essential service, NHS England would not consider an individual pharmacy's overall pharmaceutical service to be inadequate based only on the fact that a pharmacy did not undertake a significant number of MURs (or indeed NMS or AURs).

MURs in (NHS) Middlesbrough	All pharmacies	Pharmacies completing at least 1 MUR	Total number of MURs claimed	Maximum potential MURs or 'allocation'	Completed vs. allocation (%)
2008-09	27	25	3882	10800	36%
2009-10	27	26	5082	10800	47%
2013-14	30	30	8103	12000	68%
2016-17	**30**	**29**	**9452**	**11600**	**81%**

Table 21. MURs completed in Middlesbrough 20016-17 and performance against national annual contracted allocation or allowance

The uptake of MURs is not evenly spread across all pharmacy contractors. In Middlesbrough, half of the pharmacies (usually from multiple organizations) completed more than 85% of their allowed 400 per annum, leaving many pharmacies completing a much lower proportion, though only three pharmacies completed less than 100 MURs.

The Murray Report 2016, the King's fund independent report commissioned by the Chief Pharmaceutical Officer makes major recommends for the future develop of MURs at a national level as follows. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (eRD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

(b) **New Medicines Service**

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new (to them) medicines for a long-term condition in order to:

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

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. Initial funding for the service was agreed until March 2013. Since then, funding has been extended following an overwhelmingly positive academic evaluation of the service, investigating both the clinical and economic benefits of it (University of Nottingham, 2014).

In 2016-17 the pharmacies in Middlesbrough completed 2433 NMS interventions between them. As with MURs, the uptake of NMS is not evenly spread across all pharmacy contractors, however only four pharmacies did not complete any NMS interventions with a further four completing less than 20 this year. In contrast, ten other pharmacies completed more than 100 per annum, and two of these pharmacies completing more than 200.

(c) Appliance Use Review (AUR) / Stoma Appliance Customisation (SAC) Service

This new advanced service was introduced in April 2010. Service provision has been limited, data provided shows that five pharmacy contractors (from two different multiple organisiations) in Middlesbrough completed 162 stoma customization services in 2016-17 and no appliance use reviews. It should be noted that there are significant training and competency maintenance requirements for those contractors wishing to undertake appliance use reviews and therefore to date this activity is largely restricted to Dispensing Appliance Contractors with trained staff.

(d) NHS Flu vaccination service

Middlesbrough first commissioned a local pilot NHS seasonal flu vaccination service from pharmacies in the Borough for the winter 2012 campaign. NHS England commissioned a wider pilot programme from pharmacy contractors for the 2013-14 season and 20 pharmacies were recruited to provide the service that year (PH England (North East) and NHS England, DDT AT, 2014). In participating pharmacies, the service is available at all times that a trained pharmacist is available on the pharmacy premises, and is often provided on a drop-in basis, with no prior appointment necessary.

Following the pilot, NHS England's decision to commission flu vaccination as the 5th pharmacy advanced service for the 2014-15 season was welcomed. It has now been re-commissioned for the 2017-18 season for the fourth time as participation by pharmacies continues to expand. The 'vaccinated by pharmacy' proportion for seasonal flu remains small compared with those vaccinated by general practices but more patients are being vaccinated and this does improve patient choice and access.

Of the 29 pharmacies in Middlesbrough responding to the pharmacy contractor survey 25 reported either providing or planning to provide the seasonal flu vaccination service. This means pharmacies in the Borough are offering patients a choice of where to get their flu vaccination and this includes at least one pharmacy in all localities.

In 2016-17, 8,451 pharmacies (71.2% of all community pharmacies in England) administered 950,765 flu vaccinations under the national NHS flu vaccination service. In the first two months of the 2017-18 seasonal flu vaccination season, community pharmacies across England have already delivered more than a million flu jabs (PSNC) including 13,000 given in Tees LPC area.

The NHS England patient satisfaction survey found that almost every patient vaccinated against flu at a community pharmacy last winter would have their vaccination there again (The Pharmaceutical Journal, 2017). Around 100,000 patients responded to the survey on the 2016–2017 flu vaccination programme, and 99% of them said they would have the vaccination at a community pharmacy again, and recommend the service to their family and friends. Of those questioned, 98% said they were "very satisfied" with the service they received, and 15% said they might not have had a flu vaccination if the service had not been available at a pharmacy.

(e) NHS Urgent Medicines Supply Advanced Service (NUMSAS) pilot

This service is commissioned by NHS England as an advanced service running from December 2016 to March 2018, with an extension now agreed to September 2018.

The pharmacy contractor survey showed that 15 pharmacies were already participating and another 7 planned to sign up soon. Activity data for August 2017 was shared by NHS England and is available at South Tees CCG level. It shows that there were 169 referrals to community pharmacy for urgent medicines across the CCG area. This contrasts with only 11 referrals to the GP out of hours service in the same period. This demonstrates that in this area the pharmacy service is meeting one of its key objectives – to reduce the demand on the rest of the urgent care system.

8.3.3 NHS Enhanced Services

NHS England currently commissions two enhanced services from community pharmacy contractors in Middlesbrough - extended opening hours for Bank holidays and a Community Pharmacy Referral Scheme (CPRS). NHS England is also responsible for emergency planning

(a) Bank holiday opening hours
Extended hours for Bank holidays are commissioned on the basis of need for each of the English Bank holidays and other named days such as Christmas Day and Easter Sunday when all pharmacies are permitted to close their usual 'core' opening hours without penalty. The current practice is to commission two hours from different pharmacies across the South Tees area. Rotating the hours, and the areas with a pharmacy open across neighbouring boroughs throughout the geographically compact Tees area provides adequate coverage for urgent situations throughout the day. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available at this stage.

(b) Community Pharmacy Referral Service (CPRS)

The aim of the service is to appropriately manage patients contacting NHS111 with low acuity conditions, through referral to a community pharmacy to reduce pressure on the primary and urgent care system, particularly GP out of hours. The agreement is for pharmacy to provide self-care advice and support. The end points of the consultation may include:

- Advice only
- Advice and sale of an OTC medicine
- Advice and referral into the pharmacy local MAS (Minor Ailment Service – dependent on local commissioning arranagements – locally South Tees CCG are funding medicines supply to a limited formulary)
- Advice and 'direct dial' access to GP to set up appointment
- Advice and signpost to another service

The service commenced on 4th December 2017 and will run until 31st March 2018.

C. Emergency planning: supply of anti-viral medicines

Pandemic influenza is a recognised risk. NHS England, Public Health England and other partners work closely in planning the response to pandemic influenza and other emergencies. The NHS England Operating Framework for Managing a response to Pandemic Influenza was published in 2013.

NHS England is also responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and coordination and leadership of all providers of NHS funded care. NHS England at all levels has key roles and responsibilities in the planning for and response to pandemic influenza. Before the pandemic, one of those roles is that NHS England will:

- identify with relevant local partners, systems and processes to provide antiviral collection points (ACPs) and antiviral distribution systems, personal protective equipment (PPE) distribution routes and vaccine delivery processes (including pre-identified areas, systems and processes to maintain temperature control records of any stock held)

During the pandemic, NHS England will:

- oversee the local management of ACPs, including confirmation of locations, and ensuring local stock management, ACP governance and reporting information to the centre.

Should NHS England elect to use community pharmacies as ACPs, then a local enhanced service mechanism might be used to meet the pharmaceutical needs of the population in this highly specialist situation.

8.3.4 Locally commissioned services – public health and CCGs

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

Middlesbrough Borough Council now commissions several locally contracted services that were inherited from the PCT in April 2013 or have been commissioned since then.

Similarly, South Tees CCG inherited one service for this area from the PCT in April 2013 and this continues to be commissioned.

Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services having been provided for around 18 years. Stop Smoking enhanced services have also been provided for a considerable period of time. The Healthy Start Vitamins service commenced in April 2014 and was the first to be directly commissioned by LA Public Health rather than inherited from the PCT.

Service	Commissioner
Supervised Self-Administration	Middlesbrough Borough Council
Needle Exchange	
Stop Smoking (full One Stop)	
Stop Smoking (dispensing only)	
Healthy Start Vitamins	
EHC supply (PGD)	Middlesbrough Borough Council via the contract with Sexual Health Tees
Chlamydia testing	
C-card service	
On demand availability of specialist drugs	South Tees CCG

Table 22 shows an overview of the number of pharmacies contracted to provide each of these locally commissioned services, by locality in Middlesbrough, at October 2017. Pharmacies providing dispensing only stop smoking service are shown as '+number' in the table

Area Oct 2017	Total Number of pharmacies	Needle Exchange	Stop Smoking	Supervised self Administration	Healthy start vitamins	Specialist drugs	EHC	Chlamydia screening	C-card
M1: Middlesbrough Central	20 3 x 100hr	6 0	11+3 1 + 0	17 3	13 1	3 1	14 2	9 2	12 2
M2: Middlesbrough South	10 3 x 100hr	4 1	4+0 0 + 0	6 1	3 0	3 1	6 2	5 1	5 1
HWB area	**30**	**10**	**15+3**	**23**	**16**	**6**	**20**	**14**	**17**

Table 22. Numbers of pharmacies participating in each locally commissioned service in Middlesbrough at October 2017.

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

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

Table 22, and interpretation of service need, should be viewed in context of all of the above.

8.3.4.1 Emergency Hormonal Contraception (EHC)

Community pharmacies are sub-contracted to provide Emergency Hormonal Contraception (EHC) by the local Sexual Health Tees provider (SHT) that is directly commissioned by local authorities as part of a Tees-wide service.

EHC is provided under Patient Group Direction to women and girls aged 13 years and over and 20 of the 30 pharmacies in Middlesbrough are currently accredited and contracted to provide the services, however, 22 pharmacies recorded activity in 2016-17. Community pharmacies in Middlesbrough delivered 1696 consultations in total and this is a decrease.

Figure 9 shows the distribution by age of the pharmacy EHC activity in 2016-17, which is highest in the 16-24 (target) age group. However, this represents just over 50% which is in line with the Tees average for this age group at 51%.

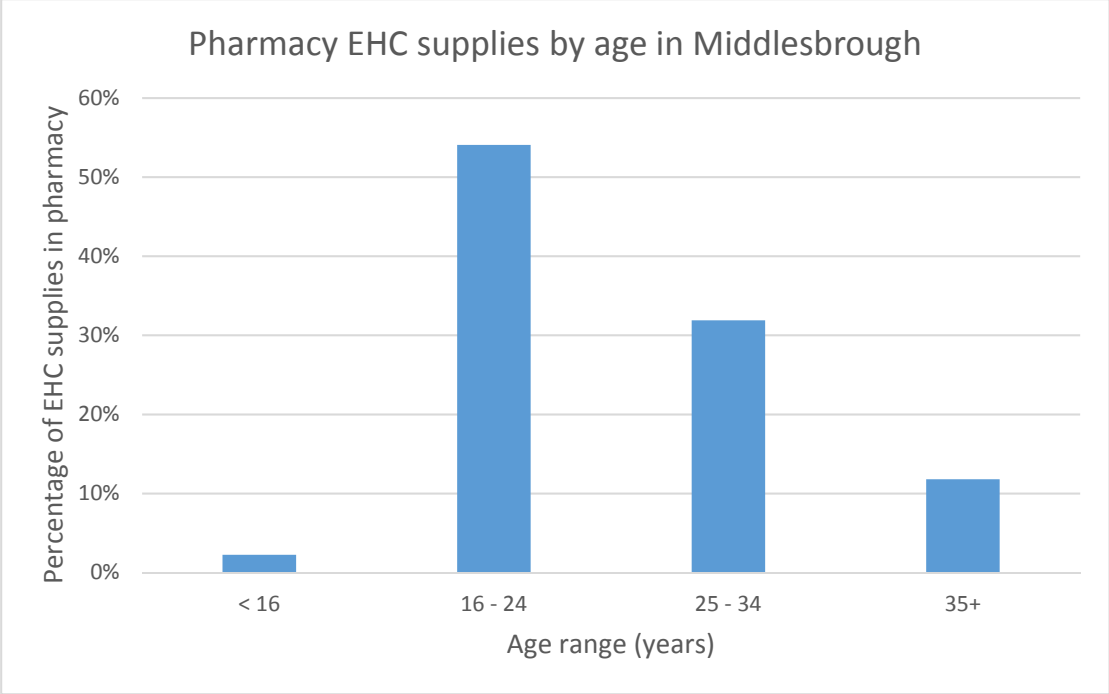

Figure 9. EHC activity in community pharmacy by client age for Middlesbrough 2016-17.

Figure 10 shows how EHC activity is distributed across pharmacies in the Middlesbrough HWB area. The data shows highest delivery in the locality of greatest deprivation, locality M1:Middlesbrough Central.

This data shows that client preference is demonstrated, and this is similar to other areas where sometimes one pharmacy provides a large proportion of the supplies. One pharmacy provides 30% of the town's EHC consultations delivered via community pharmacy and over a third of those delivered in the M1 locality. The pharmacy is centrally located in the town centre and is open seven days per week with good transport facilities. The second most active pharmacy is a 100-hour pharmacy in M1: Middlesbrough Central and is located just outside the central town area. However, there is a reasonable distribution of activity throughout the borough which means that EHC is both accessible and accessed via community pharmacy. Pharmacies open longer hours, centrally located, accessible by public transport or in 'anonymous' locations deliver the most activity. This would seem to suggest that all areas, including those of greatest need, have a choice of pharmacy provision to meet that need.

As part of the new sexual health contract 2016-2021 commissioners have implemented a Service Outcome Related Payment (SORP) scheme which identifies six key strategic objectives including, prevention of teenage pregnancies in <18 years and unwanted pregnancies in young people aged

15-24. Part of this objective looks specifically at EHC in young people aged 15-24 to:

- Increase awareness of young people of availability of free EHC
- Provide EHC in each area with high deprivation/ teenage pregnancy rates
- Survey of utilisation of emergency hormonal contraception by young people aged 15-24

Year 1 of the SORP has focused on ensuring:

1. Pharmacies offering EHC are publicising the availability of free EHC.
2. EHC should be widely accessible in areas with higher teenage pregnancy rates with all pharmacies and clinics in 'hotspot' areas offering EHC.
3. Overall activity in pharmacies in Hartlepool, Middlesbrough and particularly in Redcar and Cleveland should not decrease any further from 2015/16 baseline.
4. To raise awareness with young people and stakeholders to EHC i.e. through marketing, website, virtual hub etc.
5. Train staff and subcontractors to provide EHC

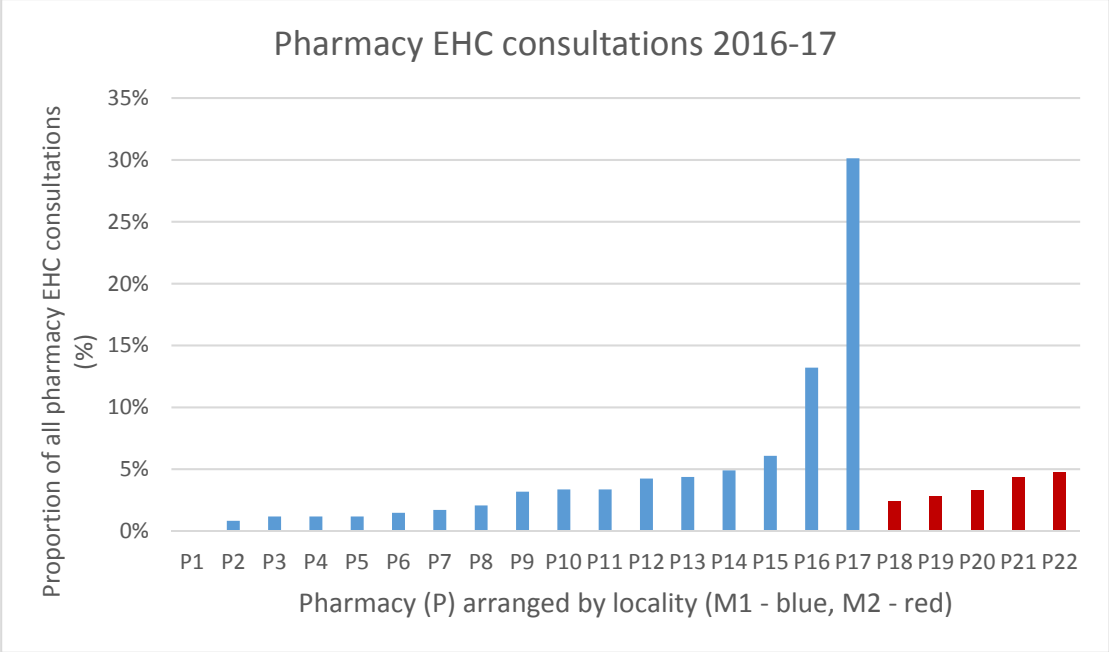

Figure 10. EHC activity in community pharmacy by pharmacy and locality in Middlesbrough 2016-17

8.3.4.2 Stop smoking service

Fifteen pharmacies are currently commissioned (including three dispensing only). The pharmacy service pathway involves clients being recruited in the pharmacy or referred by contact with the specialist service on the basis of preferred location for support with their quit attempt. Currently, pharmacies are only able to offer Nicotine Replacement Therapy (NRT) as pharmacological support, however a PGD for varenicline is in development to permit this extension to the support available.

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In 2016-17, 1196 smokers (compared to 2278 smokers in 2013-14) in Middlesbrough set a quit date (QDS); community pharmacy in Middlesbrough having approximately 47% (compared to 29% in 2013-14) of the 'market share'. There was a drop in the number of QDS in pharmacy and other providers in 2016-17 compared with 2013-14, the total number reducing by 1082 (47%), however, pharmacy numbers reduced 99 (15%).

	Market Share			
	Quit Dates Set	Quit Dates Set %	4wk Quits	4wk Quits %
Community Services	404	**34%**	217	**43%**
GP	227	**19%**	96	**19%**
Pharmacy	565	**47%**	190	**38%**
Total	1196		503	

A key measure of the effectiveness of stop smoking services is the percentage of people who set a quit date with their Stop Smoking provider and then go on to successfully quit smoking after 4 weeks. The average quit rate of all providers in Middlesbrough in 2016-17 was 42% (over the target of 35% quit rate) and this has improved since 2013-14 when the rate was at 29.8%; the quit rate for community pharmacy providers was 34% which is an improvement since 2013-14 (30.3%). This quit rate is not as good as general practice quit rates at 42%, however, this will have included a number using varenicline to support their quit attempt or the smoking service quit rate which is 54% (but this also includes some access to varenicline).

Provider	**Quit Rate (Target >35%)**		
	M'bro	**R&C**	**South Tees**
Community Services	**54%**	49%	51%
GP	**42%**	54%	51%
Pharmacy	**34%**	34%	34%
Total	**42%**	47%	45%

8.3.4.3 Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine by patients is an important component of harm reduction programmes for people who are in treatment for substance misuse problems. Pharmacies with appropriately trained pharmacists and accredited premises are contracted to provide this service. Previously commissioned by NHS Middlesbrough, the LA Public Health team now work closely with pharmacies, clients and

treatment providers to ensure that all parties work to provide a quality locally commissioned service.

Twenty three pharmacies are currently accredited and contracted to provide this service for 2016-17, two more pharmacies than were commissioned at the time of the last PNA in 2015. This shows the willingness of the existing pharmacies to respond to patient need and capacity within Middlesbrough to deliver the level of service required.

In 2016-17 14 pharmacies were remunerated for the supervision of at least one client[5] during one month. These pharmacies provided a total of 10,376 client-months of supervised self-administration of either methadone or sub-lingual buprenorphine. This is almost a four-fold increase in number since the 2015 PNA.

The highest activity is the locality of greatest deprivation, locality M1: Middlesbrough Centre (81% of the total in Middlesbrough). Client preference is demonstrated within the locality: three pharmacies provide over 50% of the localities activity. These pharmacies are in areas close to the town centre of Middlesbrough but, unlike EHC, it is not central town location that seems to drive this choice (true central town locations are not amongst the highest).

Supervision is a daily activity so it is important that clients can access a pharmacy of their choice easily, and the spread of the activity and pharmacy location across the town seems to demonstrate that these needs are being met.

Only 19% of the provision is delivered in the M2: Middlesbrough South locality, but there are 6 pharmacies providing choice to those who require this service in that locality, with most clients attending the pharmacy close to the treatment provider.

8.3.4.4 Needle exchange (Nx)

Substance misusers require sterile injecting equipment, information and advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. In general, pharmacies have been responsive to requests to take up this enhanced service. The pharmacy needle exchange service is integral to the main harm minimisation service commissioned by Public Health.

In 2013-14 just over 9000 needle exchange transactions took place in a community pharmacy setting in Middlesbrough via the ten community pharmacy needle exchange providers that were operating at this time. In 2016-17 numbers have increased to 10,841 attendances or transactions via

[5] This service is not remunerated per supervised daily dose but on the basis of care for a client for at least 14 doses in a month. This accounts for clients who miss doses in any treatment period. Some clients will be supervised for less than this and this will not give rise to a claim by which activity has been reported.

nine pharmacies (comprising a 'pick and mix system[6]' of supplying needles and paraphernalia) were completed.

There are four sites in Middlesbrough showing more than 1000 attendances a year all in the M1: Middlesbrough Central locality. One of these is located close to the main substance misuse treatment provider. One of the pharmacies in M1: Middlesbrough Central is open 7 days a week and well used, but is not available the late evenings Monday to Saturday that the 100 hour pharmacy providers are but provides over 4000 transactions. Whilst current provision seems to be well located and accessible, the opportunity to provide improvement or better access in the future for those in the HWB of greatest need should continue to be reviewed.

8.3.4.5 Chlamydia screening

Pharmacies offering this service hold a supply of Chlamydia screening postal kits to be distributed to people under 25. Pharmacies are paid for each chlamydia kit that is distributed from their pharmacy; identified through their uploading of distribution details onto PharmOutcomes. There are a wide range of providers of this service which is part of the strategy to make the testing kits easily available to young people.

This screening programme is managed across the Tees area by Sexual Health Teesside on behalf of the four Tees Borough Councils. SHT reports that 14 pharmacies in Middlesbrough are currently sub-contracted to provide this service. There are providers in both localities and pharmacies open 100 hours a week are providers of this service. This may provide an adequate service to meet the needs of the population but opportunities for improvement or better access to be achieved through the provision in wards with a high proportion of young people and high EHC activity by pharmacies should continue to be reviewed.

Chlamydia is the most common sexually transmitted infection, with higher rates in more deprived areas and is equally common in males and females. Chlamydia infection rates are highest in young people aged 16-24 years. The NCSP (National Chlamydia Screening Programme) promotes chlamydia testing in young people aged 15-24 years. A detection rate of 2,300/100,000 eligible population of 15-24 year olds or above is recommended by the National Chlamydia Screening Programme/ Public Health England. In 2016 all local authorities in Teesside were below the recommended target and below the regional average of 1838 per 100K and the national average of 1882 per 100K. This has been consistent for all local authorities since 2014 (except for Hartlepool in 2014). Higher rates in 2012-2013 are misleading as they include double counting. With the majority of local authorities in England not achieving the recommended target of 2,300 per 100,000 and a national

[6] "Pick and mix" describes a loose mixture of different-sized needles and syringes, put together at a client's request.

average rate of 1,882 per 100,000 it has been agreed to review the current target and to propose a more achievable target.

A lower target of 1,900 per 100,000 would be just above the regional and national average and more achievable in most local authorities in Teesside. This would enable the service to avoid high penalties and to direct their activity away from mass testing in low risk groups and towards higher risk groups. It would also allow the service to give more attention to chlamydia treatment and partner notification and testing (PHE Chlamydia cascade). Community pharmacies are ideally placed to support the uptake in higher risk patients.

8.3.4.6 On Demand Availability of Specialist Medicines (including end of life)

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

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

Additionally, it was considered that improvement or better access to the availability of those medicines could be achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service was commissioned by NHS Middlesbrough at the end of 2011 and has been re-commissioned by South Tees CCG from April 2014. Six pharmacies provide the service, with three in each locality and at least one provider in each locality also open extended opening hours on evenings and weekends (including the pharmacy in Linthorpe now open until 9.30pm on a Sunday) providing reasonable access at most times.

8.3.4.7 Healthy Start Vitamins

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

aged from six months to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins.

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

In 2014 Public Health teams in the Tees area collaborated to develop a pharmacy service which provides substantially improved access to the vitamins. This service was extended to include free supply to all in the eligible categories. In Middlesbrough, fourteen pharmacies across both localities of the borough made at least one supply of vitamins to eligible children, pregnant women or mothers/ carers of children. More pharmacies have indicated a willingness to supply the vitamins. The service started in April 2014 and following an interim review it was found that whilst numbers had increased the uptake remained less than satisfactory and amendments to the process were implemented in July 2017. The service specification is currently being reviewed in response to the update to NICE guidance (Vitamin D; supplement use in Specific population groups) made in August 2017.

8.3.4.8 C-Card

Seventeen pharmacies are currently signed up to deliver the C Card programme (condom distribution for 13-24 year olds); the scheme comprises 2 elements – registration and condom distribution. In order to deliver the scheme, pharmacy staff must undertake training that covers the key elements of the registration process - confidentiality, Fraser assessment guidelines, positive sexual health messages, condom demonstration, information about sexual health clinics, access to emergency contraception, STI in particular chlamydia. Once this is completed, pharmacies can then market their participation in the scheme.

The registration process consists of an assessment that covers the above points (including a Fraser Assessment for all <16's); details of the registration are uploaded onto PharmOutcomes (this upload in turn generates the sexual health services monthly activity submission). The young person is then given a card which has a reference number comprising the pharmacy F reference/ODS code. The young person is also given condoms (up to 3 for <16's, 12 for 16+). The card allows the young person to then attend/receive condoms on 10 occasions; on the 10th occasion the dispensing pharmacy should advise the young person to undertake a full sexual health screen before re-registering for a new card. On each dispensation, the pharmacy is also required to upload this information to PharmOutcomes.

8.3.5 Healthy Living Pharmacies

A description of Healthy Living Pharmacies is placed here and not under section 8.3.4 (locally commissioned services) only to distinguish the HLP framework from those other activities that are truly 'commissioned services'. The emergence of HLPs has been one of the most significant developments in community pharmacy in recent years and locally the model developed in Tees continues to receive national recognition. In 2013 Public Health England acknowledged the power of the HLP model, where staff, even at the first level of accreditation are enabled to proactively engage with the public on the provision of health messages and information to increase their wellbeing.

Currently there is extra momentum to implement HLPs with one of the main drivers for further acceleration of HLPs being the announcement by NHS England to include a quality payment for attainment of Level 1 HLP status, as part of the Community Pharmacy Contractual Framework Quality payment from December 2016. The accreditation system has now moved from a totally commissioner-led system to a profession-led self assessment process for Level 1 HLP

The Healthy Living Pharmacy (HLP) framework aims to achieve consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals.

Community pharmacies wishing to become HLPs are required to commit to, and promote, a healthy living ethos within a dedicated health-promoting environment. A key workforce requirement is the need to identify staff within the pharmacy team who will become 'Health Champions' accredited by the Royal Society for Public Health and those who will develop their skills in a leadership context. Having achieved specific targets, pharmacies become 'accredited' as HLPs and gain the 'kitemark' of recognition. To progress through higher levels, HLPs would consistently deliver a range of commissioned services based on local public health need.

Middlesbrough Public Health team supports with Public Health investment, a program of development of Healthy Living Pharmacies and works collaboratively with Tees LPC and other local authorities to do this.

In Middlesbrough, a number of pharmacies commenced the HLP programme in wave 1 and more joined them in a second wave working towards their HLP

status. There are now a number of HLP Champions in these pharmacies with the Royal Society of Public Health Level 2 “Understanding Health Improvement” qualification. However, the Tees project is not static venture but a constantly evolving program of activities and development of individuals, pharmacies and their environment as it relates to public health and the ‘Healthy Living’ approach.

HLP champions working in pharmacies across Middlesbrough make brief records of their interactions and this is recorded on PharmOutcomes. In 2016-17, the HLPs in Middlesbrough recorded 3455 interactions.

8.3.6 Non-NHS services

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

Some of these services are offered free to the patient or organization (e.g. medicines delivery) or at a small charge (e.g., blood pressure measurement, cholesterol testing, and hair loss treatments). Many individuals, both patients and professionals, are not aware that the prescription collection and/ or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS[7].**

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

As these services are not contractual there is no formal evaluation of their supply, however, the 2017 PNA pharmacy contractor survey identified, for example that all but one of the contractors provide a prescription collection service and all but two contractors provide a delivery service with no charge although this service may be restricted to some patient groups and some geographical areas. Further analysis of patient-funded or free services may provide evidence of any demand (or otherwise) and any pharmaceutical need to which this might relate.

[7] Or services counted as NHS services for the purposes of the PNA

8.3.7 Pharmaceutical services provided to the population of Middlesbrough from or in neighbouring HWB areas (cross boundary activity)

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

- persons may travel in connection with their occupation, or place of work
- nearest pharmacy for very few residents of some areas of Middlesbrough is in actually in another HWB area (e.g., Nunthorpe)
- non-pharmaceutical retail-driven movement (e.g. visiting a supermarket or out of town shopping facility)
- a need to access pharmacy services at times of the most limited service provision – for example late evenings, on Sundays or on Bank holidays (or equivalent) days, though for Middlesbrough this would rarely be necessary
- choice to access pharmaceutical services elsewhere for any other reason which may include using a Dispensing Appliance Contractor (DAC) or a distance-selling pharmacy

As previously described in section 6.1, Middlesbrough is bordered to the east (and north east) by Redcar and Cleveland and to the north, north west, west and south west by the Borough of Stockton-on-Tees. Only a small proportion of the Middlesbrough borough boundary is bordered by a non-Tees HWB area; (North Yorkshire).

The location of Middlesbrough in relation to these neighbouring HWB areas suggests that there may be opportunity for patients to travel either to or from neighbouring Boroughs within the Tees Valley area, or more widely into other HWB areas, in order to access pharmaceutical services. However, the proximity of pharmacies in the borough of Middlesbrough to each other, and the existing transport links, suggests that residents of Middlesbrough, and the associated reliant population, are most likely to access pharmaceutical services locally. This is confirmed with prescription analysis in the following section.

Figure 11 shows pharmacy location overlaid on a population density map for the four Tees HWB areas to assist with understanding the potential for cross boundary activity. Local knowledge of the area and lifestyle movement of the population as well as transport links, proximity to existing pharmacies and service data where available, would suggest that where users of pharmacy services do sometimes choose to travel out of Middlesbrough to access a pharmacy, this would most commonly be to pharmacies located at:

- Teesside Retail Park and Portrack out-of-town shopping areas, supermarkets and / hypermarkets in Stockton-on-Tees
- Cleveland Retail Park, supermarket and other pharmacies in the Eston locality wards (comprising [Grangetown], [South Bank], [Ormesby],

[Normanby], [Dormanstown], [Eston] and [Teesville]) in Redcar and Cleveland

- the pharmacy at 'Nunthorpe' in the [Ormesby] ward in Redcar and Cleveland; where local authority boundaries bisect the area of 'Nunthorpe', the ward with that name is in Middlesbrough but the pharmacy is in Redcar and Cleveland.

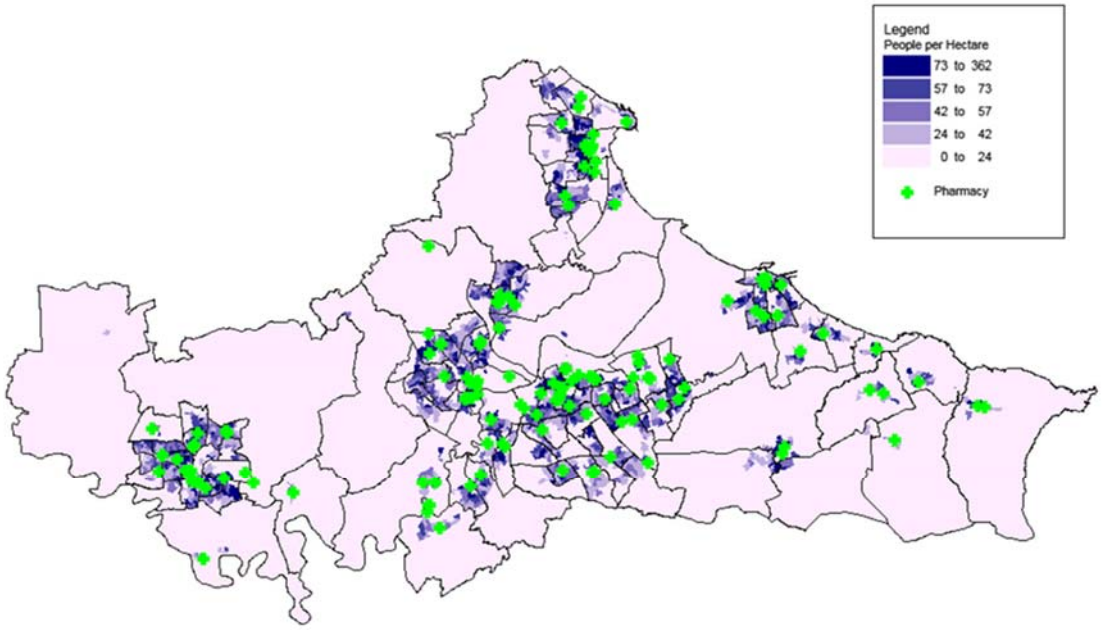

Figure 11. Showing population density across Tees and pharmacy locations to illustrate potential for cross-boundary activity. Green Crosses show pharmacy locations.

Cross boundary activity data for dispensing of NHS prescriptions in the 'South Tees' HWB areas is described below and in Table 23. The table shows that based on prescription data for the 3 months from April to June 2014, the proportion dispensed within the Middlesbrough HWB area is 94.6%, which is similar to Redcar and Cleveland, it's HWB neighbour. Three years later nearly 10% of Middlesbrough prescriptions were dispensed outside the HWB, but the vast majority of these are dispensed in the neighbouring HWB areas of Tees.

	April – June 2014			April 16 – March 17		
Prescriber area	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed in other Tees HWB areas (%)	Proportion dispensed outside of Tees (%)	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed in other Tees HWB areas (%)	Proportion dispensed outside of Tees (%)
Middlesbrough	94.6	4.4	1.2	90.4	7.8	1.8
Redcar and Cleveland	94.0	5.2	0.8	94.3	4.8	0.9

Table 23. Cross-boundary dispensing for HWB areas of South Tees CCG. (Source: ePACT)

Whilst the increase in out of HWB area dispensing has been noted, it is not considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Middlesbrough, this level is more likely to represent choice or convenience, and may even demonstrate some large scale out of area transactions such as for nursing home patients. Some of this small proportion dispensed out of the area may include internet pharmacies, and those dispensed by appliance contractors.

Middlesbrough has only one boundary with a non-Tees area; there are two pharmacies within 5 to 7 miles of this into the North Yorkshire HWB area. It is understood that a small number of prescriptions from Middlesbrough are dispensed here. Again, this is likely to be opportunistic rather than essential; nevertheless it does offer choice to those who wish to do so. The pharmacies in Stokesley and Great Ayton are open standard daytime hours, so it is unlikely that many Middlesbrough patients or professionals (e.g. for palliative care) would need to purposefully visit one of these pharmacies rather than closer pharmacies located at the boundary e.g., at Coulby Newham or Marton during these times.

8.4 Description of existing services delivered by pharmaceutical or other providers other than community pharmacy contractors

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

- secondary care provision
- mental health provision
- prison services (Stockton-on-Tees) and also via
- CCG directly-provided or CCG commissioned pharmaceutical services and
- Local authority commissioned services (e.g., for public health).

The majority of these services do not come under the definition of 'pharmaceutical services' as applies to the PNA. However some of the

pharmaceutical services required by community hospitals, mental health units and other community services could be, and sometimes are, commissioned under specific service level agreements with providers on the pharmaceutical list. This element of pharmaceutical service provision is more intangible, but examples that may be of significance have been included here.

There are three NHS Foundation Trust providers of secondary and community services within the Tees Valley. The James Cook University Hospital (part of South Tees NHS Foundation Trust is situated in the Middlesbrough HWB area. Each trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and some community services where commissioned. For completeness it is noted that pharmaceutical services for in-patients are also commissioned for the prison in the Stockton on Tees HWB area.

The local mental health trust (Tees, Esk and Wear Valley) similarly provides (or commissions) pharmaceutical services in connection with the range in-patient and out-patient services it delivers. Elements of these are delivered by a community pharmacy organization under a specific contractual arrangement.

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

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

As part of medicines management, prescribing support to primary care was a core activity of NHS Middlesbrough. Examples of medicines management or optimisation and prescribing support include

- regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- patient medication reviews with referrals from practices, care homes and other teams, for example district nurses, learning disability team

- medicines management in domiciliary and care home settings
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- independent and supplementary prescribing
- strategic advice and operational activity to support the controlled drugs and patient safety agendas and
- strategic input into the development of community pharmacy, including the PNA itself.

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

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

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

This list is not intended to be complete; it is not an easy task to unpick. Many of these services are ‘necessary services’ but as gaps in service provision (from alternative providers, or from community pharmacy) have not been highlighted, there is no commissioning priority for community pharmacy providers to deliver at this time. However, as transformation of health and social care pathways continue, there may be more opportunities to integrate community pharmacy to provide improvement or better access.

Additionally, we have already highlighted situations where pharmacy [enhanced] services are provided in a mixed-provider model alongside other providers (e.g. needle exchange, EHC, CVD screening, Stop smoking). These are necessary services, counted as a pharmaceutical service in the PNA but could be provided more or less by either community pharmacies or the alternative providers at any time depending on commissioners’ preference. It is the overall population need and the overall balance of provision that determines whether or not there is gap in pharmaceutical service provision.

8.5 Results of the patient survey; feedback related to existing provision

8.5.1 Overview

A blank copy of the survey questions is included as Appendix 5. Thirty three respondents reported either living in Middlesbrough (82%) or working in Middlesbrough (18%). Those living in TS5 – Acklam / Linthorpe (27%) and TS7 – Marton, Nunthorpe and Ormesby (18%) were the highest responders.

There is a gender bias to the survey as 67% of the respondents were female. Evidence suggests that women use a pharmacy more than men (including collecting prescriptions and seeking advice on the behalf of their partners and dependents) so this bias does at least reflect current pharmacy attendance.

The overall number of respondents is low compared to that achieved using the same engagement plan over the same time period for Redcar and Cleveland where over 100 responses were collected. Therefore, for comparison and where available, the 2015 data has been included for additional perspective.

8.5.2 Detailed analysis of results

A high proportion of Middlesbrough respondents (88%) (2015-88%) indicated that they usually use a pharmacy in the area in which they live. 88% (2015-91%) reported that there are pharmacies near to where they live or work that they could get to by walking for less than 15 minutes, with 88% (2015-97%) describing pharmacies available within a short bus ride.

Middlesbrough responses to the question **'If or when you go to a pharmacy in person, how do you usually get there?'** were that a third walked with two thirds travelling by (2015-50:50). Those using public transport accounted for only 3% (2105-3%) and no one reported using a taxi.

In answer to Question 10, 94% who replied reported that it was extremely easy for them to visit a pharmacy when they needed to. Two people gave a reason for any difficulty they found in accessing a pharmacy; both citing disability or mobility issues.

This correlates well with a recent study published by University of Durham (Todd, 2014), which found that overall, 89% of the population of England was found to have access to a community pharmacy within a 20 minute walk; in urban areas like much of Middlesbrough this increased to 98%. Perhaps even more important was that access in areas of highest deprivation was even greater with almost 100 per cent of households living within walking distance. It is the authors' claim that this makes pharmacies ideally placed to play a vital role in tackling major public health concerns such as obesity and smoking. These findings show that the often-quoted inverse care law, where good medical care is most available to those who need it least, does not apply to pharmacies. Opportunities for public health interventions may be even more significant when considered with the information that over half (54%) of the

people who responded to the PNA survey in Middlesbrough already visit a pharmacy in person at least once a month.

In response to the question **"What do you usually go to the pharmacy for?"** Table 24 shows that individuals usually visit a pharmacy to get a prescription but a high proportion reported visiting for advice for themselves.

Answer Options	A prescription	A service they provide	Advice	Something else
For you	87%	16%	48%	6%
For someone else	95%	0%	10%	5%

Table 24. Showing responses to "What do you usually go to the pharmacy for?"

Relating this to questions looking at behaviour in relation to pharmacy and minor complaint, 81% (2015-70%) reported that they would visit a pharmacy before they went to A&E, a walk-in centre, or their GP; this is an improvement on the 2015 PNA survey where 70% reported that they would visit a pharmacy first.

Question 6 asked – **if you received advice from a pharmacy about a minor health problem but the pharmacy medicines were too expensive for you to buy, what do you think you would do?** The majority of respondents advised they would go to their GP or do without and 14% of respondents reported experiencing this issue.

It may be possible to increase the proportion of the population who would visit a pharmacy first with the provision of a commissioned service to make medicines for minor complaints available free at the point of self-care at a pharmacy. Variously called a minor-ailments scheme or 'Pharmacy First', such schemes operate widely across England and the North East. As this PNA is out for consultation, a new enhanced service – the Community Pharmacy Referral Service (CPRS) – see Section 8.3.3 commenced on 4th December 2017 as a pilot in Middlesbrough and the service in Middlesbrough has the facility to supply some medicines to service users free of charge following consultation.

In response to the question '**How would you rate the pharmacy or pharmacies that you have used or usually use'? -** 87% (2015-80%) of the Middlesbrough respondents rated their pharmacy as excellent or very good, a further 10% (2015-16%) reporting fairly good.

Question 18 asked
'What do you think about the opening times of pharmacies that you use?'

Respondents were able to choose more than one response. This shows that 76% (2015-70%) of the Middlesbrough respondents indicated that they were happy with current opening times and the second most frequently recorded

comment 31% (2015-24%) was that they could ‘always find a pharmacy that is open when they need to’. Small numbers wished for more late evening opening (7%) (2015-6%) but no respondents this year indicated wanting more or longer opening times on a weekend (compared to 2015 figures - 4% on Saturday, 7% on Sunday). Middlesbrough is well served by pharmacies open on a Saturday and Sunday across a relatively small geographic area and recently a 100-hour pharmacy in Linthorpe has adjusted its opening hours to provide improvement or better access for patients on a Sunday evening until 9.30pm. At the time of the 2015 PNA a pharmacy was open until 8pm on a Sunday. This satisfaction with weekend opening hours may also reflect that patients now have more information / awareness of the opening times of pharmacies.

Another question asked

‘Why do you choose the pharmacy or pharmacies that you normally use?

Other than ‘near where you live’ (70%) the reasons people choose a pharmacy are many and varied. Good customer care and reassuringly trusted advice were the next most cited choices.

On a separate question, when asked to indicate which **one** of the options was most important to them, being near home was still at the top but this time good customer care came second (14%) and third (10%) with similar numbers of responses for ‘inside or close to a GP practice’ and ‘convenient opening times to use on an evening or weekend’.

The majority of the respondents did not get their prescriptions delivered; for the small number who did the reason given for doing so was for convenience (1), though for 2 individuals this was because they would find it difficult to collect themselves.

Answering question twelve, 97% (2015-96%) of the survey respondents had access to the internet and 57% (2015-34%) were aware that access to NHS dispensing services is available on-line (distance selling pharmacy). Only 7% (2015-5%) had used an NHS internet pharmacy.

When invited to consider the question
Thinking about new services local pharmacies could offer, though not necessarily in your pharmacy, which of the following do you think might be useful?

Table 25 shows a very clear interest for a Healthy Heart Checks and pharmacy-based NHS Screening Services together with support for a pharmacy minor ailment service and Flu Vaccination delivered via community pharmacy.

Thinking about new services local pharmacies could offer, though not necessarily in your pharmacy, which of the following do you think might be useful?	I would like to use this pharmacy service
Free Healthy Heart Checks	55%
Anticoagulant Monitoring Service - e.g. finger prick testing for patients on Warfarin.	19%
Gluten Free Food Supply Service without prescription	23%
NHS flu vaccination	36%
Pharmacy First - advice and supply of medicines needed to treat minor issues (like hay fever, head lice, childhood fever) without needing a doctor's appointment, prescription or purchase	37%
NHS Screening Services - e.g. diabetes, HIV, Hepatitis B or C.	49%
Specific help with medicines for people with a long term illness or conditions - e.g. obesity, asthma or COPD.	27%
Pharmacy weight management programme	10%
Advice and support in a language other than English	10%

Table 25. New pharmaceutical services patients think might be useful and they would like to use

8.5.3 Patient survey summary

- The majority of respondents rated the pharmacies in their area as good and also find it very easy to visit a pharmacy.
- Most people are happy with the current opening times of the pharmacies that they use and of those small numbers that weren't, they would like more 'late evening' opening.
- People are most likely to choose the pharmacy they usually use because it is near to where they live or because they value the customer service or trust the advice provided
- Some respondents indicated they had accessed that GP extended hours access hubs (17%) but none of those responding indicated a problem with the opening times of pharmacies
- After prescription dispensing services, respondents mostly used information and advice offered by pharmacies.
- Respondents indicated an interest for Healthy Heart Checks and pharmacy-based NHS Screening Services together with support for a pharmacy minor ailment service and Flu Vaccination delivered via community pharmacy.
- In contrast, some patients are clear that that they would prefer not to visit a pharmacy for some of the potential new services indicating the value of choice, however, the levels are lower than in 2014 which is positive.
- The majority of respondents visit a pharmacy monthly and usually go for a prescription for themselves or a prescription for someone else, with half paying for their prescriptions themselves.

8.6 Results of stakeholder surveys or feedback related to existing provision

The stakeholder survey was undertaken according to the process described in Section 4.3.1.1. A blank version of the survey is included at Appendix 4.

Eight stakeholder surveys were returned indicating 'Middlesbrough' as the reference area for the response. Respondents were able to skip questions if they wished to therefore the remaining data is presented as a percentage of those that responded to that specific question.

Eight responded to the question:
Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?
Six of these (75%) responded positively and two advised not involved

Eight individuals (depending on sub-question) responded to indicate the type of pharmaceutical services that they (or their services) have contact with, and how often, each being able to tick all that applied - most respondents had most frequent contact with community pharmacy services, commissioner advisory services or general practice based prescribing support.

50% of those who answered felt that current provision of pharmacy (premises) in Middlesbrough is 'about right / more than enough'; 25% indicated that they did not know and 25% indicated not enough but in answer to the question: **In your experience, is there a ward, neighbourhood area or locality in the local authority area where a new pharmacy might be considered to offer benefit?** No individual answered yes. Conversely, two respondents indicated that that there was a ward, neighbourhood area or locality where there are more pharmacies than needed and the area of Linthorpe was cited.

Of those who indicated that they knew enough to answer, 80% indicated that they thought that current pharmacy opening times meet the general needs of the Middlesbrough population either very well or quite well; one respondent advised 'not very well'. 50% of respondents felt that the quality of service provided by pharmacies was either good or very good; 1 person indicated satisfactory, 1 person poor and one did not know.

Seventy five percent of respondents felt that existing community pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population and 88% were aware of the Healthy Living Pharmacy initiative, but not all had experience of the service.

Regarding the nationally contracted services, the majority of respondents were aware of the essential and advanced services that pharmacies provide but also indicated that better use could be made of all of them. All respondents noted that the extra opening hours commissioned by NHS England to cover Bank Holidays improves access for patients in this borough.

Sixty percent of respondents indicated that they were aware that at the time of the survey there was no facility for free access to medicines for self-care via

pharmacy in this area and there was a mixed opinion regarding whether a patient should expect that they might have to pay for medicines for self-care.

With respect to locally contracted services, most respondents indicated that they felt that the services improved patient access. Overall the range of commissioned services provided by pharmacies in Middlesbrough were viewed by most respondents as 'could be considered for improvement by offering more'

When asked '**Is there a particular ward or locality area which in your experience might benefit from a new pharmaceutical service being provided in the pharmacies that are already there?**' No respondents answered yes.

Given the long list of potential services not available in this area, stakeholders were asked to indicate if they considered that they were needed in Middlesbrough now, or might be needed in the future, or not needed. Overall, the spread of services identified as needed now or in the future was extensive making it is difficult to discriminate especially as response rate is small. When invited to choose from a list, up to 3 pharmaceutical services which **"might offer greatest impact (improvement or better access to services locally) if they were to be commissioned",** those service most frequently selected were: a minor ailments service (80%), electronic 'refer to pharmacy' service from telephone triage in general practice (60%), an out of hours service (40%) and weight management service (40%).

In relation to non-community pharmacy services, only half of stakeholders answered this question, but of those that did respond there was support for exploring with pharmacies the possibility of providing improvement or better access to these services.

8.6.1 Current providers' views on current and future provision

As part of the 2017 community pharmacy data collection, existing community pharmacy providers were asked to indicate service priorities for future commissioning from their experience providing pharmaceutical services in the area on a day to day basis. There was a high rate of completion of this section which required 'free text' entry and was not therefore driven by any pre-prepared 'tick box' process.

Pharmacies were asked to indicate their top three priorities for services not already commissioned from pharmacy contractors in their area. The potential new service most frequently identified by contractors as the highest priority for commissioning of a new pharmacy service for their reliant population in Middlesbrough is a 'Pharmacy First' or minor ailments scheme, with 44% of 27 responding pharmacies identifying that service as a priority for commissioning. The next most common potential new pharmaceutical services that pharmacy contractors considered might provide improvement or

better access for the local population were also public health priorities i.e. weight management, obesity management and CVD/ cholesterol/ diabetes screening services. Contractors also identified a need for a sharps disposal service which may be used for diabetic patients or patients using other forms of injection on either a long or short term basis. Qualitative comments about need for a minor ailments service include:

'equal access to medication, free at the point of provision – otherwise the system is directing patients to high cost, low capacity locations and away from care in the community'

'this would help free up time for GPs to see people with more urgent needs'

'pharmacy in deprived area that would benefit from access to medicines for free'

Qualitative comments about screening services include:

'due to the elderly demographics of Coulby [Newham] I believe hypertension could be detected earlier by offering a check for all patients over a certain age'

'diabetes / inr checks to reduce waiting times in surgeries for patients'

'frequently asked to provide blood pressure and cholesterol tests'

The results for Middlesbrough were also significantly affected by pharmacists who gave, as at least one of their choices, services already commissioned in the Middlesbrough area, but not from that pharmacy. This reduced the number of available opportunities for pharmacies to score a 'new to Middlesbrough' service substantially, but indicates the degree of interest in providing these current services where opportunities have not previously been made available. The most significant number of choices/ comments made for a service that is already commissioned in the HWB area, but not from that pharmacy, were for smoking cessation, Healthy Start Vitamins and needle exchange.

8.6.2 Consultation Response

Notification of commencement of the consultation period for the Middlesbrough HWB draft PNA was sent on 4th January 2018 with a closing date set for 6 March 2018 to ensure that all statutory consultees had at least 60 days to be able to respond.

A framework of specific questions was provided for consultees to provide their feedback in response to the consultation and these nine questions can be seen in Appendix 3 together with tabulated summary responses and full verbatim accounts of any comments made. Seven replies were received via the survey tool and two others were sent directly.

Those respondents who replied to the specific questions indicated that
•the purpose of the (draft) PNA was explained (100%)
•the (draft) PNA accurately described the range of pharmaceutical services available in Middlesbrough (100% agreed) and

•adequately reflects local pharmaceutical needs (86%)
•the process followed in developing the PNA was appropriate (100%)

Several consultees responded noting errata and with comments and suggestions for additional issues/ material to be included in the PNA. Each of these has been responded to in the consultation report and adjustments made to the final PNA where possible and appropriate.

9.0 Local Health and Wellbeing Strategy and Future Developments

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

9.1 Strategic Themes and Commissioning Intentions

There are significant challenges in Middlesbrough – the recent year on year improvements in life expectancy at birth and healthy life expectancy have stalled and the latest data is now showing a downward trend. The inequality gap in life expectancy between the residents of Middlesbrough and the national average is widening driven mainly by the widening gap with the borough between the deprived and affluent wards. The JSNA identifies strategic themes and commissioning intentions towards meeting the identified health and wellbeing needs of Middlesbrough and a range of existing plans are already in place.

Key priority areas of work focus on those areas which cause a significant burden of disease and death and increase health inequalities i.e., cancer, smoking, obesity, alcohol and drugs, mental health, suicide and respiratory and cardiovascular long term conditions. There is a particular focus on improving the ‘early years’ – increasing breast feeding, reducing maternal smoking rates, and reducing childhood obesity. For adolescents, reducing teenage pregnancy rates and reducing alcohol-specific hospital stays in those under 18

The Middlesbrough Health and Wellbeing Board and Network brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The HWB focuses on planning the right services for Middlesbrough

and securing the best possible health and wellbeing outcomes for the local community.

The work of the Board is guided by the Middlesbrough Health and Wellbeing Strategy. The Strategy sets out the priorities the HWB and Network feel are most important for local people, based on the JSNA and other relevant sources of information.

Middlesbrough's Health and Wellbeing Board's vision is:

"To improve the health and wellbeing of our local population and reduce health inequalities".

The vision for the Middlesbrough Joint Health and Wellbeing Strategy is that by 2023, in Middlesbrough:
• more children and young people will lead healthier, safer lives and achieve their full potential
• fewer people will die prematurely from preventable causes
• more people will live longer and healthier lives
• people will receive the right services, at the right time, in the right place
• there will be fewer people experiencing social deprivation

Middlesbrough includes more areas that are deprived than affluent. Deprivation creates different life chances and has effects on health and wellbeing. Differences in risks to health create corresponding differences in levels of avoidable illness and premature death such as

• social and economic conditions such as poverty, unemployment, poor housing, crime and lower educational attainment.
• lifestyle and behaviour such as smoking, binge drinking, lack of physical activity and poor nutrition.
• insufficient or inappropriate use of services such as screening, immunisation and early diagnosis programmes to prevent illness, or the reliance on emergency services and urgent care because of delays in seeking earlier diagnosis.

The health and wellbeing of the local population could be improved by better co-ordination between organisations whose services are aimed at preventing illness and reducing premature death, as well as those organisations whose services have an impact on the social causes.

To address the key determinants which cause a significant burden of disease and death and increase inequalities, Middlesbrough prioritises improving health outcomes for children, tackling lifestyle risk factors (smoking, alcohol, obesity), tackling the social causes of poor health, improving emotional well-being and mental health across the life course. Pharmacies play an important role in the system to address these health and wellbeing issues and inherent inequality.

9.2 Future developments of relevance

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

• known firm plans for the development/expansion of new centres of population i.e. housing estates, or for other changes in the pattern of population

• known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies

• known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area

• known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments

• plans for the development of NHS services

• plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, health checks

• introduction of special services commissioned by clinical commissioning groups

• new strategy by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors.

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

9.2.1 Housing development and changes in social traffic

Middlesbrough Council formally adopted its Housing Local Plan in November 2014. The housing development is based on a strategy of both development on regeneration sites and on development focused on the release of viable market sites. The population of Middlesbrough is stable and it is estimated that a building rate of **410 dwellings per annum** up to 2029. All of these sites have been considered, but many are relatively small numbers in any one location which would have little impact in terms of the PNA. The PNA should also have regard to potential for demolitions and other losses to the existing housing stock of the Borough. The more substantial to have regard to for the PNA are:

- Greater Middlehaven (450 dwellings) – served by pharmacies in Middelsbrough Town centre

- Changes in [Gresham] (-145 net dwellings) and in the Grove Hill area (net +555 dwellings) and Acklam Green (325 dwellings) (close pharmacies already at Eastbourne Road, Linthorpe Road and Acklam Road)
- Prissick – the development around previous school sites such as Scholars Rise and Brackenhoe East (570 dwellings) many already constructed (close to existing pharmacies at Martonside and Marton)
- Maximum of 600 dwellings at Nunthorpe; pharmacies at Marton, Nunthorpe and Coulby Newham
- Brookfield, Low Lane (1125 dwellings) Ladgate Lane, Hemlington Grange (375 dwellings) and land at Stainton account (325 dwellings). Pharmacies at Brookfield, Hemlington and Coulby Newham as well as existing options for population of Stainton across LA boundary into Stockton on Tees

The Tees Valley Gypsy and Traveller Needs Assessment (2009) provides the basis of Middlesbrough's evidenced need for pitches for this population. There are 21 pitches at The Metz Bridge site and 10 plots at the Travelling show people yard in North Ormesby. Over the planning period to 2029 there are two further gypsy pitches and three travelling showpeople plots required. Specific pharmaceutical needs associated with this population will be accommodated within the existing pharmaceutical services estate.

There is always uncertainty in the housing / construction market which means that planned developments may not come to completion and given the population estimates and the trend towards single occupancy it is most likely that this does not create new but rather re-distributed demand. Given the geography of Middlesbrough, the existing community pharmacy provision and reviewing all the developments currently known, **the number of households per year likely to reach completion in any of these locations, over the next three years, are not considered to create a new need for pharmaceutical services over and above that which can be readily accommodated by existing providers of pharmaceutical services.**

9.2.2 Health care and GP practice estate

The 5 Year Forward View (5YFV) is confirming the need for practices to come together to explore new, innovative ways of delivering Primary Care at scale and since the last PNA in 2014, there has been a net reduction in the number of GP practices in Middlesbrough. The practice in Hemlington has closed

- Hemlington Health Centre

South Tees CCG advise that;

- the Oakfield Medical Practice and Linthorpe surgery merger has been approved and is expected to be implemented in January 2018. The new practice will operate from both existing surgery sites in Linthorpe and North Ormesby.

- Foundations medical practice and Haven practice are planning to merge and approval is currently being processed (as draft PNA out for consultation)

Following an unsuccessful procurement exercise the Resolution Health Centre at North Ormesby will close on 31st March 2018 and the patients will be redistributed to other lists.

In April 2017, the new GP extended access service commenced from two hubs in Middlesbrough, one from North Ormesby Health Village and the other from the One Life Centre on Linthorpe Road. The impact on of these services on the need for pharmaceutical services has been considered elsewhere.

Woodlands Road Surgery and the branch at Acklam Road both closed and the surgery relocated to Trimdon Avenue in Trimdon ward (M2: Middlesbrough South) and the practice has been renamed 'Bluebell Medical Centre' and opened in May 2017. In the 2015 PNA it was noted, to avoid the situation being unforeseen, there would be no need for a new pharmacy to be co-located there given the two pharmacies close by at the Oval and on Acklam Road (P J Wilkinson Chemist) providing both access and choice. It is noted that there is now an extant grant (see Section 8.1.1.1) for the pharmacy on Acklam Road (P J Wilkinson Chemist) to relocate to the Bluebell Medical Centre site and this was granted in December 2018. It is a condition of the relocation that population access to the applicant pharmacy contractor is unaffected, therefore it is considered that no gap will be created as a result of this relocation (should it come to fruition)

There is a new private hospital in development at the Acklam Hall site for Ramsay Health Care UK.

Other than for the new private hospital at Acklam Hall, the closure of the Resolution Health Centre in March 2018 and the merger of Linthorpe and Oakfield practices we are not aware of any other developments of note in relation to healthcare estate and South Tees CCG advised that there are no plans for changes in the overall number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area at this stage.

10.0 Pharmaceutical Needs

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

10.1 Fundamental pharmaceutical needs

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

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

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

- The requirement to access Prescription Only Medicines (POMs) via NHS prescription (dispensing services), including NHS repeat dispensing and any reasonable adjustment required to provide support for patients under the Equality Act 2010;
- the need for self-care advice and the signposting needs of patients, carers and other professionals;
- public health needs in relation to advice and support for health improvement and protection, especially in relation to medicines;
- the requirement to safely dispose of waste medicines in the community and finally
- the public and professional expectation of reasonable standards and quality of pharmaceutical care and service.

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

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

The Assessment reported in Section 11 will have regard to choice, reflecting on the possible factors to be considered in terms of “sufficient choice” as follows:

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

10.2 Pharmaceutical needs particular to Middlesbrough

How do the identified inequalities in health in Middlesbrough impact on pharmaceutical needs?

People with poorer health and more long term conditions are likely to have to take more medicines. They might have to start taking them earlier in their lives. They may need support to manage their medicines properly and to ensure they understand and engage with their medicines taking (compliance/ concordance). Many patients benefit from understanding more about their illness in relation to their medicines. Good pharmaceutical advice and support can help them become their own ‘expert’ and encourage them to be a positive and assertive partner in the management of their own health and the medicines-related aspects of it.

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

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

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

As the population ages, and the number of ill-health conditions they experience increases, the potential need for domiciliary services (not just non-NHS delivery services) will need to be considered, as this may be better use of commissioning resource where proximity to a pharmacy is a potential impediment. The national drive to improve access to clinical pharmacists in general practice will support this.

Valuable patient-facing services are already provided by the existing CCG commissioned medicines management services for example

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

With both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with secondary care pharmacist colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes.

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

system provided adequate information and skills training is available as an enabler.

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

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

A Pharmacy First (minor ailments scheme) may provide added value of repeatedly re-educating the population with regards to ‘choosing well’ for their access to health care support. It also meets a fundamental need to target those areas of higher deprivation and remove the potential for a two-tier pathway to self-care for those who can pay and those who can’t. It also has the potential to improve access for patients to healthcare services integrating pharmacy services alongside GP or other primary care services.

The effects of high deprivation in a significant proportion of the wards in locality M1: Middlesbrough Central and some in M2: Middlesbrough South will impact on the pharmaceutical needs of children and young people. Poorer choices with regard to the determinants of ill-health (poorer diet, parental smoking (including in pregnancy), and risk-taking behavior) will also affect child health. Brief interventions during contacts with a pharmacy may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed. Promotion of better oral health would also be of value where the dental caries rates in children are high.

There may be a need for more support to keep children safe and a greater awareness amongst pharmacy professionals on the appropriate action to take

in the best interests of children and young people. Actions to promote medicines safety may be particularly important in areas where there is low adult literacy to ensure adequate understanding of the need to keep medicines out of reach of children (especially methadone etc.), to use them properly and to be able to give correct doses.

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

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

There is a pharmaceutical need for patient access to EHC. This clinical service is now well established in community pharmacy and opportunities to close an EHC consultation with the offer of a Chlamydia screening test and registration for the C-card scheme should be maximized. Screening might be better taken up via pharmacies if there was a free treatment option to return to that same pharmacy, where a relationship has been established. Once more, to meet a fundamental pharmaceutical need for a medicine to be supplied, pharmacy is a safe and secure supplier of medicines. This EHC treatment may already be provided by a private over the counter (OTC) sale in certain circumstances. A PGD for chlamydia treatment in community pharmacy could broaden access and facilitate a more streamlined pathway without the inconvenience to the patient, and commissioner expense, of a second professional consultation to obtain a prescription to be able to access treatment free.

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

There are a range of pharmaceutical needs in relation to the support and management of patients with mental health problems including those related to dementia, dual diagnosis, harm minimization and substance misuse. The Quality Payments Scheme requires pharmacy staff to become 'dementia friends'. As well as the needs for routine safe and secure supply of medicines to support drug treatment, often in line with controlled drugs legislation, the need for supervised self-administration is now common-place and almost routine. This client-group also has further pharmaceutical needs related to the management of blood-borne viruses, including provision of safer injecting equipment, good quality information and screening services. Middlesbrough offers a pharmacy needle exchange service to support this.

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

There are great opportunities to improve the involvement of pharmaceutical services at various stages of urgent care that currently absorb the time of these services unnecessarily, e.g., pharmacist telephone support for 111 services, direct referral to a pharmacy Minor Ailments service and an NHS commissioned service to permit the 'Emergency Supply' of medicines under existing legislation, but made free (or covered by prescription equivalent charge) at the point of supply. Some of these improvements are being tested locally (CPRS) and nationally (NUMSAS) currently but longer term availability is unknown.

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

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

- prescribing support to primary care involving regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- pharmaceutical advice to support the patient safety and PhS contract management process and 'market entry' processes at NHS England

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

10.3 Pharmaceutical needs particular to the two localities

10.3.1 Locality M1: Middlesbrough Central

All of the pharmaceutical needs identified for Middlesbrough are most prominent in Middlesbrough Central locality.

The specific pharmaceutical needs of the higher proportion of non-white population in this locality also require consideration. Brief intervention, signposting and / or public health campaigns should be made available with targeted health messages for this population and specific screening services (for example for diabetes) may be considered and some other issues for consideration are described here.

It does not necessarily follow that the whole of this population may have language access difficulties, but where this is the case it may impact in a similar way to low adult literacy and numeracy. There is a need to ensure that all people for whom English is not their first language are not disadvantaged in their access to necessary pharmaceutical services. NHS England has contracts in place with providers able to offer face to face and telephone translation and interpreting services, including British Sign Language and languages other than English, to all who access NHS primary care services. Action is required to raise awareness of the availability of these services to pharmacy professionals to support their work with patients. In the pharmacy survey, several pharmacies reported staff who could offer communication in a language other than English. A greater understanding of this local expertise and how it could be used during pharmacy service review and service specification development could be explored.

10.3.2 Locality M2: Middlesbrough South

There are parts of Middlesbrough South (e.g., [Hemlington], [Ladgate] that have pharmaceutical needs more similar to those of Middlesbrough Central than to the rest of this locality and it is important that the needs of these ward populations are not overlooked. This locality also has a higher proportion of older people, a significant working population and a (small) population in a slightly more rural area in (Stainton less so, and) Thornton. The

pharmaceutical information needs to support public health messages or interventions may require alternative approaches for the population in these areas.

11.0 Shaping the Future: Statement of Need for Pharmaceutical Services in Middlesbrough

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

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

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

The statement should further identify if these necessary services are

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

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

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

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

11.1 Statement of need: dispensing services

There are no (doctor provided) dispensing services to which the Health and Wellbeing Board has had regard to in its assessment, which affect the need for pharmaceutical services in the Middlesbrough area.

11.2 Statement of need: pharmaceutical need for essential services

11.2.1 Borough of Middlesbrough – both localities

Essential services are available via the current pharmaceutical services provision described in section 8. Gaps in essential services could arise from poor access to a pharmacy or an appliance contractor (including insufficient choice) or poor service delivery, or might be identified from a consideration of likely future needs.

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

Having regard to all the relevant factors (including the opening times of the GP extended hours access hubs on a weekday evening from 6.00pm until 9.30pm and from 8.00am until 9.30pm at North Ormesby Health Village and The One Life Centre on Linthorpe Road on a Saturday and Sunday) and future needs, it is considered that:

- the general location in which the current pharmaceutical services are provided, including the days of the week and times at which these services are provided are necessary to meet the current and likely future pharmaceutical needs for Essential services in both localities of the Middlesrough HWB area

- there is no identified need for any additional provider of pharmaceutical services (that is, for the avoidance of doubt, no current or known future need for new additional pharmacy contractor/s)

- for pharmaceutical needs to continue to be met, it is necessary to maintain the number of core hours provided before 9.00am and after 6.00pm on week days and all core hours on a Saturday and Sunday. The pharmacies that are open for 100 hours per week are necessary providers of core hours; they provide a substantial contribution to opening hours stability and the HWB would not wish to see any of their total opening times reduced.

The HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of both localities of Middlesbrough. Some providers of pharmaceutical services outside the HWB area provide improvement and better access in terms of choice of services, but these are not necessary services i.e. there is **no gap** in service that cannot be met from pharmacies located within the HWB area.

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

NHS Repeat dispensing is under utilised and there are opportunities for improvement and this is recognised by South Tees CCG

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

11.2.2 Locality specific needs including likely future needs

11.2.2.1 Locality M1: Middlesbrough Central

Having regard to all of the issues presented throughout, no additional pharmaceutical needs for essential services are identified over and above those general needs identified for the HWB described above. Taking into account potential future needs, there is **no gap** i.e. no identified need for any additional provider in this locality.

Improvement or better access to these services might also be afforded by better supporting the needs of the population for accurate and timely information about those pharmaceutical services that are available, particularly when and where they are available.

11.2.2.2 Locality M2: Middlesbrough South

Having regard to all of the issues presented throughout, no additional pharmaceutical needs for essential services are identified over and above those general needs identified for the HWB described above. Taking into account all of the information presented throughout and potential future needs, there is **no gap** i.e. no identified need for any additional provider in this locality.

It is acknowledged that the currently small population of Stainton and Thornton require transport to be able to access the essential pharmaceutical services that are provided outside of their ward, but within the M1: Middlesbrough South locality. However, car ownership is high (over 80%, and 36% of households have more than one car) and the choice of pharmacies within a few miles is great: just over a mile to the nearest pharmacy at Hemlington; but it may be more convenient or simply the choice of this population to visit either the newer pharmacy at Brookfield, a similar distance from Stainton, slightly more from Thornton. Pharmacies at Marton or Coulby Newham (with two pharmacies open 100 hours) are not much further and still under 10 minutes by car.

Alternatively persons may cross the local authority boundary to visit a pharmacy in Thornaby or Ingleby Barwick around 3 to 4 miles away. More than satisfactory choice is available at these short distances away.

It is noted that there is now an extant grant for the pharmacy on Acklam Road (P J Wilkinson Chemist) to relocate to the Bluebell Medical Centre site and this was granted in December 2017. It is a condition of the relocation that population access to the applicant pharmacy contractor is unaffected, therefore it is considered that no gap will be created as a result of this relocation.

There is also housing development on-going in this locality. The in-coming population, for example at Brookfield/ Low Lane/ Stainton/Nunthorpe and Prissick Base, are not likely to have the higher levels of pharmaceutical need related to deprivation that are common in the other locality of Middlesbrough. Car ownership rates are likely to be high and the likely future pharmaceutical needs will therefore be met by the large range of pharmacies available within a short driving distance. It is therefore considered that no additional provider is required to meet the necessary current pharmaceutical needs, or likely future needs of this population.

However, **improvement or better access** to these services might also be afforded by better supporting the needs of the population for accurate and timely information about those pharmaceutical services that are available, particularly when and where they are available.

11.3 Pharmaceutical need for advanced services

11.3.1 Middlesbrough – all localities

11.3.1.1 Medicine use reviews (MURs)

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

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

- Improving patients' knowledge about MURs
- Improving the selection of patients for MURs
- Involving CCGs/ GPs in the plans to improve use/ target MURs and gain better concordance on their value
- Applying quality management and enhancement principles to review MURs undertaken
- Enhanced pharmacist training to improve support for patients with learning disabilities, or non-English language difficulties

The 'ceiling' on MUR numbers per pharmacy is already achieved by several pharmacies. If this is to become more widespread i.e. the likely future need outweighs the nationally specified capacity, then alternative local arrangements may need to be considered to achieve maximum improvement or access.

11.3.1.2 Appliance use reviews (AURs) / Stoma Customisation Service (SCS)

AURs may provide **improvement or better access** for patients managing appliances. Data suggests that pharmacy contractors have not engaged with this service or patients have not required this service from pharmacy contractors. Capacity remains available so it is not envisaged that existing providers will be unable to meet any likely future need.

11.3.1.3 New Medicines Service (NMS)

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

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

- Improving patients' knowledge about NMS
- Improving the selection of patients for NMSs

- Involving secondary care colleagues, CCGs/ GPs in the plans to improve pathways, particularly on discharge from hospital, and increase the opportunities use/ target NMS and gain better understanding of their value

11.3.1.4 Community pharmacy NHS seasonal flu vaccination service

The majority of service provision for seasonal flu vaccination remains with general practices and as such, the pharmacy service is not a necessary pharmaceutical service. However, provision of this advanced service commissioned by NHS England provides **improvement or better access** for patients. The availability of the service on a drop-in basis, at times that include weekday evenings, Saturdays and Sundays in some premises, will contribute to the 'convenience and choice' that patient feedback reported.

11.3.1.5 NHS Urgent Medicines Supply Advanced Service (NUMSAS)

In November 2017, NHS England announced that the NUMSAS service pilot would continue to be commissioned for a further six months beyond the end of March 2018 to allow a proper evaluation of the service to be completed; therefore the service will run until the end of September 2018. Early indications suggest that the service provides **improvement or better access** to medicines access.

11.4 Statement of need: Pharmaceutical needs for enhanced services

11.4.1 Community pharmacy enhanced services currently commissioned by NHS England and available in Middlesbrough

11.4.1.1 Extended hours (Bank Holiday) directed service

There is a pharmaceutical need for essential services to be available on days when all normal pharmacy provision could be closed (e.g. Bank Holidays). The service is of increasing value as more general medical services become available in these extended hours periods. In the absence of any other provider, a minimum service is considered **necessary** to meet the needs of the population of Middlesbrough. In order to meet the needs of Middlesbrough HWB population, pharmacies are also commissioned outside of the HWB area, but within the Tees area, and contribute to provision of this necessary service. Provided at least the current level of direction of pharmacies on these days is maintained, there is considered to be **no gap** in the current provision of this pharmaceutical service. NHS England should keep the likely future needs for this pharmaceutical service under review by monitoring the impact of any changes introduced as a result of the GP extended hours access hubs which may indicate a more extensive extended hours service should be directed. Arrangements must be agreed well in advance so that patients are able to make best use of the services by being able to be fully aware of them.

11.4.1.2 Emergency planning: supply of anti-viral medicines

NHS England is responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and coordination and leadership of all providers of NHS funded care. NHS England at all levels has key roles and responsibilities in the planning for and response to pandemic influenza.

There is a pharmaceutical need for antiviral distribution systems to be available in the event of a Pandemic. Depending on the stage of the response, NHS England may choose to use pharmacy or non-pharmacy providers but some planned service availability is **necessary** to meet the needs of the population of Middlesbrough. In the absence of another provider NHS England may plan, and ultimately commission, an enhanced service from community pharmacy providers. It is not considered that existing contractors in Middlesbrough will be unable to meet the likely future need for this service.

11.5 Statement of need: other NHS services taken into account when making the assessment

11.5.1 Other community pharmacy services currently locally commissioned in Middlesbrough

11.5.1.1 Emergency hormonal contraception (EHC)

There is a pharmaceutical need for women (including young women) to be able to access EHC and given the particular health needs of Middlesbrough this is considered a **necessary** pharmaceutical service.

The needs assessment takes into account the levels of provision available from other (non-pharmacy) NHS providers (i.e. Sexual Health Teesside (SHT) and general practices) and determines that the EHC locally commissioned service is **necessary** provision by community pharmacies in both localities of Middlesbrough. There is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population, including access and choice, are met by the service commissioned (indirectly) by the local authority. It is recognised that service delivery has been lower and a lower number of pharmacies have recorded activity. **Improvement or better access** to this pharmacy service could be afforded by the commissioner working with contracted pharmacy contractors to ensure that accredited pharmacists are available to provide this service during opening hours, particularly in areas with high deprivation/ teenage pregnancy rates. The aim should be for almost all pharmacies to be in a position to offer EHC most of the time; monitoring the availability of EHC provision, by exception reporting, may be useful. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this.

11.5.1.2 Supervised self-administration of medicines for the treatment of drug- misusers.

There is a pharmaceutical need for this service which is considered to be **necessary** to meet the needs of the population of Middlesbrough. As there is no alternative provider, the community pharmacy locally commissioned service provision is also considered to be **necessary.** With the current level of need as assessed by the specialist commissioner and the current level of accreditation of pharmacies and pharmacists across the Middlesbrough localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met by the service commissioned by the local authority.

For this need to continue to be met, including likely future needs, at least the same number of supervised places and broad location of community pharmacy providers in Middlesbrough, would need to be maintained.

Improvement or better access to this service could be afforded by maintaining the capacity of community pharmacy provision around that currently provided, whilst monitoring trends to establish future needs as periodically identified. Maintaining numbers of suitable pharmacy providers builds capacity to support periodic breaks in service provision during the transition between pharmacist managers. More flexible accreditation processes could also support this. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this level of access.

11.5.1.3 Needle exchange

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

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

Improvement or better access to needle exchange could be afforded by increasing the access and capacity of community pharmacy provision in terms of opening hours of providers, beyond that currently available. As previously outlined in the 2015 PNA, it is suggested that better use might be made of the opportunity to commission needle exchange from at least one 100 hour

pharmacy provider in M1: Middlesbrough Central locality and in line with the specific needs assessment regularly undertaken by the specialist commissioner.

11.5.1.4 Stop smoking Service

High smoking prevalence in Middlesbrough suggests that there is a substantial public health need for this service. Having regard to the current level of provision available from other local authority-commissioned providers in a clinic, general practice or workplace setting, the community pharmacy locally contracted service provision is also considered to be **necessary** to meet the needs of the population of Middlesbrough.

Pharmacies are particularly necessary where access to prescribed pharmacological support is limited (i.e. where specialist stop smoking advisers are not able to prescribe NRT or varenicline but instead use a 'voucher' system for patients to access a pharmacy for dispensing or where GP practices in the area have not taken up the commissioned service). Additionally, considering the accessibility in terms of opening hours on evenings and weekends, and the overall patient experience including supply of any medicine used, only a pharmacy can provide a true 'one-stop' facility. Having regard to the current level of need as assessed by the specialist commissioner and the current level of accreditation of pharmacies and pharmacists across both localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population are met by the service commissioned by the local authority. For this need to continue to be met, at least the same number of pharmacies and broad location of community pharmacy providers in Middlesbrough, would need to be maintained, unless other commissioned services were made available to replace them.

Improvement or better access to this service could be afforded by increasing the capacity of community pharmacy provision beyond that currently provided should the specialist commissioner consider that appropriate in response to future needs as periodically identified. In particular, the HWB could make better use of the opportunity to commission this service from 100 hour pharmacy providers without detriment to the availability of services in local communities. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this level of access.

The introduction of a PGD service for varenicline in community pharmacy has the capacity to **offer improvement or better access** for patients requiring this intervention.

11.5.1.5 Healthy Start Vitamins

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

this service in all localities in Middlesbrough. Commissioners will need to be responsive to the review to understand whether there is any likely **future need** (immediate future) for **improvement or better access** to the HSV service either by amended contracted activity with existing providers or extension to include new providers which may improve access. There is no indication that existing contractors cannot respond and no gap is therefore identified. Commissioners are responding to contractual changes required as a result of a recent change to national guidance.

11.5.1.6 Chlamydia screening

There is a public health need for a Chlamydia screening service which is **necessary** to meet the needs of the population of Middlesbrough. The **current** locally commissioned pharmacy-based Chlamydia screening service is considered to provide a **necessary** service in Middlesbrough.

11.5.1.7 On demand availability of specialist drugs (palliative care) service

There is a pharmaceutical need for patients to be able to access medicines with 'reasonable promptness'. This **necessary service** is part of the service specification of the routine dispensing essential service. Medicines which are out of stock in a pharmacy on presentation of a prescription can usually be obtained from a pharmaceutical wholesaler within 24 hours and often less.

In the PNA in 2015, this service was considered to be a **necessary** pharmaceutical service that information was available to health professionals supporting patients on which pharmacies are most likely to be able to dispense the required prescribed medicines within the usual opening hours of community pharmacy The facility for pharmacies to signpost is included in essential services; commissioners are required to maintain the information required and to promote the mechanism of access to that information.

Additionally, it was considered that **improvement or better access** to the availability of those medicines would be afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines, including the potential for **improvement or better urgent access** to medicines required for prophylaxis of meningitis or similar. A service was commissioned has been main by the CCG from 1st April 2013. It is therefore considered that the need for this pharmaceutical service Middlesbrough is met by **current** provision, and there is **no gap** in meeting current needs or likely future needs whilst this service remains commissioned by the CCG with and the numbers of pharmacies and/ or general locations maintained**.**

11.5.2 Minor ailment service

The NHS England evidence base report on the urgent care review, published in June 2013, highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. (NHS England , June 2013).

There is a pharmaceutical need for patients to access advice and support regarding self-care for minor ailments and this **necessary service** element is included as an essential service already. All patients can also access advice and medicines (free if patients do not pay for prescriptions) for minor ailments via a general practice, however this is probably not the best use of a limited general practice resource - for all patients with an uncomplicated minor ailment to be directed there.

In the 2015 PNA, given the local circumstances at the time, it was considered that a 'Pharmacy First', or similar minor ailment service is a **necessary** pharmaceutical service for at least some conditions and/ or some locations where the needs of the population are greatest in Middlesbrough, particularly in wards where deprivation is highest, the numbers of children living in poverty and or households without employment are substantial. This determination continues.

A 'Community Pharmacy Referral Service' (CPRS) (from NHS111) has commenced in the north east (commissioned by NHS England) in December 2018. South Tees CCG is supporting the initiative and covering the costs of a range of medicines. The future availability of this particular service will depend on commissioning decisions made once the outcome of the service test is known. Any new information which may affect the assessment of **current or future need** in the PNA will need to be considered at that point.

11.5.3 C-card service

Teenage pregnancy rates suggest there is a public health need for support services beyond EHC for young sexually active women who are at risk of pregnancy as well as to promote positive sexual health more broadly. Having regard to the current level of provision available from other providers, there is **not** considered to be a **gap** in provision, but pharmacies could provide **improvement or better access** in accordance with current and likely future needs.

11.6 Necessary services, other relevant services and other NHS services: community pharmacy services not currently commissioned from pharmaceutical services providers in Middlesbrough

11.6.1 Anticoagulant monitoring service

International normalized ratio (INR) monitoring for patients undergoing anticoagulation is a necessary service. Having regard to the current level of provision available from other NHS providers (general practice or the acute sector) there is **not** considered to be a **gap** in provision. It is not considered that a community pharmacy service is required to meet the current necessary pharmaceutical needs of the population of Middlesbrough. It is noted that the overall need for INR monitoring is decreasing because of the increased prescribing of alternative anticoagulants which do not require as frequent monitoring as warfarin.

11.6.2 Care home service

The provision of advice to care homes on safe and secure management of medicines is a **necessary** pharmaceutical service. Some NHS provision of this service is currently delivered by a commissioned service provided a commissioning support organisation. Some local authorities have commissioned services such as this directly and care homes themselves have some responsibility to understand their own needs. Having regard to the current level of provision available from other NHS providers there is considered to be **no gap** in provision of this service based on current or likely future needs, whilst these services remain in place. It is noted that NHS provision is supplemented to various degrees by the private (non-NHS funded services) offered by many community pharmacies.

In September 2016 NHS England published The Framework for Enhanced Health in Care Homes. This describes an enhanced health in care homes (EHCH) care model that has come out of the six EHCH vanguards in England. It is based on a suite of evidence based interventions which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents.

The Pharmacy Integration care homes task and finish group, jointly chaired by the Royal Pharmaceutical Society and NHS England, is using the EHCH model to identify how to develop integrated clinical pharmacy models to support care home residents. The following areas have been identified for development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

Commissioners should be aware of this national initiative.

11.6.3 Disease specific medicines management service

Having regard to current NHS provision to support patients with long term conditions it is considered that the pharmaceutical needs of patients are met. However, from an evaluation of likely future needs, particularly with the numbers of patients with LLTI in Middlesbrough, it is considered that there could be substantial **improvement or better access** to pharmaceutical services to support the management of patients with specific disease conditions, should commissioners elect to commission in the future.

Initially, better use should be made of opportunities to support these groups of patients through advanced services. There are now a number of evidence-based reviews of the potential contribution pharmaceutical services can and do make to the management of long term conditions which may support future commissioning strategies.

11.6.4 Gluten free food supply service

Gluten free foods are currently supplied to patients via NHS prescription, however, this is currently being reviewed at a national level. Many patients elect to buy products but for those constrained by income a prescribed product makes recommended quantities available free. It is not considered that any commissioned community pharmacy service is required to meet a necessary pharmaceutical need for access to gluten free foods. However, it might provide **improvement or better access** (and certainly an element of choice currently unavailable) for these products to be available direct from pharmacy on the NHS. Should a CCG elect to commission, the use of formularies and recommended quantities via a pharmacy-led service might improve cost-effective management of these specific products, saving general practice time, providing patients with accessible and timely supply, choice and convenience of not having to access a prescription.

11.6.5 Home delivery service

There is no NHS service for home delivery of medicines other than highly specialist products (such as certain dialysis fluids). The substantial provision of privately operated prescription collection and delivery services by virtually all community pharmacies is acknowledged. Patients regard these services highly but they are not without issue. It is not considered that there is any requirement for an NHS home delivery service in Middlesbrough to meet the pharmaceutical needs of patients or carers. Distance-selling pharmacies provide a home delivery service as part of their contract because patient-facing activity is not allowed on the premises.

11.6.6 Alcohol brief intervention service

Whilst the essential services of the PhS contract provide for brief interventions to be made on public health issues, there is no requirement to target particular groups of patients, provide a specific intervention or action, or to record or provide feedback to commissioners or patients on these interventions. Given the rates of hospitalization due to alcohol in the Middlesbrough area and culture of binge drinking, particularly amongst young people, an alcohol brief intervention service delivered in a community pharmacy setting could be considered to provide **improvement or better** access to such an intervention for the population of Middlesbrough alternatively this could be achieved through the Healthy Living Pharmacy initiative.

11.6.7 Language access service

NHS England commissions a language access service offering face to face and telephone translation and interpreting services to support primary care patients. However, a patients' need for language support does not end when a medical consultation is over and there would appear to be anecdotal evidence of a need to improve signposting information available for the commissioned language access service to improve support for patients accessing community pharmacy services.

11.6.8 Medication review service

The provision of a Medication Review service, with access to full patient records, is a **necessary** pharmaceutical service. NHS provision of this service is currently delivered by general practices themselves and a CCG - commissioned pharmaceutical service provided by a commissioning support organisation. Having regard to the current level of provision available from other NHS providers there is no evidence of any gap in provision of this service based on current or likely future needs, whilst these services remain in place.

11.6.9 Medicines assessment and compliance support service

The requirement to assess the needs of patients and to provide (with reasonable adjustment) support for them to be able manage their dispensed medicines is covered by the Equality Act (previously DDA) and incorporated into the dispensing essential service for community pharmacy. All professionals have a duty to meet their obligations under the Act but difficulties in interpretation and understanding of these obligations do exist.

Particular problems arise when services are inadequately provided for patients discharged from hospital into the care of the general practice and community pharmacy. Poor communication around patients provided with compliance support in association with home care is also recognized difficulty. It is important to recognise the limitations of provision made under the pharmacy contract and the essential service and to support community pharmacy and general practice to make best use of this service and the information flows related to it. This is a very complicated issue but it is recognised that there are many agencies involved in the management of patients who may (or may not) have a specific need for compliance support. Having regard to all the NHS and associated other relevant services, it is considered that **improvement or better access** to such pharmaceutical services could be realised to meet current or likely future needs, should the any agencies elect to commission for service improvement.

11.6.9.1 Out of hours services

Access to medicines in the Out of Hours period is the responsibility of the NHS commissioned Out of Hours provider. Having regard to this responsibility, **no gaps** are identified with regard to this necessary pharmaceutical service.[8]

11.6.9.2 Patient Group Direction (PGD) Service (other than EHC and influenza)

PGDs are already used to facilitate access to EHC in community pharmacy and for the NHS flu vaccination service. The use of a patient group direction service is dependent on the legal classification of medicines which might usefully be supplied from a pharmacy without the need for a prescription. This pharmaceutical need is therefore specific to a given drug or drugs that might be identified in future as suitable for supply in this way. The PNA identifies the

[8] For completeness, it is noted that the commissioned 'Extended hours – Bank Holiday (directed) enhanced service may sometimes by referred to as an 'out of hours' service as this by necessity operates at hours (or on days) where a standard 'in-hours' service is not routinely available.

potential for substantial **improvement or better access** to the availability of varenicline via PGD in community pharmacy associated with the locally commissioned stop smoking service. The potential for vaccinations other than seasonal flu, such as hepatitis B for example, could also be explored.

11.6.10Prescriber support service

The provision of a Prescriber Support Service is a **necessary** pharmaceutical service. NHS provision of this service is currently either a directly provided service of CCGs or provided by a commissioning support organisation. Recently increased availability of support within general practices has been made available by NHS England through the General Practice Pharmacist Training Pathway. Having regard to the current level of provision available there is considered to be **no gap** in provision of this service based on current or likely future needs whilst the level of these provided services remain in place.

11.6.11Schools service

Schools have certain responsibilities in relation to medicines that would benefit from pharmaceutical advice. The School Nursing Service is now commissioned by Public Health. Having regard to the current level of provision available there is considered to be **no gap** in provision based on current needs. There is the potential for likely future needs for **improvement or better access** to pharmaceutical advice for schools and school nursing.

11.6.12Healthy Heart Check

High levels of Cardiovascular Disease (CVD) in Middlesbrough suggest that there is a substantial potential public health benefit to be gained from operating a successful CVD screening programme. Having regard to the considerable current level of provision available from other NHS providers (general practice and local authority commissioned services in workplace settings) a community pharmacy service provision is considered to offer the potential for **improvement or better access** towards meeting the needs of the population of Middlesbrough. Public Health England (2016) are supportive of reviewing the potential for this service to be made available from community pharmacy. Previous pilot schemes have been tested locally, however, in the intervening time, there has been developments within community pharmacy, for example, NHS mail, access to summary care records and the universal use of the data recording tool, PharmOutcomes.

11.6.13Other screening service(s)

The opportunities for health screening in community pharmacy are many and varied. NHS screening services already exist, and current community pharmacy providers may be well placed to provide **improvement or better access** to several screening opportunities should the commissioner elect to explore those opportunities. In particular a successful pharmacy- based service for Hepatitis C and B screening has been promoted by the Hepatitis Trust. The patient and professional surveys indicated broad support for screening services to be available by community pharmacies, in particular Healthy Heart Checks / diabetes screening and in consultation HIV point of

care testing and broader screening for long-term conditions. Cost-effectiveness and ability to target areas of current poorest uptake might influence likely future needs.

11.6.14Supplementary prescribing service

Opportunities could be explored with a view to a strategic plan for pharmacists to consider training as independent prescribers which might provide improvement or better access to pharmaceutical services in the future.

12.0 Conclusions

The Statement of Pharmaceutical Need (section 11) presents the main conclusions from this assessment.

Taking into account all the data provided, presented and considered on the health, wellbeing and associated pharmaceutical needs of the Middlesbrough area and the availability and variety of pharmaceutical services, the Needs Assessment has identified necessary pharmaceutical services and the current provision thereof and found there to be **no gap** in terms of numbers of pharmacy contractor or appliance contractor premises or outlets, and their general location, including the days on which and hours at which the services are provided. Pharmacy services are generally considered to be well located and very easy to access.

The HWB considers that there is sufficient choice of both provider and services available to the resident and reliant population of both localities of Middlesbrough to meet current needs and likely future needs for these necessary pharmaceutical services.

There has been two changes to the Pharmaceutical List in the Middlesbrough HWB area since the last PNA. Pharmaceutical services continue to be provided by 30 pharmacies in the Middlesbrough HWB area, there are no dispensing doctors and no appliance contractors. One pharmacy in North Ormesby closed in November 2016 and a distance-selling pharmacy opened in September 2016 on Riverside Park in Central ward.

There have been changes to primary care GP services with the introduction of GP extended hours access hubs on a weekday evening from 6.00pm until 9.30pm and from 8.00am until 9.30pm on a Saturday and Sunday at North Ormesby Health Village and at the One Life Centre on Linthorpe Road.

Having regard to all the relevant factors (including the opening times of the GP extended hours access hubs, changes to GP practice estate, housing development) and future needs, it is considered that:

- the general location in which the current pharmaceutical services are provided, including the days of the week and times at which these services are provided are necessary to meet the current and likely future

pharmaceutical needs for Essential services in both localities of Middlesbrough HWB area

- there is no identified need for any additional provider of pharmaceutical services (that is, for the avoidance of doubt, no current or known future need for new additional pharmacy contractor/s)

- for pharmaceutical needs to continue to be met, it is necessary to maintain the number of core hours provided before 9.00am and after 6.00pm on week days and all core hours on a Saturday and Sunday. The pharmacies that are open for 100 hours per week are necessary providers of core hours; they provide a substantial contribution to opening hours stability and the whilst the HWB would not wish to see any of their total opening times reduced

- All the current needs and likely future needs for these necessary services are met or could be met by contractors and services provided within the HWB area, although providers outside the HWB contribute by providing improvement or better access to some pharmaceutical services such as the dispensing of some prescriptions for appliances, and the dispensing of a small percentage of routine prescriptions, for convenience or choice, either by distance selling or otherwise.

Additional opportunities for improvement or better access to pharmaceutical services include:

- for commissioners to continue to review the availability of all services to maximise any opportunities for patients to benefit from the provision of services from pharmacies that open for longer opening hours or from pharmacies in different locations.

- commissioners to support the opportunities to integrate pharmacies within the NHS to support key national strategies, for example, Urgent and Emergency Care, moving care closer to home, and promoting self-care agendas. Two new services currently commissioned in this HWB area supporting these agendas are described in the PNA, the NUMSAS and CPRS services

- maximising the use of the electronic transfer of prescriptions (EPS) and the electronic Repeat Dispensing service

- maximising the opportunities for health promotion and brief intervention through the Healthy Living Pharmacy (HLP) initiative

A considerable range of other relevant services have also been identified. These are services which are not necessary to meet the need for pharmaceutical services in the Middlesbrough area but nevertheless secure improvement to, or better access to, pharmaceutical services in the area. Some of these other relevant services are provided currently and for others,

improvements can be made to support better access to pharmaceutical services now, others might be commissioned in the future.

There are some additional broad conclusions that should also be acknowledged arising from this assessment.

1. Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.

2. It is important to invest effort and resource to work with existing providers to ensure that the highest standards of quality and value for money and the optimum range of all services are delivered. This requires all commissioners to maintain and improve contract specifications, standards and audit and performance monitoring opportunities (including the national contract) and national competency standards such as those for public health.

3. As part of the above, opportunities may be sought to increase understanding of patient experience of local pharmaceutical services and obtain further qualitative information. Activity to seek more detailed understanding of the views and experiences of patients, carers and their representatives, including those with protected characteristics, will continue after the PNA is published as part of on-going maintenance and wider quality management and enhancement of pharmaceutical and related services

4. Access to accurate and timely information on pharmacy opening hours, services and location could be improved. Consideration may be given to how this may be achieved without undue reliance on the internet or local newspapers, to ensure that all the population, including those with a protected characteristic, may benefit.

5. The availability and purpose of high quality consultation facilities in community pharmacies could be better promoted to the general public.

6. The on-going potential for improvements in delivering public health messages and or services through Healthy Living Pharmacies should be maximised.

7. Given the urban nature of Middlesbrough and on-going construction development in certain areas, a formal review of the remaining ‘controlled locality’ areas of the Middlesbrough HWB area should be considered.

13.0 Acknowledgements

We are very grateful to all those who contributed data and other information to support the development of the PNA including colleagues at NHS England and local CCG/ Commissioning Support, the LPC, local pharmacy contractors and other commissioned service providers such as Stop Smoking Service and Sexual Health Teesside. With thanks to Leon Green Public Health Intelligence for facilitating updates to a range of local data, information and maps.

14.0 Glossary of Terms (to be updated for final PNA)

Abbreviation	Explanation
ACT	Accredited Checking Technician
AUR	Appliance Use Review
CASH	Contraception and Sexual Health (Clinic)
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CNTW	Cumbria Northumberland Tyne and Wear
CPNx	Needle Exchange
CPPQ	Community Pharmacy Patient Questionnaire
CPRS	Community Pharmacy Referral Scheme
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DH	Department of Health
DDA	Disability Discrimination Act
DDT	Durham Darlington Tees
DRUMs	Dispensing Reviews of Use of Medicines
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care
ePACT	Electronic Prescribing Analysis and Cost
EPS	Electronic Prescription Service
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
FP10 MDA	Prescriptions used for installment dispensing of certain controlled drugs.
FSM	Free School Meals
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
GP	General Practitioner
GSL	General Sales List medicine
ID	Indices of Deprivation
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MAS	Minor Ailment Scheme

MEECS	Middlesbrough Emergency Eye Care Scheme
MUR	Medicines Use Review
NHS	National Health Service
NHSCB	NHS Commissioning Board (NHS England)
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
NUMSAS	National Urgent Medicines Supply Advanced Service
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
P	Pharmacy only medicine
PALs	Patient Advice and Liaison Service
PCT	Primary Care Trust
POM	Prescription Only Medicine
PERMSS	Pharmacy Emergency Medicines Supply Service
PGD	Patient Group Direction
PhS	national Community Pharmacy (Pharmaceutical Services) Contract
(PhwSI)	Pharmacist with a Special Interest
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SAS	Seasonal Ailment Scheme
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection
TVPHSS	Tees Valley Public Health Shared Service
TVU	TVU – Tees Valley Unlimited

15.0 List of Appendices

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APPENDIX 2. Consultation and Engagement Plan (final to be included in final document)

APPENDIX 3. Consultation - Report of response (to be included in final PNA document following consultation)

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APPENDIX 6. Distances between pharmacies in Middlesbrough HWB area

APPENDIX 7. The Pharmaceutical List (pharmacies) in Middlesbrough HWB area, showing Core, Supplementary and Opening Hours.

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APPENDIX 1. Transcript of PharmOutcomes Community Pharmacy Survey Questions

Pharmacy Questionnaire-PNA

Please complete this questionnaire **ONCE** ONLY to report the facilities and services offered by your pharmacy.

If you have any questions about how to fill out this questionnaire using PharmOutcomes, contact your local LPC - Sandie Hall via sandie.hall1@nhs.net

PNA PHARMACY CONTRACTOR Questionnaire Tees Valley (Preview)

Date of completion 12-Oct-2017

Basic Premises Information

Name of Contractor i.e. name of individual, partnership or company owning the pharmacy business

See explanation box to the right. 'Name of Contractor' is shown as 'Pharmacy Name' on the pdf Pharmaceutical List provided by NHS England, that you will check as part of this PNA process. You MUST USE THIS NAME when completing this box.

IMPORTANT: At the end of the questionnaire you will check the information held on the pharmaceutical list. A pdf of this information is available via a link shown below. Please ensure that the Basic Premises Information you input here matches that on the list OR your declaration given below where different.

Address of Contractor

Check pdf Pharmaceutical List for Trading Name. Where this is correct; please use the same name

Trading Name usually the 'name above the door'

Post Code

Is this a Distance Selling Pharmacy? Yes No (i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy NHS.net email address If no email write no email

Pharmacy telephone

Pharmacy website address If no website write no website

ODS code (also known as F code or 'PPA code')

Please renew permission to hold the data you provide and use this to contact you if necessary

Consent to store this data Yes No

Is the pharmacy authorised to access the Summary Care Record? Yes No Not known

Consultation Facilities

We will assume you have an approved consultation area

Confirm this is the case Yes No If Other please specify

Are you willing to undertake consultations In a patients home? On another suitable site? No i.e neither of the above

Accessibility; parking, public transport, adjustments for disability

Parking within 50m of pharmacy? Yes No Hover over the options for more description

Bus stop in walking distance? Yes No

Disabled parking within 10m? Yes No

On-site accessibility

Does the pharmacy entrance allow for unaided wheelchair access?

Wheelchair access Yes No

Do you offer specific support for those with sensory loss? Yes No

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not intending to provide

Medicines Use Review ☐ Yes ☐ Soon ☐ No

New Medicine Service ☐ Yes ☐ Soon ☐ No

Appliance Use Review ☐ Yes ☐ Soon ☐ No

NUMSAS ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation ☐ Yes ☐ Soon ☐ No

Influenza Vaccination Service ☐ Yes ☐ Soon ☐ No Hover over the options for more description

Locally Commissioned Services

This section is about services known as 'Locally Commissioned Services'. These are the 'Enhanced Services' that may be commissioned by NHS England (e.g., Bank Holiday opening), the 'Public Health Services' that may be commissioned by a Local Authority (e.g., supervised methadone) or 'CCG commissioned services' (e.g., Minor Ailments).

There is a long list of examples of these services below. We know that many of them are not commissioned locally at the moment, but the PNA looks at possible services as well as existing ones.

For each service in the list, tick to tell us if you are currently FUNDED to deliver it. IMPORTANT: You are not a 'current provider' if you only offer a service privately - there is a section for 'private' services later.

If you are not a current provider of the service, we want to know if your pharmacy would (in principle) be willing to offer it, if commissioners invited you to do so. So **for each service, please tick the ONE box that applies for your pharmacy.** Hovering over each option will show a reminder of this list.

CP - Currently providing this NHS/LA/CCG funded service
WA - Not providing now but willing to provide if commissioned and trained
?? - Not providing now and unsure if would provide this service if asked
X - Not willing to provide this service

Healthy Start Vitamins ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Directed Bank Holiday opening (rota) CP WA ?? X Hover over the options for more description

Out of hours call-out services CP WA ?? X Hover over the options for more description

Emergency Hormonal Contraception (via PGD) CP WA ?? X Hover over the options for more description

LARC Contraception CP WA ?? X (not an EHC service)Hover over the options for more description

C-Card (registration or supply) CP WA ?? X Hover over the options for more description

On demand availability of specialist drugs CP WA ?? X Hover over the options for more description

Supervised Self-Administration CP WA ?? X Hover over the options for more description

Needle and Syringe Exchange CP WA ?? X Hover over the options for more description

Obesity management CP WA ?? X Hover over the options for more description

Pharmacy First / Minor Ailment CP WA ?? X Hover over the options for more description

Care Home Service CP WA ?? X Hover over the options for more description

Anti-viral Distribution CP WA ?? X Hover over the options for more description

Gluten Free Food Supply CP WA ?? X i.e not supply on FP10 prescriptionHover over the options for more description

Adherence support for Long Term Conditions e.g., hypertension, diabetes etc CP WA ?? X Hover over the options for more description

Anticoagulant monitoring CP WA ?? X Hover over the options for more description

Cardiovascular Risk Assessment CP WA ?? X Hover over the options for more description
(sometimes known as NHS Healthchecks

Sharps Disposal eg diabetic not needle ex CP WA ?? X Hover over the options for more description

Phlebotomy CP WA ?? X Hover over the options for more description

Independent Prescribing CP WA ?? X Hover over the options for more description

Schools Service CP WA ?? X Hover over the options for more description

Prescriber Support CP WA ?? X Hover over the options for more description

Directly Observed Therapy eg., drugs for TB or HIV CP WA ?? X Hover over the options for more description

Smoking Cessation Services:

NRT (Dispensing only) Voucher CP WA ?? X Hover over the options for more description

Level 2 Smoking Cessation (full 'One Stop') CP WA ?? X Hover over the options for more description

Varenicline via PGD CP WA ?? X Hover over the options for more description

Screening Services

Alcohol Brief Interventions ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Chlamydia (test only) ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Chlamydia (test and treat) ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

HIV ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Gonorrhoea ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Hepatitis B or C ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Cholesterol ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

diabetes ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

H Pylori ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

COPD screening ☐ CP ☐ WA ☐ ?? ☐ X Hover over the options for more description

Other Screening (please state) 

Other vaccinations i.e not Seasonal Flu Vac None are currently commissioned so this option is removed. Please indicate of you are

WA - willing to provide if commissioned

?? - not certain if would provide if asked

X - not willing to provide

Childhood vaccinations ☐ WA ☐ ?? ☐ X Hover over the options for more description

HPV ☐ WA ☐ ?? ☐ X Hover over the options for more description

Hepatitis B☐ WA ☐ ?? ☐ X Hover over the options for more description

Travel vaccines☐ WA ☐ ?? ☐ X Hover over the options for more description

Other (please state)

Providing Private Services

Indicate with a tick each and ALL the services your pharmacy offers as a private service.

First, screening services or tests:

Private services the pharmacy offers ☐ Cholesterol☐ Diabetes☐ COPD☐ HIV ☐ Hepatitis B☐ Gonorrhoea☐ Chlamydia (test only)☐ Chlamydia (test & treat) ☐ Full sexual health screen☐ H. pylori☐ Alcohol☐ Other

Next, vaccination services

Private services provided - vaccination ☐ HPV☐ Hepatitis B☐ Travel vaccine(s) ☐ Childhood vaccine(s)☐ Varicella☐ Pneumococcal pneumonia☐ Other

Other services

Private services provided, continued ☐ Medicines sales for self care ☐ Cardiovascular risk☐ EHC☐ LARC☐ Weight management☐ Care home service☐ Phlebotomy☐ Needles/syringes supply☐ Sharps disposal☐ Gluten free food supply☐ Smoking cessationbehavioural support☐ Varenicline private PGD ☐ Prescriber support☐ Independent prescribing☐ Schools service☐ Adherence support (long term conditions)☐ Blood pressure☐ Medicines delivery (see later) ☐ Other

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy ☐ Yes☐ working towards HLP status☐ No, not planned

If Yes, how many Healthy Living Champions do you currently have? Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

Delivery of dispensed medicines - Free of charge on request Yes No

Delivery of dispensed medicines - free for selected patient groups

List criteria or groups eligible

Delivery of dispensed medicines - free to selected areas List geographical areas eligible

Delivery of dispensed medicines - chargeable Yes No

Have you introduced or substantially increased your charges for delivery within the last 3 years?

delivery charges in last 3 years Yes No Not applicable

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

How often do you have difficulty providing the services your patients need because of language difficulties? Very often / Often / Infrequently / Rarely / Never Hover over the options for more description

Do you use a Translation Service? Yes No - not neededdon't have language issues No-don't know how?needed but don't know how to access translation services No-not timelywhen needed, service not available in timely way

Have language barrier issues... Increasedmore often within last 3 years Reducedless often within last 3 years About the sameno real change in the last 3 years

Any comments to add about language access issues and how you manage them in the pharmacy?

Anything to add?

Almost done

Please identify three pharmaceutical services, not currently available in your pharmacy which, based on your experience, would provide the greatest benefit (i.e improvement or better access) for the people visiting your pharmacy, if they were available. Please also give reasons for your choice.

Priority 1

Priority 2

Priority 3

If there is anything else you particularly wish to draw to our attention whilst the PNA is in development, please include here.

Additional Information

Checking Pharmaceutical List Information

Please click this link (opens PDF in a new window) to view a table of information including opening times - this is the Pharmaceutical List held by NHS England. Find your pharmacy and check the information. If it is accurate, complete the declaration. If corrections are needed please note the correction required and contact NHS England to take any action required.

Is the Pharmacy Name (Contractor Name) correctly recorded? Yes No

If No, Correct Contractor Name

Is the pharmacy address correctly recorded? Yes No

If No, Correct address

Is the pharmacy trading name correctly recorded? Yes No

If no, correct Trading Name

Is the pharmacy postcode correctly recorded? Yes No

If no, Correct postcode

How many 'hours' does the pharmacy declare to the PPD as 'dispensary' hours?

PPD 'dispensary' hours?

Total Pharmacy Opening Hours per week

Pharmacy Opening Hours

Declaration: I have checked the pdf of the Pharmaceutical list and confirm the Opening Hours recorded are correct.

Declaration on Opening Hours Yes No

If you think your opening (core or supplementary hours) on the Pharmaceutical List may be incorrect, briefly state that here for our information. However no action will be taken on this within the HWB PNA process. You, the PHARMACY CONTRACTOR MUST contact NHS England to apply or notify any changes to hours required. Email contact is ENGLAND.Pharmacyandoptometry@nhs.net

Action to take if you believe your hours to be incorrectly recorded:

If you are a pharmacy 'multiple', in the first instance contact your line manager.

All pharmacies must contact NHS England (email shown next to the question) to action any changes that may be required.

Correction to hours required

CONTACT IN CASE OF QUERY

Please tell us who has completed this form in case we need to contact you.

Contact name

Job title or role

Contact email address

Contact telephone For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

APPENDIX 2.Consultation and Engagement Activity Summary

In order to capture views and experiences to inform the baseline assessment as part of the development of the draft PNA the following primary engagement activity has been undertaken:

- Development of a survey tool to capture patient / service user views on current experiences of pharmaceutical services and future aspirations, for completion on line or on paper if requested

- Development of survey tool to capture the views of other stakeholders: professionals, service providers and representatives of patient / client groups who interact with pharmaceutical services, for completion on line

- Development of a survey tool to capture the views and experiences of community pharmacists and their staff who interact with patients during the provision of pharmaceutical services

- Development of tools to support promotion – poster and business cards with weblink

As part of consultation on the draft PNA the following mechanisms were utilsed

- Development of a survey tool to capture views in response to specific consultation questions regarding the draft PNA document

- Notification of the publication of the draft PNA on the local authority website using established consultation mechanisms in the local authority

- Notification at the start of the consultation sent to all consultees identified in the regulations as required (statutory) consultees and any additional identified stakeholders. The notification included a link to the website and the data collection tool. Email communication was used. In addition pharmacy contractors were notified by letter and by notification by the LPC via PharmOutcomes

- Consultation report is included in the PNA (appendix 3)

Primary engagement
The survey tool was available on Survey monkey

The weblink to survey monkey was circulated to:
- Those who would be statutory consultees for formal consultation
- North of England commissioning support
- South Tees CCG
- North of England Commissioning Support Organisation
- GP practices – (including poster for waiting room areas)
- Local Dental Committee

- Local Optometry Committee
- Public Health provider services
- Out of hours providers / GP federation
- Healthwatch for inclusion on website and newsletter
- Comms team for local press
- Community Health Champions
- Health Awareness Volunteers
- Council noticeboards
- Tackling Cancer Together Group
- Copies of posters and business cards sent to all Middlesbrough pharmacies
- Community hubs and libraries
- Community groups
- Ageing Better Middlesbrough
- Learning Disability Team including several residential services

Draft PNA Statutory Consultation

- Tees Local Pharmaceutical Committee*
- Local Medical Committee*
- Healthwatch South Tees*
- any persons on the pharmaceutical lists (i.e. pharmacy contractor)*
- South Tees Hospital NHS Foundation Trust*
- North East Ambulance Service*
- Tees, Esk and Wear Valley (Mental Health) NHS Foundation Trust*
- NHS England (Cumbria and the North East)*
- Redcar and Cleveland Health and Wellbeing Board*
- North Yorkshire HWB*
- South Tees CCG
- Durham, Darlington and Tees Local Professional Network (Pharmacy) Chair
- North East Commissioning Support Organisation
- GP Federation
- Health and Wellbeing board members
- Local authority networks
- Council website

*statutory consultees

APPENDIX 3.

Formal Consultation 4th January to 6th March 2018
Summary and Feedback

Total responses received = 9

7 via the electronic consultation response form
2 via direct email or letter

Responses from those two organisations that did not use the electronic response form to reply (NHS England and Healthwatch) are shown at the end of this summary of the collated responses received to the specific consultation questions.

Comments received are quoted verbatim. ID (number) refers to an individual response. Response to comments on behalf of Middlesbrough HWB are shown in italics. Where a consultation comment was considered to raise a query or require reflection on the content of the draft PNA, the response has included action taken to address this, or reasons why no amendment has been made

1. Do you think that the purpose of a PNA has been explained?

Yes – 7
No – 0
Not sure – 0

1. Do you think that the draft PNA describes the range of pharmaceutical services available in the Borough?

    Yes – 7
    No – 0
    Not sure – 0

2. Do you think that the draft PNA reflects local pharmaceutical needs?

    Yes – 6
    No – 1
    Not sure – 0

Comment:
Coulby Newham appears to have a constant requirement for additional assistance (more help to reflect increased users), perhaps integrating neighbouring services will provide improved customer satisfaction.

HWB response: this feedback is acknowledged. Coulby Newham has three pharmacies, and two of the three pharmacies provide late night opening

and/or 7 day week opening. There are also neighbouring pharmacies in Hemlington and Marton

3. Are you aware of any pharmaceutical services provided in the Borough that are not currently included in the draft PNA?

    Yes – 0
    No – 7
    Not sure – 0

4. Is there any other information which you think should be included in the draft PNA?

Yes – 0
    No – 7
    Not sure – 0

6. Do you think that the process followed in developing the PNA was appropriate?

    Yes – 7
    No – 0
    Not sure – 0

7. Do you think there is any CURRENT need for pharmaceutical services that has not been identified by the Health & Wellbeing Board in the Borough?

    Yes – 0
    No – 7
    Not sure – 0

8. Do you think there is any FUTURE need for pharmaceutical services (within the next 3 years) that has not been identified by the Health & Wellbeing Board in the borough?

    Yes – 1
    No – 5
    Not sure – 1

Comments:
ID6 - HIV point of care testing. Greater opportunity for screening, accessibility in long-term conditions

HWB response: This comment is acknowledged and amendment made to 11.6.13 in the PNA final document

9. Do you have any other comments regarding the draft Middlesbrough HWB PNA?
    Yes – 5
    No – 2

Not sure – 0

Comments:
ID2 - 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. Access to pharmacies by residents in the north of North Yorkshire County is likely improved by pharmacies located to in south Middlesbrough. A reduction of pharmacies or opening hours in this area could adversely affect North Yorkshire residents so we are pleased to read there are no plans to do this.

HWB response: This comment is acknowledged

ID4 - Very comprehensive piece of work

HWB response: This comment is acknowledged

ID5 - The management of minor conditions in the CCG area must be considered in the context of access to a GP practice or other primary care service. The lack of timely access to general practice is commonly reported as being of significant issue amongst the people who live here. It is not possible to ignore the extent of deprivation/ low health literacy/ capability to self care in an area so distinct from the english average in this way. The national driver towards removing access to 'common' medicines on prescription is understandable, but all the more reason to find a facility to properly support and redirect those who may still need access to these medicines. This may be different in more affluent parts of the country, but here, driving people to the cheapest (off prescription) source, without access to proper advice and without it being recorded in their medical records may prove to be more costly in the longer term.

HWB response: Thank you for this comment. Reference to this comment and also to the recent national consultation with regard to taking certain medicines off prescription will be referenced in the final PNA document in Section 10.2

ID6 - The HLP status is not determined by stop smoking qualifications, this is incorrectly stated within the document under 8.2.4, there is a requirement for leadership training for HLP status, however.

HWB response: This reference to smoking has been removed from the PNA final document

ID6 - Flu vaccine service is stated both within advanced and enhanced services which is incorrect.

HWB response: This will be reviewed in the final document and reference to advanced service only will be ensured

ID6 - The chlamydia screening postal kits are not paid based on return rate, they are a consultation fee for all kits distributed.

HWB response: This has been amended in the final document and will now read - Pharmacies are paid for each chlamydia kit that is distributed from their pharmacy; identified through their uploading of distribution details onto PharmOutcomes.

ID6 - C Card is mentioned but not included in the detail.

HWB response: Thank you for highlighting this omission. The following information has now been added to section 8.3.4.8 - Seventeen pharmacies are currently signed up to deliver the C Card programme (condom distribution for 13-24 year olds); the scheme comprises 2 elements – registration and condom distribution. In order to deliver the scheme, pharmacy staff must undertake training that covers the key elements of the registration process - confidentiality, Fraser assessment guidelines, positive sexual health messages, condom demonstration, information about sexual health clinics, access to emergency contraception, STI in particular chlamydia. Once this is completed, pharmacies can then market their participation in the scheme.

The registration process consists of an assessment that covers the above points (including a Fraser Assessment for all <16's); details of the registration are uploaded onto PharmOutcomes (this upload in turn generates the sexual health services monthly activity submission). The young person is then given a card which has a reference number comprising the pharmacy F reference/ODS code. The young person is also given condoms (up to 3 for <16's, 12 for 16+). The card allows the young person to then attend/receive condoms on 10 occasions; on the 10th occasion the dispensing pharmacy should advise the young person to undertake a full sexual health screen before re-registering for a new card. On each dispensation, the pharmacy is also required to upload this information to PharmOutcomes.

ID-7 The HWB recognise that the population of Redcar and Cleveland may travel outside of the HWB area for pharmaceutical services into Middlesbrough. Examples of how this might arise include:

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

Transport links, proximity to existing pharmacies and service data where available, suggest that where users of pharmacy services do sometimes

choose to travel out of Redcar and Cleveland to access a pharmacy in Middlesbrough, this would most commonly be to pharmacies located at:
- Ormesby in Middlesbrough
- The retail centre of Middlesbrough
- Supermarket and shopping area in Coulby Newham in Middlesbrough

The level of cross boundary activity is considered to most likely represent choice or convenience for the resident population of Redcar and Cleveland, or may also demonstrate some large scale dispensing contracts, for example, nursing home patients. However, in the current absence of any pharmaceutical provision within the boundary of Redcar and Cleveland HWB between 9pm and 9.30pm on a Sunday, the Middlesbrough pharmacy in Linthorpe open at this time provides a necessary service for patients accessing the GP extended hours hubs in Redcar and Cleveland and subsequently requiring access to pharmaceutical services.

Redcar & Cleveland HWB thank Middlesbrough HWB for the opportunity to respond to this consultation

HWB response: This comment is acknowledged

Other responses to consultation

NHS England (Cumbria and the North East)

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

- That the Needs Assessment has identified necessary pharmaceutical services and the current provision thereof and found there to be no gaps in terms of numbers of pharmacy contractor or appliance contractor premises or outlets, and their general location, including the days on which and hours at which the services are provided. Pharmacy services are generally considered to be well located and very easy to access.

- The HWB considers that there is sufficient choice of both provider and services available to the resident and reliant population of both localities of Middlesbrough to meet current needs and likely future needs for these necessary pharmaceutical services

- There is no identified current or future need for new additional pharmacy contractors.

- For pharmaceutical needs to continue to be met, it is necessary to maintain the number of core hours provided before 9.00am and after 6.00pm on week days and all core hours on a Saturday and Sunday.

The pharmacies that are open for 100 hours per week are necessary providers of core hours; they provide a substantial contribution to opening hours' stability and the HWB would not wish to see any of their total opening times reduced.

- Although there are no Dispensing Appliance Contractors in Middlesbrough, prescriptions for appliances are written for patients in this area and will need to be dispensed. The HWB considers there is no gap in the provision of such a pharmaceutical service and does not consider that an appliance contractor is required to be located in the Middlesbrough HWB area to meet the pharmaceutical needs of patients.

HWB response: All comments above are acknowledged

Further to NHS England's review, the points above are consistent with our findings.

HWB response: This comment is acknowledged

Thank you for sharing the document with us. We look forward to working closely with other commissioners of NHS services in Middlesbrough, to ensure that community pharmacies continue to play their part in delivering high quality services and advice to patients.

Healthwatch South Tees

Thank you for giving Healthwatch South Tees the opportunity to comment on the draft 'Middlesbrough Pharmaceutical Needs Assessment'

The first comment I would like to make is that the length of the document appears excessive with certain information being quoted several times throughout, my thoughts are that much of the supporting information could have been included in the appendices at the end of the document for readers to refer to if they wish.

HWB response: The document is long but based on the same format as the HWB 2015 document – going forwards and for the 2021 PNA we will review the options for streamlining the document to also explore the option to develop an interactive web based PNA document

The second thing I would like to raise is that 33 responses to the survey is low, especially considering the population size of Middlesbrough, if possible it would be helpful to ensure that all areas of Middlesbrough feed into the process to ensure no bias in the responses for certain areas.

HWB response: The PNA also acknowledges the low response rate. The HWB are committed to improving opportunities for patient and public involvement and will as part of the on-going maintenance of the PNA take opportunities for PPI to inform subsequent revisions of the PNA and will also

explore the potential of carrying out PPI activity for pharmacy services in partnership with Healthwatch and other relevant organisations e.g. CCG and the Local Pharmaceutical Committee in the interim period to inform subsequent revisions of the PNA

Healthwatch South Tees have not been made aware of issues regarding the service provision of pharmacies within the area, and agree with the conclusion that Middlesbrough is reasonably provided with pharmaceutical services.

HWB response: This comment is acknowledged

APPENDIX 4. Stakeholder Survey (paper version)

Pharmaceutical Needs Assessment

Survey of Stakeholder Professionals

This survey is part of a programme of engagement as Middlesbrough and Redcar and Cleveland Health and Wellbeing Boards each prepare to publish a second, updated Pharmaceutical Needs Assessment (PNA) in the spring of 2018.

PNAs describe the pharmaceutical services in a given area and how they meet the needs of the local population. They should identify current and possible future gaps in provision and what might be required to fill those gaps. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing and updating the PNAs.

NHS England (Cumbria and the North East) uses the PNA when making decisions on the commissioning of pharmaceutical services in our HWB areas, including applications to open new pharmacies. The PNA also provides a resource and steer for other local commissioners (e.g., CCGs and Local Authorities) when planning or reviewing local pathways or processes that involve, or impact, pharmaceutical services.

It is important for us to understand the experience and views of individuals from a wide range of stakeholder organisations on the current local provision of, and potential future needs for, pharmaceutical services. We are also seeking the views of our local population, as users, or potential users of pharmaceutical services both during this development stage and later in 2017 as part of the formal consultation on the draft assessment.

In this survey we are interested in your views on pharmaceutical services from your professional or occupational standpoint. You are also welcome to contribute your views as a patient / service user/ member of the public via the survey www.surveymonkey.co.uk/STPNAPublic
Closing date: 30th September

1. Please tick which local authority area your response to this survey will relate to: (please tick one area ONLY. If both areas are relevant to you, please complete separate surveys for each area)

- ◯ Middlesbrough
- ◯ Redcar and Cleveland

2. In your opinion, is your knowledge of pharmaceutical services provided in the area

- ◯ Good
- ◯ Satisfactory
- ◯ Minimal

3. We would like to know if the course of your work, or the work of the services you manage, involves contact with providers of pharmaceutical services or related services?

- ◯ Yes
- ◯ No

4. Please indicate services that you (or your services) have contact with and how often (tick all that apply)

	More often than monthly	Monthly	Infrequently	Never
Hospital pharmaceutical services	◯	◯	◯	◯
Community pharmacy pharmaceutical services	◯	◯	◯	◯
Mental health pharmaceutical services	◯	◯	◯	◯
Prison/offender pharmaceutical services	◯	◯	◯	◯
Pharmaceutical advisory services to support commissioners, e.g. in NHS England, for CCGs, local authority or similar	◯	◯	◯	◯
General practice- based prescribing support	◯	◯	◯	◯
Dispensing services provided by dispensing doctors in rural areas	◯	◯	◯	◯
Services provided by Appliance Contractors (DACs)	◯	◯	◯	◯

5. Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?

- ◯ Yes
- ◯ No
- ◯ Don't know

6. To meet pharmaceutical needs in the local authority area, I think the total number of community pharmacies is

- ◯ About right
- ◯ More than enough
- ◯ Not enough
- ◯ Do not know

7. In your experience, is there a ward, neighbourhood area or locality in the local authority area where a new pharmacy might be considered to offer benefit?

- ◯ Yes
- ◯ No
- ◯ Do not know enough to say

8. If yes, please state the ward or area here

9. If yes, choose the reason(s) why you think this (tick all that apply)

- ☐ No pharmacy in that area
- ☐ Poor or costly public transport to existing services
- ☐ Pharmacies in that area don't offer long enough opening hours
- ☐ No reasonable choice of pharmacy in that area
- ☐ Existing pharmacies do not offer enough services

10. Conversely, in your opinion, is there a ward, neighbourhood area or locality in the local authority area where there are more pharmacies than needed?

- ◯ Yes
- ◯ No
- ◯ Don't know enough to say

11. If, yes, please state the ward or area here

12. Overall, the range of opening time available from pharmacies in your local authority area meets the general needs of the population

- Very well
- Quite well
- Not very well
- Do not know

13. Overall, the quality of the service provided by pharmacies in your local authority area is

- Very good
- Good
- Satisfactory
- Poor
- Do not know

14. Do you think that the existing pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population?

- Yes
- No
- Don't know

15. Since 2013, lots of pharmacies in our area have been accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service

- Yes, I have heard of this development and experienced the activity of HLP
- Yes, I have heard of this development but have no experience of it or don't know really what they do
- No, I haven't heard of this development

16. If you were asked to tell someone the location of a pharmacy in the local authority that is a 'HLP', could you do that?

- Yes
- No

17. The following are nationally commissioned services so all NHS pharmacies provide these services free of charge. Note that for services marked with a * a national prescription item dispensing fee is payable unless individuals are exempt from these charges. (tick all that apply)

	I didn't know that all pharmacies provide this service	Better use could be made of this service
Dispensing*- the supply of medicines ordered on NHS prescriptions	☐	☐
NHS Repeat Dispensing*- dispensing repeatable prescriptions for medicines. The prescriber issues a 'repeatable' prescription which permits dispensing at specified intervals of up to a year.	☐	☐
Disposal of unwanted medicines- patients' unwanted medicines received for safe disposal	☐	☐
Promotion of healthy lifestyles- advice and delivery of six specific campaigns per year	☐	☐
Signposting- information for those who need further support, advice or treatment which cannot be provided by the pharmacy	☐	☐
Support for self care- free advice and guidance to enable people to derive maximum benefit from caring for themselves or their families	☐	☐

18. Tick if you agree with a statement

	I didn't know pharmacies offered this	There is a need for this service in my area	Better use could be made of this service
Medicines Use Review (MUR)- a pharmacist consultation to help patients get the most benefit from their prescribed medicines	☐	☐	☐
New Medicines Service (NMS) - pharmacist interventions provide support for people with long-term conditions newly prescribed certain medicines, to help improve medicines adherence	☐	☐	☐
Hospital Discharge Referral for a specific tMUR or NMS- as above, patient referred from hospital to community pharmacy	☐	☐	☐
Appliance Use Review- consultation to support patients who use 'appliances' e.g. those requiring stoma care	☐	☐	☐
Stoma Appliance Customisation-- customisation of stoma appliances; improved care and reduced waste	☐	☐	☐
NHS Urgent Medicine Supply Advanced Service (NUMSAS) - Option for NHS 111 to refer patients to a pharmacy for urgent supply of medicines or appliances	☐	☐	☐
Flu Vaccination Service- seasonal flu vaccination service	☐	☐	☐

Question 19 and 22 refer to services that are NOT 'national' services, though it is common misapprehension that this is the case.

19. Pharmacies provide free advice and guidance to support self care. National campaigns support the use of pharmacies for this purpose. Where treatment with a medicine is required, patients will be required to pay unless a local service is commissioned to facilitate free access to some medicines for self care, for some patients. This service is commonly known as 'Minor Ailments' or 'Pharmacy First'

	Yes	No
I was aware that there is no facility for free access to medicines for self-care via pharmacy in this area	○	○

20. Tick the box that applies

	Strongly agree	Agree	No opinion	Disagree	Strongly disagree
All patients should expect that they might have to pay for medicines for self-care	○	○	○	○	○

21. Please provide any additional information in support of your opinion to Question 20

22. Delivery of dispensed medicines to patients' homes (this service could be withdrawn at any time, or pharmacies could reasonably charge patients for it)

	Yes	No	Don't know enough to say
Do you think that a medicine delivery service is necessary in your local authority area?	○	○	○
Do you think that patients might be expected to have to pay for this service?	○	○	○

23. Tick if you agree with a statement:

	I didn't know pharmacies offered this	There is a need for this service in my area	This service improves access for patients
Extra opening hours for Bank Holidays e.g. Christmas Day- additional hours to ensure minimum provision when most pharmacies close	○	○	○

24. Tick if you agree with a statement:

	I didn't know pharmacies may offer this	My HWB area needs this pharmacy service	Pharmacy service improves patient access	Pharmacy service may be needed more in the future
Stop smoking service- assessment, advice and support for those wanting to stop smoking including supply of appropriate medicines	☐	☐	☐	☐
Needle and syringe exchange- provision of sterile needles, syringes and associated materials and information to substance misuers in exchange for used products	☐	☐	☐	☐
On demand availability of specialist drugs service- arrangements to ensure patients/health care professionals have prompt access to specialist medicines whose demand may be urgent and/or unpredictable, for example End of Life Care and tuberculosis	☐	☐	☐	☐
Chlamydia screening service- free NHS testing for chlamydia	☐	☐	☐	☐
C-Card Registration and free condom supply services	☐	☐	☐	☐

	I didn't know pharmacies may offer this	My HWB area needs this pharmacy service	Pharmacy service improves patient access	Pharmacy service may be needed more in the future
Emergency hormonal contraception ('the morning after pill') - NHS service, free to women and girls (aged 14 and over)	☐	☐	☐	☐
Supervised Administration Service- Pharmacist supervises consumption of prescribed medicines, ensuring the patient has taken dose. Local example is service for drug users; other potential circumstances to use this, e.g. medicines for TB	☐	☐	☐	☐
Healthy Start Vitamins- supply of free vitamins to pregnant or breast-feeding women and children 6months to 4 years old	☐	☐	☐	☐
Alcohol Brief Interventions	☐	☐	☐	☐

25. Overall, do you think the range of commissioned services provided by pharmacies in the HWB area

- ◯ Is about right
- ◯ Is more than enough
- ◯ Could be considered for improvement by offering more
- ◯ Do not know

26. Is there a particular ward or locality area which in your experience might benefit from a new pharmaceutical service being provided in pharmacies that are already there?

- ◯ Yes
- ◯ No

27. If yes, please state ward or locality area

28. Tick if you agree with the statement for each of the following pharmacy services that have been available elsewhere in the UK but are not currently commissioned from community pharmacies in this

local area

	My area needs this pharmacy service now	...may be needed in the future	No need for this pharmacy service in my area
Domiciliary pharmaceutical service- any service provided in patient's home	○	○	○
Supplementary/Independent Prescribing service- often combined with other services, e.g. anticoagulant monitoring, stop smoking, diabetes management	○	○	○
Medication Review- a full, face to face clinical review with patients medical records	○	○	○
Home Delivery service	○	○	○
Disease specific medicines management service- support and monitoring for patients with long-term conditions	○	○	○
Gluten free food supply service	○	○	○
Language access service- medicines advice to patients in a specific language	○	○	○
Medicines assessment and compliance support service- assessment, advice and compliance support (beyond the Equality Act in minimum) possible combined with domiciliary visit	○	○	○
Anticoagulant monitoring service	○	○	○
Out of hours service- call out service for when all pharmacies are closed	○	○	○
Long Acting Reversible Contraception (LARC)	○	○	○
Emergency Planning and antiviral distribution	○	○	○
Free to patient emergency supply	○	○	○
Not dispensed scheme	○	○	○
Minor ailments or 'Pharmacy First' scheme	○	○	○
Chlamydia treatment following a positive test	○	○	○

	My area needs this pharmacy service now	...may be needed in the future	No need for this pharmacy service in my area
Naloxone for carers or relatives of drug users	○	○	○
Vareniciline for selected clients who wish to stop smoking	○	○	○
Screening service- COPD	○	○	○
Screening service- Diabetes	○	○	○
Screening service- Hepatitis B & C	○	○	○
Weight management Service	○	○	○
Screening service- sexxual health	○	○	○
Screening service- vascular risk assessment	○	○	○
Vaccination services- e.g. travel vaccines, hepatitis	○	○	○
Formalised, electronic 'Refer to pharmacy' service from telephone triage in general practice as last entry	○	○	○

29. From the list below, choose ONLY three services which, in your opinion, might offer greatest impact (improvement or better access to services locally) if they were to be commissioned in your area

- ☐ Domiciliary service
- ☐ Supplementary/independent prescribing service
- ☐ Medication review
- ☐ Home delivery service
- ☐ Disease specific medicines management service
- ☐ Gluten free food supply service
- ☐ Language access service
- ☐ Out of hours service
- ☐ Medicines assessment and compliance support service
- ☐ Anticoagulant monitoring service
- ☐ Minor Ailments or Pharmacy First
- ☐ Chlamydia treatment
- ☐ Naloxone supply
- ☐ Varenicline supply
- ☐ Screening services
- ☐ Weight management
- ☐ Vaccination services
- ☐ Long Acting Reversible Contraception (LARC)
- ☐ Emergency Planning and antiviral distribution
- ☐ Free to patient emergency supply
- ☐ Not dispensed scheme
- ☐ Formalised, electronic 'Refer to pharmacy' service from telephone triage in general practice

30. The following briefly describes pharmaceutical services available in your area that make a necessary contribution to the safe and secure management of medicines in various settings. They are delivered by other providers and not routinely commissioned to be provided from community pharmacies.

	I am aware that these services are available	I am aware of a current commissioned community pharmacy service in my area that provides this	New opportunities for access to these services via community pharmacy could be explored
Care home service- Pharmaceutical advice and support to care homes towards meeting their obligations with regard to the safe and secure handling of medicines	○	○	○
Prescriber Support Service- Advice to prescribers on clinical and cost effective use of medicines, policies and guidelines, and repeat prescribing	○	○	○
Schools service- advice and support to children and staff in schools relating to safe and secure handling of medicines	○	○	○
Prison or offender services- Pharmaceutical services to clients in a custodial setting	○	○	○
Secondary care services- Pharmaceutical services, including dispensing, provided to patients as an integral part of any secondary care hospital or mental health service in-patient or out-patient episode (directly provided by secondary care Pharmaceutical service or from a commissioned provider)	○	○	○

31. Which of the following best describes your occupation in relation to completing this survey?

- ◯ GP
- ◯ Pharmacist
- ◯ Nurse
- ◯ Other health care professional
- ◯ Health and Wellbeing Board member
- ◯ Local Councillor
- ◯ General Practice Manager
- ◯ Local Authority Officer (not Public Health)
- ◯ Social care provider employee or manager
- ◯ Pharmacy manager or area manager
- ◯ Other provider service manager or employee
- ◯ Voluntary sector worker
- ◯ Service commissioner
- ◯ Local Authority Officer (Public Health)
- ◯ Other (please specify)

32. Which of the following best describes your organisation or affiliation?

- ◯ General Practice
- ◯ Community Pharmacy
- ◯ Hospital Pharmacy
- ◯ Prison
- ◯ CCG
- ◯ NHS England
- ◯ NECS
- ◯ Community Services provider
- ◯ Acute Trust
- ◯ Mental Health Trust
- ◯ Local Authority
- ◯ Care Home
- ◯ Care Home Provider
- ◯ Dispensing doctor practice
- ◯ LPC
- ◯ LMC
- ◯ Substance misuse service provider
- ◯ Out of House service provider
- ◯ Voluntary sector
- ◯ Stop Smoking Service
- ◯ GP Federation
- ◯ Sexual Health Service
- ◯ Other (please specify)

APPENDIX 5. Patient Survey Questions (paper version)

Patient Survey for Pharmaceutical Needs Assessment

There are a number of community pharmacies (sometimes called chemists) in your council area and they may all be very different. Pharmacies can be found in shopping centres, local high streets, inside supermarkets or based within local health centres, but they are all NHS pharmacies.

Local Health and Wellbeing boards in Middlesbrough & Redcar and Cleveland are preparing new reports on pharmacy services called 'Pharmaceutical Needs Assessments'. This looks at what local people might need from these services, what is already available and suggests improvements that might be made now or in the near future.

We need your views
It is very important for us to understand patient experience and public views of pharmacy services. Completing this survey will help us to do that. Later in the year there will also be a full consultation on the draft Pharmaceutical Needs Assessments when patients and the public will be able to contribute again.

Please take a few minutes to complete this survey- it will help us to understand where pharmacy services are good and if there are any areas that could be improved. No need to give your name; all your answers will be confidential and only used for statistical purposes.

Closing date: 30th September

1. Which Local Authority area do you live in?

- ○ I live in Middlesbrough
- ○ I work in Middlesbrough
- ○ I live in Redcar and Cleveland
- ○ I work in Redcar and Cleveland
- ○ I don't live or work in either Middlesbrough or Redcar and Cleveland

2. Please tick the box to indicate your home postcode

- ○ TS1
- ○ TS3
- ○ TS5
- ○ TS6
- ○ TS7
- ○ TS8
- ○ TS9
- ○ TS10
- ○ TS11
- ○ TS12
- ○ TS13
- ○ TS14
- ○ My postcode is not shown here
- ○ I don't know my postcode

3. Please answer the following questions:

	Yes	No	Don't Know
Do you usually use a pharmacy in the area in which you live?	☐	☐	☐
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 minutes?	☐	☐	☐
Are there pharmacies near where you live (or work) that you could get to by a short bus ride?	☐	☐	☐

4. What do you usually go to the pharmacy for?

	A prescription	A service they provide	Advice	Something else
For you	☐	☐	☐	☐
For someone else	☐	☐	☐	☐

5. If you have a minor health problem

	Yes	No
Would you visit a pharmacy before you went to A&E, a walk-in centre or your GP	○	○

6. If you received advice from a pharmacy about a minor health problem, but the pharmacy medicines were too expensive for you to buy, what do you think that you would do?

	Yes	No
Do without the treatment	○	○
Go to your GP	○	○
Go to A&E	○	○
None of the above	○	○
Has this ever happened to you?	○	○

7. How often do you go to use a pharmacy in person?

- ○ More than once a week
- ○ Weekly
- ○ Monthly
- ○ Fortnightly
- ○ Quarterly (4 times per year)
- ○ Less often than 4 times per year

8. Do you visit the same pharmacy?

- ○ Always
- ○ Usually
- ○ Rarely
- ○ Never

9. If or when you go to a pharmacy in person, how do you usually get there?

- ○ Walk
- ○ Public transport (bus or train)
- ○ Taxi
- ○ Drive in my own car
- ○ Get a lift in somebody else's car

Other (please specify)

10. Is it easy for you to use a pharmacy if, or when, you need to? Please choose any box that applies to you.

- ☐ Yes, it is usually easy to use a pharmacy service if I need to
- ☐ No- because I have a disability or mobility issues
- ☐ No- because my caring responsibilities make it difficult
- ☐ No- because I don't know where my local pharmacies are
- ☐ No- because I don't know when local pharmacies are open
- ☐ No-because of my work; I don't think there is a pharmacy open at a time when I can get there
- ☐ No- because of some other reason

11. Do you have your prescription medicine delivered by a pharmacy?

- ○ Always
- ○ Sometimes
- ○ Never
- ○ Doesn't apply to me

12. Tick below the main reason why you get them delivered?

- ☐ None of these apply, I don't usually get them delivered
- ☐ Mostly for convenience
- ☐ Mostly because I would find it difficult to collect them myself
- ☐ Mostly because it is a free service

13. Your local community pharmacy is not paid by the NHS to deliver prescription medicines. If the service was withdrawn or your pharmacy started charging for this service

	Yes	No	Not applicable
I would be able to manage without it	○	○	○
I know other people who could NOT manage without it	○	○	○
I would be prepared to pay if the charge was affordable	○	○	○
I would NOT be able to pay any delivery charge	○	○	○

Patient Survey for Pharmaceutical Needs Assessment

14. Do you usually pay for your prescription?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Prefer not to say

15. Are your prescriptions sent electronically from your GP to your nominated pharmacy of choice for dispensing?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't have prescriptions

16. Using an NHS pharmacy on-line for NHS prescriptions

	Yes	No	Prefer not to say
Do you have access to the internet?	○	○	○
Are you aware that you can access NHS on-line pharmacies?	○	○	○
Have you used an NHS pharmacy on-line for NHS prescriptions?	○	○	○

17. How would you rate the pharmacy or pharmacies that you have used or usually use?

- ○ Excellent
- ○ Very good
- ○ Fairly good
- ○ Mildly good
- ○ Not good at all

18. What do you think about the opening times of pharmacies that you use? Please tick any that apply

- ☐ Happy with the current opening times
- ☐ I can always find a pharmacy that is open when I need to
- ☐ Not open late enough on a weekday
- ☐ Not open, or not open long enough on a Saturday
- ☐ Not open, or not open long enough on a Sunday

19. Have you ever used the extended hours GP access (STAR) service in Middlesbrough or Redcar & Cleveland? This service provides additional access to a GP from four GP centres in Linthorpe, North Ormesby, Redcar and Brotton from 6pm to 9:30 weekdays and 8am to 9:30pm on weekends and bank holidays

- [ ] Yes
- [ ] No
- [ ] Don't know

20. Why do you chose the pharmacy or pharmacies that you normally use? (tick all that apply)

- [ ] Near to where you live
- [ ] Prescription collection service
- [ ] Near to where you work
- [ ] Medicine delivery service
- [ ] Near to your children's school
- [ ] Special offers
- [ ] Close to where I shop
- [ ] Clean and pleasant environment
- [ ] Easy to walk to it or reach it on public transport
- [ ] Inside or close to the GP practice
- [ ] Always used it
- [ ] Good customer care/friendly staff
- [ ] Range of services
- [ ] Trusted advice
- [ ] Convenient opening times to use on an evening or weekend
- [ ] Some other reason

21. Which is most important to you when you use a pharmacy? (please pick one option)

- ○ Near to where you live
- ○ Prescription collection service
- ○ Near to where you work
- ○ Medicine delivery service
- ○ Near to your children's school
- ○ Special offers
- ○ Close to where I shop
- ○ Clean and pleasant environment
- ○ Easy to walk to it or reach it on public transport
- ○ Inside or close to the GP practice
- ○ Always used it
- ○ Good customer care/friendly staff
- ○ Range of services
- ○ Trusted advice
- ○ Convenient opening times to use on an evening or weekend
- ○ Some other reason

22. As well advice on medicines and minor ailments, all pharmacies are able to offer advice on a range of Healthy Lifestyle issues (such as diet and nutrition, alcohol awareness, sexual health and physical activity). The availability of this type of advice from a pharmacy is encouraged both nationally and by your local council.

	Yes	No
Did you know that pharmacies could offer free advice on healthy lifestyles?	○	○
Has your pharmacy ever offered you free advice on healthy lifestyles?	○	○
Have you ever taken up the offer of free advice on healthy lifestyles from your pharmacy?	○	○

23. If you have taken up the offer of free advice, could you please state what this was about?

24. Pharmacies are part of the NHS, just like general practices so the dispensary staff and other support staff all follow the same Codes of Conduct including those on confidentiality and consent, for example.

	Yes	No	Prefer not to say
Do you view the pharmacy as part of the NHS?	○	○	○
Do you feel happy about patient confidentiality and consent?	○	○	○
Do you know that you can ask at any time to use the private consulting room available in all pharmacies?	○	○	○
Do you feel comfortable getting advice in the pharmacy about health problems?	○	○	○
Are the staff polite and helpful when you visit or contact them?	○	○	○

25. This table shows some free services local pharmacies may already offer. We would like to know how aware you are of the service and which ones you have and haven't used. Please tick one of the following statements for each of the services.

	Know about it and have used this service	Know about it but have not used this service	I did not know about this service but may use it	I did not know and would not use this service
NHS Repeat Dispensing- regular medication without need for new prescriptions every time	○	○	○	○
Disposal of unwanted medicines	○	○	○	○
Information and advice on minor illness	○	○	○	○
Medicines Use Review	○	○	○	○
New Medicine Service	○	○	○	○
Stop Smoking Service	○	○	○	○
Emergency Hormonal contraception ('morning after pill')	○	○	○	○
C-Card registration and free condom supply service	○	○	○	○
Chlamydia screening service	○	○	○	○
Healthy Heart Checks	○	○	○	○

	Know about it and have used this service	Know about it but have not used this service	I did not know about this service but may use it	I did not know and would not use this service
Needle and syringe exchange	○	○	○	○
Supply of Healthy Start Vitamins	○	○	○	○
NHS flu vaccination	○	○	○	○
Electronic prescription transfer from your GP direct to pharmacy	○	○	○	○
NUMSAS - NHS Urgent Medicines Supply Advanced Service	○	○	○	○

The next question is about NHS services that are not currently available in pharmacies in Middlesbrough and Redcar & Cleveland, though they may already be available elsewhere in the UK. Please tell us what you think about these possible 'new' services by ticking all the boxes that apply to you.

26. Thinking about new services local pharmacies could offer, though not necessarily in the pharmacy you use, which of the following do you think might be useful?

	I would like to use this pharmacy service	I know other people who would like to use this service	I would not go to a pharmacy for this service	Does not apply to me
Free Healthy Heart Checks	○	○	○	○

	I would like to use this pharmacy service	I know other people who would like to use this service	I would not go to a pharmacy for this service	Does not apply to me
Anticoagulant monitoring service - e.g. fingerprick testing for patients on Warfarin	○	○	○	○
Gluten free food supply service without prescription	○	○	○	○
Advice and support for self-care is free from all pharmacies but where treatment can be helpful, this is not available free from the NHS in your area. In some areas, a limited range of treatments have been made available free from pharmacies	○	○	○	○
NHS screening services, e.g. diabetes, HIV, Hepatitis B or C	○	○	○	○

	I would like to use this pharmacy service	I know other people who would like to use this service	I would not go to a pharmacy for this service	Does not apply to me
Specific help with medicines for people with a long-term illness or conditions - e.g. obesity, asthma or COPD (Chronic Obstructive Pulmonary Disease)	○	○	○	○
Short 'one to one' weight management programme	○	○	○	○
Advice and support in a language other than English	○	○	○	○

27. You do not need to answer the next questions, but it would be very helpful if you could tell us a bit about yourself so that we can see how different groups of people experience pharmacy services differently

Please tell us which age group you belong to:

- ○ Under 18
- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65-74
- ○ 75 and over

28. Are you:

- ○ Male
- ○ Female
- ○ Do not wish to state
- ○ Other (please specify)

29. How would you best describe yourself?

- ○ Employed or self-employed (full-time)
- ○ Employed or self-employed (part-time)
- ○ Unemployed/unavailable for work
- ○ Permanently sick or disabled
- ○ In further education/government supported scheme
- ○ Full-time student
- ○ Retired
- ○ Looking after the home
- ○ Full time parent
- ○ Full time carer
- ○ Other (please specify)

30. How would you describe your ethnic origin?

- ○ White British
- ○ White Irish
- ○ White - Any other White background
- ○ Asian or Asian British - Bangladeshi
- ○ Asian or Asian British - Indian
- ○ Mixed - any other mixed background
- ○ Asian or Asian British - Pakistani
- ○ Asian or Asian British - Any other Asian background
- ○ Black or Black British- African
- ○ Other (please specify)

- ○ Black or Black British- Caribbean
- ○ Other Ethnic Group- Chinese
- ○ Black or Black British- any other black background
- ○ Other ethnic group- any other ethnic group
- ○ Mixed- White and Asian
- ○ Mixed- White and Black African
- ○ Mixed- White and Black Caribbean
- ○ I do not wish to disclose

31. Do you consider yourself to have a disability?

- ○ Yes
- ○ No
- ○ Do not wish to disclose this
- ○ Other (please specify)

32. If yes, please tick any impairment listed which affects you, as you may experience more than one. If none of the categories apply, please mark 'other'

- ○ Physical Impairment
- ○ Mental Health Problem
- ○ Long-standing illness
- ○ Other (please specify)

- ○ Sensory Impairment
- ○ Learning Disability/Difficulty

Appendix 6 Distances between pharmacies in Middlesbrough HWB area

MIDDLE SBROUGH		Boots UK Ltd, The Mall, Middlesbrough Centre	The Co-Operative Pharmacy, The Mall, Middlesbrough Centre	Victoria Chemist, Victoria Road	Your local Boots Pharmacy, One Life	Rowlands, Borough Road	A. C. Moule & Co, Parliament Road	Pharmacy Express, Linthorpe Road	Your local Boots Pharmacy, Ormesby	Cohens Chemist, North Ormesby	Your local Boots Pharmacy, 4, Kings Road, North Ormesby	Your local Boots Pharmacy, 51, Kings Road, North Ormesby	Crossfell Pharmacy, Berwick Hills	Whitworth Chemists, Thorntree	Martonside Pharmacy, Martonside Way	Hunters Pharmacy, Linthorpe Road	Lloydspharmacy, Linthorpe Road	Boots UK Ltd, Linthorpe Road	David Jarvis, Eastbourne Road	Lloydspharmacy, Ormesby	The Oval Pharmacy Acklam	P J Wilkinson Chemist, Acklam Road	Your local Boots Pharmacy, Coulby Newham	Tesco Instore Pharmacy, Coulby Newham	Lloydspharmacy, Coulby Newham	Your local Boots Pharmacy, Hemlington	Marton Pharmacy, Marton	Lloydspharmacy, Acklam Road, Next to Fulcrum Medical Practice	Lloydspharmacy, 89, Acklam Road	Your Family Pharmacy	Roman Road Pharmacy
Distance between pharmacies (miles)* - driving	POSTCODES	TS1 2JZ	TS1 2NW	TS1 3HY	TS1 3QY	TS1 3RZ	TS1 4JW	TS1 5DD	TS3 0NA	TS3 6AL	TS3 6NF	TS3 6NH	TS3 7RP	TS3 9NB	TS4 3BU	TS5 6AE	TS5 6HA	TS5 6HX	TS5 6QN	TS7 9PD	TS5 6HP	TS5 7BP	TS8 0TJ	TS8 0TL	TS8 0TL	TS8 9JH	TS7 8DU	TS5 4EQ	TS5 5HR	TS5 6HA	TS5 6DL
Boots UK Ltd, The Mall, Middlesbrough Centre	TS1 2JZ	n/a	metres	0.7	0.7	metres	0.9	Metres	3	1.1	1.3	1.4	2	3.1	2.4	0.9	0.9	1.1	1.6	3.8	5.7	2.9	6.5	6.5	5.8	6	3.8	1.6	2.3	1	1.5
The Co-Operative Pharmacy, The Mall, Middlesbrough Centre	TS1 2NW	Metres	n/a	0.7	0.7	metres	0.9	Metres	3	1.1	1.3	1.4	2	3.1	2.4	0.9	0.9	1.1	1.7	3.7	5.7	4.1	6.5	6.5	5.8	6	3.8	1.6	2.3	1	1.5
Victoria Chemist, Victoria Road	TS1 3HY	0.7	0.7	n/a	0.6	metres	0.9	0.6	2.8	1	1.2	1.2	1.8	2.7	1.7	0.8	0.8	1	1.2	3.4	6.2	2.7	5.7	5.7	5.9	5.1	3.3	1.3	2.2	0.8	1.1
Your local Boots Pharmacy, One Life	TS1 3QY	0.7	0.7	0.6	n/a	metres	metres	0.6	3.1	1.5	1.7	1.7	2.1	2.9	1.9	metres	metres	metres	1	3.6	3.6	2.3	4.9	4.9	4.5	4.3	3.5	0.8	1.7	meters	0.6
Rowlands, Borough Road	TS1 3RZ	Metres	0.6	metres	metres	n/a	0.6	metres	3.1	1.1	1.3	1.3	2	2.9	2.1	0.7	0.7	0.9	1.3	3.6	5.5	2.6	5.3	5.3	5.5	4.8	3.7	1.2	2.1	0.7	1
A. C. Moule & Co, Parliament Road	TS1 4JW	0.9	0.9	0.9	metres	0.6	n/a	0.8	3.3	1.8	2	2	2.6	3.5	3	0.6	0.6	0.8	1.3	4.3	5.1	2	4.6	4.6	4.8	4.7	3.8	0.7	1.5	0.7	0.9
Pharmacy Express, Linthorpe Road	TS1 5DD	Metres	Metres	0.6	0.6	metres	0.8	n/a	3.1	1.2	1.2	1.2	2.1	3	2.1	0.8	0.7	1	1.5	3.5	5.7	3.7	7.6	7.6	7.6	7	3.6	1.5	2.3	0.7	1.1
Your local Boots Pharmacy, Ormesby	TS3 0NA	3	3	2.8	3.1	3.1	3.3	3.1	n/a	2	1.9	1.8	1.2	2	2.3	3.2	3.1	3.2	3.1	metres	3.4	3.9	4	4	4.1	4	2.1	4.8	4.5	3.1	3.4
Cohens Chemist, North Ormesby	TS3 6AL	1.1	1.1	1	1.5	1.1	1.8	1.2	2	n/a	metres	metres	1	1.9	2.1	1.7	1.7	1.9	1.7	2.6	6.9	4.9	6.1	6.1	5.4	5.5	3.6	3.3	3.8	1.7	2.1
Your local Boots Pharmacy, 4, Kings Road, North Ormesby	TS3 6NF	1.3	1.3	1.2	1.7	1.3	2	1.2	1.9	metres	n/a	metres	0.9	1.8	2.1	1.9	1.9	2.1	1.9	2.5	6.5	3.7	6.1	6.1	5.4	5.5	3.6	3.3	3.2	1.9	2
Your local Boots Pharmacy, 51, Kings Road, North Ormesby	TS3 6NH	1.4	1.4	1.2	1.7	1.3	2	1.2	1.8	metres	metres	n/a	0.8	1.7	2	1.9	1.9	2	1.8	2.4	5	4.5	6	6	5.3	5.5	3.5	3.3	3.2	1.9	2.1
Crossfell Pharmacy, Berwick Hills	TS3 7RP	2	2	1.8	2.1	2	2.6	2.1	1.2	1	0.9	0.8	n/a	1.2	2.2	2.1	2.1	2.2	2	1.6	4.3	3.8	5.5	5.5	4.8	5	3.1	3.9	3.4	2.1	2.3
Whitworth Chemists, Thorntree	TS3 9NB	3.1	3.1	2.7	2.9	2.9	3.5	3	2	1.9	1.8	1.7	1.2	n/a	3.1	3	2.9	3.1	2.9	1.7	5.2	4.7	6.4	6.4	5.6	5.8	3.9	4.7	5.4	3	3.2
Martonside Pharmacy, Martonside Way	TS4 3BU	2.4	2.4	1.7	1.9	2.1	3	2.1	2.3	2.1	2.1	2	2.2	3.1	n/a	1.8	1.7	1.5	1	2.4	3.1	2.5	4.3	4.3	3.6	3.8	1.8	2.4	2.5	1.7	1.6
Hunters Pharmacy, Linthorpe Road	TS5 6AE	0.9	0.9	0.8	metres	0.7	0.6	0.8	3.2	1.7	1.9	1.9	2.1	3	1.8	n/a	metres	metres	0.8	3.8	3.4	2.1	4.7	4.7	4.8	4.1	3.3	0.9	1.5	meters	meters
Lloydspharmacy, Linthorpe Road	TS5 6HA	0.9	0.9	0.8	metres	0.7	0.6	0.7	3.1	1.7	1.9	1.9	2.1	2.9	1.7	metres	na	metres	0.8	3.8	3.4	2.1	4.7	4.7	4.8	4.1	3.3	0.8	1.5	meters	meters
Boots UK Ltd, Linthorpe Road	TS5 6HX	1.1	1.1	1	metres	0.9	0.8	1	3.2	1.9	2.1	2	2.2	3.1	1.5	metres	metres	n/a	metres	3.6	3.1	1.8	4.4	4.4	4.5	3.8	3.1	0.9	1.2	meters	meters
David Jarvis, Eastbourne Road	TS5 6QN	1.6	1.6	1.2	1	1.3	1.3	1.5	3.1	1.7	1.9	1.8	2	2.9	1	0.8	0.8	metres	n/a	3.2	3.1	1.8	5.1	5.1	4.3	4.5	2.6	1.3	1.5	0.7	0.6
Lloydspharmacy, Ormesby	TS7 9PD	3.8	3.8	3.4	3.6	3.6	4.3	3.5	metres	2.6	2.5	2.4	1.6	1.7	2.4	3.8	3.8	3.6	3.2	n/a	3.5	4	4.7	4.7	3.9	4.1	2.2	5.5	4.6	3.6	3.7
The Oval Pharmacy Acklam	TS5 8HP	5.7	5.7	6.2	3.6	5.5	5.1	5.7	3.4	6.9	6.5	5	4.3	5.2	3.1	3.4	3.4	3.1	3.1	3.5	n/a	1.4	2.2	2.2	2.3	1.6	2.5	2.6	2	3.3	2.9
P J Wilkinson Chemist, Acklam Road	TS5 7BP	2.9	2.9	2.7	2.3	2.6	2	3.7	3.9	4.9	3.7	4.5	3.8	4.7	2.5	2.1	2.1	1.8	1.8	4	1.4	n/a	2.7	2.7	2.9	2.1	3	1.2	0.7	2	1.5
Your local Boots Pharmacy, Coulby Newham	TS8 0TJ	6.5	6.5	5.7	4.9	5.3	4.6	7.6	4	6.1	6.1	6	5.5	6.4	4.3	4.7	4.7	4.4	5.1	4.7	2.2	2.7	n/a	n/a	n/a	1.5	1.4	4	3.4	4.7	4.3
Tesco Instore Pharmacy, Coulby Newham	TS8 0TJ	6.5	6.5	5.7	4.9	5.3	4.6	7.6	4	6.1	6.1	6	5.5	6.4	4.3	4.7	4.7	4.4	5.1	4.7	2.2	2.7	n/a	n/a	n/a	1.5	1.4	4	3.4	4.7	4.3
Lloydspharmacy, Coulby Newham	TS8 0TL	5.8	5.8	5.9	4.5	5.5	4.8	7.6	4.1	5.4	5.4	5.3	4.8	5.6	3.6	4.8	4.8	4.5	4.3	3.9	2.3	2.9	n/a	n/a	n/a	1.5	1.1	4	3.5	4.2	4.3
Your local Boots Pharmacy, Hemlington	TS8 9JH	6	6	5.1	4.3	4.8	4.7	7	4	5.5	5.5	5.5	5	5.8	3.8	4.1	4.1	3.8	4.5	4.1	1.6	2.1	1.5	1.5	1.5	n/a	2.8	3.4	2.7	4	3.7
Marton Pharmacy, Marton	TS7 8DU	3.8	3.8	3.3	3.5	3.7	3.8	3.6	2.1	3.6	3.6	3.5	3.1	3.9	1.8	3.3	3.3	3.1	2.6	2.2	2.5	3	1.4	1.4	1.1	2.8	n/a	4.2	3.6	3.3	3.1
Lloydspharmacy, Acklam Road, Next to Fulcrum Medical Practice	TS5 4EQ	1.6	1.6	1.3	0.8	1.2	0.7	1.5	4.8	3.3	3.3	3.3	3.9	4.7	2.4	0.9	0.8	0.9	1.3	5.5	2.6	1.2	4	4	4	3.4	4.2	n/a	0.8	0.8	0.8
Lloydspharmacy, 89, Acklam Road	TS5 5HR	2.3	2.3	2.2	1.7	2.1	1.5	2.3	4.5	3.8	3.2	3.2	3.4	5.4	2.5	1.5	1.5	1.2	1.5	4.6	2	0.7	3.4	3.4	3.5	2.7	3.6	0.8	n/a	1.4	1.1
Your Family Pharmacy	TS5 6HA	1	1	0.8	meters	0.7	0.7	0.7	3.1	1.7	1.9	1.9	2.1	3	1.7	meters	meters	meters	0.7	3.6	3.3	2	4.7	4.7	4.2	4	3.3	0.8	1.4	n/a	0.4
Roman Road Pharmacy	TS5 6DL	1.5	1.5	1.1	0.6	1	0.9	1.1	3.4	2.1	2	2.1	2.3	3.2	1.6	meters	meters	meters	0.6	3.7	2.9	1.5	4.3	4.3	4.3	3.7	3.1	0.8	1.1	0.4	n/a

Blue = 100 hour pharmacy

APPENDIX 7. The Pharmaceutical List (pharmacies) in Middlesbrough HWB area, showing Core, Supplementary and Opening Hours.

Pharmacy Name	Trading Name	Address 1	Address 2	Address 3	Postcode	Telephone Number	Core Hours	Supplementary Hours	Opening Hours
A C Moule Ltd	A C Moule & Co Pharmacy	55 Parliament Road	Middlesbrough	Cleveland	TS1 4JW	01642 244 717	Mon: 09:00-13:00; 14:00-17:30, Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-13:00; 14:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30, Sun:,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat: 11:30-13:00, Sun:,	Monday: 09:00-13:00; 14:00-17:30 Tuesday: 09:00-13:00; 14:00-17:30 Wednesday: 09:00-13:00; 14:00-17:30 Thursday: 09:00-13:00; 14:00-17:30 Friday: 09:00-13:00; 14:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
Alrahi & Singh Ltd	Pharmacy Express	103 Linthorpe Road	Middlesbrough	Cleveland	TS1 5DD	01642 244328	Mon: 09:00-13:30; 15:30-17:30, Tue: 09:00-13:30; 15:30-17:30, Wed: 09:00-13:30; 15:30-17:30, Thu: 09:00-13:30; 15:30-17:30, Fri: 09:00-13:30; 15:30-17:30, Sat: 09:00-13:30; 14:30-17:30, Sun:,	Mon: 08:30-09:00; 13:30-15:30, Tue: 08:30-09:00; 13:30-15:30, Wed: 08:30-09:00; 13:30-15:30, Thu: 08:30-09:00; 13:30-15:30, Fri: 08:30-09:00; 13:30-15:30, Sat: 13:30-14:30, Sun:,	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: 09:00-17:30 Sunday: Closed
Bestway National Chemists Limited	Well	1-3 Newton Mall	Cleveland Centre	Middlesbrough	TS1 2NW	01642 240 548	Mon: 09:00-13:00; 13:45-17:45, Tue: 09:00-13:00; 13:45-17:45, Wed: 09:00-13:00; 13:45-17:45, Thu: 09:00-13:00; 13:45-17:45, Fri: 09:00-13:00; 13:45-17:45, Sat:, Sun:,	Mon: 08:30-09:00; 13:00-13:45, Tue: 08:30-09:00; 13:00-13:45, Wed: 08:30-09:00; 13:00-13:45, Thu: 08:30-09:00; 13:00-13:45, Fri: 08:30-09:00; 13:00-13:45, Sat: 09:00-17:00, Sun:,	Monday: 08:30-17:45 Tuesday: 08:30-17:45 Wednesday: 08:30-17:45 Thursday: 08:30-17:45 Friday: 08:30-17:45 Saturday: 09:00-17:00 Sunday: Closed
Boots UK Limited	Your Local Boots Pharmacy	Unit 3, Parkway Shopping Centre	Coulby Newham	Middlesbrough	TS8 0TJ	01642 594 439	Mon: 09:00-13:00; 14:00-17:30, Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-13:00; 14:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30, Sun:,	Mon: 08:30-09:00; 13:00-14:00; 17:30-18:00, Tue: 08:30-09:00; 13:00-14:00; 17:30-18:00, Wed: 08:30-09:00; 13:00-14:00; 17:30-18:00, Thu: 08:30-09:00; 13:00-14:00; 17:30-18:00, Fri: 08:30-09:00; 13:00-14:00; 17:30-18:00, Sat: 11:30-17:00, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 09:00-17:00 Sunday: Closed
Boots UK Limited	Your Local Boots Pharmacy	9a Lealholme Crescent	Ormesby	Middlesbrough	TS3 0NA	01642 314 251	Mon: 09:00-13:00; 14:15-17:30, Tue: 09:00-13:00; 14:15-17:30, Wed: 09:00-13:00; 14:15-17:30, Thu: 09:00-13:00; 14:15-17:30, Fri: 09:00-13:00; 14:15-17:30, Sat: 09:00-12:45, Sun:,	Mon: 13:00-14:15, Tue: 13:00-14:15, Wed: 13:00-14:15, Thu: 13:00-14:15, Fri: 13:00-14:15, Sat: 12:45-17:00, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-17:00 Sunday: Closed

Boots UK Limited	Your Local Boots Pharmacy	One Life Medical Centre	Linthorpe Road	Middlesbrough	TS1 3QY	01642 242 944	Mon: 09:00-13:00; 14:00-17:30, Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-13:00; 14:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30, Sun:,	Mon: 08:00 - 09:00; 13:00-14:00; 17:30-18:00, Tue: 08:00 - 09:00; 13:00-14:00; 17:30-18:00, Wed: 08:00 - 09:00; 13:00-14:00; 17:30-18:00, Thu: 08:00 - 09:00; 13:00-14:00; 17:30-18:00, Fri: 08:00 - 09:00; 13:00-14:00; 17:30-18:00, Sat: 11:30-12:00, Sun:,	Monday: 08:00-18:00 Tuesday: 08:00-18:00 Wednesday: 08:00-18:00 Thursday: 08:00-18:00 Friday: 08:00-18:00 Saturday: 09:00-12:00 Sunday: Closed
Boots UK Limited	Your Local Boots Pharmacy	15 The Viewley Centre	Hemlington	Middlesbrough	TS8 9JH	01642 594 647	Mon: 09:00-13:00; 14:00-17:30, Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-13:00; 14:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30, Sun:,	Mon: 13:00-14:00, Tue: 13:00-14:00, Wed: 13:00-14:00, Thu: 13:00-14:00, Fri: 13:00-14:00, Sat: 11:30-16:00, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-16:00 Sunday: Closed
Boots UK Limited	Your Local Boots Pharmacy	4 Kings Road	North Ormesby	Middlesbrough	TS3 6NF	01642 231 002	Mon: 09:00-12:30; 13:30-17:30, Tue: 09:00-12:30; 13:30-17:30, Wed: 09:00-12:30; 13:30-17:30, Thu: 09:00-12:30; 13:30-17:30, Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30, Sun:,	Mon: 12:30-13:30, Tue: 12:30-13:30, Wed: 12:30-13:30, Thu: 12:30-13:30, Fri: 12:30-13:30, Sat: 11:30-17:30, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-17:30 Sunday: Closed
Boots UK Limited		455 Linthorpe Road	Linthorpe	Middlesbrough	TS5 6HX	01642 817 134	Mon: 09:30-13:30; 14:30-17:15, Tue: 09:30-13:30; 14:30-17:15, Wed: 09:30-13:30; 14:30-17:15, Thu: 09:30-13:30; 14:30-17:15, Fri: 09:30-13:30; 14:30-17:15, Sat: 09:30-13:30; 14:30-16:45, Sun:,	Mon:` 09:00-09:30; 13:30-14:30; 17:15-18:00, Tue: 09:00-09:30; 13:30-14:30; 17:15-18:00, Wed: 09:00-09:30; 13:30-14:30; 17:15-18:00, Thu: 09:00-09:30; 13:30-14:30; 17:15-18:00, Fri: 09:00-09:30; 13:30-14:30; 17:15-18:00, Sat: 09:00-09:30; 13:30-14:30; 16:45-17:30, Sun:,	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-17:30 Sunday: Closed

Boots UK Limited		88-90 Linthorpe Road	The Cleveland Centre	Middlesbrough	TS1 2JZ	01642 249 616	Mon: 09:30-13:30; 14:30-16:30, Tue: 09:30-13:30; 14:30-16:30, Wed: 09:30-13:30; 14:30-16:30, Thu: 09:30-13:30; 14:30-16:30, Fri: 09:30-13:30; 14:30-16:30, Sat: 09:30-13:30; 14:30-16:30, Sun: 11:00-13:30; 14:30-16:00,	Mon: 08:30-09:30; 13:30-14:30; 16:30-18:00, Tue: 08:30-09:30; 13:30-14:30; 16:30-18:00, Wed: 08:30-09:30; 13:30-14:30; 16:30-18:00, Thu: 08:30-09:30; 13:30-14:30; 16:30-18:00, Fri: 08:30-09:30; 13:30-14:30; 16:30-18:00, Sat: 08:30-09:30; 13:30-14:30; 16:30-17:30, Sun: 10:30-11:00; 13:30-14:30; 16:00-16:30,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 08:30-17:30 Sunday: 10:30-16:30
BR & KB Ltd	Roman Road Pharmacy	31 - 33 Roman Road	Middlesbrough	Cleveland	TS5 6DZ	01642 829095	Mon: 06:00-22:00, Tue: 06:00-22:00, Wed: 06:00-22:00, Thu: 06:00-22:00, Fri: 06:00-22:00, Sat: 07:00-21:00, Sun: 08:00-14:00,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 06:00-22:00 Tuesday: 06:00-22:00 Wednesday: 06:00-22:00 Thursday: 06:00-22:00 Friday: 06:00-22:00 Saturday: 07:00-21:00 Sunday: 08:00-14:00
David Jarvis Ltd		43 Eastbourne Road	Middlesbrough	Cleveland	TS5 6QN	01642 817 361	Mon: 09:00-13:00; 14:15-17:30, Tue: 09:00-13:00; 14:15-17:30, Wed: 09:00-13:00; 14:15-17:30, Thu: 09:00-13:00; 14:15-17:30, Fri: 09:00-13:00; 14:15-17:30, Sat: 09:00-12:45, Sun:,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat: 12:45-13:00, Sun:,	Monday: 09:00-13:00; 14:15-17:30 Tuesday: 09:00-13:00; 14:15-17:30 Wednesday: 09:00-13:00; 14:15-17:30 Thursday: 09:00-13:00; 14:15-17:30 Friday: 09:00-13:00; 14:15-17:30 Saturday: 09:00-13:00 Sunday: Closed
F I Maguire Ltd	Marton Pharmacy	4 Marton Estates Square	Stokesley Road, Marton	Middlesbrough	TS7 8DU	01642 316 072	Mon: 09:00-12:00; 12:30-17:00, Tue: 09:00-12:00; 12:30-17:00, Wed: 09:00-12:00; 12:30-17:00, Thu: 09:00-12:00; 12:30-17:00, Fri: 09:00-12:00; 12:30-17:00, Sat: 09:30-12:00, Sun:,	Mon: 08:30-09:00; 12:00-12:30; 17:00-18:00, Tue: 08:30-09:00; 12:00-12:30; 17:00-18:00, Wed: 08:30-09:00; 12:00-12:30; 17:00-18:00, Thu: 08:30-09:00; 12:00-12:30; 17:00-18:00, Fri: 08:30-09:00; 12:00-12:30; 17:00-18:00, Sat: 09:00-09:30; 12:00-13:00, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 09:00-13:00 Sunday: Closed

Gorgemead Limited	Cohens Chemist	North Ormesby Health Village	9 Trinity Mews, North Ormesby	Middlesbrough	TS3 6AL	01642 239050	Mon: 09:00-12:30; 14:00-18:00, Tue: 09:00-12:30; 14:00-17:30, Wed: 09:00-12:30; 14:00-18:00, Thu: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:30, Sun:,	Mon: 08:30-09:00; 12:30-14:00; 18:00-18:15, Tue: 08:30-09:00; 12:30-14:00; 17:30-18:15, Wed: 08:30-09:00; 12:30-14:00; 18:00-18:15, Thu: 08:30-09:00; 12:30-14:00; 17:30-18:15, Fri: 08:30-09:00; 12:30-14:00; 18:00-18:15, Sat:, Sun:,	Monday: 08:30-18:15 Tuesday: 08:30-18:15 Wednesday: 08:30-18:15 Thursday: 08:30-18:15 Friday: 08:30-18:15 Saturday: 09:00-12:30 Sunday: Closed
L Rowland & Company (Retail) Limited	Rowlands Pharmacy	169a Borough Road	Middlesbrough	Cleveland	TS1 3RZ	01642 247 382	Mon: 09:00-13:00; 14:00-17:30, Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-13:00; 14:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30, Sun:,	Mon: 08:30-09:00; 13:20-14:00; 17:30-18:00, Tue: 08:30-09:00; 13:20-14:00; 17:30-18:00, Wed: 08:30-09:00; 13:20-14:00; 17:30-18:00, Thu: 08:30-09:00; 13:20-14:00; 17:30-18:00, Fri: 08:30-09:00; 13:20-14:00; 17:30-18:00, Sat: 11:30-13:00, Sun:,	Monday: 08:30-13:00; 13:20-18:00 Tuesday: 08:30-13:00; 13:20-18:00 Wednesday: 08:30-13:00; 13:20-18:00 Thursday: 08:30-13:00; 13:20-18:00 Friday: 08:30-13:00; 13:20-18:00 Saturday: 09:00-13:00 Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	The Midwifery Clinic, Cropton Way	Coulby Newham	Middlesbrough	TS8 0TL	01642 595 212	Mon: 08:00-23:00, Tue: 08:00-23:00, Wed: 08:00-23:00, Thu: 08:00-23:00, Fri: 08:00-23:00, Sat: 08:00-23:00, Sun: 10:00-20:00,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 08:00-23:00 Tuesday: 08:00-23:00 Wednesday: 08:00-23:00 Thursday: 08:00-23:00 Friday: 08:00-23:00 Saturday: 08:00-23:00 Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	Scandanavian House	386 Linthorpe Road	Middlesbrough	TS5 6HA	01642 812 993	Mon: 08:00-23:00, Tue: 08:00-23:00, Wed: 08:00-23:00, Thu: 08:00-23:00, Fri: 08:00-23:00, Sat: 08:00-23:00, Sun: 09:00-19:00,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 08:00-23:00 Tuesday: 08:00-23:00 Wednesday: 08:00-23:00 Thursday: 08:00-23:00 Friday: 08:00-23:00 Saturday: 08:00-23:00 Sunday: 09:00-19:00
Lloyds Pharmacy Limited	Lloyds Pharmacy	9 High Street	Ormesby	Middlesbrough	TS7 9PD	01642 314 471	Mon: 09:00-12:30; 14:00-17:30, Tue: 09:00-12:30; 14:00-17:30, Wed: 09:00-12:30; 14:00-17:30, Thu: 09:00-12:30; 14:30-18:00, Fri: 09:00-12:30; 14:30-18:00, Sat: 10:00-12:30; 15:00-17:30, Sun:,	Mon: 12:30-14:00, Tue: 12:30-14:00, Wed: 12:30-14:00, Thu: 12:30-14:30, Fri: 12:30-14:30, Sat: 12:30-15:00, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-17:30 Sunday: Closed

Lloyds Pharmacy Limited	Lloyds Pharmacy	89 Acklam Road	Middlesbrough	Cleveland	TS5 5HR	01642 817 570	Mon: 09:00-12:30; 14:00-17:30, Tue: 09:00-12:30; 14:00-17:30, Wed: 09:00-12:30; 14:00-17:30, Thu: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 14:00-17:30, Sat: 09:00-11:30; 15:00-17:30, Sun:,	Mon: 08:30-09:00; 12:30-14:00; 17:30-18:00, Tue: 08:30-09:00; 12:30-14:00; 17:30-18:00, Wed: 08:30-09:00; 12:30-14:00; 17:30-18:00, Thu: 08:30-09:00; 12:30-14:00; 17:30-18:00, Fri: 08:30-09:00; 12:30-14:00; 17:30-18:00, Sat: 11:30-15:00, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 09:00-17:30 Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	near Fulcrum Medical Centre	Acklam Road	Middlesbrough	TS5 4EQ	01642 852 123	Mon: 09:00-12:30; 13:30-17:30, Tue: 09:00-12:30; 13:30-17:30, Wed: 09:00-12:30; 13:30-17:30, Thu: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-12:00, Sun:,	Mon: 12:30-13:30, Tue: 12:30-13:30, Wed: 12:30-13:30, Thu: 12:30-13:30, Fri: 12:30-13:30, Sat: 12:00-12:30, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-12:30 Sunday: Closed
Norchem Healthcare Limited	Crossfell Pharmacy	The Berwick Hills Centre	Ormesby Road	Middlesbrough	TS3 7RP	01642 245 859	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 08:30-09:00; 17:00-19:00, Tue: 08:30-09:00; 17:00-19:00, Wed: 08:30-09:00; 17:00-19:00, Thu: 08:30-09:00; 17:00-19:00, Fri: 08:30-09:00; 17:00-19:00, Sat: 09:00-17:00, Sun:,	Monday: 08:30-19:00 Tuesday: 08:30-19:00 Wednesday: 08:30-19:00 Thursday: 08:30-19:00 Friday: 08:30-19:00 Saturday: 09:00-17:00 Sunday: Closed
Norchem Healthcare Limited	Hunters Pharmacy	397 Linthorpe Road	Middlesbrough	Middlesbrough	TS5 6AE	01642 819 533	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 08:30-09:00; 17:00-18:00, Tue: 08:30-09:00; 17:00-18:00, Wed: 08:30-09:00; 17:00-18:00, Thu: 08:30-09:00; 17:00-18:00, Fri: 08:30-09:00; 17:00-18:00, Sat:, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed
Norchem Healthcare Limited	Martonside Pharmacy	Martonside Way	Marton	Middlesbrough	TS4 3BU	01642 819 601	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 08:30-09:00; 17:00-18:00, Tue: 08:30-09:00; 17:00-18:00, Wed: 08:30-09:00; 17:00-18:00, Thu: 08:30-09:00; 17:00-18:00, Fri: 08:30-09:00; 17:00-18:00, Sat:, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed

Teesside LLP	Riverside Pharmacy	Unit41, Collingwood Court	Riverside Park	Middlesbrough	TS2 1RP	01642 956170	Monday: 09:00-13:00; 14:00 - 18:00 Tuesday: 09:00-13:00; 14:00 - 18:00 Wednesday: 09:00-13:00; 14:00 - 18:00 Thursday: 09:00-13:00; 14:00 - 18:00 Friday: 09:00-13:00; 14:00 - 18:00 Saturday: Sunday:	Monday: 13:00-14:00 Tuesday: 13:00-14:00 Wednesday: 13:00-14:00 Thursday: 13:00-14:00 Friday: 13:00-14:00 Saturday: 9:00 - 18:00 Sunday: closed	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday:09:00-18:00 Sunday: closed
Tesco Stores Limited	Tesco Instore Pharmacy	Parkway Shopping Centre	Coulby Newham	Middlesbrough	TS8 0TJ	01642 385 647	Mon: 08:00-22:30, Tue: 06:30-22:30, Wed: 06:30-22:30, Thu: 06:30-22:30, Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 08:00-22:30 Tuesday: 06:30-22:30 Wednesday: 06:30-22:30 Thursday: 06:30-22:30 Friday: 06:30-22:30 Saturday: 06:30-22:00 Sunday: 10:00-16:00
Westfrost Ltd	P J Wilkinson Chemist	273a Acklam Road	Acklam	Middlesbrough	TS5 7BP	01642 817 164	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 08:30-09:00; 17:00-17:30, Tue: 08:30-09:00; 17:00-17:30, Wed: 08:30-09:00; 17:00-17:30, Thu: 08:30-09:00; 17:00-17:30, Fri: 08:30-09:00; 17:00-17:30, Sat: 09:00-12:30, Sun:,	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: 09:00-12:30 Sunday: Closed
Whitworth Chemists Limited	Your Family Pharmacy	378 Linthorpe Road	Middlesbrough	Cleveland	TS5 6HA	01642 850811	Mon: 07:30-22:00, Tue: 07:30-22:00, Wed: 07:30-22:00, Thu: 07:30-22:00, Fri: 07:30-22:00, Sat: 07:30-21:30, Sun: 08:00-21:30,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 07:30-22:00 Tuesday: 07:30-22:00 Wednesday: 07:30-22:00 Thursday: 07:30-22:00 Friday: 07:30-22:00 Saturday: 07:30-21:30 Sunday: 08:00-21:30
Whitworth Chemists Limited	Whitworth Chemists	17 Beresford Buildings	Thorntree	Middlesbrough	TS3 9NB	01642 243 079	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 17:00-17:30, Tue: 17:00-17:30, Wed: 17:00-17:30, Thu: 17:00-17:30, Fri: 17:00-17:30, Sat: 09:30-12:30, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:30-12:30 Sunday: Closed

Zulfiqar Ali Rafiq	Victoria Chemist	118a Victoria Road	Middlesbrough	Middlesbrough	TS1 3HY	01642 356 606	Mon: 07:00-21:30, Tue: 07:00-21:30, Wed: 07:00-21:30, Thu: 07:00-21:30, Fri: 07:30-21:30, Sat: 07:30-21:30, Sun: 07:30-21:30,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun:,	Monday: 07:00-21:30 Tuesday: 07:00-21:30 Wednesday: 07:00-21:30 Thursday: 07:00-21:30 Friday: 07:30-21:30 Saturday: 07:30-21:30 Sunday: 07:30-21:30
Zulfiqar Ali Rafiq	The Oval Pharmacy	5 Centre Court	Middlesbrough	Cleveland	TS5 8HP	01642 284087	Mon: 09:00-13:00; 14:00-18:00, Tue: 09:00-13:00; 14:00-18:00, Wed: 09:00-13:00; 14:00-18:00, Thu: 09:00-13:00; 14:00-18:00, Fri: 09:00-13:00; 14:00-18:00, Sat:, Sun:,	Mon: 13:00-14:00, Tue: 13:00-14:00, Wed: 13:00-14:00, Thu: 13:00-14:00, Fri: 13:00-14:00, Sat: 09:00-13:00, Sun:,	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-13:00 Sunday: Closed