

Live Well South Tees Board

Monday 26th September, 2022

Please note that this meeting will be held at The Board Room, North East and North Cumbria Integrated Care Board, First Floor, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL

**at 1.00 pm on
Monday 26th September, 2022**

	Agenda Item	Priority	Time
1.	<p>Welcome and introductions</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p>		1pm
2.	<p>Apologies for Absence</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p>		
3.	<p>Declarations of Interest</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p>		
4.	<p>Minutes- Live Well South Tees Board - 7 July 2022 (Pages 3 - 6)</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p>		

5.	<p>Better Care Fund Plans 2022/23 for Middlesbrough and Redcar & Cleveland (Pages 7 - 8)</p> <p>How our Better Care Fund Schemes contribute to admission avoidance and discharge home and improve outcomes for our residents</p> <p><i>Kathryn Warnock South Tees Integration Programme Manager and Colleagues</i></p>	1,2,3	1.10pm
6.	<p>Live Well South Tees Board Vision and Priorities (Pages 9 - 24)</p> <p><i>Mark Adams, Director of Public Health South Tees</i></p>	1,2,3	1.45pm
7.	<p>Cost of Living Crisis - Health and Wellbeing Board Response</p> <p><i>Mark Adams, Director of Public Health South Tees</i></p>	1,2,3	2.10pm
8.	<p>Health and Wellbeing Executive Assurance Report (Pages 25 - 258)</p> <p><i>Kathryn Warnock, South Tees Integration Programme Manager</i></p>	1,2,3	2.50pm
<p>Date and time of next meeting Thursday 15th December 2022 - 3pm</p>			

Priority 1 – Inequalities
Priority 2 – Integration
Priority 3 – Information and Intelligence

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Thursday 7 July 2022.

PRESENT: D Coupe (Chair), M Adams, D Gardner, M Ovens, J Sampson, E Scollay, L Westbury, J Golightly, C Blair, A Barnes, B Cooper, M Davis, M Graham, K Warnock, A Hellaoui, R Harrison

ALSO IN ATTENDANCE:

OFFICERS: J McNally

APOLOGIES FOR ABSENCE: Councillors M Lanigan, D Gallagher, M Milan, T Parkinson, P Rice, C Smith, J Walker and L Bosomworth

22/1 **WELCOME AND INTRODUCTIONS**

Councillor Coupe welcomed everyone to the meeting of the Live Well South Tees Board.

22/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

22/3 **MINUTES- LIVE WELL SOUTH TEES BOARD - 9 DECEMBER 2021**

The minutes of the Live Well South Tees Board meeting held on 9 December 2021 were submitted and approved as a correct record.

22/4 **LIVE WELL SOUTH TEES BOARD VISION AND PRIORITIES - PRESENTATION AND DISCUSSION**

The Joint Director of Public Health South Tees delivered a presentation to the Live Well South Tees Board on the Development of the Joint Health and Wellbeing Strategy 2023-2028.

The Board were advised that the Live Well South Tees Board had a statutory duty, with the NHS to produce for their population:

- Joint Strategic Needs Assessment (JSNA) and
- Joint Health and Wellbeing Strategy

The Health and Wellbeing Strategy outlines how the Live Well South Tees Board aims to improve the health and wellbeing of people in South Tees and reduce health inequalities. The Board heard that health inequalities were not the fault of individual people, they were the result of social, environmental, and economic factors.

The Strategy aims to:

- Tackle **complicated problems which cannot be solved by any single agency**.
- Commit a wide range of partners to working together to explore local issues and challenges, **agree priorities to respond collaboratively**, using **collective resources**.
- be informed by the **JSNA**, that uses data, intelligence and evidence to identify the current and future health and social care needs of the population in South Tees

The Director of Public Health advised that the aims of the Integrated Care Systems (ICS) and the Live Well South Tees Board overlapped significantly. The aims of the ICS aims were outlined as follows:

- Improve outcomes in population health and healthcare

- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The Board heard that the vision for the Live Well South Tees Board was to “Empower the citizens of South Tees to live longer and healthier lives” by committing to the following aims:

- **Start Well:** Children and Young People have the Best Start in Life
We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles
- **Live Well:** People Live Healthier and Longer Lives
We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle
- **Age Well:** More people will live longer and healthier lives
We want more people leading independent lives through integrated and sustainable support

The Live Well South Tees Board would ensure the delivery of its vision through:

- Addressing **Inequalities**
- **Integration** and collaboration
- Use of **Information** and **Intelligence**
- **Involvement** of residents, patients and service users

The Board were advised that the current JSNA was out of date and many of the topics contained in it were disconnected from the strategic aims and responded to specific issues. The JSNA acted as a compendium of topics rather than a strategic needs assessment. The Director of Public Health stated that the aim was to differentiate between the JSNA and an ad hoc needs assessment.

The Director of Public Health detailed a mission based approach and provided examples of missions for the Start Well Aim of the strategy which could include:

- Narrowing the outcome gap between children growing up in disadvantage and the national average
- Improving training and work prospects for young people
- Prioritise and improve mental health outcomes for children and young people

Potential goals could include:

- By 2030 we will have eliminated the school readiness gap between those born into deprivation and their peers
- By 2030 we will have eliminated the attainment gap at 16 among students receiving free school meals

The JSNA would provide the intelligence behind the missions and aims. However strong partnerships would be required to build the missions and goals.

The Director of Public Health outlined the process for developing the mission and goals:

- Establishment of the list of missions
- Draft shortlist of missions and goals to be agreed at the Health and Wellbeing Executive meeting in August 2022
- Approval of the missions and goals at the next meeting of the Live Well South Tees Board in September 2022

Development of the JSNA

- Draft the JSNA framework (ensure principles are reflected in the process)
- Draft the key areas behind each mission
- Collation of engagement work for each mission
- Interpretation of data and emerging conclusions to the Live Well South Tees Board in

December 2022.

Development of the Health and Wellbeing Strategy

- Final JSNA to the Live Well South Tees Board in March 2023
- Development of key areas of action under each Goal
- Collation of Health and Wellbeing Strategy and approval by the Live Well South Tees Board in June 2023

The Director of Public Health asked the Live Well South Tees to approve the process outlined to develop the JSNA and Health and Wellbeing Strategy.

ORDERED: That the process outlined to develop the JSNA and Health and Wellbeing Strategy be approved.

22/5 **INTEGRATED CARE BOARD - UPDATE**

The Director of Commissioning and Strategy for the North East and North Cumbria Integrated Care Board provided an update to the Live Well South Tees Board. The Board were advised that the Integrated Care Board (ICB) went live on 1 July 2022 and that Executive appointments had been completed. The ambitions and strategic aims of the ICB had been published and the Board heard that the ICB supported and underpinned the Integrated Care Partnerships :- **NOTED**

22/6 **HEALTH AND WELLBEING EXECUTIVE CHAIR'S ASSURANCE REPORT**

The Head of Commissioning and Strategy of the North East and North Cumbria Integrated Care Board presented a report and provided assurance that the Health and Wellbeing Executive was fulfilling its statutory obligations. An update was provided on progress with the delivery of the Board's vision and priorities: - **NOTED.**

22/7 **DATE AND TIME OF NEXT MEETING - THURSDAY 22 SEPTEMBER 2022 AT 3PM**

The next meeting of the Live Well South Tees Board will take place on Thursday 22 September 2022 at 3pm in the Mandela Room of Middlesbrough Town Hall.

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To:	Live Well South Tees Health and Wellbeing Board	Date:	26th September 22
From:	Kathryn Warnock – South Tees Integration Programme Manager	Agenda:	Item 5
Purpose of the Item	To seek formal approval from the Board of the 2022/23 Better Care Fund (BCF) Plans for Middlesbrough and Redcar & Cleveland		
Summary of Recommendations	Board members are asked to a) Note the national BCF planning requirements and conditions b) Review and endorse the BCF Plans submitted to NHS England		

1 PURPOSE OF THE REPORT

- 1.1. To seek formal approval from the Board of the 2022/23 Better Care Fund (BCF) Plans for Middlesbrough and Redcar & Cleveland.

2 BACKGROUND

2.1 The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) have published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2022-23. The framework forms part of the NHS mandate for 2022-23.

2.2 The use of BCF mandatory funding streams (NHS minimum contribution, Improved Better Care Fund grant (iBCF) and Disabled Facilities Grant (DFG) must be jointly agreed by integrated care board (ICB) and local authority to reflect local health and care priorities, with plan signed off by Health and Wellbeing Board (HWB). BCF plan should include stretching ambitions for improving outcomes against the national metrics for the fund. No new metrics have been introduced for 2022-23.

2.3 The two objectives for 2022-23 BCF are:

- i. Enable people to stay well, safe and independent at home for longer.
- ii. Provide the right care in the right place at the right time.

2.4 National condition four of the BCF has been amended to reflect these two objectives and now requires HWB to agree an approach within the BCF Plan to make progress against these objectives in 2022-23.

2.5 South Tees BCF Implementation and Monitoring Group worked together to draft the narrative and planning templates. They were submitted to our local Better Care

Manager for initial review and feedback on 29th August, as recommended nationally. These draft templates were also reviewed by the Health and Wellbeing Executive on 6th September.

The feedback was positive with only a few minor points highlighted. We updated the templates in response and the plans will be endorsed by the South Tees Executive Governance Board – 20th September.

We are confident that our plans meet the national conditions and will contribute to delivery of the metrics, and we present them for formal approval by the Board.

3 HOW THE BCF SCHEMES CONTRIBUTE TO ADMISSION AVOIDANCE AND DISCHARGE HOME AND IMPROVE OUTCOMES FOR OUR RESIDENTS

- 3.1** At the Live Well South Tees Board Meeting there will be an opportunity to hear from a number of schemes that are currently funded through the Better Care Fund in order to support admission avoidance and hospital discharge.

4 RECOMMENDATIONS

- 4.1** That Live Well South Tees Health and Wellbeing Board approve the Better Care Fund plans for Middlesbrough and Redcar & Cleveland

5 BACKGROUND PAPERS

- 5.1** BCF Planning and Narrative templates for Middlesbrough and Redcar & Cleveland will be distributed following endorsement at South Tees Executive Governance Board on 20th September

Contact Officer

Kathryn Warnock

Chair of the South Tees BCF Implementation and Monitoring Group

LiveWell Health and Wellbeing Strategy: Approval of Missions & Goals

To:	Live Well South Tees Health and Wellbeing Board	Date:	26th September 2022
From:	Mark Adams, Director of Public Health South Tees	Agenda:	6
Purpose of the Item	To agree the Missions and Goals for the Live Well South Tees Health and Wellbeing Strategy		
Summary of Recommendations	<ul style="list-style-type: none"> • Agree (or amend) the Missions and Goals described in section 3 • Note the process to develop the JSNA and Health and Wellbeing Strategy against those Missions • Note that the process of establishing the intelligence behind each Mission may also result in amending and sharpening the missions or goals. 		

LiveWell: Missions

Why Missions?

The LiveWell South Tees Board has previously agreed to a “mission-led” approach. This has so far been relatively limited to managing the agenda’s to try and direct discussions to significant areas of work (best start in life, mental health, health inequalities).

The shift to a more specific set of Missions, structured across the lifecourse was agreed at the LiveWell South Tees Board in July 2022, with the Missions to be agreed at the September meeting, following consideration of a longlist to generate a shortlist at the LiveWell Executive in August.

Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

Mission Principles

Draft principles behind the selection of the LiveWell Mission(s):

- Important and improving it will contribute to the citizens of South Tees living longer and healthier lives;
- Broad enough to include many areas that would need to feed in to shift the outcome(s);
- Tackles complicated problems which cannot be solved by any single agency;

- Long term solution of many parts required;
- Understandable, particularly by partners;

The LiveWell Board will need to negotiate responsibility for delivery with other **Partnerships**, where the Mission sits within the agenda of that Partnership (for example some of the Start Well Missions and the Children and Young People’s Partnership in Redcar & Cleveland and Children’s Trust in Middlesbrough).

Development of the JSNA

The **JSNA** will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind the Mission(s) and broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB and makes the most of our limited PH Intelligence resource.

The process of establishing the intelligence may also result in amending and sharpening the missions or goals, particularly where the current articulation is a potentially too broad.

In addition Tees Valley DPHs have agreed that the refresh of the **HWB Strategies** would follow a similar mission-based approach, with some commonality across Tees Valley authorities, supplemented by specific local issues, and this will also be true between Middlesbrough and Redcar and Cleveland.

Integration White Paper 'Joining Up Care for People, Places and Populations

The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out a number of expectations for place-based working. This includes introducing a single person accountable for delivery of a shared plan at a local level, with shared outcomes – agreed by the relevant local authority and ICB.

This process should generate an agreed set of outcomes across the LiveWell Partnership to inform the selection of integration outcomes.

Timescales: JSNA and Refresh of the LiveWell HWB Strategy

The draft timescales are detailed below.

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun
Development of the Missions & Goals											
Draft Missions & Goals agreed at HWBEx											
Approval of Missions & Goals at HWB											

Development of the JSNA											
Draft the key areas behind each mission	■	■	■	■							
Collation of engagement work for each mission		■	■	■							
Interpretation of data and emerging conclusions to HWB			■	■	■						
Development of the HWB Strategy											
Development and engagement				■	■	■	■	■			
Final JSNA to HWB								■			
Development of key areas of action by Mission						■	■	■	■	■	
Collation of HWB Strategy and approval at HWB (Jun '23)								■	■	■	■

Vision, Missions & Goals

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board:

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	<p>Children and Young People have the Best Start in Life We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles</p>	<p>People live healthier and longer lives We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle</p>	<p>More people lead safe, independent lives We want more people leading independent lives through integrated and sustainable support</p>

The following sections outline the draft Missions and Goals beneath each element of the lifecourse framework.

Start Well: Children and Young People have the Best Start in Life

Mission	Goals	JSNA Areas of Exploration	Comments
<p>We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030</p> <p>[by 20XX implied by the end point of the HWBStr?]</p>	<ol style="list-style-type: none"> We want to eliminate the school readiness gap between those born into deprivation and their peers. We want to eliminate the attainment gap at 16 among students receiving free school meals 	<ul style="list-style-type: none"> ▪ Distribution of free school meals uptake ▪ Distribution of free nursery places uptake ▪ Parental and Perinatal mental health and wellbeing ▪ Children in absolute low income families ▪ Teenage parents 	<ul style="list-style-type: none"> ▪ Matches the Levelling Up Education Mission ▪ Overlap with social determinants Missions (housing standards, access to green space, employment etc) <p>Partnership(s) Lead:</p>

Mission	Goals	JSNA Areas of Exploration	Comments
		<ul style="list-style-type: none"> ▪ Distribution of attainment levels ▪ Distribution of vaccs & imms uptake 	<ul style="list-style-type: none"> ▪ CYP Partnership & Children’s Trust? ▪ Best Start in Life Partnership (first 1,001 days)
<p>We want to improve education, training and work prospects for young people</p>	<p>3. Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities</p>	<ul style="list-style-type: none"> ▪ Anchor Institutions within LliveWell Partnership (targeted recruitment, apprenticeships, training, volunteering and placement opportunities); ▪ Social value & community wealth building (employers); ▪ Persistent absentees & school exclusions ▪ Pupils with social, emotional and mental health needs ▪ Pupils with SEND needs ▪ Young people providing unpaid care ▪ Children entering the youth justice system ▪ Teenage conception rate 	<ul style="list-style-type: none"> ▪ Links to Levelling Up Skills Mission; ▪ Connection to Regen Directorates and TVCA (including Shared Prosperity Fund and Levelling Up Fund) required <p>Partnership Lead: ??</p>
	<p>4. We will have no NEETs in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.</p>		
<p>We will prioritise and improve mental health and outcomes for young people</p>	<p>5. Scale up school based mental health support and support education partners in the establishment of whole school based programmes</p>	<ul style="list-style-type: none"> ▪ Pupils with social, emotional and mental health needs ▪ Hospital admissions as a result of self-harm (10-24) 	<ul style="list-style-type: none"> ▪ Overlap with social determinants Missions (debt, employment, housing etc)

Mission	Goals	JSNA Areas of Exploration	Comments
	6. Improve access to mental health care and support for children and young people rapidly at place, led by needs.	<ul style="list-style-type: none"> ▪ New referrals to secondary mental health services (<18 yrs) ▪ Parental and Perinatal mental health and wellbeing ▪ Children in absolute low income families ▪ Children entering the youth justice system 	<p>Partnership(s) Lead:</p> <ul style="list-style-type: none"> ▪ Tees Mental Health Alliance (?) <p>See - Commission on Young Lives report (07/22);</p>

Live Well: People live healthier and longer lives

Mission	Goals	JSNA Areas of Exploration	Comments
We will reduce the proportion of our families who are living in poverty	1. We want to reduce levels of harmful debt in our communities	<ul style="list-style-type: none"> ▪ Level of debt and impact on communities ▪ Impact of programmes to maximize incomes ▪ Local authority, social housing and PSL rent arrears ▪ Foodbank usage 	<ul style="list-style-type: none"> ▪ Overlaps with “create places and systems that promote wellbeing” ▪ Marmot: Build Back Fairer <p>Partnership(s) Lead:</p> <ul style="list-style-type: none"> ▪ Financial Inclusion Group(s)
	2. We want to improve the levels of high quality employment and increase skills in the employed population.	<ul style="list-style-type: none"> ▪ People engaged in poor quality work – particularly precarious and insecure work ▪ Job density ▪ Average weekly earnings 	<ul style="list-style-type: none"> ▪ Marmot: Build Back Fairer ▪ See Inclusive and Sustainable Economies: Leaving No-One Behind

Mission	Goals	JSNA Areas of Exploration	Comments
		<ul style="list-style-type: none"> ▪ Gap in employment rate between for those with LTC ▪ Economic inactivity rate ▪ Workless households ▪ Adult education availability and access and connection to job market demands ▪ Gender pay gap (by workplace location) ▪ Scope and impact of Individual Placement and Support (IPS) schemes 	<p>Partnership(s) Lead:</p> <ul style="list-style-type: none"> ▪ South ICP Workforce Group (Inclusive employment within LiveWell Partnership (targeted recruitment, apprenticeships, training, volunteering and placement opportunities))
<p>We will create places and systems that promote wellbeing</p>	<p>3. We want to create a housing stock that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.</p>	<ul style="list-style-type: none"> ▪ Affordable housing supply ▪ Homelessness - households owed a duty & on waiting lists ▪ Over-crowded households ▪ Fuel poverty & excess winter deaths ▪ Conditions of dwelling stock 	<p>See Housing for a fairer society - The role of councils in ensuring stronger communities</p>
	<p>4. We want to create places with high quality green spaces that reflect community needs, provide space for nature and are well connected.</p>	<ul style="list-style-type: none"> ▪ Utilisation of outdoor space for exercise/health reasons ▪ Access to woodlands ▪ Number of premises licensed to sell alcohol/sqkm ▪ Density of fast food outlets ▪ Air pollution - fine particulate matter 	<p>Partnership Lead:</p> <ul style="list-style-type: none"> ▪ Town Centre Partnership(s)? ▪ You've Got This Exchange

Mission	Goals	JSNA Areas of Exploration	Comments
		<ul style="list-style-type: none"> ▪ Mortality attributed to air pollution ▪ Access to health assets and hazards index 	
	5. We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality.	<ul style="list-style-type: none"> ▪ Adults walking for travel at least 3 days per week ▪ Adults cycling for travel at least 3 days per week ▪ Public transport utilisation ▪ Killed and seriously injured (KSI) on roads ▪ The rate of complaints about noise ▪ Air pollution - fine particulate matter 	<p>Partnership Lead:</p> <ul style="list-style-type: none"> ▪ TVCA? ▪ Air Quality Strategy Partnership (?) ▪ You've Got This Exchange
	6. We will support the development of social capital to increase community cohesion, resilience and engagement	<ul style="list-style-type: none"> ▪ Teesside University community consultations on Covid Recovery ▪ Strong and weak ties and development of social capital evidence base ▪ Art & health evidence base ▪ YGT evidence base (participation) ▪ Level of community participation in the development of [Partner] plans and initiatives 	<p>See "Communities, places and inequality: a reflection" (IFS Deaton Review)</p> <p>See LGA Healthy Places programme</p> <p>Partnership(s):</p> <ul style="list-style-type: none"> ▪ LocalMotion (M) ▪ Lloyds Bank Foundation work with VCS in RC ▪ South Tees Creative Partnership

Mission	Goals	JSNA Areas of Exploration	Comments
<p>We will support people and communities to build better health (aka Prevention!)</p>	<p>7. We want to reduce the prevalence of the leading risk factors for ill health and premature mortality</p>	<ul style="list-style-type: none"> ▪ Density of fast food outlets ▪ Utilisation of outdoor space for exercise/health reasons ▪ Adults cycling or walking for travel at least 3 days per week ▪ Smoking in pregnancy ▪ Smoking prevalence in adults ▪ Percentage of adults classified as overweight or obese ▪ Obesity: QOF prevalence (18+) ▪ Admissions where obesity was a factor ▪ Alcohol related hospital admissions rate ▪ Adult physical activity levels ▪ Percentage reporting a long-term Musculoskeletal (MSK) problem ▪ Admissions for COPD 	<p>Partnership Lead:</p> <ul style="list-style-type: none"> ▪ South Tees Tobacco Control Alliance ▪ You've Got This Exchange ▪ Changing Futures Board (& Combating Drugs Partnership at a Tees level)
	<p>8. We want to find more diseases and ill health earlier and promote clinical prevention interventions and pathways across the system</p>	<p>Distribution, prevalence and social gradient of:</p> <ul style="list-style-type: none"> ▪ Cancer (& by site) ▪ Hypertension ▪ Diabetes ▪ CHD ▪ COPD 	

Mission	Goals	JSNA Areas of Exploration	Comments
		<ul style="list-style-type: none"> ▪ Primary care QOF registers ▪ Screening programmes, including healthy heart checks 	
<p>We will build an inclusive model of care for people suffering from multiple disadvantage across all partners</p>	<p>9. We want to reduce the prevalence and impact of violence in South Tees</p>	<ul style="list-style-type: none"> ▪ Connection to CURV needs assessment ▪ 	<p>Partnership Lead: Tees/Cleveland Police groups:</p> <ul style="list-style-type: none"> ▪ CURV Governance Group ▪ Combating Drugs Partnership <p>Local groups:</p> <ul style="list-style-type: none"> ▪ Changing Futures Board
	<p>10. We want to improve outcomes for inclusion health groups</p>	<ul style="list-style-type: none"> ▪ Healthy life expectancy & life expectancy for inclusion health groups ▪ SMR for inclusion health groups ▪ Risk factors – poverty, insecure housing, violence ▪ Understand barriers to access ▪ Understand the impact of frailty in this group ▪ Deaths from drug misuse ▪ Suicide rate 	<p>See Inclusion Health: applying All Our Health</p> <p>See UCL Collaborative Centre for Inclusion Health</p> <p>See Reducing Health Inequalities for people living with frailty</p> <p>Partnership Lead:</p> <ul style="list-style-type: none"> ▪ NEY Inclusion Health Group <p>Local group(s)?</p>
	<p>11. We want to understand and reduce the impact of parental substance misuse and trauma on children</p>		

Age Well: More people lead safe, independent lives

Mission	Goals	JSNA Areas of Exploration	Potential Host Partnership(s) & Comments
<p>We will promote independence for older people</p>	<p>1. We want to understand and reduce the levels of loneliness and isolation in our communities</p>	<ul style="list-style-type: none"> ▪ Older people living alone ▪ Anti-depressant prescribing ▪ Health related quality of life for people with 3 or more LTCs ▪ Emergency admissions for acute conditions that should not usually require admission ▪ Emergency readmissions within 30 days discharge from hospital ▪ Crime against older people 	<ul style="list-style-type: none"> ▪ Links to community capacity building
	<p>2. We want to ensure our places promote healthy ageing</p>		<p>Partnership Lead:</p> <ul style="list-style-type: none"> ▪ Age Friendly Partnership(s) ▪ Dementia Friendly Partnership(s)
<p>We will narrow the gap in Healthy Life Expectancy</p>	<p>3. We want to reduce the rate of under 75 premature mortality</p>	<ul style="list-style-type: none"> ▪ Under 75 mortality rate from causes considered preventable ▪ Physically active adults 	<ul style="list-style-type: none"> ▪ Matches the Levelling Up Health Mission

Mission	Goals	JSNA Areas of Exploration	Potential Host Partnership(s) & Comments
		<ul style="list-style-type: none"> ▪ Adults classified as overweight or obese ▪ Prevalence of various conditions ▪ Admission rates for various conditions ▪ Screening coverage ▪ Fuel poverty ▪ Index of multiple deprivation score (IMD) ▪ Older people in poverty ▪ Inequality in life expectancy at 65 	
	4. We want to reduce the level of frailty to improve healthy ageing	<ul style="list-style-type: none"> ▪ Estimated prevalence of hearing loss ▪ Preventable sight loss - age related macular degeneration (AMD) ▪ % reporting a long-term Musculoskeletal (MSK) problem ▪ % reporting at least two long-term conditions, at least one of which is MSK related ▪ Prevalence of knee & hip osteoarthritis in people aged 45 and over 	

Mission	Goals	JSNA Areas of Exploration	Potential Host Partnership(s) & Comments
		<ul style="list-style-type: none"> ▪ Rheumatoid Arthritis: QOF prevalence ▪ Prevalence of common mental disorders: aged 65 & over ▪ Hip fractures in people aged 65 and over & % recovering ▪ Dementia recorded prevalence (aged 65+) ▪ Admissions for Dementia ▪ Permanent admissions to residential and nursing care aged 65+ 	

How will it be Different this Time?

System Leadership

The Tees Valley ICP Planning Group Workshop (28 July 2022) has started the process of connecting into the NHS “Leading System Change” and the support that this offers. This should be the core programme to build understanding of the skills and support required and expectation of a “system leader” as this is a bit of an undefined, but oft repeated concept.

A radical approach to drive delivery and support for the Missions would be to assign a system lead to each Mission, to lead beyond the boundaries of their host agency.

Describing System Leadership

The **Kings Fund** have made significant investment into understanding system change and have outlined seven “guiding messages” for would-be system leaders (“Leadership of Whole Systems“):

- Go out of your way to make connections
- Adopt an open, enquiring mind set, refusing to be constrained by current horizons
- Embrace uncertainty and be positive about change – adopt an entrepreneurial attitude
- Ensure leadership and decision making are distributed throughout all levels and functions
- Establish a compelling vision which is shared by all partners in the whole system
- Promote the importance of values – invest as much energy into relationships and behaviours as into delivering tasks

Systems leadership must exist within and across organisational, cultural and geographical boundaries; often without direct managerial control of resources. This moves beyond individual disciplines – we will not achieve the population shift required by operating within the boundaries of the individual organisations.

Transformational change is achieved through influence rather than formal power: behaviours and actions that enable and influence others to make change. The establishment of a common purpose (or Mission) is an important way of aligning partners around our common cause.

Cross-Cutting Principles

The following principles to guide and under-pin the work of LiveWell South Tees were agreed in December 2017, but haven’t really been systematically embedded in our work as a Partnership, or within agencies:

- Addressing Inequalities

- Integration and collaboration
- Use of Information and Intelligence
- Involvement of residents, patients and service users

These principles will also be embedded in the approach to the development of the JSNA:

- Understanding the impact of inequalities at all levels in the collation and interpretation of our combined intelligence;
- Involving communities and residents in understanding their perspectives on issues;
- Consideration of key partners to involve in the interpretation of our combined intelligence;

Alignment with ICB Strategic Aims

The strategic aims of the ICB provide an opportunity to systematically embed these principles at place-level, in particular the shared aims of reducing health inequalities and the potential to surface these through systematic use of differences in outcomes for different groups in every performance metric and through improved understanding driven through the use of population health management stratification tools.

ICB strategic aims



			
1 Improve outcomes in population health and healthcare	2 Tackle inequalities in outcomes, experience and access	3 Enhance productivity and value for money	4 Help the NHS support broader social and economic development
<p>Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.</p>	<p>Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.</p>	<p>Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.</p>	<p>Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.</p>

Recommendations

- Agree (or amend) the Missions and Goals described in section 3
- Note the process to develop the JSNA and Health and Wellbeing Strategy against those Missions
- Note that the process of establishing the intelligence behind each Mission may also result in amending and sharpening the missions or goals.

Contact Officer

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South Tees Health and Wellbeing Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	26th September 2022
From:	Kathryn Warnock, South Tees Integration Programme Manager	Agenda:	8
Purpose of the Item	To provide Live Well South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board’s Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board’s Vision and Priorities 		

1 PURPOSE OF THE REPORT

1.1. To provide Live Well South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board’s Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board’s work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

3.1 The next section of this report sets out details of progress the Health and Wellbeing Executive has made against the Board’s statutory functions.

3.2 Better Care Fund (BCF) Planning Requirements 2022/23

The Better Care Fund plans and deliverables are substantive items at the Live Well South Tees Board meeting on 22nd September.

BCF planning requirements for 2022/23 were issued in July and have been completed by BCF Implementation and Monitoring Group members, approved by South Tees Executive Governance Board Directors and are brought to Live Well South Tees Board members for endorsement.

The plans require a:

- Narrative template - the key changes from previous submissions include a focus on two outcomes which are 'enabling people to stay well, safe and independent at home for longer' and 'provide the right care in the right place at the right time'.
- Planning template - which confirms expenditure, that national conditions are met and performance metrics
- Capacity and demand template for intermediate care - this is a new requirement and has to be submitted for plans to be assured but it will not form part of the assurance process this year.

3.3

Endorsement of 2022-25 Pharmaceutical Needs Assessments

South Tees Health and Wellbeing Board has a statutory responsibility for producing and publishing 2022-25 Pharmaceutical Needs Assessments (PNAs) for Middlesbrough and Redcar & Cleveland Councils by 1st October 2022.

Members are asked to note and endorse these PNAs. There is a summary below and the full PNAs are attached as appendices 1 and 2.

A multiagency Public Health South Tees PNA Steering Group, with representatives from across the local health and social care system, including public and patient champions and local community pharmacy, has overseen the development of 2022-25 PNAs for the two councils. This has included a formal 60-day consultation.

The two councils' 2022-25 PNAs have been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

Summary recommendations:

- a) There is adequate provision of pharmaceutical services across the two boroughs to serve the needs of our population, with no current gaps identified
- b) There is a reasonable choice of both providers and services available
- c) Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and North East and North Cumbria Integrated Care Board (formerly Tees Valley Clinical Commissioning Group).
- d) Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services

- e) Community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach
- f) Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

The PNAs will be used to provide NHS England and NHS Improvement with the relevant information needed to make commissioning decisions, specifically regarding market entry, but also provides information that will be useful to Public Health South Tees commissioning and strategy development.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 Set out below is a summary of the progress the Executive has made towards achieving the Board's priorities since the last Board meeting.

4.1.1 Best Start in Life - whole system change approach for the first 1001 days

Background:

In South Tees we have approximately 3,700 births per year and health inequalities for many of these children begins before they are even born. Given the level of deprivation in the area we need to develop approaches to reduce health inequalities so that our babies are born on an equal footing, getting a better start in life so they are ready to start school and flourish as young adults.

First 1001 days

From birth through to the teen years foundations are laid that will influence all aspects of a child's future. Investment in this period, therefore, generates long-lasting, cumulative benefits. Effective support for families in the earliest years brings savings to the public purse through reduced costs for public services and increased participation in the economy in later life. Failing to invest in early development will ultimately cost the local area in the longer-term

Early investment, targeted where it is most needed, makes more economic sense than later interventions which can be less effective and more costly. Whilst there are challenges in measuring the return on investment from particular policies and interventions, there is a clear economic case for us to ensure that we have a strong local focus in this area that will see us invest time and resource into giving our children the best start in life.

Project Objectives:

The 1001 days work is visioned and led by a Best Start in Life Programme Board. The board is supported by the Best Start Partnership who will ensure that the vision, strategy and objectives of the board embedded operationally. Objectives of the 1001 days workstream are as follows:

- Reframing and System Transformation – the board will lead the local vision and develop a pathway for turning evidence into local practice.
- Intelligence-led approach – embedding evidence based research as the foundations for the work across agencies
- Workforce development – We will work with key partners to introduce a shared language for the community and professionals to talk about early child development and create an awareness of how critical early experiences are and the importance of early brain development. The workforce training will ensure all of the early year’s workforce and key partners (such as housing and GP’s) are able to communicate with families using the common narrative.
- Community engagement – Learning from our local communities and having them co-produce our local vision and delivery is key to reducing inequalities. We will work with our local communities to identify pressures impacting on their ability to provide the Best Start in Life and we will work with these communities to identify ways of reducing any barriers.

Key Project Milestones:

#	Milestone Description	Start Date (Baseline)	End Date (Achieved)
MS4	Develop local family hubs in line with national guidance vision for the 1,001 critical days	March 2022	March 2024
MS5	Appoint a provider to undertake insight work to parental experience in first 1001 days	Oct 2022	March 2024
MS6	Work with Oxford University to develop a brain science led –approach in South Tees, which will include workforce training, shared narrative, community resource and practitioner resources.	July 2022	March 2024
MS7	Use the learning from insight and brain science work to Establish a 1001 days training development programme in South Tees	September 2022	March 2024
MS9	Develop a 1001 days marketing and communication strategy	March 2024	September 2024
MS10	Conduct a needs assessment for 1001 days	March 2023	December 2023

Achievements:

- A 1001 days project board was established with oversees the project and the key priorities of the Best Start.
- We have reviewed the Best Start Partnership Board and the following sub groups:
 - 1001 days
 - Improved planning and preparation for pregnancy
 - Supporting families with infant feeding

- Supporting parents and children to have good mental health
 - Supporting new parents and their children to be of healthy weight
 - Reducing the risks to children and families from smoking
 - Preventing child injury and supporting parents to self-manage minor illness
- We launched the new Best Start Partnership with a Best start Practice week in November, over 200 attendees from across Local Authorities directorates and key partner agencies came to the events
 - We have initiated the Lock Down Babies research study in partnership with Teesside University
 - Commissioned 1001 Days insight work around parental experience, which will allow us to greater understand the needs of our parents and an intelligence-led approach to our work. The work will be used to help shape the work of the programme board and service development, particularly the family hubs models in both areas.
 - Best Start had been established as a high-priority Tees collaborative workstream for the Tees Valley. The following areas have been selected as key areas workstreams
 - Integrated working
 - Perinatal Mental Health
 - Foetal Alcohol Syndrome
 - Work is presently underway to scope the workstreams and key areas for joint action.
 - We are working with Oxford University to embed a brain science- led approach in our local areas. This exciting work will see use brain science in the work we all do with fellow professional and the community

4.1.2

Healthwatch Update

Since the last update provided Healthwatch South Tees (HWST) have been involved in many varied activities. Here's a summary of some examples of this:

We hosted our STAR Awards event on 6 April 2022 with 120 people attending. As well as celebrating those who had gone above and beyond in their roles it provided an opportunity to raise awareness of our work, I&S service and Community Champions role.

"A huge well done for an excellent awards event. I never underestimate the planning, co-ordination, time and dedication it takes to ensure these things run smoothly. Thank you so much!!! Everyone I spoke with was thrilled to be nominated and the winners were outstanding. People were delighted to be able to share in each other's success and to be able to come back together was just what the doctor ordered.

Using the event to raise awareness of Healthwatch, highlight current agendas such as Mental Health Transformation and encouraging connections through the Wellbeing Alliance were added bonuses to the celebrations; this mix of acknowledging achievement whilst using the platform to share and learn was genius! It was an absolute pleasure to be part of the day, thank you so very much for everything you do. You truly are brilliant ambassadors not only for Healthwatch but also for PCP”.

Carol Gaskarth, Chief Executive, Pioneering Care Partnership

Our new staff member in the role of Volunteer and Engagement officer commenced work with HWST in May. As a result, we have increased our Community Champions network, hosted two Champion network meetings and are undertaking a review of our Volunteer Handbook and volunteer roles.

Our Communications & Engagement Officer left the organisation at the end of July and we are currently implementing the required processes to recruit to the role.

We produced our Annual Report in June, in line with Healthwatch England requirements, providing an overview of our work for 2021-2022 including excellent feedback from our stakeholders.

“Healthwatch have been fantastic in providing us with advice, support and challenge in how we plan and deliver care. They have an unapologetic focus on patients and communities, always acting in their interest and championing their needs in a way that promotes equality, fairness and better quality provision. Healthwatch are an instrumental place-based partner, and we’re really fortunate to have such a knowledgeable, collaborative and accessible Healthwatch service in South Tees”

Lisa Jones, Public Health Strategic Manager, Public Health South Tees

A Board development workshop facilitated by Healthwatch England was held in August 2022 covering topics such as governance, handbooks, code of conduct, priorities and working with the ICB.

HWST has signed up to a Tees and Regional ICP operating protocol to ensure robust working agreements.

HWST is currently working with HW Stockton-on-Tees, Darlington and Hartlepool to set up a Youthwatch. Individually none of the local HW teams has capacity to facilitate so we have joined together with Youth Focus North East to explore the options of a joint Youthwatch.

We carried out focus groups across Middlesbrough and Redcar and Cleveland to gather service user feedback to inform the ICB (formerly Tees Valley Clinical Commissioning Group) Non-complex Adult Hearing service review to inform the next round of

commissioning. We have submitted this feedback to the ICB who will be publishing a Tees Valley report of the findings.

During August we supported Ipsos, who have been commissioned by NHS England and NHS Improvement to do some research to understand access, experience and outcomes related to health services among people in the 20% most deprived areas in England. The research aims to provide insights on

- how people feel about using healthcare services
- what helps people using services as well as what can make it harder
- what could be done differently to improve access and experience of healthcare services in the most deprived areas

These insights will be used to develop recommendation to inform the implementation of Core20Plus5 NHS England and NHS Improvements approach to reducing health inequalities.

Current work/Priorities

- We are supporting South Tees Public Health to engage clients in giving feedback to inform the improvement of delivery and experiences of the specialist drugs and alcohol services.
- The team are currently working with Redcar & Cleveland Borough Council to look at ways we can support the Fair Cost to Care Exercise around care at home and in homes.
- We are supporting the ICB in their engagement around the proposed Urgent Care Model across South Tees.
- We are currently waiting for a response to our proposal to support East Cleveland PCN digital inclusion strategy for funding they have received. The proposal to support the engagement of patients in East Cleveland was submitted to the PCN Board in August. If approved this work will commence in early Autumn.

We continue to feedback intelligence gathered from our Information and Signposting function into Healthwatch England. Going forward this will be incorporated regionally in the ICP work to identify trends.

We've attended **59** operational and strategic meetings and partnerships and relevant key stakeholders this quarter to share our work and contribute to local priorities.

During Q1 we had 6,824 visits to our two websites. We made 570 Social Media posts which has given us a reach of 41,225 and have 52 new e-bulletin recipients.

We have also promoted the following awareness campaigns through our social media channels:

- Deaf Awareness Week
- Mental Health Week

- Dementia Action Week
- Carer's Week
- Men's Health Week

Information and Signposting

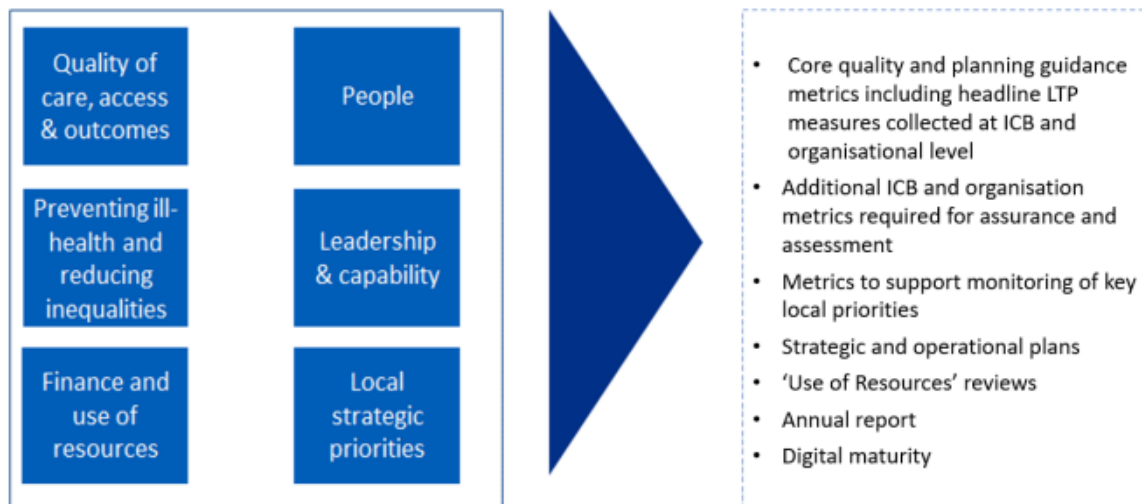
We had 58 contacts for Information and Signposting during this quarter, 16 from Middlesbrough, 28 from Redcar and Cleveland, 13 who did not specific there are and 1 from out of area. We have signposted to NHS England Customer Contact Centre, NHS 111, CAB, ICA, PALS, CQC, People's First Advocacy.

We continue to receive regular queries surrounding availability of NHS dentists. This has become increasingly challenging as they are now no dentists at all across South Tees that will take on or see a new patient.

4.1.3

NHS Oversight Framework

- Aligns 22/23 planning operational priorities and legislative changes from the health and care act 2022
- Single NHS monitoring system that :
 1. takes account of NHSE duty to undertake annual performance assessment of ICBs
 2. supports NHSE and ICBs to work together to develop approach to system oversight
 3. reflects unique local delivery and governance
 4. reflects the importance of delivery against both the shared system priorities agreed between local partners and the national NHS priorities
- The approach to oversight is characterised by the following key principles:
 - a. working with and through ICBs, wherever possible, to tackle problems
 - b. a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
 - c. matching accountability for results with improvement support, as appropriate
 - d. autonomy for ICBs and NHS providers as a default position
 - e. compassionate leadership behaviours
- Framework built around five national themes and a sixth that covers local strategic priorities:



- NHS England regional teams will lead the oversight of ICBs on delivery against the domains in the NHS Oversight Framework and, through them, gain assurance of place-based systems and individual organisations.
- ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.
- MoUs will set out how NHS England and individual ICBs will work together
- ICBs and NHS Providers will be allocated to one of four ‘segments’:

Segment description		Scale and nature of support needs
ICB	Trust	
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver on the statutory and wider responsibilities of an ICB are well developed	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place based and overall ICB priorities
2	On a development journey, but demonstrate many of the characteristics of an effective ICB Plans that have the support of system partners are in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues
3	Significant support needs against one or more of the six oversight themes Significant gaps in the capability and capacity required to deliver on the statutory and wider responsibilities of an ICB	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts)
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

- Segmentation will identify where ICBs and/or NHS providers may require support
 - Identify opportunities for mutual aid
 - Targeted support to compliment mandated support for Trust in SOF segment 3 & 4
 - Recovery plans on worst quartile SOF metrics from all partners
 - Tier system for Elective Recovery & Cancer Backlogs

4.1.4

Adult Social Care Assurance

Over many years, social care has faced a range of challenges, most notably the rising demand for care. By 2040, the number of adults aged 85 and over is projected to increase by a further 77% and among younger age groups better diagnosis of conditions, longer life expectancies and higher rates of survival of premature babies all result in increased demand for services.

In response to increasing pressure on successive governments to address the challenges in social care, plans were announced in September 2021 for wide ranging reforms of adult social care. The government made clear that these reforms were part of a longer journey of a change to achieve the national vision of social care that:

- offers people choice and control over the care they receive
- promotes independence and enables people to live well as part of a community
- properly values the exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide; and
- recognises unpaid carers for their contribution and treats them fairly.

White Paper – People at the Heart of Care

The White Paper sets out a ten-year vision based on three objectives

- ❖ People have choice, control and support to live independent lives.
- ❖ People can access outstanding quality and tailored care and support.
- ❖ People find adult social care fair and accessible.

The White Paper also sets out five key areas of reform:

- To provide £3.6 billion nationally over three years to reform the social care charging system, enabling all local authorities to move towards paying providers a fair rate for care, and prepare local care markets for implementing reform.
- To provide £1.7 billion nationally to support reform in further integrating housing functions in local health and care plans, improvements in the use of technology, national investment in workforce development, and strengthening local authorities' market-shaping and commissioning capabilities.
- To introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its discharge of duties under the Care Act.
- To grant new powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings.
- To establish an adult social care data framework by spring 2022, and improve the quality and availability of data nationally, regionally and locally.

Adult Social Care Assurance:

The assurance framework for adult social care will be introduced from April 2023 and it is anticipated that all Local Authorities will be assessed by March 2025. Further detail

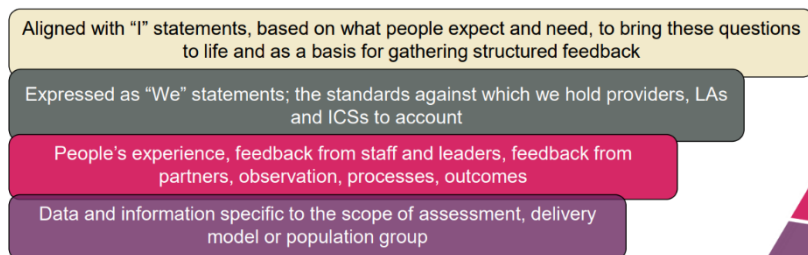
regarding the assurance framework is expected to be published in October 2022 and work is already underway locally and regionally to prepare for assurance based on the information that has been made public to date. It is expected that the framework will have a strong emphasis on the experience of people who use services.

The White Paper makes clear that the focus is on supporting local authorities' activities in meeting individuals' care needs, through:

- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development
- managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;
- preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement
- carrying out their safeguarding duties
- ensuring good outcomes for people through effective leadership
- managing their commissioning and contracting responsibilities
- shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence
- meeting the needs of unpaid carers; and
- assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care

CQC Assurance:

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment



5 RECOMMENDATIONS

- 5.1** That Live Well South Tees Health and Wellbeing Board:
- Are assured that the Board is fulfilling its statutory obligations
 - Note the progress made in implementing the Board’s Vision and Priorities

6 BACKGROUND PAPERS

- 6.1** No background papers other than published works were used in writing this report.

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Middlesbrough

Pharmaceutical Needs Assessment 2022 - 2025

Live Well South Tees Health & Wellbeing Board

Endorsed by PNA Steering Group: 2nd August 2022

Endorsed by Public Health South Tees DMT: 8th August 2022

EXECUTIVE SUMMARY

Welcome

I hope you find the 2022-2025 Middlesbrough pharmaceutical needs assessment helpful for better understanding the provision of pharmaceutical services in Middlesbrough and informing commissioning decisions. The process of developing this pharmaceutical needs assessment has reinforced my team's view that community pharmacy plays a vital role in public health across South Tees. This was particularly evident during COVID-19. Public Health South Tees will continue to build our relationships with community pharmacies to incorporate pharmacy into our place-based approach to help people live well across South Tees.

Mark Adams
Joint Director of Public Health
Public Health South Tees

Introduction to the pharmaceutical needs assessment (PNA)

The pharmaceutical needs assessment (PNA) for Middlesbrough is a document that determines:

- if there are sufficient community pharmacies to meet the needs of the population;
- if community pharmacies could deliver other services to meet the population's health needs.

South Tees Health and Wellbeing Board has a statutory responsibility for producing and publishing a PNA for Middlesbrough Council by 1st October 2022 (delayed from 25th March 2021 due to the COVID-19 pandemic). The previous PNA was published on 22nd March 2018. The 2022-2025 PNA will cover a three year period from the date of publication.

The PNA will be used to:

- Provide NHS England and NHS Improvement with the relevant information needed to inform their decisions on the required location and number of pharmacies in Middlesbrough. The PNA is the basis for identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local population and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Middlesbrough.

How has it been produced?

The 2022-2025 Middlesbrough PNA has been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

The development of the 2022-2025 Middlesbrough PNA has been overseen by the Public Health South Tees PNA Steering Group. The steering group consists of representatives from across the local health and social care system, including representation from public and patient champions (Healthwatch South Tees) and local community pharmacy (Tees Local Pharmaceutical Committee).

Engagement with patients, the public, health professionals and local community pharmacies during the development of the PNA has generated important insight regarding the current and future provision of pharmaceutical services. This has included public, healthcare stakeholders and contractor surveys. Formal consultation on the 2022-2025 Middlesbrough PNA draft ran from 16th May to 17th July 2022, in line with the 60-day minimum period set out in Regulation 8 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. A full consultation report is included with the PNA. The final PNA has been approved by South Tees Health and Wellbeing Board.

Conclusions

The 2022-2025 Middlesbrough PNA outlines the need for pharmaceutical services within the town and provides the information required to inform future commissioning decisions. 29 community pharmacies across the Middlesbrough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- there is adequate provision of pharmaceutical services across Middlesbrough to serve the needs of our population, with no current gaps identified;
- if current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 PNA;
- there is a reasonable choice of both providers and services available;
- public engagement found that the majority of the respondents (76%) rated their pharmacies good, very good or excellent;
- community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and Tees Valley Clinical Commissioning Group;
- Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services;
- community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

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1.0 INTRODUCTION

1.1 What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) describes the needs for pharmaceutical services within a local authority area. These needs are set out following consideration of broader population health needs, current pharmaceutical services provision and any gaps in that provision.

The PNA is a key tool for identifying what is needed locally to support the commissioning intentions for pharmaceutical services that community pharmacies and other providers could deliver.

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each Health and Wellbeing Board to assess pharmaceutical needs in its area and publish a PNA (outlining a statement of pharmaceutical needs) every three years. Public Health South Tees Health and Wellbeing Board is responsible for producing and publishing a PNA for Middlesbrough Council by 1st October 2022 (delayed from 25th March 2021 due to the COVID-19 pandemic). The previous PNA was published on 22nd March 2018¹.

1.2 Who has produced it?

Public Health South Tees Health and Wellbeing Board has prepared this PNA, alongside the corresponding PNA for Redcar & Cleveland Borough Council. The Joint Director of Public Health is the named board member for ensuring the PNA meets the statutory requirements² and is published in a timely manner. A PNA Steering Group (see box 1), consisting of representatives from across the local health and social care system, has overseen the development of the PNA. All members of the PNA Steering Group have declared interests. No member has been found to have any conflict of interest, impacting their ability to oversee the production of the PNA.

Box 1: Public Health South Tees PNA Steering Group
Joint Director of Public Health*
Assistant Director Communities Health*
Public Health Registrar*
Public Health Principal*
Public Health Intelligence Specialist *
Public Health Pharmacist*
Chief Officer - Tees Local Pharmaceutical Committee
Medicines Optimisation Officer – Tees Valley CCG
Project Lead – Healthwatch South Tees
Deputy Chief Pharmacist – South Tees Foundation Trust
Planning Officers – Middlesbrough, Redcar and Cleveland Councils
*Public Health South Tees

The PNA for Middlesbrough will be approved in September 2022 by Public Health South Tees Health and Wellbeing Board before publication on or before 1st October 2022.

¹ [Middlesbrough 2018 PNA](#)

² [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

1.3 How will it be used?

Once published, this PNA will be used to:

- Provide NHS England NHS Improvement with the robust and relevant information needed to inform their decisions on the required location and number of pharmacies in Middlesbrough. The PNA is the basis identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local populations and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Middlesbrough.

1.4 NHS Pharmacy Services

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

Essential Services. As of March 2022, all community pharmacies are required to provide the following services:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting people who require advice, treatment or support that the pharmacy cannot provide
- Support for self-care
- Discharge medicines service

Advanced Services. Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. As of March 2022, the following advanced services may be provided by pharmacies:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31st March 2022)
- Stop-smoking hospital discharge service
- Appliance use reviews
- Stoma customisation
- COVID-19 lateral flow distribution service
- Pandemic delivery service

Enhanced Services. Enhanced services are a tier of services that pharmacies may provide. They can only be commissioned by NHS England and NHS Improvement. As of March 2022, the following enhanced services are commissioned by NHS England and NHS Improvement in Middlesbrough:

- Extended opening hours for bank holidays
- Community pharmacy coronavirus vaccination service

Locally Commissioned Services. Locally commissioned services are those services commissioned from pharmacies by local authorities and clinical commissioning groups (CCGs). As of March 2022, the following locally commissioned services are available in Middlesbrough (commissioner in brackets):

- Supervised self-administration (Middlesbrough Council)
- Needle exchange (Middlesbrough Council)
- Stop smoking (full One Stop) (Middlesbrough Council)
- Stop smoking (dispensing only) (Middlesbrough Council)
- Emergency hormonal contraception supply (Middlesbrough Council via the contract with Sexual Health Tees)
- Chlamydia testing (Middlesbrough Council via the contract with Sexual Health Tees)
- C-card services (Middlesbrough Council via the contract with Sexual Health Tees)
- Community Pharmacy Specialist Palliative Care Medicines (Tees Valley CCG)
- Antiviral medication stockists (Tees Valley CCG)

1.5 Recommendations from 2018 PNA

The 2018 PNA for Middlesbrough identified that at the time, there was adequate provision of NHS pharmaceutical services seven days a week across Middlesbrough. The 2018 PNA specifically found that:

- Pharmacy services were generally considered to be well located and very easy to access, with sufficient choice of both provider and services available to the resident and reliant population to meet contemporary needs;
- There was no identified need for any additional provider of pharmaceutical services;
- For pharmaceutical needs to continue to be met, it was necessary to maintain the number of core hours provided before 9.00am and after 6.00pm on weekdays and all core hours on a Saturday and Sunday;
- All the contemporary needs and likely future needs for these necessary services are met or could be met by contractors and services provided within the Health and Wellbeing Board area.

The 2018 PNA for Middlesbrough recommended the following options be explored for improvement of pharmaceutical services:

- Commissioners should continue to review the availability of all services to maximise patient benefit from the provision of services from pharmacies that open for longer hours or from pharmacies in different locations;
- Commissioners should support the opportunities to integrate pharmacies within the NHS to support key national strategies.

2.0 CONSULTATION AND ENGAGEMENT

2.1 Consultation

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)³ Public Health South Tees Health and Wellbeing Board must consult with specific organisations about the contents of the PNA at least once. That consultation must run for a minimum period of 60 days. The formal consultation on the draft PNA for Middlesbrough ran from 16th May – 17th July 2022. In line with the 2013 regulations, the following stakeholders were consulted during this time:

- Health and Wellbeing Board members
- Tees Local Pharmaceutical Committee
- Tees Valley Clinical Commissioning Group (CCG)
- Cleveland Local Medical Committee
- Healthwatch South Tees
- All pharmacy contractors within the local authority boundary (any persons on the pharmaceutical lists)
- South Tees Hospital NHS Foundation Trust
- North East Ambulance Services
- Tees, Esk and Wear Valley (Mental Health) NHS Foundation Trust
- NHS England and NHS Improvement (Cumbria and the North East)
- Hartlepool Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board
- Stockton Health and Wellbeing Board
- General public via the council website and Healthwatch

All consultees were notified at the start of the consultation period with the website's address on which the draft PNA is available, along with the address for an online questionnaire for completion. Local contractors were notified through Pharmoutcomes.

The consultation aimed to determine:

- Whether the current provision of pharmaceutical services is sufficient to meet the needs of the population;
- Whether community pharmacies could deliver any other services in the area;
- Whether the consultee has any concerns about the information provided or conclusions drawn in the PNA.

The PNA Steering Group has produced a consultation report following the consultation period. This includes:

- Consultees' responses to the consultation;
- Any replies to these responses from the PNA Steering Group.

A summary of the key outcomes of the consultation is included in Section 5.8 of this document, with a copy of the consultation questions and the full consultation report included as Appendix 5 (Section 12.5).

³ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

2.2 Engagement

Public Health South Tees surveyed local contractors, key stakeholders and the public using online questionnaires.

Public Questionnaire. The public questionnaire was conducted online from 6th December 2021 – 18th February 2022 via Middlesbrough Council’s website. The questionnaire aimed 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;
- Improve our understanding of patient / public stakeholder views on the need for additional pharmaceutical services and, therefore, any gaps in provision.

Middlesbrough Council’s communication team promoted the online questionnaire through social media, community networks and routine council communications. The survey results are summarised in Section 5.6. A copy of the public questionnaire is included in Appendix 1 (Section 12.1).

Stakeholder Questionnaire. The stakeholder questionnaire was conducted online from 6th December 2021 – 25th February 2022 via Middlesbrough Council’s website. The questionnaire aimed to:

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

A representative from each of the following stakeholders was invited to complete the questionnaire:

- Tees Local Pharmaceutical Committee
- Cleveland Local Medical Committee
- Tees Valley Clinical Commissioning Group (CCG)
- Healthwatch South Tees
- South Tees Foundation Trust
- North East Ambulance Service
- GP Federation
- NHS England and NHS improvement North East and Yorkshire
- Tees Esk and Wear Valleys Foundation Trust
- South Tees Carers Forum
- Sexual Health Services (HCRG Care Group)
- You’ve Got This

Contractor Questionnaire. The contractor questionnaire was conducted via Pharmoutcomes from October 2021 – January 2022. The questionnaire gathered detailed information on dispensing (including the provision of a delivery service), languages spoken at the pharmacy and whether they will have the likely capacity to deliver future pharmaceutical services.

The survey results for stakeholders and contractors are summarised in Section 5.5. A copy of the stakeholder and pharmacy contractor questionnaires are included in Appendix 2 and 3 (Sections 12.2 and 12.3).

3.0 LOCALITIES DEFINITION AND POPULATION SUMMARY

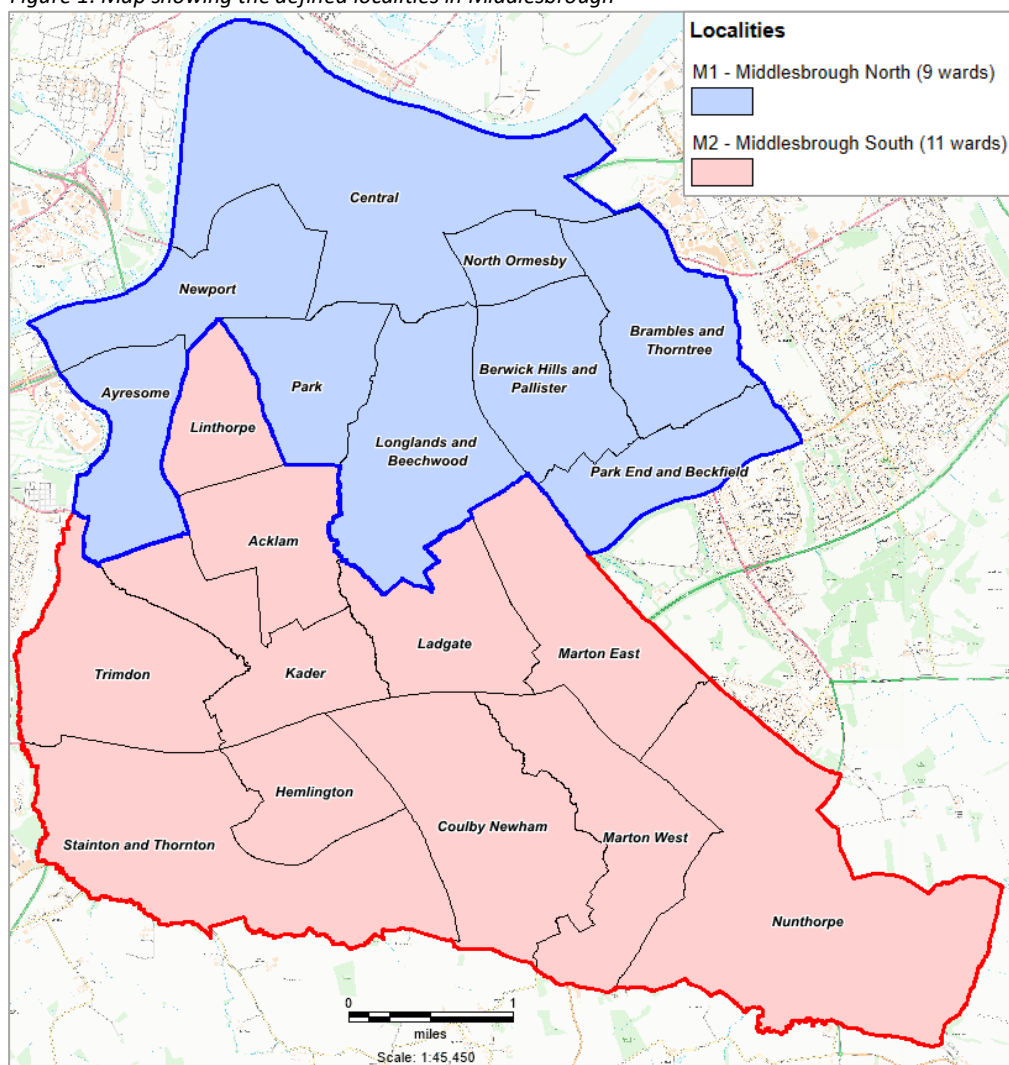
3.1 Localities Definition

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. 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.

Ward boundaries remain unchanged since the previous 2018 PNA and therefore the localities also remain unchanged. These were determined by analysing ward level population and sizes, the Indices of Deprivation (IMD) 2019 and the geographical location of the wards. The two localities and the wards within each are shown in figure 1 below.

As per the previous 2018 PNA 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.

Figure 1: Map showing the defined localities in Middlesbrough



3.2 Population Profile

3.2.1 Population summary

The national census provides the most accurate data on a variety of key measures including population makeup and households and helps make decisions on planning, transport, education and healthcare. The Census 2021 was completed in March 2021, however results will not be available until early summer 2022. Therefore some datasets reviewed in this chapter are limited to the previous Census 2011.

The estimated population of Middlesbrough is 141,285 based on ONS mid-2020 population estimates. This consists of 69,928 (49.5%) males and 71,357 (50.5%) females. Middlesbrough geographical area is 53.9 sq. km, the smallest local authority by area in the North East. Population density shows there are 2,622 people per sq. km in Middlesbrough, the second most densely populated local authority in the North East behind Newcastle upon Tyne.

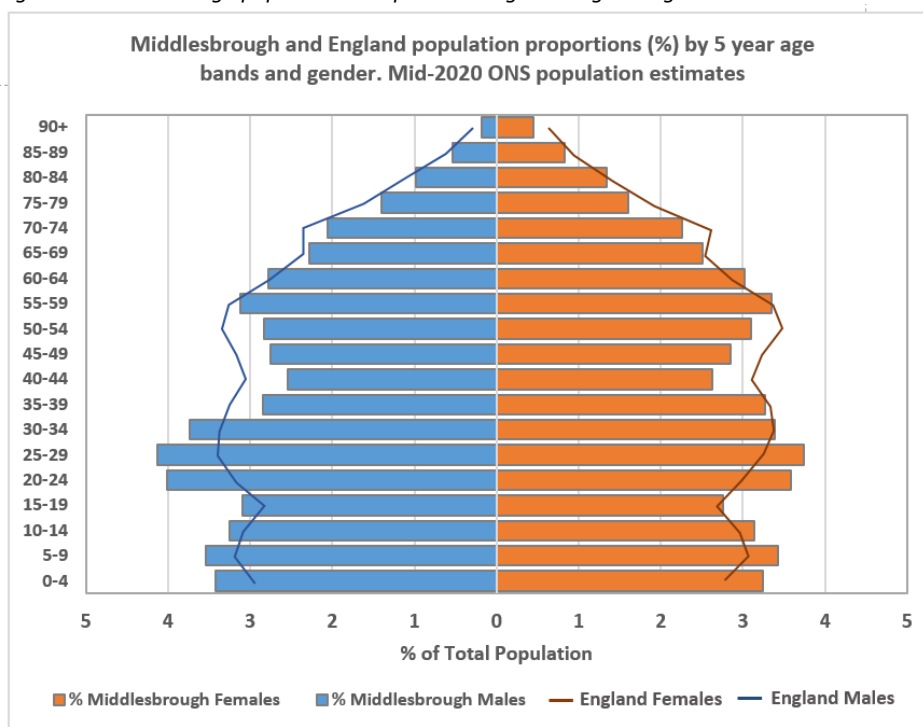
Middlesbrough has seen an estimated rise of 305 (0.2%) residents compared to previous year of 2019, a rise of 959 (0.7%) residents compared to 5 years previous in 2016 and a rise of 2,917 (2.1%) residents compared to 10 years previous in 2011. This rise is smaller than the North East average with increase of 0.4% for 2020 compared to 2019, 2.1% increase compared to 5 years previous and 3.5% compared to 10 years previous. The largest rise comparing 2020 to 2016 was seen in the 30-39 with a 1.2% proportional increase, the highest in the North East for that age group. The proportion of those aged 0-19 remained the same, whilst reductions were seen in the 20-29, 40-49 and 50-59 age groups. Small increases were seen in the 60+ age group (0.3%), the second smallest increase in the North East.

There were a total of 1,754 births in 2020 to Middlesbrough population or a rate of 64.1 per 1,000 females (15-44). This is the highest rate in the North East and 22nd highest nationally. The rate has reduced year on year from 70.6 in 2017.

ONS 2018 population projections estimated that the overall population in Middlesbrough will reduce by 0.8% in 2030 to 139,361 and reduce by 1.3% in 2040 to 138,770. Estimates show that the 0-19 age group will decrease by 6% by 2040, the 20-64 age group will decrease by 8% however the 65+ will increase by 42%.

The estimated median age of the Middlesbrough population is 36.2 in 2020. This is the second youngest median age in the North East behind Newcastle upon Tyne. The North East average median age is 41.7 and the England average median age is 40.2. Figure 2 shows the higher proportion of younger people compared to England, particularly males aged 20-34. Middlesbrough has the second lowest proportion of people aged 65 and over in the North East with 16%, compared to 20% regionally and 19% nationally.

Figure 2: Middlesbrough population compared to England - age and gender structure



Source: ONS mid-year population estimates

Total population by ward ranges from 3,077 in North Ormesby to Central with 13,001 residents, with Longlands & Beechwood and Newport also residing over 10,000 residents. More of the whole population live in M1: Middlesbrough Central (56.9%) than in M2: Middlesbrough South (43.1%), there are markedly more children in locality M1 than in M2 (see figure 3 & 4). 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. When considering services for children, it should be recognised that 62% of the 0-17 year population of Middlesbrough live in the M1 locality, whilst also noting the proportion of children in the Hemlington ward of the M2 locality.

For older people, 59.1% of those over 65 live in M2: Middlesbrough South. Kader, Nunthorpe, Marton West, Stainton & Thornton and Trimdon wards have the highest proportion over 65s. 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 16.4%, largely as a result of the higher proportion of working-age adults.

Figure 3: Middlesbrough mid-2020 population estimated by wards

Ward	All Ages		Age 0-17		Age 18-64		Age 65+		Age 85+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Acklam	5,616		1,149	20.5%	3,332	59.3%	1,135	20.2%	130	2.3%
Ayresome	6,161		1,702	27.6%	3,592	58.3%	867	14.1%	100	1.6%
Berwick Hills & Pallister	9,037		2,716	30.1%	5,198	57.5%	1,123	12.4%	156	1.7%
Brambles & Thortree	8,632		2,612	30.3%	4,987	57.8%	1,033	12.0%	104	1.2%
Central	13,001		2,624	20.2%	9,528	73.3%	849	6.5%	92	0.7%
Coulby Newham	8,507		1,674	19.7%	5,032	59.2%	1,801	21.2%	206	2.4%
Hemlington	6,226		1,549	24.9%	3,400	54.6%	1,277	20.5%	136	2.2%
Kader	5,150		802	15.6%	2,680	52.0%	1,668	32.4%	263	5.1%
Ladgate	5,317		1,296	24.4%	2,991	56.3%	1,030	19.4%	168	3.2%
Linthorpe	6,529		1,527	23.4%	3,969	60.8%	1,033	15.8%	128	2.0%
Longlands & Beechwood	10,664		2,857	26.8%	6,330	59.4%	1,477	13.9%	166	1.6%
Marton East	5,424		1,153	21.3%	3,078	56.7%	1,193	22.0%	152	2.8%
Marton West	5,183		913	17.6%	2,899	55.9%	1,371	26.5%	183	3.5%
Newport	12,335		3,130	25.4%	8,253	66.9%	952	7.7%	78	0.6%
North Ormesby	3,077		691	22.5%	1,955	63.5%	431	14.0%	62	2.0%
Nunthorpe	4,857		937	19.3%	2,560	52.7%	1,360	28.0%	158	3.3%
Park	9,815		2,443	24.9%	6,071	61.9%	1,301	13.3%	135	1.4%
Park End & Beckfield	7,658		1,771	23.1%	4,433	57.9%	1,454	19.0%	211	2.8%
Stainton & Thornton	3,130		560	17.9%	1,845	58.9%	725	23.2%	103	3.3%
Trimdon	4,966		1,023	20.6%	2,809	56.6%	1,134	22.8%	84	1.7%
Total	141,285		33,129	23.4%	84,942	60.1%	23,214	16.4%	2,815	2.0%

Low proportion of age group High proportion of age group

Source: ONS mid-year population estimates for wards

Figure 4: Middlesbrough mid-2020 population estimated by localities and age groups

Ward	All Ages		Age 0-17		Age 18-64		Age 65+		Age 85+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Locality M1: Middlesbrough Central	80,380	56.9%	20,546	25.6%	50,347	62.6%	9,487	11.8%	1,104	1.4%
Locality M2: Middlesbrough South	60,905	43.1%	12,583	20.7%	34,595	56.8%	13,727	22.5%	1,711	2.8%

Population in each age group as a percentage of locality population. Total population as a percentage of Middlesbrough total.

Source: ONS mid-year population estimates for wards

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.

3.2.2 Deprivation Profile

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

The Index of Multiple Deprivation 2015 (IMD2019) measures socioeconomic disadvantage across seven domains: income, employment, health, education, barriers to housing and services, crime, and living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain very high with Middlesbrough ranked the 5th most deprived local authority out of 317 in the country. Just under half (49%) of Middlesbrough residents live in the 10% most deprived areas nationally, the highest percentage of any local authority nationally.

Each of the 32,844 LSOAs (neighbourhoods) in England are given a score and rank based on their deprivation level. Based on the LSOA scores, it's possible to estimate ranks for the wards in Middlesbrough. There are 20 wards in Middlesbrough. Between 2015 and 2019, 5 have improved their ranking (becoming less deprived) and 15 have become more deprived (figure 5).

Of the wards in Middlesbrough, 6 (30%) are in the top 1% most deprived wards in England. These are North Ormesby, Brambles and Thorntree, Berwick Hills and Pallister, Newport, Park End and Beckfield, and Longlands and Beechwood. A further 2 (Central and Hemlington) are in the top 3% most deprived. This means Middlesbrough has 8 wards in total (40%) which are in the top 3%.

The most significant improvement was seen in Park ward, with a decrease of 248 places in the rankings. This means Park ward has become less deprived since 2015. Central (decrease of 59 places) and Ayresome (decrease of 52 places) also become less deprived. Of the 6 which are in the top 1% most deprived wards nationally, 4 have become more deprived since 2015. The most significant is Park End and Beckfield (increase of 30 places). The remaining 2 have become less deprived, but they are still in the most deprived 1%. Only Park has moved out of the most deprived 1% and 3% since 2015.

No wards in Middlesbrough are in the top 10% least deprived wards in England.

Figure 5: Middlesbrough IMD 2019 by ward and national rankings of 7,180 wards

Locality	Ward	2019 Rank	Rank Change from 2015
Middlesbrough Central	Ayresome	722	-52
	Newport	36	+2
	Central	89	-59
	Park	990	-248
	Longlands & Beechwood	70	-10
	Berwick Hills & Pallister	20	+7
	Park End & Beckfield	69	+30
	Brambles & Thorntree	5	+5
	North Ormesby	3	-1
Middlesbrough South	Acklam	5320	+118
	Trimdon	4790	+166
	Coulby Newham	1290	+49
	Hemlington	156	+72
	Kader	4703	+150
	Ladgate	1012	+176
	Linthorpe	2578	+189
	Marton East	4976	+638
	Marton West	6075	+235
	Nunthorpe	6761	+263
	Stainton & Thornton	1790	+223

Top 1% most deprived nationally
 Top 3% most deprived nationally

Source: IMD 2019, Ministry of Housing, Communities & Local Government

3.2.3 Ethnicity

The 2011 census showed that 11.8% (16,257) of the population identified as BAME, an increase of 86% since 2001 with Middlesbrough the most ethnically diverse local authority in the Tees Valley. The largest ethnic group after White British was Asian/Asian British with 7.8% (10,768).

Figure 6 below shows the percentage of BAME ethnic groups and percentage of population with poor English language skills by ward. Wards in the Middlesbrough Central Locality have higher proportions of BAME groups, with Central ward the highest with 49.5%.

ONS population estimates by ethnic group in 2019 show that the BAME proportion of the population was estimated at 15.5%, suggesting a substantial rise since the 2011 census.

8.2% of Middlesbrough's total population were born outside of the UK as at census 2011, this was lower than the England rate of 8.21% but almost double the north east rate of 4.95%. Middlesbrough has the highest percentage of residents born outside of the UK in the Tees Valley.

In quarter 3 of 2021, Middlesbrough had 555 asylum seekers in receipt of Section 95 support (Home Office: Asylum data tables). This is the 4th highest number for local authorities in the North East.

Figure 6: Middlesbrough BAME % and English Speaking % by ward

Locality	Ward	% Population whose ethnicity is not 'White UK'	% Population who cannot speak English well or at all
Middlesbrough Central	Ayresome	12.1	0.9
	Newport	31.9	5.7
	Central	49.5	6.9
	Park	20.7	2.2
	Longlands & Beechwood	11.2	0.7
	Berwick Hills & Pallister	3.9	0.2
	Park End & Beckfield	4.1	0.3
	Brambles & Thorntree	4.6	0.4
	North Ormesby	14.3	1.7
Middlesbrough South	Acklam	10.4	0.8
	Trimdon	5.5	0.4
	Coulby Newham	3.5	0.2
	Hemlington	3.1	0.1
	Kader	10.2	0.6
	Ladgate	7.6	0.4
	Linthorpe	23.9	1.8
	Marion East	6.4	0.3
	Marion West	5.1	0.2
	Nunthorpe	6.3	0.3
	Stainton & Thornton	3.5	0.2

Source: ONS Census 2011

3.2.4 Benefits & Employment

Figure 7 shows ward level rates of unemployment (% of working age population who are claiming jobseeker's allowance plus those who claim Universal Credit), long term unemployment (average monthly claimants of Jobseeker's Allowance who have been claiming for more than 12 months) and households with fuel poverty (a household is fuel poor if they have required fuel costs that are above average, the national median level, and were they to spend that amount, they would be left with a residual income below the official poverty line.) 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. 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 and those on long term unemployment. This can be particularly seen in North Ormesby which has considerably higher rates than other wards in Middlesbrough.

Levels of fuel poverty show that all the wards in M1: Middlesbrough Central have rates of 11% and higher. 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. All wards in M2 locality except Linthorpe ward have fuel poverty rates lower than the national average.

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.

Figure 7: Unemployment and Fuel Poverty by Middlesbrough wards

Locality	Ward	Unemployment % (2019/20)	Long Term Unemployment (Rate per 1,000 working age, 2019/20)	Fuel Poverty % (2018)
Middlesbrough Central	Ayresome	4.2	6.3	11.7
	Newport	10.2	17.5	18.8
	Central	8.3	16.7	20.9
	Park	4.8	6.6	12.3
	Longlands & Beechwood	7.2	13.9	12.2
	Berwick Hills & Pallister	7.3	10.4	13.9
	Park End & Beckfield	7.9	19	11.1
	Brambles & Thorntree	9.6	16.3	14.5
	North Ormesby	14.7	29.1	16.4
Middlesbrough South	Acklam	1.9	2.9	9.2
	Trimdon	1.5	1.8	8.8
	Coulby Newham	3	5.4	5.5
	Hemlington	6.8	13.6	9.7
	Kader	1.8	1.8	7.7
	Ladgate	4.9	9.7	10.1
	Linthorpe	3.2	5.4	10.7
	Marion East	1.3	1.6	7.5
	Marion West	0.9	1.6	5.8
	Nunthorpe	1	0	7
	Stainton & Thornton	2	2.8	8.1
	Middlesbrough	5.8	10.4	11.9
England	2.8	3.2	10.3	

Source: Local Health, UKHSA

3.2.5 Car Ownership

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. Available data is the same as the previous PNA and sourced from the 2011 Census. Car ownership in Middlesbrough was 62.4%, significantly lower than the England rate of 74.4%. Middlesbrough is ranked 317 lowest out of 348 lower tier local authorities.

The 2018 PNA 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 England average.

3.2.6 Housing and Households

Data from the 2011 shows that 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. Overall 57.8% of housing was owner occupied compared to 64.3% in England and 23.9% was rented from LA/Housing Association compared to 17.6% in England.

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 Association and in Middlehaven, University and Gresham, more than 40% of households have private landlord tenancies.

3.2.7 Older people

Figure 8 shows the proportion of older people aged 65 and over living alone and living in poverty by ward in localities. For older people living alone, the overall rate for Middlesbrough is higher than the national rate and for older people living in poverty the rate is significantly higher. 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.

Figure 8: Older people living alone and in poverty from 2011 Census

Locality	Ward	Older people living alone (%)	Older people living in poverty (%)
Middlesbrough Central	Ayresome	32.7	23.9
	Newport	48.4	43.9
	Central	50.5	53.9
	Park	31.3	19.1
	Longlands & Beechwood	38.7	35.7
	Berwick Hills & Pallister	41.5	38.6
	Park End & Beckfield	39.3	32.4
	Brambles & Thorntree	43.5	44.8
	North Ormesby	43.3	32.4
Middlesbrough South	Acklam	32	7.7
	Trimdon	29.7	8.8
	Coulby Newham	40	26.2
	Hemlington	36.7	29.4
	Kader	31.6	8.4
	Ladgate	35.2	18.5
	Linthorpe	27.5	15.3
	Marton East	30.4	8
	Marton West	25	5.4
	Nunthorpe	20	4.4
	Stainton & Thornton	32.1	14
	Middlesbrough	35.2	23.3
England	31.5	14.2	

Source: Local Health, UKHSA

3.2.8 Children and Educational attainment

Child poverty is a significant issue in Middlesbrough. The proportion of all children aged 0-15 living in income deprived families in 2019 is 32.7% or 9,360 children. This is the highest rate of any local authority in England. The difference in the rate of child poverty across the town is stark, with 55.9% of children living in poverty in Brambles & Thorntree ward and 52.6% in Berwick Hills & Pallister ward, compared to just 5.2% in Nunthorpe ward.

Education attainment is worse in Middlesbrough compared to England average. School readiness data - children achieving the expected level of development at the end of reception shows that 63.1% achieve this level in Middlesbrough compared to 71.8%, the lowest level in England. The latest attainment data for secondary school children (2020) shows an average score of 47.5, significantly lower than the national score of 50.9. It is worth nothing that the COVID 19 pandemic affected these scores during the 2020 academic year.

Historic data at ward level for the previous method of examination in GCSEs showed a significant difference at ward level. In Nunthorpe ward, 66.7% achieved 5 or more GCSEs at grade C or above compared to 36.4% in Brambles & Thorntree ward.

3.2.9 Homeless population

The number of households owed a prevention or relief duty under the Homelessness Reduction Act, during the financial year is a new measure for homelessness. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

In Middlesbrough there were 986 households in 2020/21 or a rate of 17.3 per 1,000. This is higher than the England rate of 11.3 and the North East rate of 12.5.

3.2.10 Military veterans

There is currently no estimates of the number of veterans who live in Middlesbrough. There is insufficient robust local data to understand the needs of the armed forces communities locally. ONS have developed and tested a question on service leavers and concluded that such a question will work; and can be accommodated within the 2021 Census. This would improve the level of local data/intelligence available.

3.2.11 Visitors

Data from the 2011 census showed that Middlesbrough has a high net commuter inflow, increasing the overall population size during the working hours. Approximately 30,000 persons commuted into Middlesbrough from other local authorities, whilst approximately 22,000 persons commuted out leaving an increase of 8,000 persons. This is significantly different to neighbouring Redcar & Cleveland which has a net decrease of approximately 10,000 daily.

3.2.12 University students

Middlesbrough is home to Teesside University with a total of 21,276 students studying at Teesside University in 2020/21 academic year. This significantly affects the population makeup of the town centre wards. The number of private sector accommodation rented to students is unclear, however there are 1,300 places in university halls, houses or flats located in Middlesbrough.

3.2.13 Protected characteristics

A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These have been considered, particularly where improving access to pharmaceutical services provision can benefit each protected characteristic where applicable. Datasets that are available have been reviewed in the current chapter. Patient and public engagement was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups which further helps to support insight where other datasets are lacking.

4.0 LOCAL HEALTH NEEDS

4.1 Health summary

As we have seen, Middlesbrough has significant levels of deprivation and a great variation in those levels within the town. Alongside deprivation the health of people in Middlesbrough is generally worse than the England average.

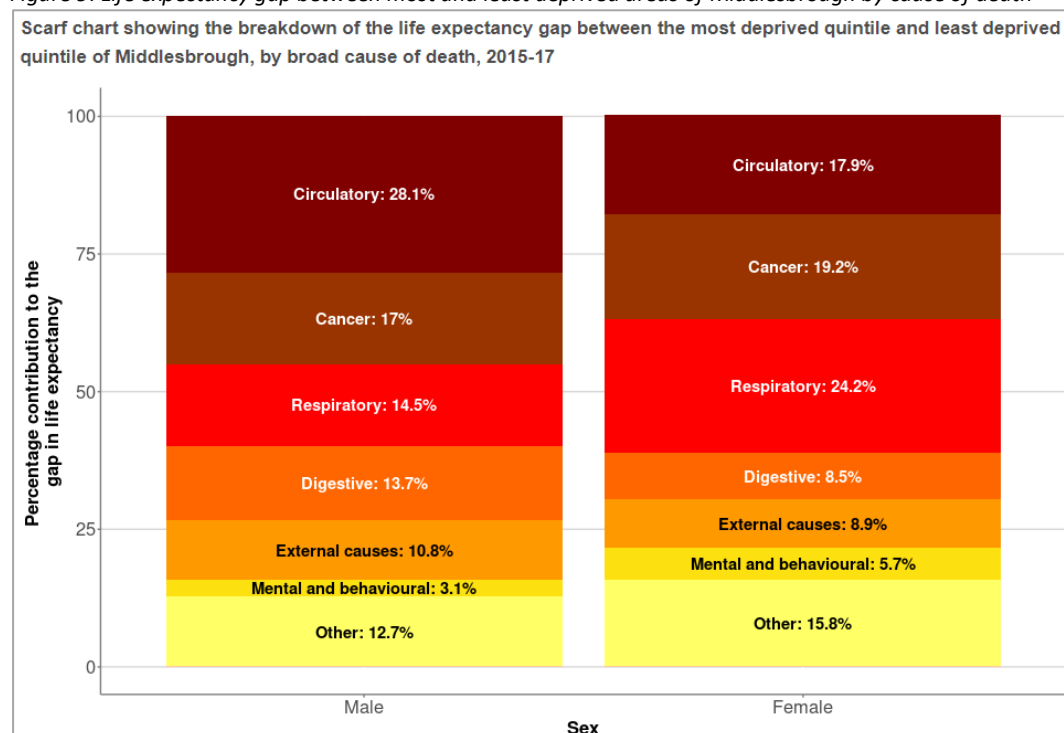
The life expectancy at birth in Middlesbrough is 75.4 years for males and 79.8 years for females. This is lower than the England value of 79.4 years for males and 83.1 years for females. The 2011 census showed that 7.6% of residents in Middlesbrough reported their health as poor or very poor, and 20.9% reported a long term illness or disability that impacts on their day to day activities.

People in Middlesbrough can expect a healthy life expectancy of 58.5 years for males and 58.5 years for females. This compares with 63.2 years for males and 63.5 years for females nationally. The standardised mortality rate for deaths from all causes under 75 is 148. For comparison, the standardised mortality rate for England is 100. Within Middlesbrough there are striking inequalities with a man living in the least deprived areas of the borough living 13.4 years longer than a man in the most deprived area; for women that difference is 12.2 years.

Premature mortality (under 75) is an important measure of the overall health of the population, with reductions over time demonstrating improvements in the health status of the overall population. Premature mortality can contribute significantly to the life expectancy gap between Middlesbrough and England, and also within Middlesbrough as shown in figure 9.

- Under 75 mortality from all causes is 494 deaths per 100,000 in Middlesbrough in 2018- 20, this is 5th highest rate of all 150 local authorities in England.
- Premature mortality rates for cancer, cardiovascular, heart disease, stroke, respiratory and liver disease are all significantly worse than the England average.
- Key contributions to poor life expectancy and health inequalities for both males and females are respiratory, cancer and circulatory (more so for males).

Figure 9: Life expectancy gap between most and least deprived areas of Middlesbrough by cause of death



Source: Segmentation Tool, UKHSA

Early intervention, prevention, diagnosis and treatment of disease can help to improve quality of life and reduce rates of premature mortality. There are several diseases which contribute to health inequality and premature death in Middlesbrough, these include:

- The incidence of cancer in Middlesbrough is higher than the England average with an incidence ratio of 112 compared to 100 for England, the 5th highest nationally. Middlesbrough is ranked 3rd highest for premature cancer mortality, a rate of 175 per 100,000 which is significantly worse than England average of 129. The most prevalent cancers which contribute to mortality are Lung and Bowel cancer
- Mortality rates from cardiovascular disease in Middlesbrough in 2017-19 is significantly worse than the England average at 100 per 100,000 compared to 70 for England. Coronary heart disease (3.7%) prevalence is above the national average (3%)
- Hypertension (13.1%) prevalence is lower than the national average (13.9%)
- Stroke prevalence (1.9%) is similar to the national average (1.8%) although emergency admissions for stroke are significantly higher than England with a ratio of 129 compared to 100 at England level.
- The prevalence of chronic obstructive pulmonary disease (COPD) (3.3%) is higher than the national average (1.9%). Emergency admissions for COPD in 2019/20 was 832 per 100,000 compared to 415 in England, the 6th highest nationally.
- Diabetes prevalence (8.1%) is higher than nationally (7.1%).
- Estimated rates of common mental health issues (such as anxiety and depression) equate to around 19% of the adult population at any one time in Middlesbrough. Around 13.4% of the GP registered population are recorded on the Depression register which slightly higher than the national average (12.3%).
- Middlesbrough has the 21st highest rate of suicides in England.

Figure 10 shows by ward the proportion of residents with limiting long term illness or disability. The overall rate is higher than the England value and 10 wards have rates over 20%. Low life expectancy, higher rates of premature mortality and higher rates of emergency hospital admissions can be seen on all wards in Middlesbrough Central locality.

Figure 10: Overarching health measures by ward

Locality	Ward	Limiting long-term illness or disability % (2011)	Life expectancy at birth for males (2015-19)	Life expectancy at birth for females (2015-19)	Deaths from all causes as ratio, under 75 years (2015-19)	Emergency hospital admissions for all causes as ratio (2015/16 - 2019/20)
Middlesbrough Central	Ayresome	19.6	77.3	81.7	138.5	121.7
	Newport	18.7	72.6	75.9	209.6	154.5
	Central	18.3	70.8	77	235.6	159.3
	Park	18.6	75.8	78.7	146.6	129.9
	Longlands & Beechwood	25.2	70.8	76.7	218.5	184.7
	Berwick Hills & Pallister	23.6	72	76	207.4	164.2
	Park End & Beckfield	25.9	72.9	80.1	179.9	157.9
	Brambles & Thorntree	24.5	72.3	75.2	234.1	186.9
	North Ormesby	24.4	71.2	73.6	238.9	177.8
Middlesbrough South	Acklam	17.8	82.6	84.8	88.8	90.5
	Trimdon	18.2	78.7	85.1	83.8	101.5
	Coulby Newham	21.7	77.1	81.9	124.3	121.9
	Hemlington	23.6	75.3	77.9	163	147
	Kader	25.1	81.1	87	73.6	86.6
	Ladgate	21.2	77.2	80.4	125.1	128.3
	Linthorpe	15.8	76.7	81.2	121.4	122.2
	Marton East	18	80.2	85.7	91.9	97.8
	Marton West	16.2	82.2	83.3	86.6	88.6
	Nunthorpe	16.4	82.1	84.2	56.8	89.4
	Stainton & Thornton	20.2	82.7	85.7	82	125.1
Middlesbrough	20.9	75.8	80	148	135.9	
England	17.6	79.7	83.2	100	100	

Source: Local Health, UKHSA

4.2 Specific Clinical Priorities

4.2.1 Smoking

Smoking is the most important cause of preventable ill health and premature mortality. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. The prevalence of adult smokers in Middlesbrough (17%) is higher than the England average with 14.3%. There is also a higher prevalence of smoking in pregnancy with 14.5% of women smoking at time of delivery compared to 9.6% in England.

The rate of smoking attributable hospital admissions in 2019/20 is significantly higher than the England rate with a rate of 2,083 per 100,000 locally compared to 1,398 nationally. This is the 14th highest rate nationally. The rate of smoking attributable mortality is also significantly higher than the England rate with a rate of 335 per 100,000 compared to 202 in England. This is the 6th highest rate nationally.

4.2.2 Alcohol & substance misuse

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.

In 2020/21 there were 822 admissions episodes for alcohol-related conditions or a rate of 645 per 100,000 in Middlesbrough. This is significantly higher than the England rate of 456. The rate for under 18s is 36 per 100,000 which is higher than the national rate but not significantly. The 2020 rate per 100,000 for alcohol-related mortality in Middlesbrough was 56 which is significantly higher than the England rate of 38 per 100,000. This is the 6th highest nationally. In 2015/16 it was estimated that the overall cost of alcohol harm in Middlesbrough was £69 million or just under £500 per head of population.

Substance misuse can be seriously damaging to an individual's physical and mental health and to those around them, and often goes hand in hand with poor health, homelessness, unemployment, family breakdown and offending. The most recent estimate of the rate of opiate and crack use for Middlesbrough was 2,315 or a rate of 25.5 per 1,000. This is the highest rate of any local authority in England.

There were 1,633 clients engaged in substance misuse treatment in Middlesbrough in 2020/21 for either opiates, non-opiates or non-opiates and alcohol combined. The majority for opiate use, at 77% (1,261). 71% of clients in treatment are male and key ages of 30-44 years old. Of those entering treatment in 2019/20 only 19% are employed with 63% unemployed or economically inactive, and a further 18% are on long term sick or disabled. 19% have a housing problem and 10% are currently injecting and a further 16% have previously injected.

The rate of those successfully completing treatment for opiates is significantly lower than the national average with 0.9% compared to 4.7% for England. The rate is better for treatment for non-opiate users with 29.4% successfully completing, lower than the England rate of 33%. There is a significantly higher rate of deaths in drug treatment with a mortality ratio of 1.66 in Middlesbrough compared to 1 in England, the 4th highest nationally.

4.2.3 Obesity & physical activity

Tackling obesity is one of the greatest long-term health challenges currently faced in England. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health. In 2019/20, 71.7% of the Middlesbrough population were classified as overweight or obese, significantly higher than the England rate of 62.8%. This has increased for the previous 3 years from 64.9% locally.

The National Child Measurement Programme (NCMP) shows within Middlesbrough that the prevalence of excess weight amongst children in Reception and Year 6 is significantly worse than the national average. 31% of Reception Year and 40% of Year 6 children were overweight or obese in 2019/20. The reception rate is the 4th highest nationally.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In 2019/20, 32.6% of adults were classified as inactive, significantly higher than the England rate of 22.9% and 6th highest rate nationally.

4.2.4 Sexual health & teenage conceptions

Sexual health and wellbeing is a major public health challenge with sexual ill health increasing. The highest burden is borne by gay and bisexual men, young people and black and minority ethnic groups. Improving sexual health is a priority at both national and local level.

The rate of all new sexually transmitted infection (STI) diagnosis in Middlesbrough was 802 or 572 per 100,000 which is similar to the England rate of 562. Chlamydia is the most commonly diagnosed STI, with a rate of 1,862 per 100,000, which is below the recommended thresholds of 2,300 – 3,000 per 100,000. This is followed by gonorrhoea at 67 per 100,000 (England rate – 101), genital warts at 34 per 100,000 (England rate – 48.6), herpes at 29.7 per 100,000 (England rate – 36.3) and syphilis at 26.9 (England rate – 12.2)

The diagnosed prevalence of HIV is 2.7 per 100,000, which is lower than the national rate of 5.7. HIV testing coverage is however low in Middlesbrough with a 15.6% coverage compared to national rate of 46%. Under 18s conceptions in Middlesbrough are very high with a rate of 37.1 per 1,000 in 2019 compared to national rate of 15.7. This is the highest rate for any local authority in England. Trends are showing the rate is reducing faster at a national level with the gap between Middlesbrough and England widening.

4.2.5 Vaccinations

Childhood vaccination rates in Middlesbrough for 2020/21 are similar to the England average. MMR for one dose at 2 years old is 90.2% locally compared to 90.3% nationally. The DTaP/IPV/Hib at 2 years old vaccine coverage is 92.6% in Middlesbrough compared to 93.8% in England.

Influenza vaccine rates for the elderly are high in Middlesbrough with a coverage of 81.2% for 2020/21 which is higher than the England rate of 80.9%. However the percentage of those in the at risk groups receiving a flu vaccination is significantly worse than the England average with a local rate of 48.8% compared to 53% nationally.

Covid vaccination rates are also significantly worse in Middlesbrough compared to national rates. As of February 2022, 76.9% of residents had dose 1 compared to 79.9% in England, 70.3% of residents had dose 2 compared to 74.5% in England and 51.7% had the booster locally compared to 57.5% in England.

5.0 CURRENT PHARMACEUTICAL SERVICES PROVISION

5.1 Overview of pharmaceutical services providers

NHS England reports that there were 11,358 community pharmacies in England at January 2022, compared to 12,023 reported in the 2018 PNA, a decrease of 665 (5.5%). There are an average of 20.1 pharmacies per 100,000 population in England as shown in figure 11. Middlesbrough compares similarly with 20.5 pharmacies per 100,000 population. Middlesbrough Central locality has a higher rate of 24.9 per 100,000 population, whilst Middlesbrough South has a much lower rate at 14.8 per 100,000.

Figure 11: Pharmacies in Middlesbrough by locality

Locality	No. of pharmacies	Population (mid-2020)	Pharmacies per 100,000 population
M1: Middlesbrough Central	20	80,380	24.9
M2: Middlesbrough South	9	60,905	14.8
Middlesbrough	29	141,285	20.5
England	11,358	56,550,138	20.1

Source: Population data from ONS, Pharmacy data from NHS England & NHS Improvement (NHSEI)

5.1.1 Community pharmacy contractors

As previously stated, pharmaceutical services are provided to the population of the Middlesbrough by **27 community pharmacy contractors and 2 distance-selling pharmacies**. The names and addresses of these pharmacies are included in Appendix 4 (Section 12.4). A summary of opening hours and services provided is shown in figure 12 below.

Figure 12: Pharmacy summary information

ODS Code	Locality	Contractor Name	40 Hour Pharmacy	100 Hour Pharmacy	Community Pharmacy	Distance selling premises	New Medicine Service	Stoma	Community Pharmacist Consultation Service	Flu Vaccination Service	Covid Vaccination Service	Evening opening	Saturday opening	Sunday opening
FK058	M1	A C Moule Pharmacy	Y		Y				Y	Y			Y	
FRG15	M1	Allied Pharmacy	Y		Y				Y	Y		Y	Y	
FD546	M1	Boots Uk Limited	Y		Y				Y	Y			Y	
FH500	M1	Boots Uk Limited	Y		Y				Y	Y		Y	Y	
FL798	M1	Boots Uk Limited	Y		Y				Y	Y		Y	Y	Y
FNN25	M1	Boots Uk Limited	Y		Y				Y	Y			Y	
FG314	M1	Cohens Chemist	Y		Y				Y	Y		Y	Y	
FT436	M1	Crossfell Pharmacy	Y		Y				Y	Y		Y	Y	
FVE88	M1	Hunters Pharmacy	Y		Y				Y	Y		Y	Y	
FVW70	M1	Jhoots Pharmacy	Y		Y				Y	Y			Y	
FQ013	M1	Lloydspharmacy	Y		Y		Y	Y				Y	Y	Y
FHH95	M1	Martonside Pharmacy	Y		Y		Y		Y	Y		Y	Y	
FW575	M1	Palladium Pharmacy	Y		Y				Y	Y			Y	
FTN67	M1	Pharmacy Express	Y		Y		Y		Y	Y			Y	
FME81	M1	Riverside Pharmacy	Y		Y	Y			Y	Y		Y	Y	
FVR34	M1	Rowlands Pharmacy	Y		Y		Y		Y	Y			Y	
FNP01	M1	The Linthorpe Pharmacy	Y		Y	Y	Y						Y	
FGQ02	M1	Victoria Chemist	Y	Y	Y							Y	Y	Y
FWR83	M1	Well	Y		Y		Y		Y	Y			Y	
FC889	M1	Whitworth Chemists	Y		Y		Y		Y	Y			Y	
FCD35	M1	Your Family Pharmacy	Y	Y	Y		Y		Y	Y		Y	Y	Y
FHA85	M2	Acklam Road Pharmacy	Y		Y		Y		Y	Y	Y	Y	Y	
FDQ17	M2	Boots Uk Limited	Y		Y		Y		Y	Y			Y	
FEF27	M2	Boots Uk Limited	Y		Y		Y		Y	Y		Y	Y	Y
FH749	M2	Cohens Chemist	Y		Y		Y		Y	Y			Y	
FFR13	M2	Coulby Newham Pharmacy	Y	Y	Y		Y				Y	Y	Y	Y
FYK43	M2	Marton Pharmacy	Y		Y		Y		Y	Y	Y	Y	Y	
FXT40	M2	Tesco Pharmacy	Y	Y	Y		Y		Y	Y		Y	Y	Y
FX093	M2	The Oval Pharmacy	Y		Y							Y		

Source: NHS England & NHS Improvement (NHSEI)

Pharmacies have been included in the description of numbers and locations of pharmacies up to February 2022. All of these pharmacies provided a response to the survey 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 figure 13. There is no change to the pharmacies located in M1: Middlesbrough Central locality since the previous 2018 PNA. There has been changes in M2: Middlesbrough South. There is no longer a pharmacy located in the Acklam ward. One pharmacy in Linthorpe ward has now closed leaving two pharmacies in this ward. A new pharmacy is now located in the Trimdon ward. The figure below shows an uneven distribution of pharmacies across the Middlesbrough geography. This is also shown in figure 14 which shows the location of pharmacies in each of locality, together with the locations of the general practices.

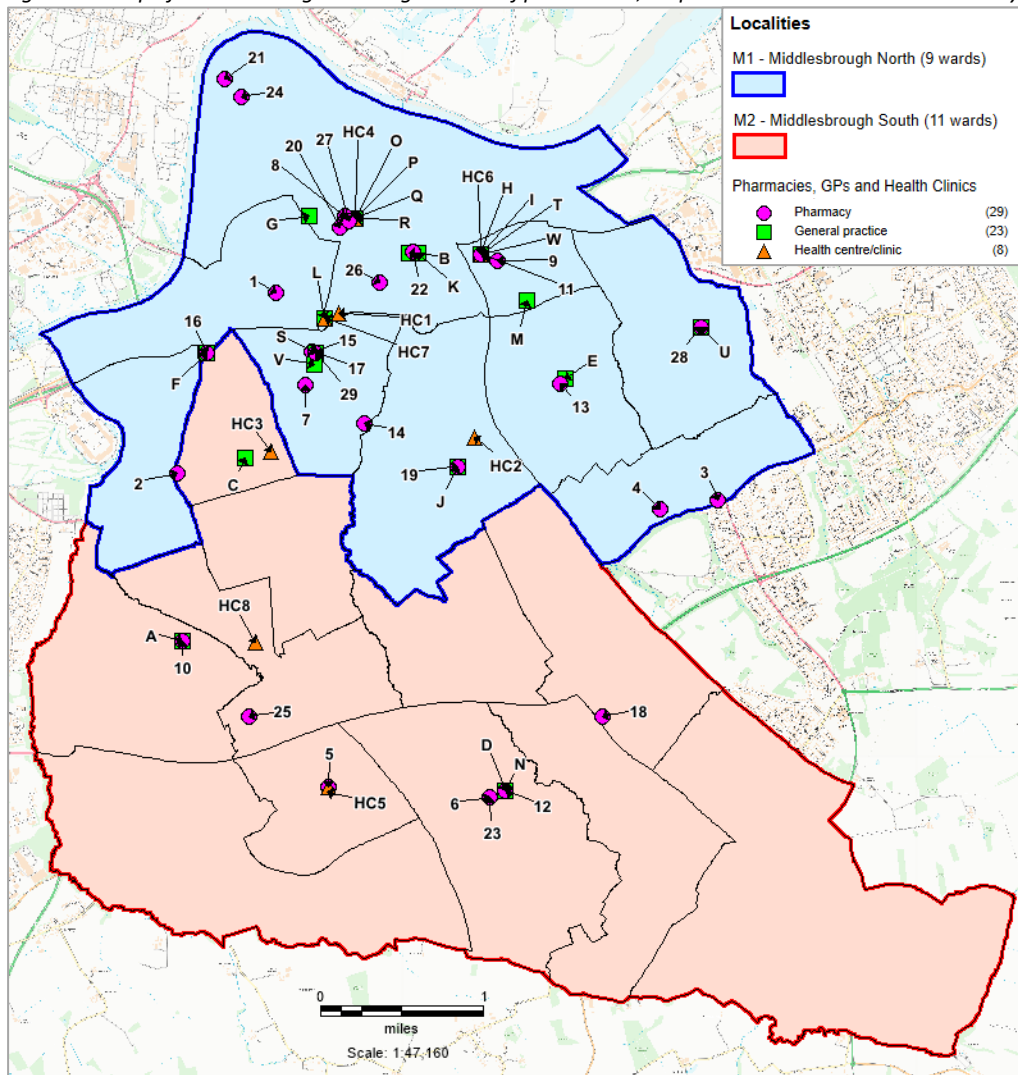
It is unsurprising that in an urban area such as Middlesbrough you might find more pharmacies located closer to the town centre (in Middlesbrough Central locality). In fact 69% of the borough’s pharmacies are located here, although only slightly more of the population actually lives in locality M1: Middlesbrough 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.

Figure 13: Distribution of pharmacies by ward and locality in Middlesbrough

M1: Middlesbrough Central			M2: Middlesbrough South		
Ward	Number of pharmacies	100-hour pharmacies	Ward	Number of pharmacies	100-hour pharmacies
Ayresome	0		Acklam	0	
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	2	
North Ormesby	2		Marton East	1	
Park	5	1	Marton West	0	
Park End & Beckfield	2		Nunthorpe	0	
			Stainton & Thornton	0	
			Trimdon	1	
Total	20	2	Total	9	2

The majority of the general practices and health centres are also located in Middlesbrough Central with 24 out of total of 31. The map shows 3 pharmacies 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) in M1: Middlesbrough Central locality and in the [Marton East] ward of M2: Middlesbrough South. There are six wards in Middlesbrough - Ayresome, Acklam, Ladgate, Marton West, Nunthorpe & Stainton & Thornton that have neither a pharmacy or GP located within.

Figure 14: Map of Middlesbrough showing location of pharmacies, GP practice and health centres and key showing by locality



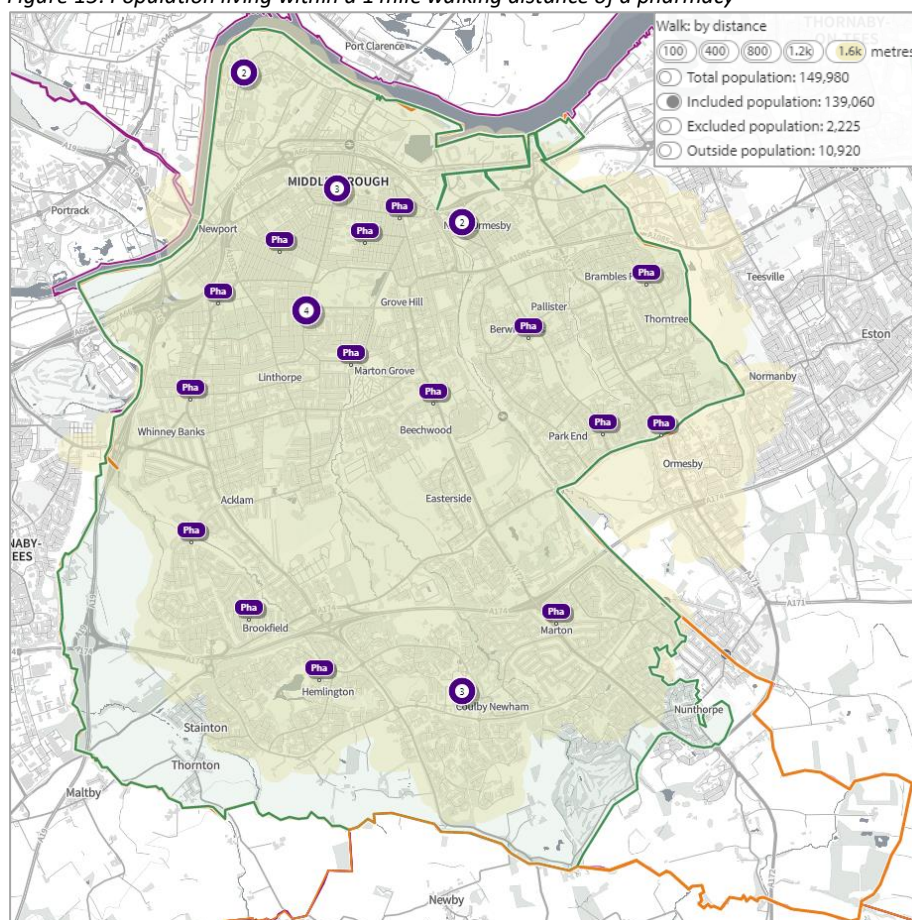
M1: Middlesbrough Central		
Pharmacy	GPs	Health Centres
1 A C Moule & Co Pharmacy	B Borough Road & Nunthorpe Medical	HC1 Park Road North Clinic
3 Allied Pharmacy	E Crossfell Health Centre	HC2 The Health Centre
4 Boots, Ormesby	G Haven Medical Centre	HC4 Cleveland Health Centre
7 Boots, Linthorpe	H Hirsell Medical Centre	HC6 North Ormesby Health Village
8 Boots, Cleveland Centre	I Kings Medical Centre	HC7 One Life
9 Boots, North Ormesby	J Martonside Medical Centre	
11 Cohens Chemist, North Ormesby	K Newlands Medical Centre	
13 Crossfell Pharmacy	L Park Surgery	
14 David Jarvis Ltd	M Park Surgery: Kings Road Surgery	
15 Hunters Pharmacy	O Prospect Surgery	
17 Lloyds Pharmacy	P The Discovery Practice	
19 Martonside Pharmacy	Q The Endeavour Practice	
20 Pharmacy Express	R The Erimus Practice	
21 Riverside Pharmacy	S The Linthorpe Surgery	
22 Rowlands Pharmacy	T The Linthorpe Surgery: North Ormesby	
24 The Linthorpe Pharmacy	U Thorntree Surgery	
26 Victoria Chemist (100 hour)	V Village Medical Centre	
27 Well	W Westbourne Medical Centre	
28 Whitworth Chemists		
29 Your Family Pharmacy (100 hour)		
M2: Middlesbrough South		
Pharmacy	GPs	Health Centres
2 Acklam Road Pharmacy	A Acklam Medical Centre	HC3 Carter Bequest Hospital
5 Boots, Hemlington	C Cambridge Medical Group	HC5 Hemlington Medical Centre
6 Boots, Coulby Newham	D Coulby Medical Practice	HC8 West Acklam Clinic
10 Cohens Chemist, Acklam	F Foundations 1	
12 Coulby Newham Pharmacy (100 hour)	N Parkway Medical Centre	
16 Jhoots Pharmacy		
18 Marton Pharmacy		
23 Tesco Pharmacy (100 hour)		
25 The Oval Pharmacy		

5.2 Detailed description of existing community pharmacy providers

5.2.1 Access to pharmacies

In Middlesbrough 139,060 or 98.4% of the population live within a walking distance of 1 mile (1.6km) of a Middlesbrough pharmacy as shown in figure 15 as the yellow shaded area. A total 2,225 or 1.6% do not live within 1 mile and these are located within the Nunthorpe ward, shown in the orange bordered area. A total of 10,920 people who live outside of Middlesbrough are also within a 1 mile walking distance of a Middlesbrough pharmacy.

Figure 15: Population living within a 1 mile walking distance of a pharmacy



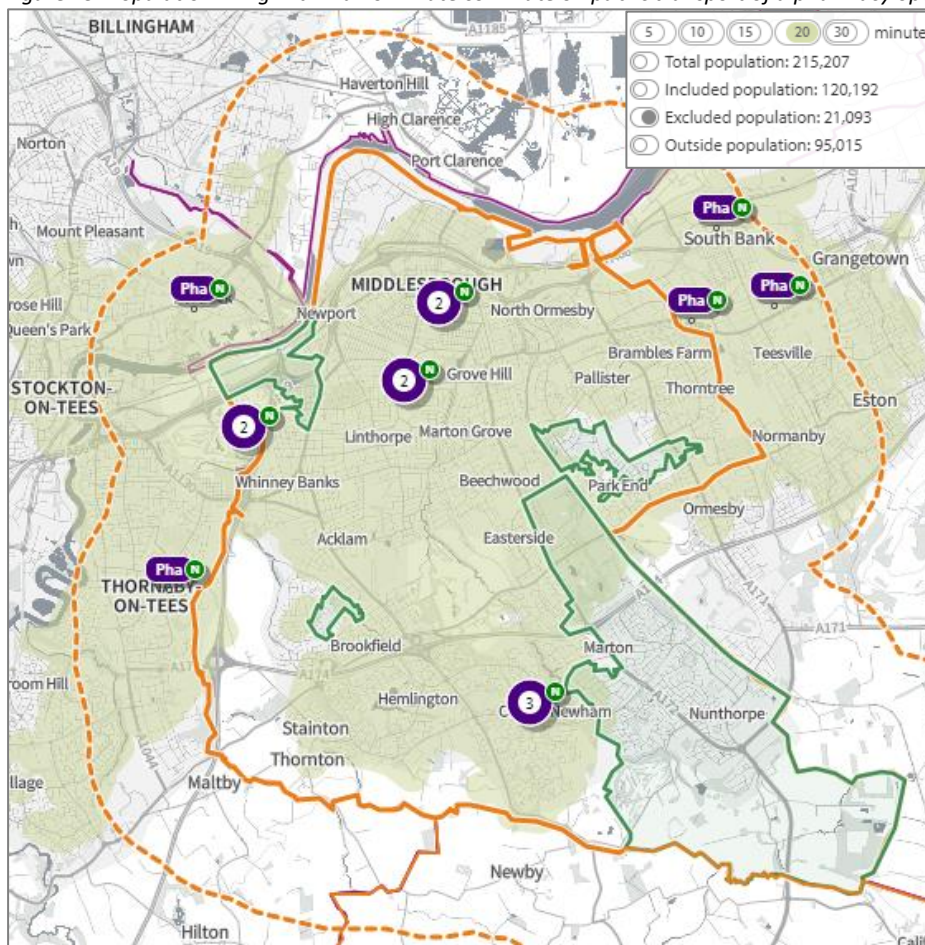
Source: SHAPE Place Atlas

Figure 16 shows that when accounting for pharmacies that are located in neighbouring local authorities within a 1 mile walking distance, all residents of Middlesbrough are included. Those living in Nunthorpe who did not have close access to a Middlesbrough pharmacy are within a 1 mile walking distance of a Redcar & Cleveland pharmacy located in the neighbouring Ormesby ward.

On a Saturday in Middlesbrough, 7,533 do not have access within a 1 mile walk but all have access within a 5 minute car journey. Residents without a car and reduced public transports will find it more difficult to easily access a pharmacy. A total of 5,823 do not have access within a 10 minute commute using public transport but do have access within a 15 minute commute.

On a Sunday in Middlesbrough, 39,086 do not have access within a 5 minute car journey but all have access within a 10 minute car journey. Residents without a car and reduced public transport on a Sunday will find it more difficult to easily access a pharmacy. A total of 21,093 do not have access via public transport within 20 minutes as shown in the green bordered areas in figure 19 and 3,533 (located in Nunthorpe) within 30 minutes and considering that estimate is based on weekday public transport networks and not reduced services on a Sunday.

Figure 19: Population living within a 20 minute commute on public transport of a pharmacy open on a Sunday



During the period the draft PNA was completed, notice was given to NHSE&I and Middlesbrough Council by three pharmacies in Middlesbrough (all within M1 locality) that were making minor changes to their supplementary opening hours. Public Health South Tees Health and Wellbeing Board has systematically considered the differences in supplementary opening hours has concluded that these make no meaningful difference to the provision of pharmaceutical services across Middlesbrough. A summary of these changes are shown in Appendix 6 (section 12.6).

5.3 Description of existing pharmaceutical services provided by community pharmacy contractors

5.3.1 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 and Improvement (NHSE&I) 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 NHSE&I, the local NHS or local authority commissioner has chosen to provide them.

5.3.1.1 Dispensing Medicines, Repeat Dispensing, and electronic Repeat Dispensing (eRD)

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 2020-21 was 1110 million compared to the 1130 million items dispensed in 2019-20. This was a decrease of 21.5 million (1.9%). This slight decrease is unusual and may be partly as a result of changes in prescribing activity since the start of the COVID-19 pandemic in March 2020. Prescription volume has increased over 50% since 2004-05. Tees Valley CCG practices located in Middlesbrough dispensed 3,600,248 items in 2020-21, an increase of 46,353 items compared to 2018-19. Prescriptions transferred electronically accounted for 53.3% of prescriptions across the borough in 2016/17 but by November 2021, this figure had risen to 98.5%, with an eRD utilisation rate of 26.0%. National figures are 91% and 14.9% respectively.

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 extensive use of the electronic prescription service (EPS).

Since 2018 the number of pharmacies in Middlesbrough remained stable at 29. Five of the 29 are open a minimum of 100 hours per week and two are Distance Selling Pharmacies (DSP).

Uptake of the NHS electronic repeat dispensing service has been risen considerably across Tees since the last PNA was published in 2018, from 1.9% in 2016-17 to 32.6% in 2020-21.

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.

5.3.1.2 Discharge Medicines Service

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.

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

This service, which all pharmacy contractors have to provide, was originally trailed in the 5 year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England and NHS Improvement's (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

5.3.1.3 Dispensing Appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine "with reasonable promptness", for appliances the obligation to dispense arises only if the pharmacist supplies such products "in the normal course of business".

5.3.1.4 Disposal of Unwanted Medicines

Pharmacies are obliged to accept back unwanted medicines from patients.

The local NHSE&I team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

The pharmacy must, if required by NHSE&I or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

Since the last PNA was published in 2018, patients have been encouraged to return used pressurised metered dose inhalers (pMDIs) to community pharmacies for environmentally safe disposal

pMDIs currently use hydrofluorocarbon gases (HFCs or 'F-gases') as propellants.

- When released from the inhaler, HFCs remain in the atmosphere for approximately 270 years and they are potent greenhouse gases between 1,300 and 3,350 times greater than CO₂.
- While inhalers also include plastics and metals, analysis has shown that 96% of the climate change impact of inhalers is from the emissions of these gases.
- When used pMDIs are disposed of in domestic waste, the residual HFCs are likely to be released into the atmosphere due to them being crushed in the back of refuse lorries or when they are eventually disposed of via landfill.

As part of the Pharmacy Quality Scheme (PQS) on 2021/22, community pharmacies have been encouraged to raise awareness of the pMDI disposal service.

5.3.1.5 Public Health – Promotion of Healthy Lifestyles

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHSE&I. This generally involves the display and distribution of leaflets provided by NHSE&I; see further details below.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

It has been agreed that the campaign topics should, wherever possible, support NHSE&I's operational and public health priorities, such as winter pressures, smoking, obesity and alcohol.

In May 2021, contractors were asked to participate in the first mandated health campaign, a COVID-19 vaccination campaign. This was focused on informing the public about the vaccine and encouraging them to take it up when was offered to them.

The second campaign was on winter vaccines and ran between 22nd November to 31st December 2021.

5.3.1.6 Support for Self-Care and signposting

Pharmacies help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines. NHSE should provide pharmacies with lists of sources of care and support in the area. Pharmacies are expected to help people who ask for assistance by directing ('signposting') them to the most appropriate source of help. Records are be kept where the pharmacist considers it relevant to the care of the patient.

5.3.1.7 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Community pharmacy contractors were be required to become an HLP in 2020/21 as agreed in the five-year CPCF; this reflected the priority attached to public health and prevention work. Prior to 2020, HLP status was not an essential service, although the majority of pharmacies in Middlesbrough met the standard.

The NHS Terms of Service were been amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, which were published by NHSE&I. All pharmacy contractors must ensure they are compliant with the HLP requirements.

It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained health champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.

5.3.2 NHS Advanced Services

5.3.2.1 Community Pharmacy Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed.

The service, which replaced the NUMSAS and DMIRS pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system. December 2021, 26 of the 29 community pharmacies in Middlesbrough were signed up to provide this service.

5.3.2.2 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). NMS provision is now widespread across the UK, and all pharmacies in Middlesbrough (with the exception of the 2 distance selling pharmacies) provide this service.

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

Appliance Use Review (AUR) was the second Advanced Service to be introduced into the NHS Community Pharmacy Contractual Framework (CPCF).

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

This Advanced Service was introduced in April 2010. Four of the 23 respondents to the contractor survey declared that they provided this service. 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.

Stoma Appliance Customisation (SAC) is the third Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must be subject to patient consent, be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service if contact details are known to the pharmacist. The local NHSE&I team may provide the information, or it may be established by the pharmacist.

5.3.2.4 NHS Flu vaccination service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. This improves choice and access.

All of the 23 pharmacies in Middlesbrough responding to the pharmacy contractor survey reported providing 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 2020-21, Middlesbrough pharmacies delivered a total of 5290 flu vaccinations; this number rose significantly to 10016 in 2021-22 (not a full year). This rise may be in part due to access issues or behaviour change as a result of the Covid-19 pandemic but highlights the importance of community pharmacy in this important area of public health provision.

5.3.2.5 Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trailed in the 5-year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate

In December 2021, 5 Pharmacies in Middlesbrough are signed up to provide this service

5.3.2.6 Hypertension Case Finding Service

The 5 year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case finding for undiagnosed cardiovascular disease.

In 2020, NHSE&I commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24 hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service, in the Year 3 negotiations. The service was scheduled to commence in October 2021, but at the time of writing, work was still underway to finalise additional information, guidance and support materials.

5.3.2.7 Covid-19 Lateral flow distribution service

At the end of March 2021, a new Advanced Service – the NHS community pharmacy COVID-19 lateral flow device distribution service (or ‘Pharmacy Collect’ as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework.

This service, which pharmacy contractors can choose to provide, as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission. 26 of the 29 community pharmacies provided this service.

The service is part of the Government’s offer of lateral flow testing to all people in England and it works alongside NHS Test and Trace’s other COVID-19 testing routes.

In March 2022, this service was being withdrawn and it is not clear at this stage whether it will be re-introduced should further waves of the pandemic occur. It is included in the PNA on the basis that it remains a possibility.

5.3.2.8 Pandemic Delivery Service

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service.

At the time of launching the pandemic delivery service (early April 2020), Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of the coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy.

The service was originally commissioned across England to support clinically extremely vulnerable (CEV) patients until 31st July 2020, with some specified local outbreak areas still being covered by the service until 5th October 2020.

During the second national lockdown across England, new advice was issued to people who were clinically extremely vulnerable from COVID-19 and the service was restarted on 5th November 2020 and it ran until 3rd December 2020. The service for CEV patients continued in announced Tier 4 areas before then recommencing across the whole of England following commencement of a new national lockdown in England from 5th January 2021. Provision of the service to CEV patients ended at 23:59 on 31st March 2021, when shielding for that group of patients was paused.

From 16th March 2021 to 23:59 on 31st March 2022, people who have been notified of the need to self-isolate by NHS Test and Trace are able to access support for the delivery of their prescriptions from contractors. Whilst it is possible that this service may not be commissioned during the lifetime of this PNA, it is included for completeness and possible extension.

5.3.2.9 Smoking Cessation Advanced Service

The 5 year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included the proposal that stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy should be piloted. The pilot was successful, and NHSE&I proposed the commissioning of a new Stop Smoking service, as an Advanced service.

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

Work is still underway to finalise the service specification and other details and is due to commence in January 2022. This may be delayed by other priorities such as the Covid-19 vaccination programme.

5.3.3 NHS Enhanced Services

NHSE&I currently commissions two enhanced services from community pharmacy contractors in Middlesbrough - extended opening hours for Bank holidays and a Community Pharmacy Coronavirus Vaccination Service. The latter falls under NHS England's responsibility for emergency planning.

5.3.3.1 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 Valley 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.

5.3.3.2 Community Pharmacy Coronavirus Vaccination Service

In December 2021, NHSE&I is commissioning phase 3 of the coronavirus vaccination service from interested community pharmacy providers. This follows on from the significant contributions made by the sector in earlier phases (in the 6 month period July to December 2021, community pharmacies had delivered 33.2% of all coronavirus vaccinations in Tees). The purpose of the service is to widen availability of the coronavirus vaccines to increase uptake. Middlesbrough has 13 community pharmacies delivering this service.

It is unclear at this stage whether this service will be extended, and what form that extension might take.

5.3.4 Locally commissioned services – public health (local authority) and CCGs

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

Middlesbrough Council now commissions several locally contracted services and Tees Valley CCG commissions two services

Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services having been provided for over 20 years. Stop Smoking enhanced services have also been provided for a considerable period of time.

Figure 20: Locally commissioned services

Service	Commissioner
Supervised Self-Administration	Middlesbrough Council
Needle Exchange	
Stop Smoking (full One Stop)	
Stop Smoking (dispensing only)	
EHC supply (PGD)	Middlesbrough Council via the contract with Sexual Health Tees
Chlamydia testing	
C-card service	
Community Pharmacy Specialist Palliative Care Medicines	Tees Valley CCG
Antiviral medication stockists	Tees Valley CCG

Figure 21 shows an overview of the number of pharmacies contracted to provide each of these locally commissioned services, by locality in Middlesbrough, at December 2021.

Figure 21: Pharmacies contracted to provide each of these locally commissioned services

Area Dec 2021	Total Number of pharmacies	Needle Exchange	Stop Smoking	Supervised self- Administration	Specialist drugs	EHC	Chlamydia screening	C- card
M1: Middlesbrough Central	20 (2 x 100hr)	5 (0)	14 (1)	21 (2)	1 (0)	13 (1)	10 (2)	12 (2)
M2: Middlesbrough South	9 (3 x 100hr)	2 (1)	7 (0)	5 (1)	2 (1)	3 (2)	4 (1)	4 (1)
HWB area	29	7	21	26	3	16	14	16

New pharmacies are required to demonstrate acceptable contractual standards and provide all essential services before they are eligible to provide both the advanced and NHSE&I 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.

Figure 18, and interpretation of service need, should be viewed in context of all of the above.

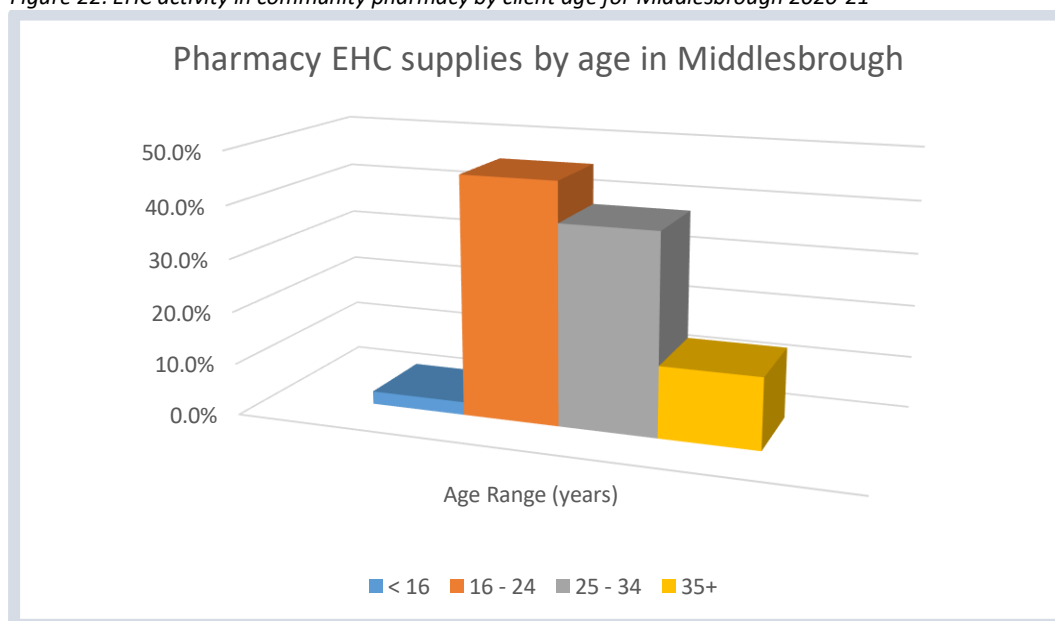
5.3.4.1 Emergency Hormonal Contraception (EHC)

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 16 of the 29 pharmacies in Middlesbrough are currently accredited and contracted to provide the services in 2020-21. Community pharmacies in Middlesbrough delivered 934 consultations in total. Activity has decreased in recent years due to the additional online supply route offered by HCRG Group

Figure 22 shows the distribution by age of the pharmacy EHC activity in 2020-21, which is highest in the 16-24 (target) age group at just over 45%:

Figure 22: EHC activity in community pharmacy by client age for Middlesbrough 2020-21



There is 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 sexual health contract commissioners have maintained a Service Outcome Related Payment (SORP) which has been extended to the end of March 2023. The scheme 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

5.3.4.2 Stop smoking service

21 of the 29 pharmacies in Middlesbrough are currently commissioned. 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. Pharmacies are able to offer Nicotine Replacement Therapy (NRT) and varenicline via PGD as pharmacological support, although long term supply issues with the latter have limited provision significantly across all provider types.

In 2020-21 the number of smokers setting a quit date in Middlesbrough across all providers was 600, of which 89 were through community pharmacies – a market share of 15%. In 2016-17, 1196 smokers set a quit date, so this represents a significant drop in activity across all providers which will be at least partly explained by changes of priorities for both smokers and providers during the Covid19 pandemic. The majority of the 21 providers (16)

saw no activity in this financial year. Quit rate in pharmacy providers was 55%, which was lower than that achieved by other providers at 67%

5.3.4.3 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.

26 pharmacies are currently accredited and contracted to provide this service for 2020-21, two more pharmacies than were commissioned at the time of the last PNA in 2018 This shows the willingness of the existing pharmacies to respond to patient need and capacity within Middlesbrough to deliver the level of service required.

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 locality's activity. It is not the 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 5 pharmacies providing choice to those who require this service in that locality, with most clients attending the pharmacy close to the treatment provider.

5.3.4.4 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 South Tees.

In 2020-21, 3835 needle exchange transactions took place in a community pharmacy setting in Middlesbrough via the 7 community pharmacy needle exchange providers that were operating at this time. There is provision across both localities with the greatest levels of activity in at the pharmacies closest to Fulcrum Medical Practice (a specialist provider of substance misuse services in M1).

5.3.4.5 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 Valley area by Sexual Health Teesside on behalf of the four Tees Borough Councils. Sexual Health Teesside 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 National Chlamydia Screening Programme (NCSP) 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. Currently, 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 2020 all local authorities in Teesside were below the recommended target and below the North East average of 1862 per 100K and the national average of 1,408 per 100,000.

In June 2021 the NCSP changed to focus on reducing the harms from untreated chlamydia infection where the burden of disease falls on women. This change is about protecting the reproductive health of women. Community pharmacies are ideally placed to support the uptake in higher risk patients.

5.3.4.6 C-Card (Condom Card)

16 pharmacies are currently delivering 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.

5.3.4.7 Tees Valley CCG Community Pharmacy Specialist Palliative Care Medicines Stockists (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 (EOL) 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.

Improvement or better access to the availability of those medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. As of March 2022, 3 pharmacies provide the service in Middlesbrough, with at least one provider also open extended opening hours on evenings and weekends providing reasonable access at most times.

5.3.4.8 Antiviral medication stockists

Previously commissioned by NHS England, Tees Valley CCG now directly commissions a small number of pharmacies to maintain a stock of oseltamivir for distribution in the event of a flu pandemic. There is 1 pharmacy in Middlesbrough (Boots Cleveland Centre) which holds this emergency stock, and across the full CCG footprint there are 6 pharmacies in total.

5.3.5 Non-NHS services

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organisations. 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**⁵.

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 'marketplace' 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.

5.3.6 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:

- People 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 3.1, 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).

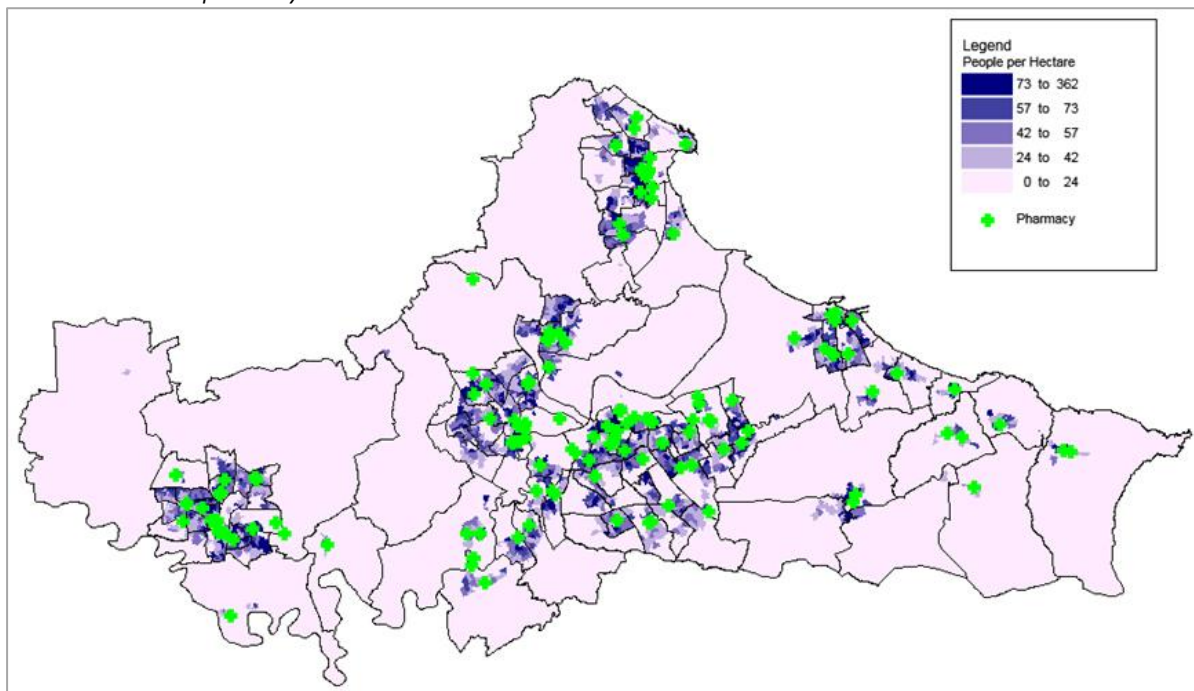
The location of Middlesbrough in relation to these neighbouring HWB areas suggests that there may be opportunity for patients to travel either to or from neighbouring boroughs within the Tees Valley area, or more widely into other HWB areas, in order to access pharmaceutical services. However, the proximity 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 23 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:

⁵ Or services counted as NHS services for the purposes of the PNA

- 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 [Teessville]) 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 23: 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 figure 23. The table shows that based on prescription data for the year from April to June 2017, the proportion dispensed within the Middlesbrough HWB area was 90.4%, Four years later in 2020/21, 12.2% of Middlesbrough prescriptions were dispensed outside the HWB, some of which will have been dispensed in neighbouring HWB areas.

Figure 24: Cross-boundary dispensing for HWB areas of Tees Valley CCG. (Source: ePACT)

Prescriber area	April 16 – March 17		April 20 – March 21	
	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)
Middlesbrough	90.4	9.6	87.8	12.2
Redcar and Cleveland	94.3	5.7	91.9	8.1

Whilst the out of HWB area dispensing has increased 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 distance selling 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.

5.4 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 organisation 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.

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
- 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 services are provided in a mixed-provider model alongside other providers e.g. needle exchange, EHC, cardiovascular disease (CVD) screening, Stop smoking. These are necessary services, counted as a pharmaceutical service in the PNA but could be provided 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.

5.5 Results of the pharmacy questionnaire related to existing provision

23 of the pharmacies have reported to the survey in Middlesbrough Local Authority. One pharmacy provided two responses, however these have both been included due to varying responses.

In response to the **Q. 'Entitled to pharmacy access scheme payments?'**

Out of 23 pharmacies, 14 (61%) have not been entitled to access scheme payments and 9 (39%) have access to pharmacy access scheme payments.

In response to the **Q. 'Is this a distance selling pharmacy?'**

Every pharmacy has responded 'No' to being a distance selling pharmacies.

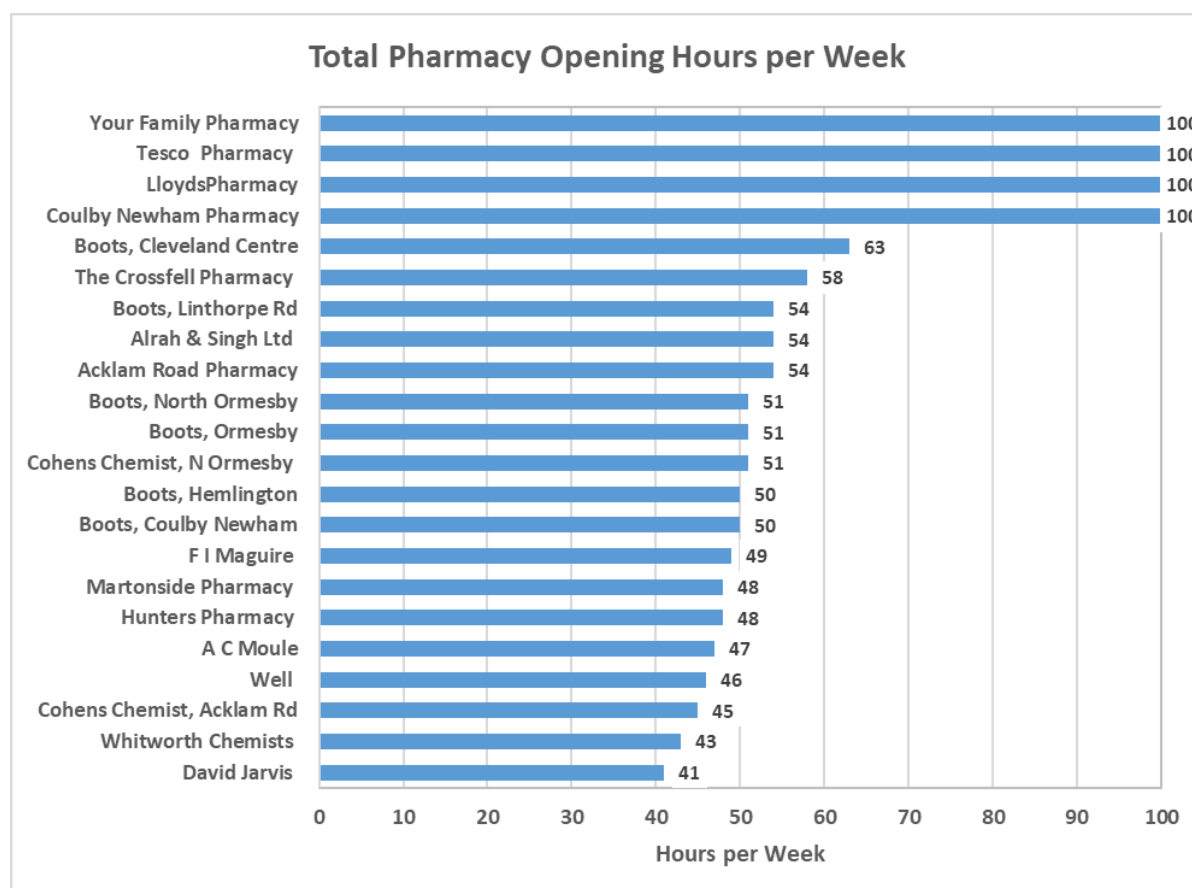
In response to the **Q. 'Does the pharmacy has a website address?'**

Out of 23 pharmacies, 12 (52%) stated that they do not have a website address.

In response to the **Q. 'Total pharmacy opening hours per week?'**

Out of 22 pharmacies (excluding duplicated pharmacy) - 4 pharmacies are open 100 hours per week, 10 pharmacies open for 50 or more hours and the remaining 8 pharmacies open between 40 and 50 hours per week. Figure 25 shows total number of opening hours by pharmacy.

Figure 25: Total number of opening hours per week per pharmacy



In response to the Q. 'Are you willing to undertake off-site consultations?'

A total of 17 (74%) pharmacies have responded that they are not willing to undertake off-site consultations, 5 (22%) have responded that are willing 'in a patients home' and 6 (26%) are willing at 'another suitable site'.

In response to the Q. 'Does the pharmacy dispense appliances (Essential services)?'

17 (74%) of the pharmacies dispense 'all types of appliances', 2 (9%) dispense 'all types excluding stoma appliances', 1 (4%) dispenses 'all types excluding stoma and incontinence appliances', 1 (4%) dispenses 'just dressings' and 2 (9%) do not dispense.

Figure 26 outlines the **Advanced services** that local pharmacies provide.

Figure 26: Advance services provided

Service Name	Yes	No	Soon
New medicine service	96%	4%	0%
Appliance use review	18%	78%	4%
Emergency supply of medicines	96%	4%	0%
Influenza vaccination service	100%	0%	0%
COVID vaccination service	30%	65%	5%
Lateral flow testing provision	96%	4%	0%
Community pharmacy consultation service	96%	0%	4%

Figure 27 outlines the **locally commissioned services** that local pharmacies provide.

Figure 27: Locally Commissioned Services Provided

Key: CP - Currently providing this
 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

Service Name	CP	WA	??	X
Emergency hormonal contraception	87%	0%	4%	9%
Contraception services	22%	39%	22%	17%
C-Card registration/supply	52%	30%	9%	9%
Chlamydia (test only)	61%	22%	9%	9%
Chlamydia (test and treat)	0%	52%	13%	35%
Availability of specialist drugs	13%	35%	22%	30%
Supervised self-administration methadone & buprenorphine	78%	4%	4%	13%
Needle and syringe exchange	26%	17%	13%	43%
Level – 2 smoking cessation	30%	39%	9%	22%
Stop smoking service – NRT eVoucher service	35%	35%	9%	21%

Figure 28 outlines the **other services** that local pharmacies provide.

Figure 28: Other services provided

Service Name	CP	WA	??	X
Care home service	22%	17%	17%	43%
Out of hours call-out services	0%	22%	17%	61%
Anti-viral distribution	4%	35%	22%	39%
Gluten free food supply	13%	30%	22%	35%
Anticoagulant monitoring	9%	39%	26%	26%
Vascular risk assessment service	0%	48%	22%	30%
Independent prescribing	4%	26%	26%	43%
Directly observed therapy e.g., drugs for TB or HIV	4%	30%	22%	43%

Figure 29 outlines the **screening services** that local pharmacies provide.

Figure 29: Screening services provided

Service Name	CP	WA	??	X
Alcohol brief interventions	0%	43%	22%	35%
HIV	0%	39%	26%	35%
Gonorrhea	0%	39%	26%	35%
Hepatitis B screening	4%	39%	22%	35%
Cholesterol	0%	48%	17%	35%
Diabetes	0%	52%	17%	30%

Figure 30 outlines the non-seasonal flu vaccines that local pharmacies provide.

Figure 30: Vaccines (not seasonal flu) provided

Service Name	CP	WA	??	X
Childhood vaccinations	0%	48%	26%	26%
HPV vaccinations	0%	52%	17%	30%
Travel vaccines	0%	43%	26%	30%
Hepatitis B vaccination	0%	52%	22%	26%

Figure 31 outlines the private services that local pharmacies provide.

Figure 31: Private services provided

Private Services - Screening/Tests	Total
Emergency Supply Service	17
Medication Review Service	6
Chlamydia (test only)	4
Hepatitis B	3
Minor Ailment Scheme	2
Diabetes	1
Medicines Assessment and Compliance Service	1
Medicines Optimisation Service	1
Private Services - Vaccinations	Total
Pneumococcal pneumonia	4
Varicella	4
Meningococcal	3
Flu Vaccination	3
HPV	3
Hepatitis B	3
Travel vaccine(s)	3
Childhood vaccine(s)	2
Private Services - Other	Total
Medicines delivery (see later)	15
Medicines sales for self care	12
EHC	12
Blood pressure	5
Needles/syringes supply	2
Smoking cessation	2
Varenicline private PGD	1
Gluten free food supply	1
Needles/syringes supply	1
Adherence support (long term conditions)	1
Independent prescribing	1
Weight management	1
Weight management	1
Schools service	1
Care home service	1
Independent prescribing	1
Other: malaria services	1

Figure 32 outlines the response to Q. 'Does the pharmacy provide collection & delivery services?'

Figure 32: Collection & delivery services provided

Service Name	YES	NO
Collection of prescriptions from surgeries	65%	35%
Delivery of dispensed medicines – free of charge on request	70%	30%
Delivery of dispensed medicines – chargeable	45%	55%
MDS – free of charge on request	61%	39%
MDS - chargeable	9%	91%

In response to the Q. 'What languages other than English are spoken in the pharmacy?'

Only 12 of the pharmacies have responded. Out of the 12, 4 pharmacies have mentioned 'Nothing' and the remaining 8 of them responded that customers speak different languages: Arabic, Kurdish, Persian, Urdu, Polish, German, Punjabi, Cantonese and Mandarin.

Continuation to that **Q. 'What languages other than English are spoken by the community where the pharmacy serves?'**

Only 10 of the pharmacies have responded. Out of these 3 of them stated 'Nothing' and the remaining stated that people speak: Arabic, Persian, Romanian, Chinese, Polish and Urdu, Lithuanian and Romanian.

In response to the **Q. 'Whether they use any translation services?'**

Out of the 23 pharmacies responded, 11 (48%) of them answered 'No – not needed', 9 (39%) of them answered 'No – they don't know how' and the remaining 3 (13%) have answered 'No – not timely'.

5.6 Results of the public questionnaire related to existing provision

There were 29 respondents to the Middlesbrough survey. Those living in TS5 – Acklam/Linthorpe (54%) and TS8 – Coulby Newham/Marton (18%) were the highest responders. Out of all the respondents reported 71% were female and the remaining 29% were male.

The overall number of respondents is low compared to that achieved using the same engagement plan over the same time period for neighbouring Redcar and Cleveland where over 160 responses were collected.

A high proportion of Middlesbrough respondents (93%) indicated that they usually use a pharmacy in the area in which they live. 72% 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 86% 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?"**

More than half of the people (55%) used their own cars to get to a pharmacy in. Around 41% of people walked where as those using public transport - either bus or train accounted for only 4%.

In response to the question **"Who do you usually go to the pharmacy for?"**

41% people go to the pharmacy for themselves, 4% people go for someone else whereas 55% people visit the pharmacy for both.

In response to the question **"If you had a minor injury where would you go?"**

A total of 11 (38%) would go to a pharmacy and 7 (24%) would use 111. 4 (14%) respondents would use a walk in centre and 3 (10%) would use a GP.

The next sub-part of the question **"If you received advice from a pharmacy about a minor health problem, if you are not able to pay for/afford your medicine, what would you do?"**

The majority of the people (10 - 35%) would go to the GP, around 28% of the people would just leave it without the treatment.

In response to the question **"How often do you use a local pharmacy?"**

The most frequent response was monthly with 17 (59%), followed by quarterly with 5 (17%) and fortnightly with 3 (10%).

In response to the question **"Is it easy for you to use a pharmacy if, or when, you need to?"**

22 (76%) reported that it was usually easy for them to visit a pharmacy when they needed to. 7% of the people reported that it was difficult for them to visit because of their disability, 3% of the people reported difficult because of their caring responsibilities and around 7% finds it difficult because of where they work.

In response to the questions **“Do you have your prescription medicine delivered by a pharmacy?”** & **“Please select the main reason why you get them delivered?”**

16 (55%) of the respondents would ‘never’ have their prescription medicine delivered by a pharmacy whereas 4 (14%) have responded that they would ‘always’ have their prescription medicine delivered and 3 (10%) have responded that they would ‘sometimes’ get them delivered. Reasons for using this service included disability/mobility issues, convenience and difficulty access pharmacy.

In response to the question **“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?”**

Of those who responded, 21% stated that they would be able to manage without it, 14% have responded ‘other’ as a reason, and around 10% each have responded that ‘they would expect to receive information on an alternative service’ or ‘they would be able to manage without it’. The remaining 15% have responded either ‘they know other people who would not be able to manage without it’ or ‘they would be prepared to pay for it if it is affordable’.

In response to the question **“Do you usually pay for your prescription?”**

15 (52%) of the Middlesbrough respondents ‘do not usually pay for their prescriptions’ whereas the other (14) 48% would ‘usually pay for their prescriptions’.

In response to the question **“Are your prescriptions sent electronically from your GP to your nominated pharmacy of choice for dispensing?”**

93% of the respondents would get their ‘prescriptions sent electronically from their GP to their nominated pharmacy of choice for dispensing’ whereas the remaining 7% would not.

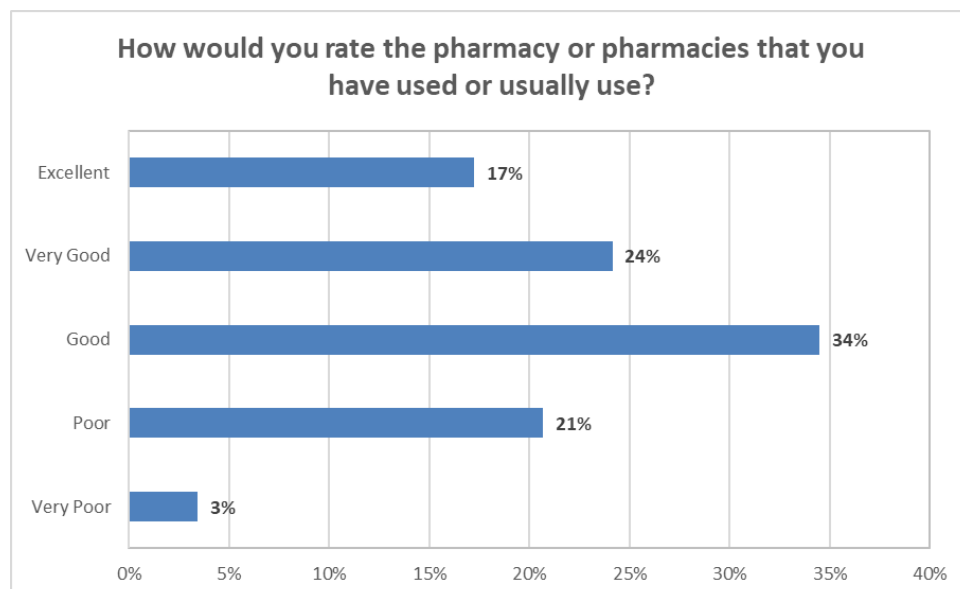
In response to the question **“Do you use an online prescription ordering service for NHS prescriptions?”**

22 (79%) of the respondents have answered ‘Yes’ for this whereas 6 (21%) have answered ‘No’

In response to the question **“How would you rate the pharmacy or pharmacies that you have used or usually use?”** are outlined in figure 33.

41% of the respondents have rated the pharmacies that they usually use either ‘excellent’ or ‘very good’, 35% of the people have rated ‘good’ and the remaining 24% comprises of ‘poor’ and ‘very poor’.

Figure 33: Questionnaire response to “How would you rate the pharmacy or pharmacies that you have used or usually use?”



In response to the question **‘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 55% of the Middlesbrough respondents indicated that ‘they were happy with current opening times’, 10% respondents indicated that ‘pharmacies were not open long enough on weekends’ and remaining options including – ‘they usually find them open when they need to’ and ‘Not open long enough on a weekday’ comprises the remaining 35%.

In response to the question **“Have you ever used the extended hours GP access service in Middlesbrough?”** 19 (66%) of respondents stated that that had used this service, 6 (21%) stated they had not used this service and a further 4 (14%) were not aware this was an option.

Another question asked **“Why do you choose the pharmacy or pharmacies that you normally use?”** Respondents were able to choose more than one response. ‘Near to where you live’ was the most frequent response with 30%, followed by ‘Inside or close to the GP practice’ with 12%. All responses are shown in the table below.

Figure 34: Why do you chose your pharmacy?

Why do you chose the pharmacy/pharmacies that you normally use?	%
Near to where you live	30%
Inside or close to the GP practice	12%
Close to where I shop	8%
Easy to walk to it or reach it on public transport	8%
Good customer care/friendly staff	7%
Medicine delivery service	5%
Convenient opening times to use on an evening or weekend	5%
Trusted advice	5%
Prescription collection service	5%
Clean and pleasant environment	4%
Range of services	3%
Other	3%
Near to where you work	1%
Always used it	1%

In response to the questions **referring to pharmacies offering advice on healthy lifestyles** 21 (72%) of respondents knew that pharmacies could offer free advice on healthy lifestyles, 6 (21%) stated that their pharmacy had ever offered advice on healthy lifestyles and 4 (14%) had taken up the offer of free advice.

In response to the questions regarding **confidentiality and consent** 20 (71%) of respondents feel happy about patient confidentiality and consent. 20 (71%) of respondents knew they could ask at any time to use the private consulting rooms available. 19 (68%) felt comfortable getting advice about health problems and 25 (89%) felt staff were polite and helpful when visiting.

Figure 35 below summaries the response to the question **“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.”**

Figure 35: Aware of free services provided by pharmacy?

Service	Does not apply to me	I know other people who would	I would like to use this service	I would not go to a pharmacy for this
Multiple prescriptions sent to pharmacy of repeat medicines for regular collection	32%	11%	43%	14%
Disposal of unwanted medicines	29%	4%	64%	4%
Advice on common simple illness and medicines to buy	0%	0%	89%	11%
Advice on new medicines on a prescription	4%	4%	79%	14%
Stop Smoking Service	93%	7%	0%	0%
Emergency Hormonal contraception	83%	7%	10%	0%
Condom supply service	79%	4%	4%	14%
Sexual Health Infection Screening	74%	11%	4%	11%
Return of used needles and receipt of clean needles	97%	0%	3%	0%
NHS flu vaccination	17%	10%	45%	28%
Sending of prescriptions via computer from the GP to your pharmacy	11%	0%	89%	0%
Urgent medicines provided following NHS 111 referral	10%	0%	86%	3%
NHS Covid Vaccination Service	14%	7%	69%	10%
Advice from pharmacist following referral from NHS 111 or GP	7%	0%	93%	0%
Collection of lateral flow test kits	7%	0%	89%	4%

Figure 36 below summaries the response to the question “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?”

Figure 36: Useful services that could be provided?

Services	%
Free Healthy Heart Checks	25%
NHS screening services	18%
Advice and support for selfcare	12%
Specific help with medicines for people with a long-term illness	11%
Anticoagulant monitoring service	10%
Short 'one to one' weight management programme	10%
Gluten free food supply service	7%
Advice and support in a language other than English	5%
Other	3%

Figure 37 below summaries the response to the question “How do you think the service your pharmacy provides, could be improved?”

Figure 37: Possible improvements?

Improvements	%
More staffing	20%
Communication	18%
Better waiting times	16%
Increase opening times	16%
Medication availability	8%
NHS paid for delivery service	8%
Product availability	6%
Other	6%

5.7 Results of the stakeholder questionnaire related to existing provision

Six 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.

Six responded to the question: **Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?** Four of these (67%) responded positively and two advised not involved.

Six 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 (100%), around 70% respondents had most frequent contact with Pharmaceutical advisory services to support commissioners, e.g. in NHS England, for CCG's, local authority and the same amount of respondents had contact with General practice-based prescribing support.

66% of those who answered felt that current provision of pharmacy (premises) in Middlesbrough is 'about right / more than enough'; 17% indicated that they did not know and 17% 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 four respondents indicated that 'they didn't know enough to say' and the other two answered 'No'.

In response to the question **'Overall, the range of opening times available from pharmacies in Middlesbrough area meets the general needs of the population':**

50% of the respondents responded that they 'don't know', 33% have responded either 'very well or quite well' and the remaining 17% answered 'not very well'.

In response to the question **'Do you think that the existing pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population? Since January 2021, all pharmacies must now be accredited as 'Healthy Living Pharmacies (HLP)', tick the box that applies to you/your service':**

100% of the respondents felt that existing pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population and only 50% of those felt were aware of the 'HLP (Healthy Living Pharmacies)'.

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 mostly all** of the services like CPCS (Community Pharmacist Consultation Service), NMS (New Medicines Service), DMS (Discharge Medicines Service), Appliance use review consultation, Vaccination services, Hypertension services, Discharge Stop Smoking Service and the C-19 Lateral Flow device distribution service but only a minute percentage of them answered either 'there is a need for this service' or 'they didn't know pharmacies offered those services'.

In response to the question **'Do you feel the local extended GP services opening hour's match the rota times/extended opening hours of local community pharmacies?'**

50% of the respondents have answered 'YES' whereas 33% have answered 'NO' and the remaining have just left it blank.

100% of the 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 almost 83% of them were aware 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 accesses'. 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 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 (67%), an electronic 'Refer to pharmacy' service from telephone triage in general practice (67%), Domiciliary service (50%), Medicines assessment and compliance support service (50%), 'Home delivery service' and 'Out of hours service' comprises 33% each.

Qualitative comments: about whether they feel the local extended GP services opening hours match the rota times/extended opening hours of local community pharmacies?

“The pharmacies have closed. The GP out of hour’s service stock the drugs themselves as per specification and prescribe and dispense. However over Christmas and bank holidays, pharmacies are needed for patients to get medication and not enough are open”

“Not in relation to GP surgeries, but often issues arise when hospital is required to provide urgent medications on weekends and bank holidays due to unavailability of community pharmacies”

5.8 Consultation Findings

Notification of commencement of the consultation period for the Middlesbrough draft PNA was sent on 16th May with a closing date of 17th July to ensure that all statutory consultees had at least 60 days to be able to respond. The consultation questions were developed from the Department of Health and Social Care guidance.

1. Has the purpose of the pharmaceutical needs assessment been explained?
2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
4. Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?
5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?
6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
9. Do you agree with the conclusions of the pharmaceutical needs assessment?

The main issue raised was the potential for extended GP opening hours starting in October 2022 to impact pharmaceutical needs. The details of these extended opening hours have not yet been published. The HWB has produced the PNA with currently available information, but will keep abreast of the change in GP opening hours and their impact on pharmaceutical needs.

NHS E&I highlighted the application for a new pharmacy to be located within the new Borough Road and Nunthorpe Medical Group development on Stokesley Road, Middlesbrough. The full consultation report is available in Appendix 5 (section 12.5).

6.0 LOCAL HEALTH & WELLBEING STRATEGY & FUTURE DEVELOPMENTS

6.1 Public Health South Tees Strategy

Public Health South Tees is adopting a place-based approach⁶ for improving public health and reducing health inequalities across both Redcar and Cleveland and Middlesbrough. The place-based approach recognises that the causes of ill-health occur across the life-course and are complex, interactive and simultaneous in their combined actions. Focusing on the place where people live, work, study and play, rather than on individual diseases, problems, and ill-health, will have a more significant impact on helping people live well across South Tees.

The place-based approach consists of interventions at three levels:

- **Civic Level.** Working across the policy environment to create and promote healthy public policy;
- **Service Level.** Ensuring that health services are evidence-based, effective, efficient and accessible;
- **Community Level.** Empowering communities and building on their contributions to impact population health.

Community pharmacy is well placed to provide all three levels of interventions across the life-course. Pharmacies play a significant health and economic role within the community. They are a critical provider of health services commissioned by the local authority, GPs and the wider NHS. In addition, pharmacies can play a significant role in promoting healthy lifestyles and providing proactive health advice.

Public Health South Tees has taken the place-based approach and developed the 5:4:3 programme framework to robustly build its strategy to effectively promote health and tackle health inequalities across both local authorities. The framework outlines five programmes, four business imperative and the three levels of intervention already discussed (figure 38).

Figure 38: Public Health South Tees 5:4:3 Programme Framework

5 Programmes	4 Business Imperatives	3 Levels of Intervention
<ul style="list-style-type: none"> ▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience 	<ul style="list-style-type: none"> ▪ Improved financial efficiencies ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key Partners ▪ Address health inequalities with a determined focus on the best start in life 	<ul style="list-style-type: none"> ▪ Civic-level – healthy public policy ▪ Service-level – evidence-based, effective, efficient and accessible services ▪ Community-level – family of community centred approaches & place-based working for population-level impact

The PNA will cut across all five programmes and help deliver the four business imperatives, particularly the use of intelligence to build relationships and address health inequalities. Findings from the PNA will help Public Health South Tees better understand the provision of community pharmacy. This will enable both local authorities to continue to facilitate local pharmacies' contribution to public health.

⁶ [Place-based approaches for reducing health inequalities](#)

6.2 Future developments of relevance

This PNA has considered additional needs for pharmaceutical services that may occur during the three-year lifetime of the document (October 2022 – September 2025) due to future developments, specifically:

- housing developments;
- regeneration projects;
- highways projects that will affect how services are accessed;
- creation of new retail and leisure facilities that will draw people to an area;
- changes in the provision of primary medical services, for example, the relocation of GP practices; mergers of GP practices, known closures of GP practices;
- other changes to the demand for services, e.g. increases in the range of services within primary care that increase the number of prescriptions that need to be dispensed, care or nursing home developments.

The remainder of section 6 has been written following close liaison with Middlesbrough Council's planning department.

6.2.1 Housing developments and changes in social traffic

Middlesbrough Housing Local Plan 2014⁷ sets out a plan of housing provision to 2029. The population of Middlesbrough is stable, and it is estimated that a building rate of 410 dwellings per annum up to 2029. The 2019-2024 phase makes provision for 2150 dwellings. All of these sites have been considered, but many have relatively small numbers in any one location which would have little impact on the PNA. The more substantial sites to have regard to for the PNA are:

- Greater Middlehaven:
 - Middlehaven (200 dwellings 2019-24, 200 dwellings 2024-29)
 - Close to pharmacies in Middlesbrough town centre
- North Middlesbrough:
 - Grove Hill (250 dwellings 2019-24, 250 dwellings 2024-2029)
 - Gresham (125 dwellings 2019-24, 50 dwellings 2024-2029)
 - Acklam Green (125 dwellings 2019-24, 100 dwellings 2024-2029)
 - Close to pharmacies already at Eastbourne Road, Linthorpe Road and Acklam Road
- East Middlesbrough:
 - Prissick (100 dwellings 2019-24)
 - Close to existing pharmacies at Martonside and Marton
- West Middlesbrough:
 - Brookfield (373 dwellings 2019-24, 375 dwellings 2024-29)
 - Ladgate Lane (175 dwellings 2019-24, 35 dwellings 2024-29)
 - Close to pharmacies in Brookfield
- South Middlesbrough:
 - Stainton (175 dwellings 2019-24, 45 dwellings 2024-29)
 - Hemlington Grange (250 dwellings 2019-24, 250 dwellings 2024-29)
 - Close to pharmacies in Hemlington, Coulby Newham, as well as options across LA boundary into Stockton upon Tees
 - Coulby Newham (250 dwellings 2019-24, 250 dwellings 2024-29)
 - Nunthorpe (130 dwellings 2019-24, 290 dwellings 2024-29)
 - Close to pharmacies in Marton, Nunthorpe and Coulby Newham

A summary of the projected housing figures for 2022-25 (the lifespan of this PNA) are:

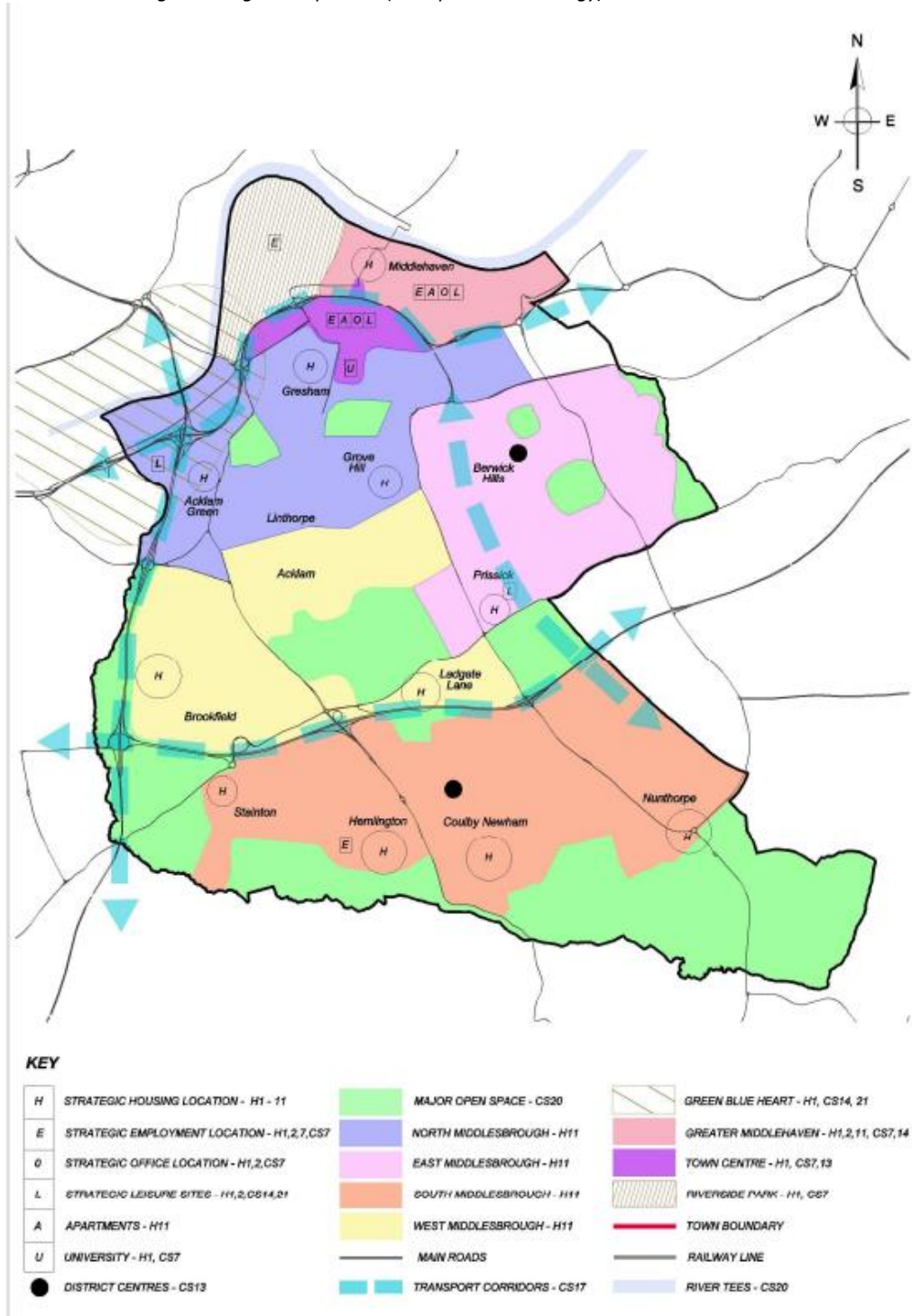
- South – 469 new dwellings
- East – 367 new dwellings
- North – 982 new dwellings

⁷ [Middlesbrough Housing Local Plan 2014](#)

- West – 276 new dwellings

The above development and areas for the projected housing figures are summarised in the map below (figure 39).

Figure 39: Middlesbrough housing developments (local plan core strategy)



The PNA should also have regard for the potential for housing stock losses. The Middlesbrough Housing Local Plan 2014 has not outlined any major planned residential clearances 2022 -2025. Clearances outlined in this plan will have occurred before 2019.

The Middlesbrough Council Gypsy and Traveller Accommodation Assessment 2021⁸ provides the basis of Middlesbrough evidenced need for pitches for this population. For 2019-2037, there is a requirement for four additional pitches for Gypsy and Traveller households that meet the planning definition. In addition there is a requirement for nine pitches for Gypsy and Traveller households that do not meet the planning definition. There is also the need for one additional pitch for travelling showpeople 2020-2024. There is currently one public site at Metz Bridge Court, Riverside Park Road with 21 pitches, and one travelling showpeople yard at Fairfields, North Ormesby. It is anticipated that existing pharmaceutical services will accommodate specific pharmaceutical needs associated with this population.

The PNA Steering Group has considered the impact of the regeneration of the South Tees Development Corporation (STDC) area⁹ on pharmaceutical needs, particularly the future potential pharmaceutical needs of the projected 20,000 net new workers. However, given the completion date of the STDC area is 2042, it is judged that this future pharmaceutical need will not fall within the 2022 – 2025 PNA period. Future PNAs must continue to link closely with local authority planning departments and, if necessary, the STDC to consider the impact of this regeneration on local pharmaceutical needs.

Reviewing the developments currently known, the number of households per year likely to reach completion in any of these locations is not considered to create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

However, there is always uncertainty in the housing market which means that planned developments may not come to completion. Public Health South Tees will produce a new PNA if significant unexpected changes to development or demographics occur before 2025.

6.2.2 Health care and GP practice estate

Following consultation with Tees Valley Clinical Commissioning Group (CCG) there are no known changes to health care and GP practice estate, nor any intentions to increased commissioning nursing beds.

⁸ [Middlesbrough Council Gypsy and Traveller Accommodation Assessment 2021](#)

⁹ [South-Tees-Master-Plan-Nov-19.2.pdf \(southteesdc.com\)](#)

7.0 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.

7.1 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 8 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 health and wellbeing board's area 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?*

It should also be borne in mind that as of 30 June 2021 each resident had the choice of using any of the 379 distance selling premises in England, all of which are required to provide all of the essential services remotely to anyone anywhere in England who may request them.

7.2 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 instalment 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 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 needs 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.

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 behaviour) 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 more recently via online supply) and opportunities to close an EHC consultation with the offer of a Chlamydia screening test and registration for the C-card scheme should be maximised. 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. 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. 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.

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. The Community Pharmacy Consultation Scheme (CPCS) is showing its potential to improve this and further benefits will follow as the scheme expands to include referrals from GP practices

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.

7.3 Pharmaceutical needs particular to the two localities

7.3.1 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. NHSE&I 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.

7.3.2 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.

8.0 STATEMENT OF NEED FOR PHARMACEUTICAL SERVICES IN MIDDLESBROUGH

8.1 Statement of Need

Having regard to all of the issues presented throughout and the matters in PART 2 Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the South Tees HWB has identified no additional pharmaceutical needs for necessary services 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 either locality.

8.1.1 Statement of Need: NHS Essential Services

The South Tees HWB considers that NHS Essential Services are **necessary** to meet the pharmaceutical needs of the population. Having regard to all the relevant factors (described in section 8.1), the South Tees HWB considers that:

- The general locations and opening hours in which current pharmaceutical services are provided are sufficient. This includes 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 Middlesbrough Council 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).
- The South Tees 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.
- The South Tees HWB has reviewed future developments of relevance as outlined in section 6 and do not consider that they will create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

Taking all relevant factors 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.

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.

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 Council area to meet the pharmaceutical needs of patients.

8.1.2 Statement of Need: NHS Advanced Services

The South Tees HWB considers that current NHS Advanced Services help support people manage their health and provide **improvement or better access** towards meeting the pharmaceutical needs of the population. Advanced services introduced during the COVID-19 pandemic (COVID-19 Lateral Flow Distribution service and

Pandemic Delivery Service), which have now be withdrawn have been considered in the PNA on the basis of possible reintroduction in future waves of the pandemic.

Having regard to all the relevant factors (described in section 8.1), the South Tees HWB has reviewed the distribution of advanced services and concluded that, where data exists, there is currently **no gap** in provision. Some advanced services (e.g. hepatitis C testing service) are more specialist and only required in a handful of community pharmacies based on local need.

8.1.3 Statement of Need: NHS Enhanced Services

8.1.3.1 Bank Holiday Opening Hours

The South Tees HWB considers that the commissioning of extended hours for Bank Holidays by NHSE&I is **necessary** to meet the pharmaceutical needs of the population. Provided that 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. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available at this stage.

8.1.3.2 Community Pharmacy Coronavirus Vaccination Service

This Enhanced Service is only temporarily commissioned with the purpose of widening availability of coronavirus vaccines to increase uptake. It is unclear at this stage whether this service will be extended, and what form that extension might take. Middlesbrough has 13 community pharmacies delivering this service, with 3 more due to start soon.

8.2 Other NHS services taken into account

8.2.1 Other Community Pharmacy Services Currently Commissioned in Middlesbrough

There are a number of other services commissioned (either directly or indirectly) by Public Health South Tees and the Tees Valley Clinical Commissioning Group (CCG) from community pharmacies that, whilst out of the scope of the PNA, make an important contribution to the meeting the population health needs of Middlesbrough. The South Tees HWB has taken these services into account whilst conducting its pharmaceutical needs assessment.

8.2.2 Community Pharmacy Services Commissioned by Public Health South Tees

8.2.2.1 Supervised Self-Administration

This service is provided by 26 pharmacies as part of a wider substance misuse service. Activity is highest in the locality of greatest deprivation (M1), with client preference demonstrated within the area: 3 pharmacies provide over 50% of activity. The South Tees HWB has contract monitoring in place for this service, and no client concerns have been raised to indicate a gap in provision.

8.2.2.2 Needle Exchange

This service is provided by 7 pharmacies, again as part of a wider substance misuse service. Provision is available in both localities, with the greatest level of activity at the pharmacies closest to the GP specialist provider of substance misuse services. The South Tees HWB has contract monitoring in place for this service, and no client concerns have been raised to indicate a gap in provision.

8.2.2.3 Stop Smoking (full One Stop and dispensing only)

21 pharmacies in Middlesbrough are currently commissioned to provide stop smoking services. There has been a noticeable drop in the number of smokers setting a quit date, but this is not unique to community pharmacy. This is thought to be as a result of COVID-19 and a nationwide disruption in the supply of certain stop-smoking medications. Public Health South Tees should continue to evaluate the effectiveness stop smoking services (not just those in community pharmacy) through contract monitoring. There is no evidence to suggest a gap in provision.

8.2.3 Community Pharmacy Services Commissioned by Public Health South Tees (via Sexual Health Tees)

Sexual health services are commissioned by Public Health South Tees and provided by HCRG Care Services. Three services are provided in community pharmacy: EHC supply (provided by 16 pharmacies), chlamydia testing (provided by 14 pharmacies) and C-Card (provided by 16 pharmacies). Sexual health services in Middlesbrough are mainly provided in hub centres (e.g. LiveWell Centre) but community pharmacy plays an important role in providing additional capacity and better access. The South Tees HWB has contract monitoring in place for sexual health services, and no client concerns have been raised to indicate a gap in provision.

8.2.4 Community Pharmacy Services Commissioned by Tees Valley CCG

8.2.3.1 Community Pharmacy Specialist Palliative Care Medicines Stockists

This Tees Valley CCG commissioned service, to ensure patients are able to access specialist palliative care medicines with reasonable promptness, is provided by 3 pharmacies in Middlesbrough (and 17 pharmacies across the Tees Valley CCG area). It is considered that the need for this service in Middlesbrough is met by current provision, and there is no gap whilst it remains commissioned by the CCG.

8.2.3.2 Antiviral Medication Stockists

This Tees Valley CCG commissioned service, to ensure a small number of pharmacies maintain an emergency stock of oseltamivir for distribution in the event of a flu pandemic, is provided by 1 pharmacy in Middlesbrough (and 6 pharmacies across the Tees Valley CCG area). It is considered that the need for this service in Middlesbrough is met by current provision, and there is no gap whilst it remains commissioned by the CCG.

9.0 BROADER CONSIDERATIONS FOR PUBLIC HEALTH SOUTH TEES

9.1 Access and Signposting to Language Access/Translation Services

NHSE&I commissions a language access service (including British Sign Language) offering face-to-face and telephone translation and interpreting services to support primary care patients. However, a patient's need for language support does not end when medical consultation is over and may extend to community pharmacy. Language barriers or poor health literacy contribute to wider health inequalities. The PNA contractor survey found that only 3 of the 34 respondents used a translation service. The South Tees HWB recommends that Public Health South Tees work collaboratively with NHSE&I, the Local Pharmaceutical Committee (LPC), the Tees Valley CCG (and successor integrated organisation) to improve signposting information for the commissioned language access to service to improve support for patients accessing community pharmacy.

9.2 Public Transport

The South Tees HWB recommends that Public Health South Tees continues to work with the wider council, particularly strategic planning, to ensure that access to community pharmacy and other healthcare services continues to be taken into consideration in planning public transport. This can play an important role in reducing health inequalities.

9.3 Community pharmacies as an asset for the place-based approach

The 29 community pharmacies located in both localities of Middlesbrough are perhaps the most widespread, easily accessible healthcare service in the borough. They should thus be considered a vital community asset for the place-based approach to improving public health, particularly as 20 of Middlesbrough's community pharmacies are situated in the M1 locality, which contains a greater proportion of wards with high deprivation. The South Tees HWB recommends that Public Health South Tees works to build relationships with local pharmacy contractors through the LPC to galvanise the potential to improve population health. Public Health South Tees should consider the three levels of intervention (civic-level, service-level and community-level) that could facilitate the use of community pharmacy in contributing to public health. This could include coordinating Health Living Pharmacy services with more local initiatives. It is recommended that Public Health South Tees engages with community pharmacies to ensure they have up to date information on local public health campaigns, services (including social prescribing) and policies to better aid their role in signposting. Public Health South Tees should also be cognisant of commercial pressures on pharmacy and the potential financial implications of this engagement. When considering commissioning future local services, Public Health South Tees should exploit the information regarding willingness to provide future services contained within this PNA's pharmacy contractor questionnaires.

9.4 Community pharmacies as a strategic asset for health protection emergencies

Community pharmacy has demonstrated its vital health protection function during the COVID-19 pandemic. In particular, community pharmacies in the borough have stepped up to deliver medications to those clinically extremely vulnerable patients or those isolating at home, distributing COVID-19 lateral flow tests and playing a significant role in the COVID-19 vaccination campaign. The South Tees HWB recommends that Public Health South Tees views community pharmacy's role as a strategic asset in health protection emergencies. Community pharmacies' role should be considered in the emergency planning aspects of the upcoming Public Health South Tees Health Protection Programme.

9.5 Environmental Considerations

Since the last PNA was published in 2018, patients have been encouraged to return used pressurised metered dose inhalers (pMDIs) to community pharmacies for environmentally safe disposal. The South Tees HWB

recommends that Public Health South Tees liaises with the wider council to increase public awareness of the safe disposal of inhalers. Community pharmacies should also be considered in decisions relating to social prescribing and promoting active travel (including considerations for those who may have reduced mobility). Middlesbrough Council's Green Strategy Health and Happiness Action Group should also consider the role that community pharmacy can play in helping Middlesbrough become a green town.

10.0 CONCLUSIONS

The 2022-2025 Middlesbrough pharmaceutical needs assessment (PNA) outlines the need for pharmaceutical services within the borough and provides the information required to inform future commissioning decisions. 29 community pharmacies across the borough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- there is adequate provision of pharmaceutical services across Middlesbrough to serve the needs of our population, with no current gaps identified;
- if current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 pharmaceutical needs assessment;
- there is a reasonable choice of both providers and services available;
- public engagement found that the majority of the respondents (76%) rated their pharmacies good, very good or excellent;
- community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and Tees Valley Clinical Commissioning Group;
- Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services;
- community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

South Tees Health and Wellbeing Board has noted that in July 2022 Clinical Commissioning Groups will be replaced by Integrated Care Systems that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all Integrated Care Systems to have done so. South Tees Health and Wellbeing Board is aware that some services that are commissioned from pharmacies by Tees Valley CCG will move to the Integrated Care System and will fall then within the definition of enhanced services. If these changes fundamentally affect local pharmaceutical need, then South Tees Health and Wellbeing will consider whether a new PNA is required earlier than 2025.


South Tees Health and Wellbeing Board wishes to finish the 2022-2025 pharmaceutical needs assessment by paying tribute to the vital role that community pharmacies in Middlesbrough have played in supporting our population, particularly the most vulnerable, throughout the COVID-19 pandemic. We recognise the crucial part our community pharmacies will continue to play as we recover from the pandemic and learn to live with COVID-19.

11.0 ACKNOWLEDGEMENTS

We are very grateful to all those who contributed information to support the development of the PNA including colleagues in Public Health South Tees, Tees Valley Clinical Commissioning Group, North East Commissioning Support Unit, Healthwatch South Tees, South Tees Foundation Trust, Planning Services (Middlesbrough Council), Tees Local Pharmaceutical Committee, local pharmacy contractors and members of the public contributing to the engagement process.

12.0 APPENDICES

12.1 Middlesbrough and Redcar & Cleveland PNA Public Questionnaire



**Middlesbrough & Redcar & Cleveland
Pharmacy Needs Assessment (PNA) 2022**

Public Questionnaire

Thank you for completing this questionnaire about local pharmacy services in Middlesbrough & Redcar and Cleveland.


We are currently reviewing the local services provided by pharmacies (sometimes called chemists) in the area to ensure the services are in line with what people need, now and in the future. This process is called a Pharmaceutical Needs Assessment.


It is vital that we understand how local people use pharmacies in the area and what needs you may have, both now and in the future. This questionnaire will help us understand your views, which will form an important part of the Pharmaceutical Needs Assessment.


The questionnaire is completely voluntary, all questions are optional (although the more information we can gather the more we can respond to local needs) and your responses will not affect the individual service you receive from pharmacies or NHS in anyway.

The questionnaire is completely anonymous and any information you give will not be linked to you. All data are held in accordance with the Data Protection Act 2018 and Middlesbrough & Redcar and Cleveland Councils' Data Protection Policy.

If you require any more information please email Alistair.Stewart@middlesbrough.gov.uk.



 Middlesbrough
moving forward

 this is
Redcar & Cleveland

1. Which Local Authority area do you live in?

- Middlesbrough Redcar & Cleveland Elsewhere

2. Which Local Authority area do you work/study in?

- Middlesbrough Redcar & Cleveland Elsewhere

3. Please state your partial postcode (e.g. TS6):

4. Please answer the following questions

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Do you usually use a pharmacy in the area in which you live? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 minutes | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there pharmacies near where you live (or work) that you could get to by a short car/bus ride? (less than 20 minutes) | <input type="checkbox"/> | <input type="checkbox"/> |

5. Who do you usually go to the pharmacy for?

- For you For someone else Both

6. If you had a minor injury where would you go?

- Pharmacy Walk-in-centre GP 111 A&E

Other (please specify)

7. If you received advice from a pharmacy about a minor health problem, if you are not able to pay for/afford your medicine, what would you do?

Do without the treatment

Go to your GP

Go to A&E

Go to a walk in centre

None of the above

Other (please state/comment)

8. Has this ever happened to you?

- Yes No

If yes, what did you do? Please specify



9. How often do you use a local pharmacy?

- More than once a week Weekly Fortnightly Monthly
 Quarterly (4 times per year) Less than 4 times a year

10. Do you use the same pharmacy?

- Always Usually Rarely Never

11. 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
Cycle
Other (please specify)

12. 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 (if so please state reason and comment below)

13. Do you have your prescription medicine delivered by a pharmacy?

- Always Sometimes Never Doesn't apply to me



14. Tick below the main reason why you get them delivered?

- Mostly for convenience
- Mostly because I would find it difficult to collect them myself
- Mostly because it is a free service
- Mobility
- Transport Issues
- Other (please specify)

15. 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 (please tick the one that applies):

- 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
- I would NOT be able to manage without it
- I would expect to receive information on an alternative service
- Other (please state)

16. Do you usually pay for your prescription?

- Yes
- No
- Don't know
- Prefer not to say

17. 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

18. Do you use an online prescription ordering service for NHS prescriptions?

- Yes
- No



19. If 'No' why not?

You do not have access to the internet?

You prefer not to and go request via the surgery?

You are not aware that you can do this.

Other (please specify)

20. How would you rate the pharmacy or pharmacies that you have used or usually use?

Excellent Very Good Good Poor Very Poor

Please specify the Pharmacy you have rated

21. 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

Please use the box below to add additional comments or issues you may have regarding pharmacy opening times:

22. Have you ever used the extended hours GP access service in Middlesbrough or Redcar & Cleveland?

Yes No Not aware this is an option

23. 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 (please specify)

24. As well as 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).

	Yes	No
Did you know that pharmacies could offer free advice on healthy lifestyles?	<input type="checkbox"/>	<input type="checkbox"/>
Has your pharmacy ever offered you free advice on healthy lifestyles?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken up the offer of free advice on healthy lifestyles from your pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>



25. Pharmacies offer NHS services, 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
Do you feel happy about patient confidentiality and consent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know that you can ask at any time to use the private consulting room available in all pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel comfortable getting advice in the pharmacy about health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are the staff polite and helpful when you visit or contact them?	<input type="checkbox"/>	<input type="checkbox"/>

26. 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:

	I would like to use this service	Know other people who would like to use this service	I would not go to a pharmacy for this	Does not apply to me
Multiple prescriptions sent to the pharmacy of repeat medicines regular collection by patients monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on common simple illness and medicines to buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on new medicines on a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal contraception ('morning after pill')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health infection screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return of used needles and receipt of clean needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sending of prescriptions via computer from the GP to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent medicines provided following NHS111 referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Covid Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from pharmacist following referral from NHS111 or GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of lateral flow test kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. 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?

- Free Healthy Heart Checks
- Anticoagulant monitoring service - e.g. fingerprick testing for patients on Warfarin
- Gluten free food supply service without prescription
- Advice and support for selfcare 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
- 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
- Reasonable adjustments for patients and their carers (please specify)



28. How do you think the service your pharmacy provides, could be improved?

- Medication Availability
- More Staffing
- Better waiting times
- Communication
- Product Availability
- Increase opening times
- NHS paid for delivery service

Offer more patient services and support (please give examples)

Other (please specify)

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:

29. Please tell us which age group you belong to:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

30. Are you:

- Male
- Female
- Do not wish to state

Other (please specify)



31. How would you best describe yourself? (Please select all that apply)

- 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)

32. 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
- 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
- Other (please specify)



33. Do you consider yourself to have a disability?

Yes

No

Do not wish to disclose this

Other (please specify)

34. 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

Sensory Impairment

Learning Disability/Difficulty

Other (please specify)

Many thanks for your time in completing this questionnaire.



12.2 Middlesbrough and Redcar & Cleveland PNA Stakeholder Questionnaire



Middlesbrough & Redcar & Cleveland Pharmacy Needs Assessment (PNA) 2022

Stakeholder Questionnaire

This survey is part of a programme of engagement as Middlesbrough & Redcar and Cleveland Health and Wellbeing Boards each prepare to publish an updated Pharmaceutical Needs Assessment in the autumn of 2022.

The Pharmaceutical Needs Assessment describes 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 Pharmaceutical Needs Assessment.

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.

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 at (<https://arcg.is/0KmCyl>).

The questionnaire is completely anonymous and any information you give will not be linked to you. All data are held in accordance with the Data Protection Act 2018 and Middlesbrough & Redcar and Cleveland Councils' Data Protection Policy.

If you require any more information please email Alistair_Stewart@middlesbrough.gov.uk.



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 & 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacy pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Trust pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison/offender pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical advisory services to support commissioners, e.g. in NHS England, for CCGs, local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General practice-based prescribing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing services provided by dispensing doctors in rural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided by Appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Don't 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 Don't 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 times available from pharmacies in your local authority area meets the general needs of the population;

- Very well Quite well Not very well Don't know

13. Do you feel the local extended GP services opening hours match the rota times/extended opening hours of local community pharmacies?

- Yes No If no please explain why;

14. Overall, the quality of the service provided by pharmacies in your local authority area is;

- Very good Good Satisfactory Poor Very Poor

15. 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

16. Since Jan 2021, all pharmacies must now be 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

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.

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 advice and guidance to enable people to derive maximum benefit from caring for themselves or their families



18. Tick if you agree with the 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
Community Pharmacist Consultation Service (CPCS), general practices and 111 are able to refer patients for a minor illness consultation via CPCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicines Service (NMS) - pharmacist interventions provide support for people with long-term conditions newly prescribed certain medicines, to help improve medicines adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Medicines Service (DMS) - Discharge referral for a specific Medicines reconciliation, patient referred from hospital to community pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review consultation to support patients who use 'appliances' e.g. those requiring stoma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation-- customisation of stoma appliances; improved care and reduced waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 lateral flow device distribution service, where the public can obtain C19 lateral flow tests from pharmacies offering this service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 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'

I was aware that there is no facility for free access to medicines for self-care via pharmacy in this area

Yes No

20. Delivery of dispensed medicines to patients' homes (this service could be withdrawn at any time, or pharmacies could reasonably charge patients for it). Do you think that a medicine delivery service is necessary in your local authority area? Yes or No Do you think that patients might be expected to have to pay for this service?

Yes No

21. 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
---------------------------------------------	------------------------------------------------------	-------------------------------------------------

Ensure minimum extra opening hours for bank Holidays e.g. Christmas Day additional hours to ensure minimum provision when most pharmacies close



22. Tick if you agree with a statement:

	I didn't know pharmacies may offer this	My H&WB area needs this	This service improves patient access	Service may be needed in the future
Stop smoking service assessment, advice and support for those wanting to stop smoking including supply of appropriate medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and syringe exchange- provision of sterile needles, syringes and associated materials and information to substance misusers in exchange for used products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening service- free NHS testing for chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Card Registration and free condom supply services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency hormonal contraception ('the morning after pill') - NHS service, free to women and girls (14+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start Vitamins supply of free vitamins to pregnant or breastfeeding women and children 6months to 4 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Brief Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



23. 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

24. 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

25. If yes, please state the ward or area here :



26. 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 service now	May be needed in the future	No need for service in my area
Domiciliary pharmaceutical service- any service provided in patient's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary/Independent Prescribing service- often combined with other services, e.g. anticoagulant monitoring, stop smoking, diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review- a full, face to face clinical review with patient's records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease specific medicines management service support and monitoring for patients with long-term conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten free food supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language access service medicines advice to patients in a specific language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment and compliance support service assessment, advice and compliance support (beyond the Equality Act in minimum) possible combined with domiciliary visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours service- call out service for when all pharmacies are closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Acting Reversible Contraception (LARC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Planning and antiviral distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free to patient emergency supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not dispensed scheme - to encourage pharmacies not to dispense unnecessary prescription items minor ailments or 'Pharmacy First' scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia treatment following a positive test Naloxone for carers or relatives of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varenicline for selected clients who wish to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- vascular risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination services- e.g. travel vaccines, hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formalised, electronic 'Refer to pharmacy' service from telephone triage in general practice as last entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



27. 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



28. 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 current commissioned community services in my area that provide this	New opportunities for access to these services via community pharmacies 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service- advice to prescribers on clinical and cost effective use of medicines, policies and guidelines, and repeat prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools service- advice and support to children and staff in schools relating to safe and secure handling of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison or offender services- pharmaceutical services to clients in a custodial setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. 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)

30. Which of the following best describes your organisation or affiliation (please tick more than one if appropriate)?

- 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)



12.3 Middlesbrough and Redcar & Cleveland PNA Pharmacy Contractor Questionnaire

2021 PNA PHARMACY CONTRACTOR Questionnaire Tees Valley (Preview)

Date of completion 17-Mar-2022

ODS code (also known as F code or 'PPA code')

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.

Trading Name of Pharmacy

Address of Contractor

Post Code

Entitled to Pharmacy Access Scheme payments?
 Yes
 No

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

Pharmacy telephone

Pharmacy fax (if applicable)

Pharmacy website address
If no website write no website

Please renew permission to hold the data you provide and use this to contact you if necessary. Consent is given for LPC, Health and Well Being Board and Local Authority to access the data for purposes of updating the Pharmaceutical Needs Assessment and other related documents.

Consent to store this data and use as appropriate Yes No

Change to Terms of Service

Terms of Service From July 2020, changes were made to the terms of service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services)

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.

Regulations 2013 and the approvals under them. (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan) Click here for details.

Opening Hours

If you think your opening (core or supplementary hours) on the Pharmaceutical List may be incorrect you, the PHARMACY CONTRACTOR MUST contact NHS England to apply or notify any changes to hours required. Email contact is ENGLAND.Pharmacyandoptometry@nhs.net If you are a multiple pharmacy then contact your line manager in the first instance.

Total Pharmacy Opening
Hours per week

Consultation Facilities

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan (Five-Year Deal) states: 11. - "by April 2020 being a Level 1 HLP will become an essential requirement for community pharmacy contractors. HLPs must have an acceptable location (eg room) for consultations." (PSNC, NHS England, DoH joint letter to pharmacists) Delays due to COVID19 led to regulations being laid in Oct 2020 requiring all pharmacies to become HLPs from 1st Jan 2021. Special arrangements are in place for distance selling pharmacies. Click here for details.

Are you willing to undertake consultations

- In a patients home?
 On another suitable site?
 No
Is neither of the above

IT Facilities

The Five-Year Deal states: "21. -requirements around NHSmail, SCR and DoS [and NHS.UK (formerly NHS Choices)] will become Essential terms of service for community pharmacy contractors" (PSNC, NHS England, DoH joint letter to pharmacists) Click here for details.

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes- All types, or
 Yes, excluding stoma appliances, or
 Yes, excluding incontinence appliances, or
 Yes, excluding stoma and incontinence appliances, or
 Yes, just dressings, or
 None
 Other

Advanced Services

New Medicine Service Yes Soon No

Appliance Use Review Yes Soon No

CPCS 111 including Yes Soon No
emergency supply of
medicines

Influenza Vaccination Yes Soon No
Service Hover over the options for more description

Yes Soon No

COVID Vaccination Service Hover over the options for more description

Lateral flow testing provision Yes Soon No Hover over the options for more description

Community Pharmacy Consultation Service (CPCS) Yes Soon No

Emergency Hormonal Contraception (via PGD) CP WA ?? X Hover over the options for more description

Contraception Services (not an EHC service) CP WA ?? X Hover over the options for more description

C-Card (registration or supply) 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

On demand availability of specialist drugs CP WA ?? X Hover over the options for more description

Supervised Self-Administration Methadone and Buprenorphine CP WA ?? X Hover over the options for more description

Needle and Syringe Exchange 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

Smoking Cessation Services:

Stop Smoking Service - NRT eVoucher Service CP WA ?? X Hover over the options for more description

Varenicline via PGD CP WA ?? X Hover over the options for more description

Other Services

Care Home Service CP WA ?? X Hover over the options for more description

Out of hours call-out services CP WA ?? X

Anti-viral Distribution CP WA ?? X Hover over the options for more description

Gluten Free Food Supply (not via FP10) CP WA ?? X i.e not supply on FP10 prescription
Hover 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

Vascular Risk Assessment Service (NHS Health Check) CP WA ?? X
Hover over the options for more description

Sharps Disposal eg diabetic not needle ex CP WA ?? X
Hover over the options for more description

Independent Prescribing 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

Screening Services

Alcohol Brief Interventions 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 screening 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

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 if 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 Vaccination WA ?? X
Hover over the options for more description

Travel vaccines WA ?? X
Hover over the options for more description

Other (please state)

Hepatitis B vaccination (at risk workers or patients) WA ?? X
Hover over the options for more description

Hepatitis B vaccination (at risk workers or patients) WA ?? X
Hover over the options for more description

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
- Medication Review Service
- Medicines Assessment and Compliance Service
- Minor Ailment Scheme
- Medicines Optimisation Service
- Emergency Supply Service
- Other

Next, vaccination services

Private services provided - vaccination

- HPV
- Hepatitis B
- Travel vaccine(s)
- Childhood vaccine(s)
- Varicella
- Pneumococcal pneumonia
- Meningococcal
- Other
- None

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 cessation
behavioural support
- Varenicline private PGD
- Prescriber support
- Independent prescribing
- Schools service
- Adherence support (long term conditions)
- Blood pressure
- Medicines delivery (see later)
- Other

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

Collection of prescriptions from GP surgeries Yes No

MDS Yes with a charge Yes free of charge No

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

Do you use a Translation Service?

- Yes
- No - not needed
don't have language issues
- No-don't know how?
needed but don't know how to access translation services
- No-not timely
when needed, service not available in timely way

Additional Information

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Any other private services do you offer?

Any additional services you would consider providing

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

12.4 Middlesbrough Pharmacy Addresses

Code	Name	Address 1	Address 2	Postcode
FK058	A C Moule & Co Pharmacy	55 Parliament Road		TS1 4JW
FHA85	Acklam Road Pharmacy	89 Acklam Road	Acklam	TS5 5HR
FRG15	Allied Pharmacy	9 High Street	Ormesby	TS7 9PD
FD546	Boots UK Limited	9A Lealholme Crescent	Ormesby	TS3 0NA
FDQ17	Boots UK Limited	15 The Viewly Centre	Hemlington	TS8 9JH
FEF27	Boots UK Limited	Unit 3 Parkway Shop. Cntr	Coulby Newham	TS8 0TJ
FH500	Boots UK Limited	455 Linthorpe Road	Linthorpe	TS5 6HX
FL798	Boots UK Limited	88-90 Linthorpe Road	The Cleveland Centre	TS1 2JZ
FNN25	Boots UK Limited	4 Kings Road	North Ormesby	TS3 6NF
FH749	Cohens Chemist	Acklam Medical Centre	Trimdon Avenue	TS5 8SB
FG314	Cohens Chemist	North Ormesby Hth Village	9 Trinity Mews	TS3 6AL
FFR13	Coulby Newham Pharmacy	Cropton Way	Coulby Newham	TS8 0TL
FT436	Crossfell Pharmacy	The Berwick Hills Centre	Ormesby Road	TS3 7RP
FW575	David Jarvis Ltd	43 Eastbourne Road		TS5 6QN
FVE88	Hunters Pharmacy	397 Linthorpe Road		TS5 6AE
FVW70	Jhoots Pharmacy	Next to Fulcrum Med Centr	Acklam Road	TS5 4EQ
FQ013	LloydsPharmacy	Scandanavian House	386 Linthorpe Road	TS5 6HA
FYK43	Marton Pharmacy	4 Marton Estates Square	Stokesley Road, Marton	TS7 8DU
FHH95	Martonside Pharmacy	Martonside Way		TS4 3BU
FTN67	Pharmacy Express	103 Linthorpe Road		TS1 5DD
FME81	Riverside Pharmacy	Unit41, Collingwood Court	Riverside Park	TS2 1RP
FVR34	Rowlands Pharmacy	169a Borough Road		TS1 3RZ
FXT40	Tesco Pharmacy	Parkway Centre	Coulby Newham	TS8 0TJ
FNP01	The Linthorpe Pharmacy	Unit 2C, High Force Road	Riverside Park	TS2 1RH
FX093	The Oval Pharmacy	5 Centre Court	The Oval	TS5 8HP
FGQ02	Victoria Chemist	118a Victoria Road		TS1 3HY
FWR83	Well	1-3 Newton Mall	Cleveland Centre	TS1 2NW
FC889	Whitworth Chemists	17 Beresford Buildings	Thorntree	TS3 9NB
FCD35	Your Family Pharmacy	378 Linthorpe Road		TS5 6HA

12.5 Consultation Report

The findings from the consultation period, which ran from 16th May 2022 – 17th July 2022 are outlined below.

Total responses received = 5

- 4 via the online consultation questionnaire
- 1 via direct email or letter (NHS England and Improvement).

The response from NHS England and Improvement (North East and Cumbria) is shown at the end of the report of the collated responses received to the specific consultation questions.

Comments received are quoted verbatim. 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. Has the purpose of the pharmaceutical needs assessment been explained?

Yes – 5
No – 0
Don't know - 0

2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Yes – 4
No – 0
Don't know - 1

3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

Yes – 1
No – 4
Don't know – 0

Comment:

Consideration needs to be given to the impact of expanded GP opening hours, with enhanced access to be implemented from October as per the new PCN service. We cannot precisely predict as to when and where these hours will be offered yet, but it might reasonably be expected that expanded GP opening hours will generate an expectation of commensurate expanded access to pharmacies.

HWB response: The HWB has noted the potential impact of expanded GP opening hours, due to be implemented from October 2022. The 2022 PNA has been developed on the basis of currently available information, including provision of primary healthcare services. The HWB will keep abreast of any changes that will potentially affect pharmaceutical need and determine whether a subsequent PNA is required.

4. Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Yes – 4
No – 0
Don't know - 1

5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Yes – 3
No – 1

Don't know – 1

Comment:

no recollection of market entry decisions included in the PNA

HWB response: The HWB has developed the 2022 PNA to provide NHS England and NHS Improvement with the information needed to inform their decisions on the required location and number of pharmacies in Middlesbrough, i.e. gaps in services. NHS England and Improvement will use this information for determining market entry to the pharmaceutical list.

6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

Yes – 4

No – 0

Don't know - 1

7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Yes – 4

No – 0

Don't know - 1

Comment:

pg 3 Exec summary: bullet point 2..... references if current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 PNA.....what is defined as 'anticipated? if one closes does this then automatically define a gap?

HWB response: The HWB have used the word anticipated on the basis that it has seen no evidence to suggest any upcoming community pharmacy closures, or changes to the local authority's population or healthcare economy that would significantly affect pharmaceutical need. However, any changes (e.g. a community pharmacy closure) would need to be considered on a case-by-case basis, and would not necessarily determine a gap in the provision of services.

8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Yes – 0

No – 3

Don't know - 2

9. Do you agree with the conclusions of the pharmaceutical needs assessment?

Yes – 4

No – 0

Don't know - 1

10. Do you have any other comments?

Comment:

we would seek to understand why private non-NHS services have been included in the PNA especially if any changes would identify a gap in provision where they aren't an NHS service-hence no pharmaceutical gap is created.

HWB response: The HWB aims to review the provision of all community pharmaceutical services (including private and local authority commissioned services) in its area to gain a holistic understanding of the local

community pharmacy economy. However, only NHS essential services have been considered in the process of developing the PNA's statement of need.

11. I am answering these questions as:

A pharmacy contractor or representative of a pharmacy contractor in this area – 1

Local Medical Committee - 1

CCG/ICS representative – 1

Neighbouring Health and Wellbeing Board representative - 1

NHS England and Improvement (North East and Cumbria) response to consultation

Thank you for inviting NHS England (North East and North Cumbria) to comment on Middlesbrough's Pharmaceutical Needs Assessment (PNA), we recognise the work undertaken by Middlesbrough's Health and Wellbeing Board in producing the draft PNA.

We note the information used by the Health and Wellbeing Board in producing the report, and the conclusions and recommendations of the Board. Whilst NHS England has no further comments to make on the draft report, we would like to advise of an application for a new pharmacy to be located within the new Borough Road and Nunthorpe Medical Group development on Stokesley Road, Middlesbrough (TS7). This application is to be presented to Pharmaceutical Services Regulations Committee (PSRC) for determination in August 2022.

HWB response: This HWB acknowledges that NHS England (North East and North Cumbria) have noted the information, conclusions and recommendations contained in the PNA. The HWB notes the application for a new pharmacy on Stokesley Road, Middlesbrough. The HWB will keep abreast of developments and either develop an updated PNA or issue a supplementary statement, as necessary.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Middlesbrough to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

HWB response: This comment is acknowledged.

12.6 Changes to Pharmacy Opening Hours

During the period the draft PNA was completed, notice was given to NHSE&I and Middlesbrough Council by three pharmacies in Middlesbrough (all within M1 locality) that were making minor changes to their opening hours. A summary of these changes is shown below;

- Crossfell Pharmacy – reduce opening hours by 1 hour at end of day between Monday to Friday from 7pm to 6pm.
- Boots Cleveland Centre – reduce opening hours by 30 minutes at start of day between Mondays to Saturday from 9am to 8.30am. Sunday opening hours will change from 11am – 1.30pm & 2.30pm – 4pm to 10.30am – 4.30pm.
- Boots North Ormesby – reduce opening hours by 30 minutes during middle of day between 12.30pm – 1pm. Saturday opening hours will reduce by 1 hour 30 minutes at the end of day from 5.30pm to 4pm.

These small amendments to opening hours make little difference to pharmacy provision in Middlesbrough through Monday to Sunday, with suitable alternatives open before 9am, during the middle of the day and after 5pm. The reduction in hours is highlighted in orange in the figures below for both Monday to Friday and weekend opening hours.

Pharmacy		Mon-Fri Opening Hours																	
		6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
M1	A C Moule Pharmacy																		
	Allied Pharmacy																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Cohens Chemist																		
	Crossfell Pharmacy																		
	Hunters Pharmacy																		
	Lloydspharmacy																		
	Martonside Pharmacy																		
	Palladium Pharmacy																		
	Pharmacy Express																		
	Riverside Pharmacy																		
	Rowlands Pharmacy																		
	The Linthorpe Pharmacy																		
	Victoria Chemist																		
	Well																		
Whitworth Chemists																			
Your Family Pharmacy																			
M2	Acklam Road Pharmacy																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Cohens Chemist																		
	Coulby Newham Pharmacy																		
	Jhoots Pharmacy																		
	Marton Pharmacy																		
	Tesco Pharmacy																		
The Oval Pharmacy																			

Pharmacy	Saturday																	Sunday														
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A C Moule Pharmacy																																
Allied Pharmacy																																
Boots Uk Limited																																
Boots Uk Limited																																
Boots Uk Limited																																
Boots Uk Limited																																
Cohens Chemist																																
Crossfell Pharmacy																																
Hunters Pharmacy																																
Lloydspharmacy																																
M1 Martonside Pharmacy																																
Palladium Pharmacy																																
Pharmacy Express																																
Riverside Pharmacy																																
Rowlands Pharmacy																																
The Linthorpe Pharmacy																																
Victoria Chemist																																
Well																																
Whitworth Chemists																																
Your Family Pharmacy																																
Acklam Road Pharmacy																																
Boots Uk Limited																																
Boots Uk Limited																																
Cohens Chemist																																
M2 Coulby Newham Pharmacy																																
Jhoots Pharmacy																																
Marton Pharmacy																																
Tesco Pharmacy																																
The Oval Pharmacy																																

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Redcar & Cleveland

Pharmaceutical Needs Assessment 2022 - 2025

Live Well South Tees Health & Wellbeing Board

Endorsed by PNA Steering Group: 2nd August 2022

Endorsed by Public Health South Tees DMT: 8th August 2022

EXECUTIVE SUMMARY

Welcome

I hope you find the 2022-2025 Redcar & Cleveland pharmaceutical needs assessment helpful for better understanding the provision of pharmaceutical services in the borough and informing commissioning decisions. The process of developing this pharmaceutical needs assessment has reinforced my team's view that community pharmacy plays a vital role in public health across South Tees. This was particularly evident during COVID-19. Public Health South Tees will continue to build our relationships with community pharmacies to incorporate pharmacy into our place-based approach to help people live well across South Tees.

Mark Adams
Joint Director of Public Health
Public Health South Tees

Introduction to the pharmaceutical needs assessment (PNA)

The pharmaceutical needs assessment (PNA) for Redcar and Cleveland is a document that determines:

- if there are sufficient community pharmacies to meet the needs of the population;
- if community pharmacies could deliver other services to meet the population's health needs.

South Tees Health and Wellbeing Board has a statutory responsibility for producing and publishing a PNA for Redcar and Cleveland Borough Council by 1st October 2022 (delayed from 25th March 2021 due to the COVID-19 pandemic). The previous PNA was published on 22nd March 2018. The 2022-2025 PNA will cover a three year period from the date of publication.

The PNA will be used to:

- Provide NHS England and NHS Improvement with the relevant information needed to inform their decisions on the required location and number of pharmacies in Redcar and Cleveland. The PNA is the basis for identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local population and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Redcar and Cleveland.

How has it been produced?

The 2022-2025 Redcar & Cleveland PNA has been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

The development of the 2022-2025 Redcar & Cleveland PNA has been overseen by the Public Health South Tees PNA Steering Group. The steering group consists of representatives from across the local health and social care system, including representation from public and patient champions (Healthwatch South Tees) and local community pharmacy (Tees Local Pharmaceutical Committee).

Engagement with patients, the public, health professionals and local community pharmacies during the development of the PNA has generated important insight regarding the current and future provision of pharmaceutical services. This has included public, healthcare stakeholders and contractor surveys. Formal consultation on the 2022-2025 Redcar & Cleveland draft PNA ran from 16th May to 17th July 2022, in line with the 60-day minimum period set out in Regulation 8 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. A full consultation report is included with the PNA. The final PNA has been approved by South Tees Health and Wellbeing Board.

Conclusions

The 2022-2025 Redcar & Cleveland PNA outlines the need for pharmaceutical services within the borough and provides the information required to inform future commissioning decisions. 31 community pharmacies and 1 distance-selling pharmacy across the borough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- there is adequate provision of pharmaceutical services across Redcar & Cleveland to serve the needs of our population, with no current gaps identified;
- if current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 PNA;
- there is a reasonable choice of both providers and services available;
- public engagement found that the majority of the respondents (86%) rated their pharmacies fairly good to excellent;
- community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and Tees Valley Clinical Commissioning Group;
- Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services;
- community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

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1.0 INTRODUCTION

1.1 What is a Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) describes the needs for pharmaceutical services within a local authority area. These needs are set out following consideration of broader population health needs, current pharmaceutical services provision and any gaps in that provision.

The PNA is a key tool for identifying what is needed locally to support the commissioning intentions for pharmaceutical services that community pharmacies and other providers could deliver.

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each Health and Wellbeing Board to assess pharmaceutical needs in its area and publish a PNA (outlining a statement of pharmaceutical needs) every three years. Public Health South Tees Health and Wellbeing Board is responsible for producing and publishing a PNA for Redcar and Cleveland Borough Council by 1st October 2022 (delayed from 25th March 2021 due to the COVID-19 pandemic). The previous PNA was published on 22nd March 2018¹. This PNA will cover a three year period from the date of publication.

1.2 Who has produced it?

Public Health South Tees Health and Wellbeing Board has prepared this PNA, alongside the corresponding PNA for Middlesbrough Council. The Joint Director of Public Health is the named board member for ensuring the PNA meets the statutory requirements² and is published in a timely manner. A PNA Steering Group (box 1), consisting of representatives from across the local health and social care system, has overseen the development of the PNA. All members of the PNA Steering Group have declared interests. No member has been found to have any conflict of interest, impacting their ability to oversee the production of the PNA.

Box 1: Public Health South Tees PNA Steering Group
Joint Director of Public Health*
Assistant Director Communities Health*
Public Health Registrar*
Public Health Principal*
Public Health Intelligence Specialist *
Public Health Pharmacist*
Chief Officer - Tees Local Pharmaceutical Committee
Medicines Optimisation Officer – Tees Valley CCG
Project Lead – Healthwatch South Tees
Deputy Chief Pharmacist – South Tees Foundation Trust
Planning Officers – Middlesbrough, Redcar and Cleveland Councils
*Public Health South Tees

The PNA for Redcar and Cleveland will be approved in September 2022 by Public Health South Tees Health and Wellbeing Board before publication on or before 1st October 2022.

¹ [Redcar and Cleveland 2018 PNA](#)

² [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

1.3 How will it be used?

Once published, this PNA will be used to:

- Provide NHS England NHS Improvement with the robust and relevant information needed to inform their decisions on the required location and number of pharmacies in Redcar and Cleveland. The PNA is the basis identifying gaps in service and the basis for determining market entry to NHS pharmaceutical services provision and the categories of routine application to join the pharmaceutical list (open a new pharmacy);
- Inform commissioning plans about pharmaceutical services that community pharmacists could provide to meet local needs;
- Support commissioning of high-quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs of the local populations and meet Public Health South Tees' ambitions;
- Allow local pharmacists the opportunity to contribute to the health of the people of Redcar and Cleveland.

1.4 NHS Pharmacy Services

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

Essential Services. As of March 2022, all community pharmacies are required to provide the following services:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting people who require advice, treatment or support that the pharmacy cannot provide
- Support for self-care
- Discharge medicines service

Advanced Services. Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. As of March 2022, the following advanced services may be provided by pharmacies:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31st March 2022)
- Stop-smoking hospital discharge service
- Appliance use reviews
- Stoma customisation
- COVID-19 lateral flow distribution service
- Pandemic delivery service

Enhanced Services. Enhanced services are a tier of services that pharmacies may provide. They can only be commissioned by NHS England and NHS Improvement. As of March 2022, the following enhanced services are commissioned by NHS England and NHS Improvement in Redcar and Cleveland:

- Extended opening hours for bank holidays
- Community pharmacy coronavirus vaccination service

Locally Commissioned Services. Locally commissioned services are those services commissioned from pharmacies by local authorities and clinical commissioning groups (CCGs). As of March 2022, the following locally commissioned services are available in Redcar and Cleveland (commissioner in brackets):

- Supervised self-administration (Redcar and Cleveland Borough Council)
- Needle exchange (Redcar and Cleveland Borough Council)
- Stop smoking (full One Stop) (Redcar and Cleveland Borough Council)
- Stop smoking (dispensing only) (Redcar and Cleveland Borough Council)
- Emergency hormonal contraception supply (Redcar and Cleveland Borough Council via the contract with Sexual Health Tees)
- Chlamydia testing (Redcar and Cleveland Borough Council via the contract with Sexual Health Tees)
- C-card services (Redcar and Cleveland Borough Council via the contract with Sexual Health Tees)
- On demand availability of specialist drugs (Tees Valley CCG)
- Antiviral medication stockists (Tees Valley CCG)

1.5 Recommendations from 2018 PNA

The 2018 PNA for Redcar and Cleveland concluded that there was adequate provision of NHS pharmaceutical services to meet the contemporary and likely future needs in all localities of Redcar and Cleveland. The 2018 PNA specifically found that:

- There was no identified need for any additional provider of pharmaceutical services;
- The pharmacies that are open for 100 hours per week provided a substantial contribution to opening hours stability, and there may be opportunities for 100-hour contractors to adjust the pattern of their opening hours (in agreement with NHS England as the commissioner) to provide improved access for the population of Redcar and Cleveland using the GP extended hours access hubs;
- There was potential for the existing contractors to provide improvement or better access to pharmaceutical services (opening hours) to support the corresponding pharmaceutical need for patients attending the GP extended hours access hubs between 4.00pm and 9.30pm on a Sunday.

The Health and Wellbeing Board set out the desire to be kept informed by regular updates concerning GP extended hours, access hub activity, complaints and any changes to opening hours made by existing local contractors. If any of these changes affected the need for pharmaceutical services, the Health and Wellbeing Board would be required to assess the impact of these changes. This could require either a formal reassessment of the PNA or the issue of a supplementary statement.

The 2018 PNA for Redcar and Cleveland recommended the following options be explored for improvement of pharmaceutical services:

- Commissioners should continue to review the availability of all services to maximise patient benefit from the provision of services from pharmacies that open for longer hours or from pharmacies in different locations;
- Commissioners should support the opportunities to integrate pharmacies within the NHS to support key national strategies;
- Maximising the use of the electronic transfer of prescription (EPS) and electronic repeat dispensing service;
- Maximising the opportunities for health promotion and brief intervention through the Healthy Living Pharmacy initiative.

2.0 CONSULTATION AND ENGAGEMENT

2.1 Consultation

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)³ Public Health South Tees Health and Wellbeing Board must consult with specific organisations about the contents of the PNA at least once. That consultation must run for a minimum period of 60 days. The formal consultation on the draft PNA for Redcar and Cleveland ran from 16th May – 17th July 2022. In line with the 2013 regulations, the following stakeholders were consulted during this time:

- Health and Wellbeing Board members
- Tees Local Pharmaceutical Committee
- Tees Valley Clinical Commissioning Group (CCG)
- Cleveland Local Medical Committee
- Healthwatch South Tees
- All pharmacy contractors within the local authority boundary (any persons on the pharmaceutical lists)
- South Tees Hospital NHS Foundation Trust
- North East Ambulance Services
- Tees, Esk and Wear Valley (Mental Health) NHS Foundation Trust
- NHS England and NHS Improvement (Cumbria and the North East)
- Hartlepool Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board
- Stockton Health and Wellbeing Board
- General public via the council website and Healthwatch

All consultees were notified at the start of the consultation period with the website's address on which the draft PNA was available, along with the address for an online questionnaire for completion. Local contractors were notified through Pharmoutcomes.

The consultation aimed to determine:

- Whether the current provision of pharmaceutical services is sufficient to meet the needs of the population;
- Whether community pharmacies could deliver any other services in the area;
- Whether the consultee has any concerns about the information provided or conclusions drawn in the PNA.

The PNA Steering Group produced a consultation report following the consultation period. This includes:

- Consultees' responses to the consultation;
- Any replies to these responses from the PNA Steering Group.

A summary of the key findings of the consultation is included in Section 5.8 of this document, with a copy of the consultation questions and the full consultation report included as Appendix 5 (section 11.4).

³ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

2.2 Engagement

Public Health South Tees surveyed local contractors, key stakeholders and the public using online questionnaires.

Public Questionnaire. The public questionnaire was conducted online from 6th December 2021 – 18th February 2022 via Middlesbrough Council’s website. The questionnaire aimed 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;
- Improve our understanding of patient / public stakeholder views on the need for additional pharmaceutical services and, therefore, any gaps in provision.

Redcar and Cleveland Council’s communication team promoted the online questionnaire through social media, community networks and routine council communications. The survey results are summarised in Section 5.6. A copy of the public questionnaire is included in Appendix 1 (Section 11.1).

Stakeholder Questionnaire. The stakeholder questionnaire was conducted online from 6th December 2021 – 25th February 2022 via Middlesbrough Council’s website. The questionnaire aimed to:

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

A representative from each of the following stakeholders was invited to complete the questionnaire:

- Tees Local Pharmaceutical Committee
- Cleveland Local Medical Committee
- Tees Valley Clinical Commissioning Group (CCG)
- Healthwatch South Tees
- South Tees Foundation Trust
- North East Ambulance Service
- GP Federation
- NHS England and NHS improvement North East and Yorkshire
- Tees Esk and Wear Valleys Foundation Trust
- South Tees Carers Forum
- Sexual Health Services (HCRG Care Group)
- You’ve Got This

Contractor Questionnaire. The contractor questionnaire was conducted via Pharmoutcomes from October 2021 – January 2022. The questionnaire gathered detailed information on dispensing (including the provision of a delivery service), languages spoken at the pharmacy and whether they will have the likely capacity to deliver future pharmaceutical services.

The survey results for stakeholders and contractors are summarised in Section 5.5 and 5.7. A copy of the public questionnaire is included in Appendices 2 and 3 (Sections 11.3 and 11.4).

3.0 LOCALITIES DEFINITION AND POPULATION SUMMARY

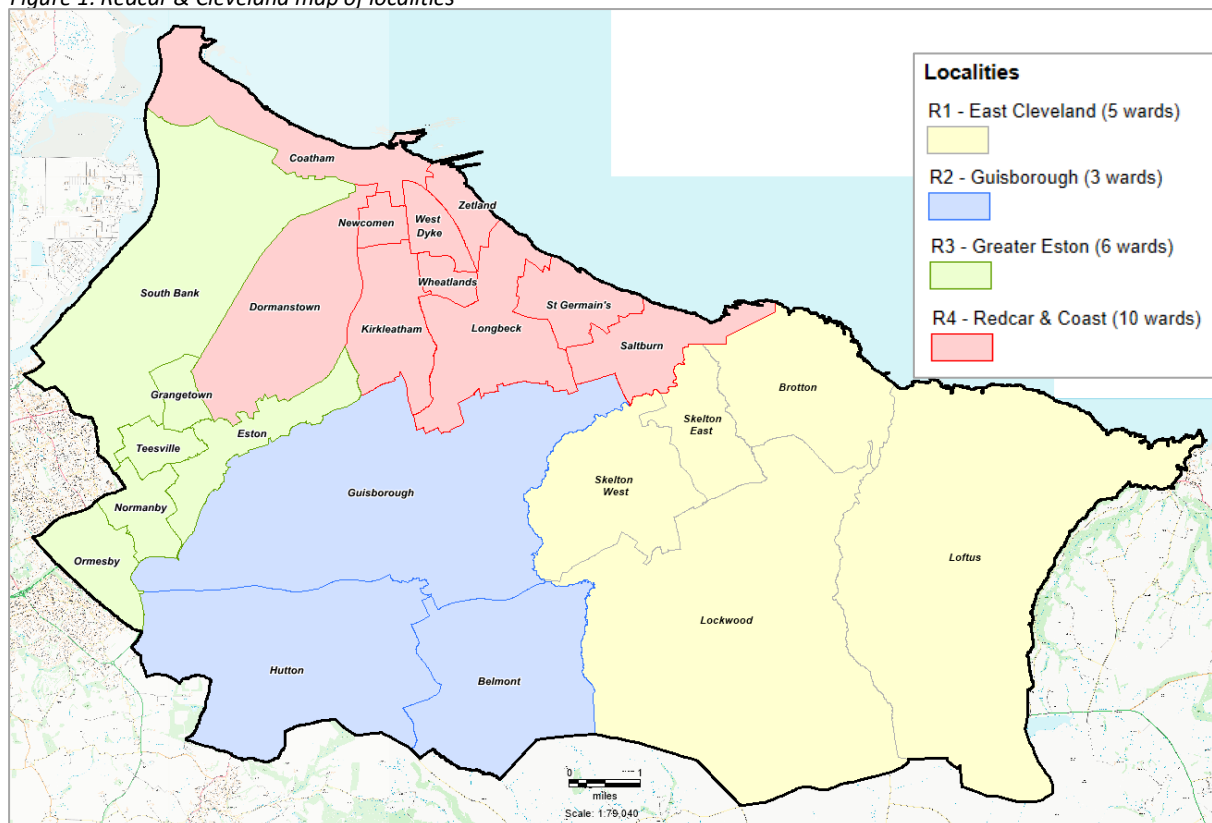
3.1 Localities Definition

Redcar & Cleveland is the easternmost of the five unitary authorities in Tees Valley. It is bordered to the north and east by the North Sea coast. To the north west, the river Tees estuary acts as a natural barrier and creates the border between Redcar & Cleveland and both Hartlepool and Stockton-On-Tees unitary authorities. Middlesbrough Borough Council borders to the west and the southern and eastern boundary is with two districts of North Yorkshire – Hambleton and Scarborough.

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.

Localities were determined by analysing ward level population and sizes, the Indices of Deprivation (IMD) 2019 and the geographical location of the wards. Using this methodology described, four localities have been identified for Redcar & Cleveland, as shown on the map in figure 1 and these are identified for convenience as R1: East Cleveland (5 wards), R2: Guisborough (3 wards), R3: Greater Eston (6 wards) and R4: Redcar and Coast (10 wards).

Figure 1: Redcar & Cleveland map of localities



Ward boundaries have changed since the 2018 PNA, leading to some adjustments to the boundary localities. In particular:

- R1 East Cleveland – Skelton ward has been split into Skelton East and Skelton West wards and Lockwood increases in size encompassing part of Westworth ward (now Belmont ward)
- R2 Guisborough – Westworth ward decreases in size and renamed to Belmont ward

- R3 Greater Eston – Grangetown and Teesville wards have seen minor adjustments. South Bank ward has increased in size significantly and encompassed a part of Dormanstown ward. This contains the same residential areas of South Bank but now includes the industrial parts of the original Dormanstown ward adjacent to the River Tees.
- R4 Redcar & Coast – Dormanstown ward has decreased in size considerably to areas covering Lazenby and Dormanstown. Coatham has extended the boundary along the coast encompassing part of the original Dormanstown ward. Newcomen has seen a minor adjustment and Kirkleatham has extended its southern boundary down to neighbouring Guisborough ward, encompassing part of the original Dormanstown ward. The West Dyke ward has been divided in half to create a new ward in the Southern section called Wheatlands ward. The Southern part of St.Germain’s ward is now in the Saltburn ward.

There are 2 areas of Redcar & Cleveland where pharmacy locations are affected by the ward changes. One pharmacy (Jhoots Pharmacy) was located in the West Dyke ward but is now located in the newly created Wheatlands ward. The original Skelton ward has two pharmacies and due to the split in the ward boundary, Skelton Pharmacy is now located in Skelton West and T Kingston Pharmacy is located in Skelton East.

3.2 Population Profile

3.2.1 Population summary

The national census provides the most accurate data on a variety of key measures including population makeup and households and helps makes decisions on planning, transport, education and healthcare. The Census 2021 was completed in March 2021, however results will not be available until early summer 2022. Therefore some datasets reviewed in this chapter are limited to the previous Census 2011.

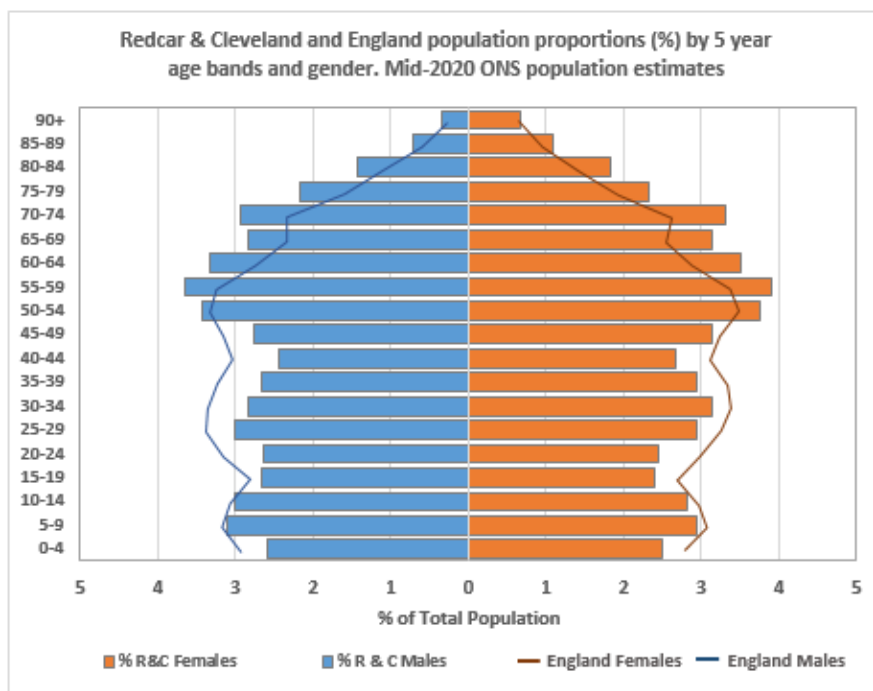
The estimated population of Redcar & Cleveland is 137,228 based on ONS mid-2020 population estimates. This consists of 66,606 (48.5%) males and 70,622 (51.5%) females. Redcar & Cleveland’s geographical area is 245 sq. km, the 4th largest local authority by area in the North East. Population density shows there are 560 people per sq. km in Redcar & Cleveland, the 4th least densely populated local authority in the North East.

Redcar & Cleveland has seen on estimated rise of 78 (0.1%) residents compared to previous year of 2019, a rise of 1,732 (1.2%) residents compared to 5 years previous in 2016 and a rise of 2,064 (1.5%) residents compared to 10 years previous in 2011. This rise is smaller than the North East average with increase of 0.4% for 2020 compared to 2019, 2.1% increase compared to 5 years previous and 3.5% compared to 10 years previous. The largest rise comparing 2020 to 2016 was seen in the 70-79 with a 1.1% proportional increase. The 40-49 age group saw a 1.5% reduction, the largest decrease for that age group in the North East. The proportion of those aged 0-19 remained the same, whilst reductions were also seen in the 20-29 and 50-59 age groups.

ONS 2018 population projections estimated that the overall population in Redcar & Cleveland will increase by 3.1% in 2030 to 140,954 and increase by 4% in 2040 to 142,170. Estimates show that the 0-19 age group will decrease by 6% by 2040, the 20-64 age group will decrease by 4% however the 65+ will increase by 47%.

The estimated median age of the Redcar & Cleveland population is 45.3 in 2020. This is the second oldest median age in the North East behind Northumberland. The North East average median age is 41.7 and the England average median age is 40.2. Figure 2 shows the higher proportion of older people (55+) compared to England, particularly females. Redcar & Cleveland has the second highest proportion of people aged 65 and over in the North East with 23%, compared to 20% regionally and 19% nationally.

Figure 2: Redcar & Cleveland population compared to England - age and gender structure



Source: ONS mid-year population estimates

Total population by ward ranges from 2,367 in Lockwood to Guisborough with 8,063 residents, with Eston, Kirkleatham and St Germain’s also residing over 7,000 residents. Higher proportion of the whole population live in R4: Redcar Coast (40.3%) than the other three localities. The most children are in locality R4 and R3, with R3 the highest proportion of locality population that has the highest percentage of children (see figure 3 and 4).

This is particularly notable in Grangetown in R3: Greater Eston, where nearly a third (31.3%) of the population are children. When considering services for children, it should be recognised that 39% of the 0-17 year population of Redcar & Cleveland live in the R4 locality and 30% within R3.

For older people, 27.4% of those over 65 live in R2: Guisborough. Kader, St Germain’s, Hutton and Saltburn wards have the highest proportion over 65s. In contrast, Grangetown and Wheatlands wards have a proportion of over 65s of only 11% - less than half that of the Redcar & Cleveland average of 22.8%.

Figure 3: Redcar & Cleveland mid-2020 population estimated by wards

Ward	All Ages		Age 0-17		Age 18-64		Age 65+		Age 85+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Belmont	4,292		735	17.1%	2,400	55.9%	1,157	27.0%	108	2.5%
Brotton	6,905		1,401	20.3%	3,998	57.9%	1,506	21.8%	128	1.9%
Coatham	5,123		876	17.1%	3,178	62.0%	1,069	20.9%	206	4.0%
Dormanstown	4,679		1,072	22.9%	2,718	58.1%	889	19.0%	106	2.3%
Eston	7,578		1,537	20.3%	4,595	60.6%	1,446	19.1%	196	2.6%
Grangetown	6,619		2,069	31.3%	3,820	57.7%	730	11.0%	59	0.9%
Guisborough	8,063		1,404	17.4%	4,602	57.1%	2,057	25.5%	348	4.3%
Hutton	6,420		1,224	19.1%	3,260	50.8%	1,936	30.2%	263	4.1%
Kirkleatham	7,458		1,637	21.9%	4,047	54.3%	1,774	23.8%	225	3.0%
Lockwood	2,367		386	16.3%	1,388	58.6%	593	25.1%	45	1.9%
Loftus	6,472		1,350	20.9%	3,565	55.1%	1,557	24.1%	186	2.9%
Longbeck	4,026		667	16.6%	2,199	54.6%	1,160	28.8%	109	2.7%
Newcomen	5,199		1,256	24.2%	2,987	57.5%	956	18.4%	135	2.6%
Normanby	6,724		1,203	17.9%	3,912	58.2%	1,609	23.9%	165	2.5%
Ormesby	6,325		1,214	19.2%	3,465	54.8%	1,646	26.0%	215	3.4%
St Germain's	7,115		1,133	15.9%	3,769	53.0%	2,213	31.1%	290	4.1%
Saltburn	6,060		889	14.7%	3,322	54.8%	1,849	30.5%	297	4.9%
Skelton East	4,212		948	22.5%	2,400	57.0%	864	20.5%	66	1.6%
Skelton West	4,739		972	20.5%	2,780	58.7%	987	20.8%	87	1.8%
South Bank	5,353		1,416	26.5%	3,144	58.7%	793	14.8%	102	1.9%
Teesville	5,826		962	16.5%	3,341	57.3%	1,523	26.1%	149	2.6%
West Dyke	5,947		1,054	17.7%	3,495	58.8%	1,398	23.5%	195	3.3%
Wheatlands	5,367		1,361	25.4%	3,409	63.5%	597	11.1%	39	0.7%
Zetland	4,359		841	19.3%	2,539	58.2%	979	22.5%	118	2.7%
Total	137,228		27,607	20.1%	78,333	57.1%	31,288	22.8%	3,837	2.8%

■ Low proportion of age group ■ High proportion of age group

Source: ONS mid-year population estimates for wards

Figure 4: Redcar & Cleveland mid-2020 population estimated by localities and age groups

Ward	All Ages		Age 0-17		Age 18-64		Age 65+		Age 85+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Locality R1: East Cleveland	24,695	18.0%	5,057	20.5%	14,131	57.2%	5,507	22.3%	512	2.1%
Locality R2: Guisborough	18,775	13.7%	3,363	17.9%	10,262	54.7%	5,150	27.4%	719	3.8%
Locality R3: Greater Eston	38,425	28.0%	8,401	21.9%	22,277	58.0%	7,747	20.2%	886	2.3%
Locality R4: Redcar & Coast	55,333	40.3%	10,786	19.5%	31,663	57.2%	12,884	23.3%	1,720	3.1%

Population in each age group as a percentage of locality population. Total population as a percentage of Redcar & Cleveland total.

Source: ONS mid-year population estimates for wards

In comparison to some of the wards in the neighbouring borough of Middlesbrough, with a larger retailing/commercial centre, the potential for daily population influx is less in this respect. However, there will still be influx of social / commercial traffic into the town centre of Redcar and to some of the industrial facilities at South Bank and Wilton. There are retailing facilities at Cleveland Retail Park and light industrial / trade/ business parks at various sites including the area around Skippers Lane and Kirkleatham.

Although not as substantial in Redcar & Cleveland as near neighbours in Yorkshire, Durham and Northumberland, the population influx related to leisure and tourism may see seasonal variation in some localities and all-year round effects in others. For example, Saltburn attracts visitors for the beach and surfing, and walkers visit the Guisborough Forest and the Cleveland Way which passes by Guisborough locality, through Skelton and Saltburn then along the Coast back into Yorkshire. Sporting events such as horse racing, triathlon and half-marathon in Redcar likewise attract visitors.

Cross-boundary outflow is likely to be most significant to Middlesbrough in [Central] ward (Middlesbrough Town Centre), Coulby Newham (for a district shopping and leisure centre), and to the acute hospital in Longland & Beechwood ward.

The area around both [Ormesby] and [Nunthorpe] wards is 'cut in two' by the authority boundary, making the ward of Ormesby certainly subject to cross boundary flows into (Ormesby area) and out (Nunthorpe area) of Middlesbrough.

There may be inflow, particularly from wards in the east of Middlesbrough, to Cleveland Retail Park in South Bank ward.

3.2.2 Deprivation Profile

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

The Index of Multiple Deprivation 2015 (IMD2019) measures socioeconomic disadvantage across seven domains: income, employment, health, education, barriers to housing and services, crime, and living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain high with Redcar & Cleveland ranked the 40th most deprived local authority out of 317 in the country. Just under a quarter (24%) of Redcar & Cleveland residents live in the 10% most deprived areas nationally, the 10th highest percentage of any local authority nationally.

Each of the 32,844 LSOAs (neighbourhoods) in England are given a score and rank based on their deprivation level. Based on the LSOA scores, it's possible to estimate ranks for the wards in Redcar & Cleveland. There are 24 wards in Redcar & Cleveland. Of these wards, 1 (Grangetown) is in the top 1% most deprived wards in England and another ward (South Bank) is in the top 3% most deprived. Redcar & Cleveland has a total of 8 wards (33%) in the top 10% most deprived in England.

Comparison of wards with results of the IMD 2015 is not possible due to changes in ward boundaries in 2018.

Figure 5: Redcar & Cleveland IMD 2019 by ward and national rankings of 7,180 wards

Locality	Ward	2019 Rank
East Cleveland	Brotton	1,054
	Loftus	642
	Skelton East	3,000
	Skelton West	860
	Lockwood	563
Guisborough	Belmont	5,845
	Guisborough	1,180
	Hutton	6,769
Greater Eston	Eston	381
	Grangetown	8
	Normanby	2,097
	Ormesby	1,907
	South Bank	104
	Teesville	1,519
Redcar & Coast	Coatham	268
	Dormanstown	439
	Kirkleatham	274
	Longbeck	4,431
	Newcomen	1,117
	Saltburn	2,165
	St Germain's	3,133
	West Dyke	2,422
	Wheatlands	6,206
	Zetland	2,174

Top 1% most deprived nationally
 Top 3% most deprived nationally

Source: IMD 2019, Ministry of Housing, Communities & Local Government

3.2.3 Ethnicity

The 2011 census showed that 1.5% (1,974) of the population identified as BAME in Redcar & Cleveland, slightly higher than the 1% proportion in the 2001 census. Redcar & Cleveland is the least ethnically diverse local authority in the North East and 10th lowest nationally. The largest minority ethnic group is mixed white and black Caribbean and Asian, Asian British, Pakistani; this ethnic group accounts for 0.44% of the population

With a significantly lower non-white population than the Tees Valley or National average, there is only two wards in Redcar & Cleveland which may require specific consideration in this regard; 8.5% of the population of South Bank ward is non-white and 3.9% of Coatham ward is also non-white.

ONS population estimates by ethnic group in 2019 show that the BAME proportion of the population was estimated at 2.3%, suggesting a small rise since the 2011 census. In quarter 3 of 2021, Redcar & Cleveland had 102 asylum seekers in receipt of Section 95 support (Home Office: Asylum data tables). This is the 3rd lowest number for local authorities in the North East.

3.2.4 Benefits & Employment

Figure 6 shows ward level rates of unemployment (% of working age population who are claiming jobseeker's allowance plus those who claim Universal Credit), long term unemployment (average monthly claimants of Jobseeker's Allowance who have been claiming for more than 12 months) and households with fuel poverty (a household is fuel poor if they have required fuel costs that are above average, the national median level, and were they to spend that amount, they would be left with a residual income below the official poverty line.) by ward and locality in Redcar & Cleveland.

Local authority rates are worse than England except fuel poverty which is equal; but the range of variability in these measures across the wards is notable. There is considerable variation in the proportion of the population receiving income related benefits across the wards.

Some wards in locality R3: Greater Eston and R4: Redcar & Coast showing a markedly higher proportion of the population receiving income benefits overall and those on long term unemployment. This can be particularly seen in Grangetown, Coatham and South Bank which have considerably higher rates than other wards in Redcar & Cleveland.

Levels of fuel poverty show that 10 wards are above the England rate, and these are seen most in East Cleveland locality (particularly Loftus), followed by Greater Eston and Redcar & Coast localities. All wards in R2 locality have fuel poverty rates lower than the national average.

In terms of residents, demand for access to a pharmacy outside of 9am to 6pm is likely to be higher in Guisborough and Redcar & Coast, with higher employment rates. These wards are close to pharmacies open 100 hours a week and this population are also likely to be more mobile and, perhaps, therefore also more likely to choose to access pharmacy services nearer to where they work.

Figure 6: Unemployment and Fuel Poverty by Redcar & Cleveland wards

Locality	Ward	Unemployment % (2019/20)	Long Term Unemployment (Rate per 1,000 working age, 2019/20)	Fuel Poverty % (2018)
East Cleveland	Brotton	4.2	8.3	11.9
	Loftus	4.8	11.9	15.1
	Skelton East	4	8	9.1
	Skelton West	3.1	7.9	12.5
	Lockwood	4.9	11.4	13.4
Guisborough	Belmont	1.2	2	7.9
	Guisborough	4.6	10.3	9.5
	Hutton	1.8	2.8	6.5
Greater Eston	Eston	6.1	13.9	9.2
	Grangetown	10.5	24.6	14.8
	Normanby	3.3	8.3	8.6
	Ormesby	3	8.1	8.7
	South Bank	8.6	19.9	13.5
	Teesville	3.3	7.8	9.1
Redcar & Coast	Coatham	9.7	13.6	14.2
	Dormanstown	5.1	7.4	10.4
	Kirkleatham	5.3	9.3	9.9
	Longbeck	2.6	3.1	8.8
	Newcomen	3.4	4.1	9.8
	Saltburn	2.6	4.6	10.8
	St Germain's	2.9	4.3	8.9
	West Dyke	2.4	2.5	8.6
	Wheatlands	1	1.4	4.7
	Zetland	2.4	1.9	10.6
Redcar & Cleveland		4.3	8.5	10.3
England		2.8	3.2	10.3

Source: Local Health, UKHSA

3.2.5 Car Ownership

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. Available data is the same as the previous PNA and sourced from the 2011 Census. Car ownership in Redcar & Cleveland was 71.6%, lower than the England rate of 74.4%. Redcar & Cleveland is ranked 244 lowest out of 348 lower tier local authorities.

The 2018 PNA noted that the variability and pattern of car ownership is consistent with other variables for example employment rates. It is clear that the population of some individual wards in Redcar and Coast locality and the Greater Eston locality are more likely to be dependent on public transport (or walking) to access a community pharmacy. Eston, Grangetown, South Bank, Coatham, Kirkleatham and Newcomen wards have a relatively high proportion of households without a car. There are lower numbers of households without any car (or van) in R2: Guisborough locality where in [Hutton] and [Westworth] wards more than 40% of households have further access, i.e. to two or more cars. This also applies in the Longbeck and West Dyke wards

3.2.6 Housing and Households

Data from the 2011 shows that 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. Overall 67% of housing was owner occupied compared to 64.3% in England and 19.4% was rented from LA/Housing Association compared to 17.6% in England.

The proportion of houses that are owner occupied ranges from 28.6% in Grangetown to just under 90% in West Dyke. There are high numbers of private rented houses in Coatham (41.3%) and Saltburn (21.4%) and high number rented from LA/Housing Association in Grangetown (57.8%), Kirkleatham (41.3%) and South Bank (36.4%).

Rates of overcrowding in households are generally lower in Redcar & Cleveland than in the Tees Valley or nationally. Highest rates are found in Coatham (highest private rented rate) and Grangetown (highest social rented rate) wards.

3.2.7 Older people

Figure 7 shows the proportion of older people aged 65 and over living alone and living in poverty by ward in localities. For older people living alone, the overall rate for Redcar & Cleveland is higher than the national rate and for older people living in poverty the rate is significantly higher. In Grangetown and Dormanstown wards older people living alone accounts for 45%. 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.

Figure 7: Older people living alone and in poverty from 2011 Census

Locality	Ward	Older people living alone (%)	Older people living in poverty (%)
East Cleveland	Brotton	29.3	15.8
	Loftus	33.3	19.8
	Skelton East	33.4	11.2
	Skelton West	32.3	20.3
	Lockwood	31.9	21.8
Guisborough	Belmont	25.6	6.9
	Guisborough	39	18.7
	Hutton	22.2	3
Greater Eston	Eston	43.1	28.5
	Grangetown	45.1	39.6
	Normanby	28.8	11.2
	Ormesby	31.8	13.1
	South Bank	38.7	30.9
	Teesville	32.9	16.9
Redcar & Coast	Coatham	38.6	20.9
	Dormanstown	45.2	28.1
	Kirkleatham	38.6	27.4
	Longbeck	22.8	7.9
	Newcomen	33.7	19.8
	Saltburn	34.1	14.7
	St Germain's	32.1	11.3
	West Dyke	31.8	10.6
	Wheatlands	17.8	6.1
	Zetland	37.1	17
	Redcar & Cleveland	33.5	16.8
	England	31.5	14.2

Source: Local Health, UKHSA

3.2.8 Children and Educational attainment

Child poverty is a significant issue in Redcar & Cleveland. The proportion of all children aged 0-15 living in income deprived families in 2019 is 25.6% or 6,195 children. This is significantly higher than the England rate of 17.1%. The difference in the rate of child poverty across the borough is stark, with 57.1% of children living in poverty in Grangetown ward compared to just 4.1% in Hutton ward.

Education attainment is similar or worse in Redcar & Cleveland compared to England average. School readiness data - children achieving the expected level of development at the end of reception shows that 71.1% achieve this level in Redcar & Cleveland compared to 71.8% in England. The latest attainment data for secondary school children (2020) shows an average score of 48, significantly lower than the national score of 50.9. It is worth noting that the COVID 19 pandemic affected these scores during the 2020 academic year.

3.2.9 Homeless population

The number of households owed a prevention or relief duty under the Homelessness Reduction Act, during the financial year is a new measure for homelessness. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

In Redcar & Cleveland there were 522 households in 2020/21 or a rate of 8.2 per 1,000. This is lower than the England rate of 11.3 and the North East rate of 12.5.

3.2.10 Military veterans

There is currently no estimates of the number of veterans who live in Redcar & Cleveland. There is insufficient robust local data to understand the needs of the armed forces communities locally. ONS have developed and tested a question on service leavers and concluded that such a question will work; and can be accommodated within the 2021 Census. This would improve the level of local data/intelligence available.

4.2.1 Smoking

Smoking is the most important cause of preventable ill health and premature mortality. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. The prevalence of adult smokers in Redcar & Cleveland (16%) is higher than the England average with 14.3%. There is also a higher prevalence of smoking in pregnancy with 14.4% of women smoking at time of delivery compared to 9.6% in England.

The rate of smoking attributable hospital admissions in 2019/20 is significantly higher than then England rate with a rate of 1,758 per 100,000 locally compared to 1,398 nationally. The rate of smoking attributable mortality is also significantly higher than the England rate with a rate of 269 per 100,000 compared to 202 in England. This is the 26th highest rate nationally.

3.2.11 Visitors

Data from the 2011 census showed that Redcar & Cleveland has a low net commuter inflow, decreasing the overall population size during the working hours. Approximately 13,000 persons commuted into Redcar & Cleveland from other local authorities, whilst approximately 23,000 persons commuted out leaving a decrease of 10,000 persons. This is significantly different to neighbouring Middlesbrough which has a net increase of approximately 8,000 daily.

Redcar and Cleveland welcomed 3.74 million visitors in 2017, an increase of 5.6% from 2016. £167 million was spent on tourist related activities and supporting more than 1,700 jobs throughout the borough.

3.2.12 University students

There is not a university located in Redcar & Cleveland but Teesside is home to Teesside University with a total of 21,276 students studying in the 2020/21 academic year. Redcar & Cleveland College located in Coatham now offers degree level qualifications for adults, however there is no student accommodation provided by the college.

3.2.13 Protected characteristics

A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These have been considered, particularly where improving access to pharmaceutical services provision can benefit each protected characteristic where applicable. Datasets that are available have been reviewed in the current chapter. Patient and public engagement was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups which further helps to support insight where other datasets are lacking.

4.0 LOCAL HEALTH NEEDS

4.1 Health summary

As we have seen, Redcar & Cleveland has significant levels of deprivation and a great variation in those levels within the borough. Alongside deprivation the health of people in Redcar & Cleveland is generally worse than the England average.

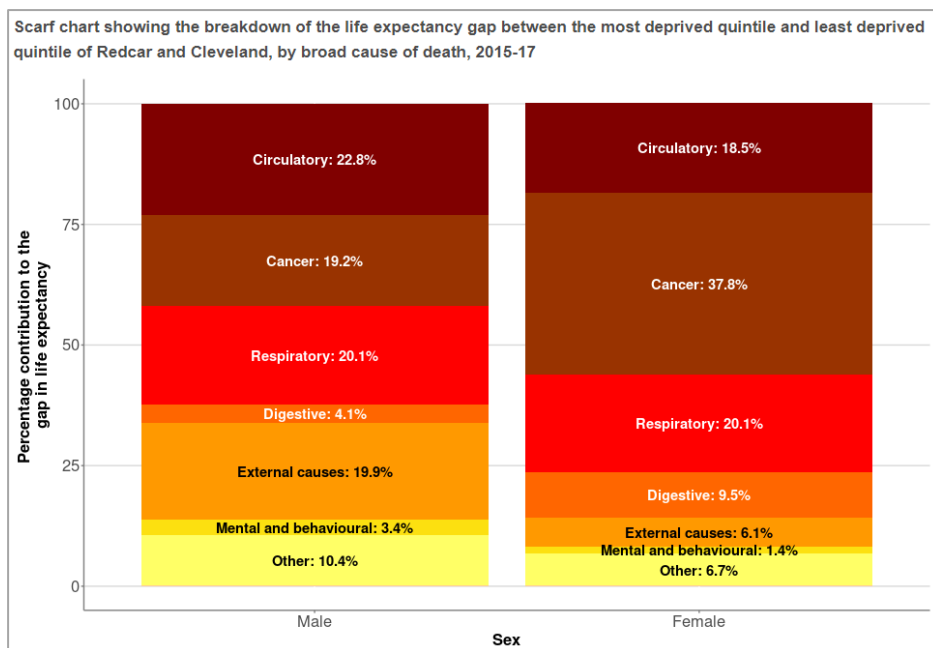
The life expectancy at birth in Redcar & Cleveland is 77.5 years for males and 81.5 years for females. This is lower than the England value of 79.4 years for males and 83.1 years for females. The 2011 census showed that 7.8% of residents in Redcar & Cleveland reported their health as poor or very poor, and 22.7% reported a long term illness or disability that impacts on their day to day activities.

People in Redcar & Cleveland can expect a healthy life expectancy of 60.2 years for males and 60.3 years for females. This compares with 63.2 years for males and 63.5 years for females nationally. The standardised mortality rate for deaths from all causes under 75 is 119. For comparison, the standardised mortality rate for England is 100. Within Redcar & Cleveland there are striking inequalities with a man living in the least deprived areas of the borough living 13.7 years longer than a man in the most deprived area; for women that difference is 8.4 years.

Premature mortality (under 75) is an important measure of the overall health of the population, with reductions over time demonstrating improvements in the health status of the overall population. Premature mortality can contribute significantly to the life expectancy gap between Redcar & Cleveland and England, and also within Redcar & Cleveland as shown in figure 8.

- Under 75 mortality from all causes is 416 deaths per 100,000 in Redcar & Cleveland in 2018- 20, this is significantly higher than the England rate of 337 per 100,000.
- Premature mortality rates for cancer, heart disease, stroke and respiratory disease are all significantly worse than the England average.
- Key contributions to poor life expectancy and health inequalities for both males and females are respiratory, cancer (significantly more for females), circulatory (more so for males) and external causes (significantly more for males).

Figure 8: Life expectancy gap between most and least deprived areas of Redcar & Cleveland by cause of death



Source: Segmentation Tool, UKHSA

Early intervention, prevention, diagnosis and treatment of disease can help to improve quality of life and reduce rates of premature mortality. There are several diseases which contribute to health inequality and premature death in Redcar & Cleveland, these include:

- The incidence of cancer in Redcar & Cleveland is higher than the England average with an incidence ratio of 108 compared to 100 for England, the 22nd highest nationally. Redcar & Cleveland has a premature cancer mortality rate of 151 per 100,000 which is significantly worse than England average of 129. The most prevalent cancers which contribute to mortality are Lung and Bowel cancer
- Mortality rates from cardiovascular disease in Redcar & Cleveland in 2017-19 is significantly worse than the England average at 88 per 100,000 compared to 70 for England. Coronary heart disease (4.1%) prevalence is above the national average (3%)
- Hypertension (17.3%) prevalence is lower than the national average (13.9%)
- Stroke prevalence (1.9%) is similar to the national average (1.8%) although emergency admissions for stroke are significantly higher than England with a ratio of 129 compared to 100 at England level.
- The prevalence of chronic obstructive pulmonary disease (COPD) (3.8%) is higher than the national average (1.9%). Emergency admissions for COPD in 2019/20 was 576 per 100,000 compared to 415 in England.
- Diabetes prevalence (8.1%) is higher than nationally (7.1%).
- Estimated rates of common mental health issues (such as anxiety and depression) equate to around 19% of the adult population at any one time in Redcar & Cleveland. Around 13.4% of the GP registered population are recorded on the depression register which slightly higher than the national average (12.3%).
- Redcar & Cleveland has the 9th highest rate of suicides in England.

Figure 9 shows by ward the proportion of residents with limiting long term illness or disability. The overall rate is higher than the England value and 20 wards have rates over 20%. Low life expectancy, higher rates of premature mortality and higher rates of emergency hospital admissions can be seen in wards in Greater Eston and Redcar & Coast localities.

Figure 9: Overarching health measures by ward

Locality	Ward	Limiting long-term illness or disability % (2011)	Life expectancy at birth for males (2015-19)	Life expectancy at birth for females (2015-19)	Deaths from all causes as ratio, under 75 years (2015-19)	Emergency hospital admissions for all causes as ratio (2015/16 - 2019/20)
East Cleveland	Brotton	22.4	77.8	82.9	112.5	100.8
	Loftus	25.9	75.6	81.3	132.3	101.9
	Skelton East	21.3	80	83.8	107.2	100
	Skelton West	21.5	80.1	85.5	91.6	115.3
	Lockwood	26.9	77.8	84.7	95.4	110.8
Guisborough	Belmont	15	82.6	88	57.2	87.6
	Guisborough	24.1	74.8	82	137.5	117.9
	Hutton	17.5	84	85.4	63.6	76.5
Greater Eston	Eston	26	75.1	78	158.4	146.2
	Grangetown	21.7	72.2	80.3	200.4	169.2
	Normanby	20.6	79.5	85.5	95.1	107.1
	Ormesby	23.3	80.6	85	103.3	107.1
	South Bank	22.7	72.4	76.4	197.1	160.6
	Teesville	26.6	77.3	80.5	132.7	125
Redcar & Coast	Coatham	24.1	75.2	79.4	152.7	133
	Dormanstown	25.1	74	79.6	193.3	130.5
	Kirkleatham	28.2	75.3	76.4	167	136.1
	Longbeck	19.8	81.1	83.4	88.6	94
	Newcomen	23.4	80.8	86.8	114.2	111.5
	Saltburn	26.4	76.8	79.7	138.1	93
	St Germain's	23.9	81.3	84.9	104.6	102.2
	West Dyke	20.2	82	87.2	79.3	105.8
	Wheatlands	10.8	81.2	81.9	76.7	78.1
	Zetland	22.3	79.1	80.3	121.6	109.3
Redcar & Cleveland	22.7	77.9	81.7	120.8	113.6	
England	17.6	79.7	83.2	100	100	

Source: Local Health, UKHSA

4.2 Specific Clinical Priorities

4.2.2 Alcohol & substance misuse

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions,

including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.

In 2020/21 there 717 admissions episodes for alcohol-related conditions or a rate of 526 per 100,000 in Redcar & Cleveland. This is significantly higher than the England rate of 456. The rate for under 18s is 37.3 per 100,000 which is higher than the national rate but not significantly. The 2020 rate per 100,000 for alcohol-related mortality in Redcar & Cleveland was 53 which is significantly higher than the England rate of 38 per 100,000. This is the 12th highest nationally. In 2015/16 it was estimated that the overall cost of alcohol harm in Redcar in Cleveland was £53 million or £389 per head of population.

Substance misuse can be seriously damaging to an individuals' physical and mental health and to those around them, and often goes hand in hand with poor health, homelessness, unemployment, family breakdown and offending. The most recent estimate of the rate of opiate and crack use for Redcar & Cleveland was 918 or a rate of 11 per 1,000. This is higher than the England rate of 8.9 per 1,000.

There were 875 clients engaged in substance misuse treatment in Redcar & Cleveland in 2020/21 for either opiates, non-opiates or non-opiates and alcohol combined. The majority for opiate use, at 63% (550). 68% of clients in treatment are male and key ages of 30-44 years old. Of those entering treatment in 2019/20 only 25% are employed with 47% unemployed or economically inactive, and a further 27% are on long term sick or disabled. 11% have a housing problem and 9% are currently injecting and a further 18% have previously injected.

The rate of those successfully completing treatment for opiates is significantly lower than the national average with 3.8% compared to 4.7% for England. The rate is better for treatment for non-opiate users with 31.1% successfully completing, lower than the national rate of 33%. There is a slightly higher rate of deaths in drug treatment with a mortality ratio of 1.17 in Redcar & Cleveland compared to 1 in England.

4.2.3 Obesity & physical activity

Tackling obesity is one of the greatest long-term health challenges currently faced in England. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health. In 2019/20, 72.9% of the Redcar & Cleveland population were classified as overweight or obese, significantly higher than the England rate of 62.8%. This is the 11th highest rate nationally.

The National Child Measurement Programme (NCMP) shows within Redcar & Cleveland that the prevalence of excess weight amongst children in Reception and Year 6 is significantly worse than the national average. 30.1% of Reception Year and 39% of Year 6 children were overweight or obese in 2019/20. The reception rate is the 6th highest nationally.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In 2019/20, 24.2% of adults were classified as inactive, higher than the England rate of 22.9%.

4.2.4 Sexual health & teenage conceptions

Sexual health and wellbeing is a major public health challenge with sexual ill health increasing. The highest burden is borne by gay and bisexual men, young people and black and minority ethnic groups. Improving sexual health is a priority at both national and local level.

The rate of all new sexually transmitted infection (STI) diagnosis in Redcar & Cleveland was 599 or 436 per 100,000 which is lower to the England rate of 562. Chlamydia is the most commonly diagnosed STI, with a rate of 1,914 per 100,000, which is below the recommended thresholds of 2,300 – 3,000 per 100,000. This is followed by gonorrhoea at 60 per 100,000 (England rate – 101), herpes at 34.2 per 100,000 (England rate – 36.3), genital warts at 29 per 100,000 (England rate – 48.6) and syphilis at 13.8 (England rate – 12.2).

The diagnosed prevalence of HIV is 0 per 100,000, which is lower than the national rate of 5.7. HIV testing coverage is however low in Redcar & Cleveland with a 12% coverage compared to national rate of 46%, the lowest rate in the country. Under 18s conceptions in Redcar & Cleveland are very high with a rate of 30 per 1,000 in 2019 compared to national rate of 15.7. This is the 4th highest rate for any local authority in England. Trends are showing the rate is reducing faster at a national level with the gap between Redcar & Cleveland and England widening.

4.2.5 Vaccinations

Childhood vaccination rates in Redcar & Cleveland for 2020/21 are higher compared to the England average. MMR for one dose at 2 years old is 94.9% locally compared to 90.3% nationally. The DTaP/IPV/Hib at 2 years old vaccine coverage is 96.1% in Redcar & Cleveland compared to 93.8% in England.

Influenza vaccine rates for the elderly are high in Redcar & Cleveland with a coverage of 83.6% for 2020/21 which is higher than the England rate of 80.9%. The percentage of those in the at risk groups receiving a flu vaccination is also higher than the England average with a local rate of 56.4% compared to 53% nationally.

Covid vaccination rates are higher in Redcar & Cleveland compared to national rates. As of February 2022, 86.7% of residents had dose 1 compared to 79.9% in England, 81.5% of residents had dose 2 compared to 74.5% in England and 64% had the booster locally compared to 57.5% in England.

5.0 CURRENT PHARMACEUTICAL SERVICES PROVISION

5.1 Overview of pharmaceutical services providers

NHS England reports that there were 11,358 community pharmacies in England at January 2022, compared to 12,023 reported in the 2018 PNA, a decrease of 665 (5.5%). There are an average of 20.1 pharmacies per 100,000 population in England as shown in figure 10. Redcar & Cleveland has a higher rate with 23.3 pharmacies per 100,000 population. Guisborough locality is the only area that has a lower rate (16 per 100,000) than the national rate.

Figure 10: Pharmacies in Redcar & Cleveland by locality

Locality	No. of pharmacies	Population (mid-2020)	Pharmacies per 100,000 population
R1: East Cleveland	6	24,695	24.3
R2: Guisborough	3	18,775	16.0
R3: Greater Eston	10	38,425	26.0
R4: Redcar & Coast	13	55,333	23.5
Redcar & Cleveland	32	137,228	23.3
England	11,358	56,550,138	20.1

Source: Population data from ONS, Pharmacy data from NHS England & NHS Improvement (NHSEI)

5.1.1 Community pharmacy contractors

As previously stated, pharmaceutical services are provided to the population of the Redcar & Cleveland by **31 community pharmacy contractors** and **1 distance-selling pharmacy** located in Coatham ward. The names and addresses of these pharmacies, by locality, are included in Appendix 4 (Section 11.4). A summary of opening hours and services provided is shown in figure 11 below.

Figure 11: Pharmacy summary information

ODS Code	Locality	Contractor Name	40 Hour Pharmacy	100 Hour Pharmacy	Community Pharmacy	Distance selling premises	New Medicine Service	Stoma	Community Pharmacist Consultation Service	Flu Vaccination Service	Covid Vaccination Service	Evening opening	Saturday opening	Sunday opening
FKF10	R1	Well	Y		Y		Y		Y	Y		Y	Y	
FLD18	R1	Harrops Chemists	Y		Y		Y		Y	Y		Y	Y	
FPY51	R1	Lloydspharmacy	Y		Y		Y	Y	Y	Y		Y	Y	
FVC05	R1	T Kingston Pharmacy	Y		Y		Y		Y	Y	Y	Y	Y	
FVC25	R1	Skelton Pharmacy	Y		Y							Y	Y	
FWD16	R1	Lingdale Pharmacy	Y		Y		Y			Y	Y	Y		
FHW64	R2	Well	Y		Y		Y			Y			Y	
FM586	R2	Boots Uk Limited	Y	Y	Y		Y		Y	Y		Y	Y	Y
FQ625	R2	Boots Uk Limited	Y		Y		Y		Y	Y			Y	
FF695	R3	Lloydspharmacy	Y		Y		Y					Y	Y	
FFF50	R3	Boots Uk Limited	Y		Y		Y		Y	Y		Y	Y	Y
FKC49	R3	Whale Hill Pharmacy	Y		Y		Y		Y	Y		Y	Y	
FL867	R3	Asda Pharmacy	Y	Y	Y		Y		Y	Y		Y	Y	Y
FRG27	R4	Boots Uk Limited	Y		Y		Y					Y	Y	
FTM00	R3	Eston Pharmacy	Y		Y		Y		Y	Y	Y			
FTP86	R3	South Bank Pharmacy	Y		Y		Y		Y	Y		Y	Y	
FWW78	R3	Boots Uk Limited	Y		Y		Y		Y	Y		Y	Y	
FXP92	R3	Tesco Instore Pharmacy	Y	Y	Y		Y		Y	Y		Y	Y	Y
FY321	R3	Grangetown Pharmacy	Y		Y		Y		Y	Y			Y	
FAT38	R4	New Marske Pharmacy	Y		Y		Y		Y	Y	Y	Y	Y	
FC857	R4	Tesco In-Store Pharmacy	Y	Y	Y		Y		Y	Y		Y	Y	Y
FDY75	R4	Coopers Chemist Marske	Y		Y		Y		Y	Y		Y	Y	
FE615	R4	Coatham Pharmacy	Y			Y						Y	Y	
FFH44	R4	Boots Uk Limited	Y		Y		Y		Y	Y		Y	Y	Y
FHL45	R4	Boots Uk Limited	Y		Y		Y		Y	Y		Y	Y	
FL706	R4	Jhoots Pharmacy	Y		Y						Y		Y	
FMF83	R4	Saltburn Pharmacy	Y		Y		Y		Y	Y		Y	Y	Y
FQE19	R4	W W Scott	Y		Y		Y		Y	Y		Y	Y	
FRQ88	R4	Clevechem Limited	Y	Y	Y		Y					Y	Y	Y
FVM18	R4	Park Avenue Pharmacy	Y		Y		Y		Y	Y		Y	Y	
FX275	R4	Coopers Chemist Redcar	Y		Y		Y		Y	Y		Y	Y	
FQM09	R3	Lloydspharmacy	Y		Y		Y		Y	Y			Y	

Source: NHS England & NHS Improvement (NHSEI)

Pharmacies have been included in the description of numbers and locations of pharmacies up to February 2022. All of these pharmacies provided a response to the survey 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 four Redcar & Cleveland localities is shown in figure 12. There has been changes due to the ward boundary changes in Redcar & Cleveland. There is no changes to the pharmacies located in R1: East Cleveland and R2: Guisborough locality since the previous 2015 PNA. There has been changes in R3 Greater Eston, Eston ward now has two pharmacies compared to one previously, there is one fewer pharmacy in South Bank with a total of five now and there is no longer a pharmacy located in Teesville. In R4: Redcar Coast there is one more pharmacy located in Coatham, one less pharmacy in West Dyke and a pharmacy located in the new Wheatlands ward.

The figure below shows an uneven distribution of pharmacies across the Redcar & Cleveland geography, although all localities and settlements are now very well served and each locality has at least 3 pharmacies to provide access and satisfactory choice. This is shown in figure 13 which shows the location of pharmacies in each of locality, together with the locations of the general practices.

The map shows 10 pharmacies (31%) in Redcar and Cleveland are located in a ward that does not also contain at least one general practice/health centre and are therefore offering a healthcare facility where no alternative is available. These pharmacies are located in a total of 9 wards: Lockwood in R1: East Cleveland, Eston, Grangetown and Normanby wards in the R3: Greater Eston locality and Dormanstown, Zetland, Wheatlands, West Dyke and Longbeck wards of R4: Redcar and Coast locality. There are two wards Skelton East and Teesville that do not have a pharmacy located within.

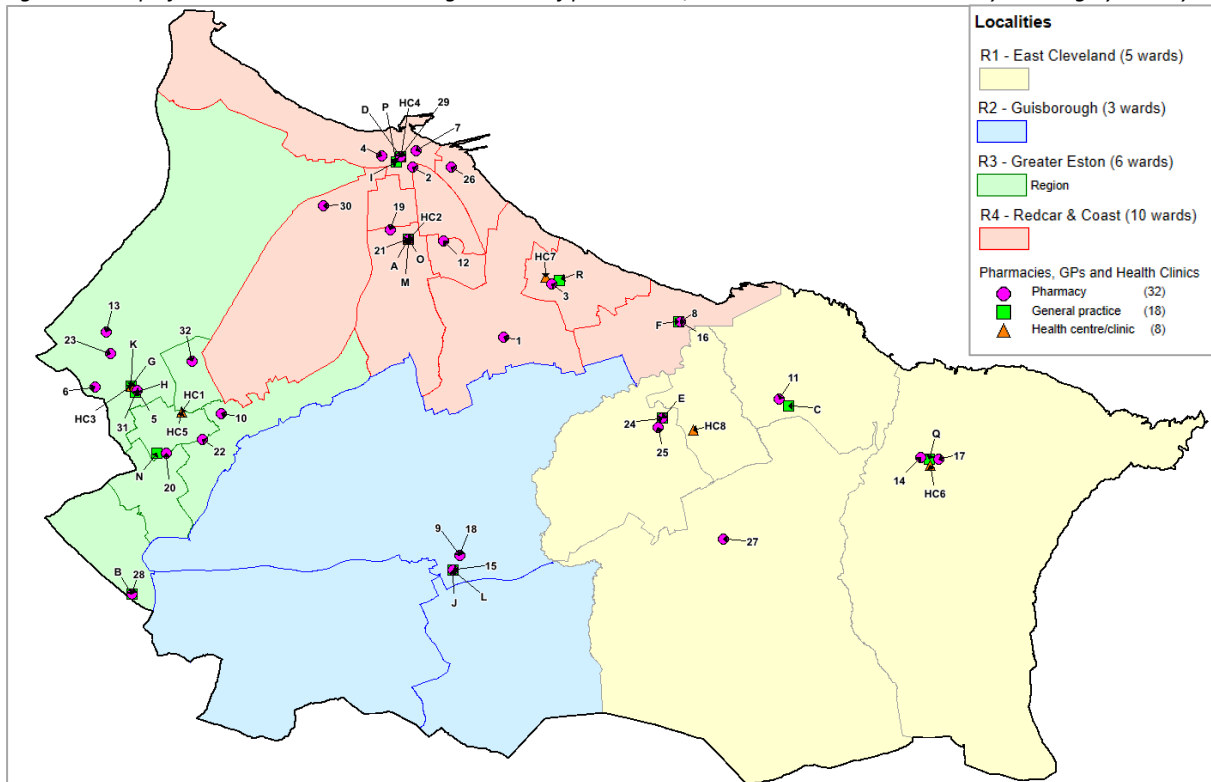
Unlike other areas of the Tees Valley there is not only one 'town centre' in the borough. The commercial centre of Redcar is located in the R4: Redcar and Coast locality, but the geography of Redcar and Cleveland is such that there are also several other district centres, such as those at Guisborough, Eston and Saltburn as well as the more rural village communities such as Loftus, Brotton and Skelton which means that facilities and resources must be distributed over a wider area.

Figure 12: Distribution of pharmacies by ward and locality in Redcar & Cleveland

R1: East Cleveland			R2: Guisborough		
Ward	Number of pharmacies	100-hour pharmacies	Ward	Number of pharmacies	100-hour pharmacies
Brotton	1		Belmont	0	
Loftus	2		Guisborough	3	1
Skelton East	0		Hutton	0	
Skelton West	2				
Lockwood	1				
Total	6	0	Total	3	1
R3: Greater Eston			R4: Redcar & Coast		
Ward	Number of pharmacies	100-hour pharmacies	Ward	Number of pharmacies	100-hour pharmacies
Eston	2		Coatham	3	
Grangetown	1		Dormanstown	1	
Normanby	1		Kirkleatham	2	1
Ormesby	1		Longbeck	1	
South Bank	5	2	Newcomen	0	
Teesville	0		Saltburn	2	
			St Germain's	1	
			West Dyke	1	1
			Wheatlands	1	
			Zetland	1	
Total	10	2	Total	13	2

Source: NHS England & NHS Improvement (NHSEI)

Figure 13: Map of Redcar & Cleveland showing location of pharmacies, GPs and health centres and key showing by locality



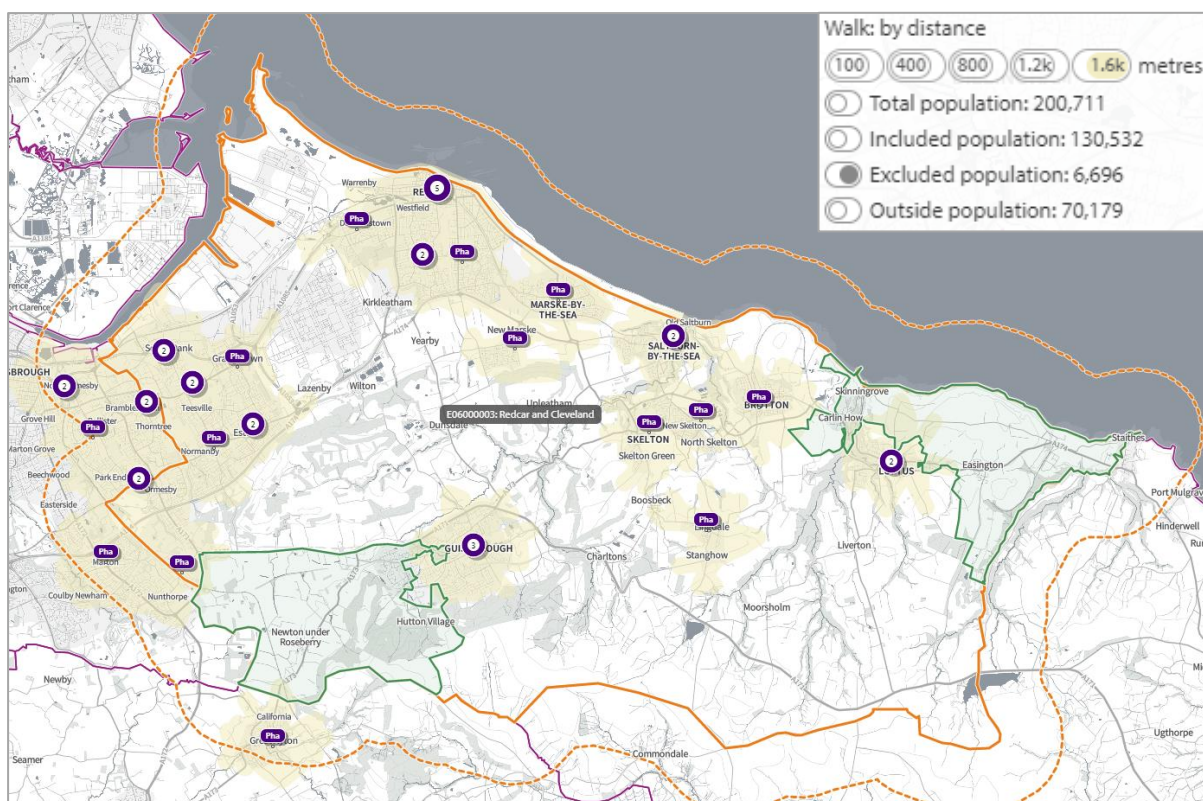
R1: East Cleveland			
Pharmacy		GPs	Health Centres
11	Well	C Brotton Surgery	HC6 Loftus Clinic
14	Harrops Chemists	E Hillside Practice	HC8 Skelton Medical Centre
17	LloydsPharmacy	Q Woodside Surgery	
24	T Kingston Pharmacy		
25	Skelton Pharmacy		
27	Lingdale Pharmacy		
R2: Guisborough			
Pharmacy		GPs	Health Centres
9	Well	J Springwood Surgery	
15	Boots UK Limited (100 hour)	L The Garth Surgery	
18	Boots UK Limited		
R3: Greater Eston			
Pharmacy		GPs	Health Centres
5	LloydsPharmacy	B Borough Road & Nunthorpe Medical Group: Nunthorpe	HC1 Eston House Clinic
6	Boots UK Limited	G Normanby Medical Centre	HC3 2 Low Grange
10	Whale Hill Pharmacy Inc Pharmacy4meds	H South Grange Medical Group Practice	HC5 Eston Clinic
13	Asda Pharmacy (100 hour)	K The Eston Surgery	
20	Boots UK Limited	N The Manor House Surgery	
22	Eston Pharmacy		
23	South Bank Pharmacy		
28	Boots UK Limited		
31	Tesco Instore Pharmacy (100 hour)		
32	Grangetown Pharmacy		
R4: Redcar & Coast			
Pharmacy		GPs	Health Centres
1	New Marske Pharmacy	A Bentley Medical Practice	HC2 Redcar Primary Care Hospital
2	Tesco in-Store Pharmacy (100 hour)	D Coatham Road Surgery	HC4 Coatham Road Health Centre
3	Coopers Chemist Marske Limited	F Huntcliff Surgery	HC7 Marske Clinic
4	Coatham Pharmacy	I South Grange Medical Group Practice: Lagan Surgery	
7	Boots UK Limited	M The Green House Surgery	
8	Boots UK Limited	O The Ravenscar Surgery	
12	Jhoots Pharmacy	P The Saltscar Surgery	
16	Saltburn Pharmacy	R Zetland Medical Practice	
19	W W Scott		
21	Clevechem Limited (100 hour)		
26	Park Avenue Pharmacy Limited		
29	Coopers Chemist Redcar Limited		
30	Dormanstown Pharmacy		

5.2 Detailed description of existing community pharmacy providers

5.2.1 Access to pharmacies

In Redcar & Cleveland, 127,552 or 93% of the population live within a walking distance of 1 mile (1.6km) of a Redcar & Cleveland pharmacy. If we include Middlesbrough pharmacies, this increases to 130,532 or 95.1% (Ormesby residents can access pharmacies located in Park End & Beckfield ward in Middlesbrough) as shown in figure 14 as the yellow shaded area. A total 6,696 or 4.9% do not live within 1 mile and these are located in two areas in Hutton ward and the North part of Loftus ward the East of Brotton ward, shown in the green bordered area. A total of 16,885 people who live outside of Redcar & Cleveland are also within a 1 mile walking distance of a Redcar & Cleveland pharmacy.

Figure 14: Population living within a 1 mile walking distance of a pharmacy



Source: SHAPE Place Atlas

Of the 6,696 who are not within a 1 mile walk, 1,412 or 21% are aged 70 years and older. Deprivation data from the IMD 2019 shows that there is a significant split between those living in these areas in terms of deprivation. There are 1,449 (21.6%) in IMD decile 1 (Carlin How & Skinningrove area) and 1,441 (21.5%) in decile 2 (Easington area), whilst the remaining 3,806 (56.9%) are from IMD decline 9 and 10. Those in IMD deciles 1 and 2 are classified as rural town and fringe and rural village and dispersed as per the rural urban classification 2011. Those in deciles 9 and 10 are classified as urban city and towns.

The residents living in those areas are able to access a pharmacy within a 5 minute car journey, although accounting for rush hour traffic, 1,518 living in areas in Hutton ward would take up to 10 minutes travel time. It is worth noting that those living in deciles 1 and 2 in the Carlin How, Skinningrove and Easington areas are much less likely to have access to a car. Public transport data shows that residents in these areas are within a 15 minute travel time to sites across weekday mornings, afternoons and evenings. This is using buses/trains including potential walk from start location.

5.2.2 Opening hours

NHS England is responsible for administering opening hours for all pharmacies in Redcar & Cleveland. All pharmacies have 40 core contractual hours which cannot be amended without the consent of NHS England. Each pharmacy is therefore required to be open for a minimum of 40 hours a week which 27 in Redcar & Cleveland are contracted to, whilst a further 5 pharmacies have a 100 hour contract where they must be open for at least 100 hours per week, as core hours.

In addition to core hours, pharmacies may have supplementary opening hours which can be amended upwards or downwards by the pharmacy subject to agreement. These are provided on a voluntary basis by the pharmacy contractor, often based on patient need and business viability. In Redcar & Cleveland all pharmacies are open for more than the core contract hours.

Figure 15 below shows the Monday to Friday opening hours for pharmacies in Redcar & Cleveland. Coverage for 9am – 5pm is good across the borough with 7 pharmacies closing for 1 hour at lunchtime. There are 12 pharmacies that are open before 9am with coverage in all 4 localities. There are 8 pharmacies that are not open on evenings (before 6pm) with 1 pharmacy closing at 5pm and a further 7 pharmacies that close at 5.30pm. Of the total of 32 pharmacies, 24 or 75% offer evening opening hours. 18 of the 24 close at 6pm with 6 pharmacies offering later evening opening hours, with the latest closing at 10pm and 10.30pm. There is good coverage of the later evening opening hours in locality R2, R3 and R4, however R1 locality – East Cleveland does not have a pharmacy open after 6pm.

On evenings in Redcar & Cleveland, 1,518 do not have access within a 5 minute car journey located in the Hutton ward, but do have access within a 10 minute drive. Residents in these areas without a car have access via public transport networks within a 10 minute commute.

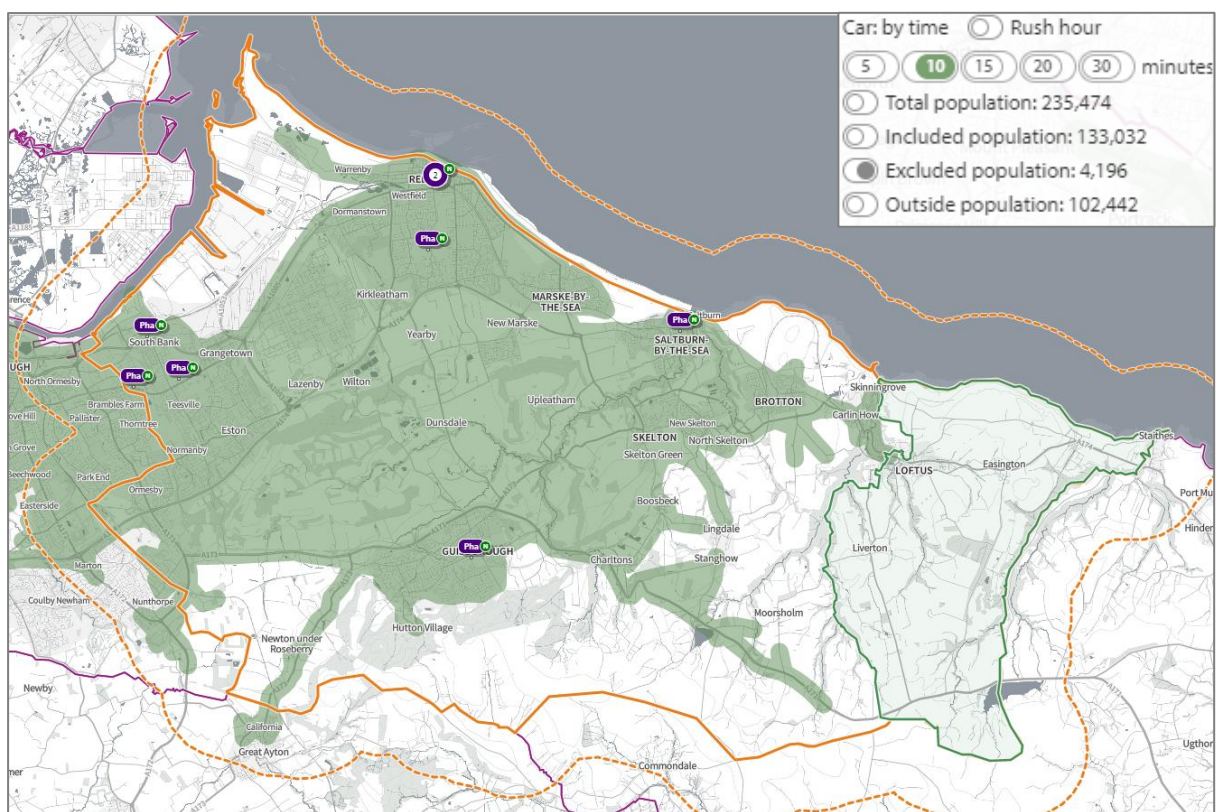
Figure 15: Pharmacy opening hours Monday to Friday

Pharmacy		Mon-Fri Opening Hours																	
		6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
R1	Well																		
	Harrops Chemists																		
	Lloydspharmacy																		
	T Kingston Pharmacy																		
	Skelton Pharmacy																		
	Lingdale Pharmacy																		
R2	Well																		
	Boots Uk Limited																		
	Boots Uk Limited																		
R3	Lloydspharmacy																		
	Boots Uk Limited																		
	Whale Hill Pharmacy																		
	Asda Pharmacy																		
	Boots Uk Limited																		
	Eston Pharmacy																		
	South Bank Pharmacy																		
	Boots Uk Limited																		
	Tesco Instore Pharmacy																		
	Grangetown Pharmacy																		
R4	New Marske Pharmacy																		
	Tesco In-Store Pharmacy																		
	Coopers Chemist Marske																		
	Coatham Pharmacy																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Jhoots Pharmacy																		
	Saltburn Pharmacy																		
	W W Scott																		
	Clevechem Limited																		
	Park Avenue Pharmacy																		
	Coopers Chemist Redcar																		
Lloydspharmacy																			

Source: NHSEI

Figure 16 below shows the weekend opening hours for pharmacies in Redcar & Cleveland. There are 29 pharmacies that are open on a Saturday with coverage in all four localities. Of those 29, 15 are open only on mornings, with coverage in R1 locality until 5pm and up to or after 10pm in the other 3 localities. Redcar & Cleveland has 8 pharmacies that are open on a Sunday, with at least 1 pharmacy open in all localities except for R1 locality – East Cleveland. All but 2 pharmacies are open at 10am (1 pharmacy opens at 9am and 1 at 10.30am) and the majority close at 4pm. There is 1 pharmacy in R2 open until 5pm and 1 pharmacy in R4 open until 6pm.

Figure 16: Pharmacy opening hours Saturday and Sunday



Source: SHAPE Place Atlas

During the period the draft PNA was completed, notice was given to NHSE&I and Redcar & Cleveland Council by five pharmacies in the area (within R2, R3 & R4 localities) that were making minor changes to their opening hours. Public Health South Tees Health and Wellbeing Board has systematically considered the differences in supplementary opening hours has concluded that these make no meaningful difference to the provision of pharmaceutical services across Redcar and Cleveland. A summary of these changes are shown in Appendix 6 (section 12.6).

5.3 Description of existing pharmaceutical services provided by community pharmacy contractors

5.3.1 NHS Essential Services

The presence of a community pharmacy automatically defines the availability of the majority provision of all the essential services⁴ since all pharmacies included in the Pharmaceutical List of NHS England and Improvement (NHSE&I) 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 NHSE&I, the local NHS or local authority commissioner has chosen to provide them.

5.3.1.1 Dispensing Medicines, Repeat Dispensing, and electronic Repeat Dispensing (eRD)

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 2020-21 was 1110 million compared to the 1130 million items dispensed in 2019-20. This was a decrease of 21.5 million (1.9%). This slight

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

decrease is unusual and may be partly as a result of changes in prescribing activity since the start of the COVID-19 pandemic in March 2020. Prescription volume has increased over 50% since 2004-05. Tees Valley CCG practices located in Redcar and Cleveland dispensed 3,722,265 items in 2020-21, a decrease of 43,038 items compared to 2018-19. Prescriptions transferred electronically accounted for 53.3% of prescriptions across the borough in 2016/17 but by November 2021, this figure had risen to 98.5%, with an eRD utilisation rate of 26.0% across Tees Valley CCG. National figures are 91% and 14.9% respectively.

There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Redcar and Cleveland 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 extensive use of the electronic prescription service (EPS).

Since 2018 the number of pharmacies in Redcar and Cleveland has risen by one to 32. Five of those 32 are open a minimum of 100 hours per week, and one is Distance Selling Pharmacies (DSP).

Uptake of the NHS electronic repeat dispensing service has risen considerably across Tees since the last PNA was published in 2018, from 1.9% in 2016-17 to 32.6% in 2020-21.

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.

5.3.1.2 Discharge Medicines Service

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

This service, which all pharmacy contractors have to provide, was originally trailed in the 5 year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

5.3.1.3 Dispensing Appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.

5.3.1.4 Disposal of Unwanted Medicines

Pharmacies are obliged to accept back unwanted medicines from patients. The local NHSE&I team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

The pharmacy must, if required by NHSE&I or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

Since the last PNA was published in 2018, patients have been encouraged to return used pressurised metered dose inhalers (pMDIs) to community pharmacies for environmentally safe disposal

pMDIs currently use hydrofluorocarbon gases (HFCs or 'F-gases') as propellants.

- When released from the inhaler, HFCs remain in the atmosphere for approximately 270 years and they are potent greenhouse gases between 1,300 and 3,350 times greater than CO₂.
- While inhalers also include plastics and metals, analysis has shown that 96% of the climate change impact of inhalers is from the emissions of these gases.
- When used pMDIs are disposed of in domestic waste, the residual HFCs are likely to be released into the atmosphere due to them being crushed in the back of refuse lorries or when they are eventually disposed of via landfill.

As part of the Pharmacy Quality Scheme (PQS) on 2021/22, community pharmacies have been encouraged to raise awareness of the pMDI disposal service.

5.3.1.5 Public Health – Promotion of Healthy Lifestyles

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHSE&I. This generally involves the display and distribution of leaflets provided by NHSE&I; see further details below.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

It has been agreed that the campaign topics should, wherever possible, support NHSE&I's operational and public health priorities, such as winter pressures, smoking, obesity and alcohol.

In May 2021, contractors were asked to participate in the first mandated health campaign, a COVID-19 vaccination campaign. This was focused on informing the public about the vaccine and encouraging them to take it up when was offered to them.

The second campaign was on winter vaccines and ran between 22nd November to 31st December 2021.

5.3.1.6 Support for Self-Care and signposting

Pharmacies help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines. NHSE&I should provide pharmacies with lists of sources of care and support in the area. Pharmacies are expected to help people who ask for assistance by directing ('signposting') them to the most appropriate source of help. Records are be kept where the pharmacist considers it relevant to the care of the patient.

5.3.1.7 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Community pharmacy contractors were be required to become an HLP in 2020/21 as agreed in the five-year CPCF; this reflected the priority attached to public health and prevention work. Prior to 2020, HLP status was not an essential service although the majority of pharmacies in Redcar and Cleveland met the standard.

The NHS Terms of Service were been amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, which were published by NHSE&I. All pharmacy contractors must ensure they are compliant with the HLP requirements.

It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained Health Champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.

5.3.2 NHS Advanced Services

5.3.2.1 Community Pharmacy Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed.

The service, which replaced the NUMSAS and DMIRS pilots, connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacies from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system

At December 2021, 29 of the 32 community pharmacies in Redcar and Cleveland were signed up to provide this service.

5.3.2.2 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). NMS provision is now widespread across the UK, and all pharmacies in Redcar and Cleveland (with the exception of the 1 distance selling pharmacy) provide this service.

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

Appliance Use Review (AUR) was the second Advanced Service to be introduced into the NHS Community Pharmacy Contractual Framework (CPCF).

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example a carer).

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

Establishing the way the patient uses the appliance and the patient's experience of such use.

Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.

Advising the patient on the safe and appropriate storage of the appliance; and

Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

This advanced service was introduced in April 2010. Seven of the 30 respondents to the 2021 contractor survey declared that they provided this service. 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.

Stoma Appliance Customisation (SAC) is the third Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service, if contact details are known to the pharmacist. The local NHSE team may provide the information or it may be established by the pharmacist.

5.3.2.4 NHS Flu vaccination service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. This improves choice and access.

Of the 32 pharmacies in Redcar and Cleveland responding to the pharmacy contractor survey, 29 reported providing 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 2020-21, Redcar and Cleveland pharmacies delivered a total of 5299 flu vaccinations; this number rose significantly to 9105 in 2021-22 (not a full year). This rise may be in part due to access issues or behaviour change as a result of the Covid19 pandemic but highlights the importance of community pharmacy in this important area of public health provision.

5.3.2.5 Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trailed in the 5 year CPCF agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate

At December 2021, 1 pharmacy in Redcar and Cleveland was signed up to provide this service

5.3.2.6 Hypertension Case Finding Service

The 5-year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included a plan to pilot case finding for undiagnosed cardiovascular disease.

In 2020, NHSE&I commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24 hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service, in the Year 3 negotiations. The service was scheduled to commence in October 2021, but at the time of writing, work was still underway to finalise additional information, guidance and support materials.

5.3.2.7 Covid-19 Lateral flow distribution service

At the end of March 2021, a new Advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework.

This service, which pharmacy contractors can choose to provide, as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

The service is part of the Government's offer of lateral flow testing to all people in England and it works alongside NHS Test and Trace's other COVID-19 testing routes.

In March 2022, this service was being withdrawn and it is not clear at this stage whether it will be re-introduced should further waves of the pandemic occur. It is included in the PNA on the basis that it remains a possibility.

5.3.2.8 Pandemic Delivery Service

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service.

At the time of launching the pandemic delivery service (early April 2020), Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of the coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy.

The service was originally commissioned across England to support clinically extremely vulnerable (CEV) patients until 31st July 2020, with some specified local outbreak areas still being covered by the service until 5th October 2020.

During the second national lockdown across England, new advice was issued to people who were clinically extremely vulnerable from COVID-19 and the service was restarted on 5th November 2020 and it ran until 3rd December 2020. The service for CEV patients continued in announced Tier 4 areas before then recommencing across the whole of England following commencement of a new national lockdown in England from 5th January 2021. Provision of the service to CEV patients ended at 23:59 on 31st March 2021, when shielding for that group of patients was paused.

From 16th March 2021 to 23:59 on 31st March 2022, people who have been notified of the need to self-isolate by NHS Test and Trace are able to access support for the delivery of their prescriptions from contractors. Whilst it is possible that this service may not be commissioned during the lifetime of this PNA, it is included for completeness.

5.3.2.9 Smoking Cessation Advanced Service

The 5 year Community Pharmacy Contractual Framework (CPCF) agreement reached in July 2019 included the proposal that stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy should be piloted. The pilot was successful, and NHSE&I proposed the commissioning of a new Stop Smoking service, as an advanced service.

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

Work is still underway to finalise the service specification and other details, and is due to commence in January 2022. This may be delayed by other priorities such as the Covid-19 vaccination programme.

5.3.3 NHS Enhanced Services

NHS England currently commissions two enhanced services from community pharmacy contractors in Redcar and Cleveland. Extended opening hours for Bank holidays and a Community Pharmacy Coronavirus Vaccination Service. The latter falls under NHSE responsibility for emergency planning.

5.3.3.1 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 Valley area providing 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.

5.3.3.2 Community Pharmacy Coronavirus Vaccination Service

In December 2021, NHSE is commissioning phase 3 of the coronavirus vaccination service from interested community pharmacy providers. This follows on from the significant contributions made by the sector in earlier phases (in the 6 month period July to December 2021, community pharmacies had delivered 33.2% of all coronavirus vaccinations in Tees). The purpose of the service is to widen availability of the coronavirus vaccines to increase uptake. Redcar and Cleveland has 8 community pharmacies delivering this service with 3 more due to start soon.

It is unclear at this stage whether this service will be extended, and what form that extension might take.

5.3.4 Locally commissioned services – public health (local authority) and CCGs

Locally commissioned services from pharmacies impact on the need for NHS pharmaceutical services as enhanced services to be commissioned by NHSE. Redcar and Cleveland Borough Council now commissions several locally contracted services, with Tees CCG commissioning two services. Supervised Consumption and Emergency Hormonal Contraception (EHC) are the longest established services having been provided for over 20 years. Stop Smoking enhanced services have also been provided for a considerable period of time.

Figure 18: Locally commissioned services

Service	Commissioner
Supervised Self-Administration	Redcar and Cleveland Borough Council
Needle Exchange	
Stop Smoking (full One Stop)	
Stop Smoking (dispensing only)	
EHC supply (PGD)	Redcar and Cleveland Borough Council via the contract with Sexual Health Tees
Chlamydia testing	
C-card service	
Community Pharmacy Specialist Palliative Care Medicines	Tees Valley CCG
Antiviral medication stockists	Tees Valley CCG

Figure 19 shows an overview of the number of pharmacies contracted to provide each of these locally commissioned services, by locality in Redcar and Cleveland, at December 2021.

Figure 19: Pharmacies contracted to provide each of these locally commissioned services

Area Dec 2021	Total Number of pharmacies	Needle Exchange	Stop Smoking	Supervised Self-Administration	Specialist drugs	EHC	Chlamydia screening	C-card
East Cleveland	6	1	3	5	0	3	2	2
Guisborough	3 (1 x 100hr)	1 (1)	3 (1)	3 (1)	1	3	2	2
Greater Eston	10 (3 x 100hr)	2 (0)	8 (3)	9 (1)	0	6 (2)	6 (2)	4 (2)
Redcar and Coast	13 (2 x 100hr)	5 (1)	8 (1)	10 (2)	3 (1)	9 (1)	7 (1)	6 (1)
HWB area	32	9	22	27	4	21	17	14

New pharmacies are required to demonstrate acceptable contractual standards and provide all essential services before they are eligible to provide both the advanced and NHSE 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.*

Figure 18, and interpretation of service need, should be viewed in context of all of the above.

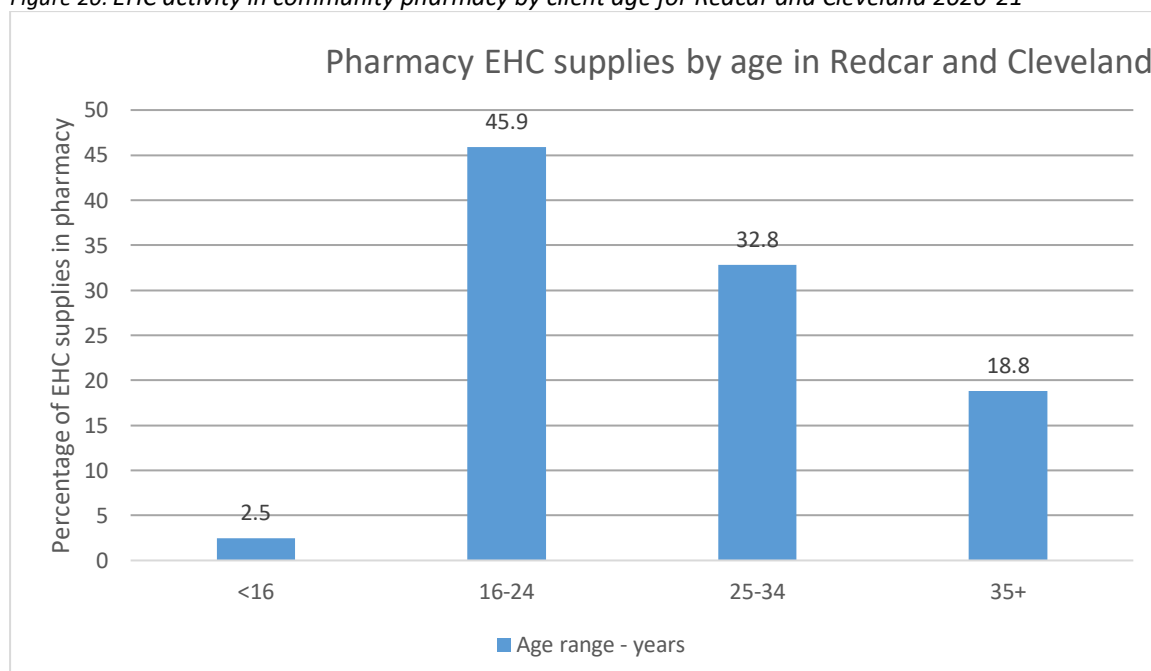
5.3.4.1 Emergency Hormonal Contraception (EHC)

Community pharmacies are sub-contracted to provide Emergency Hormonal Contraception (EHC) by the local Sexual Health Tees provider (HCRG Care Services Ltd) 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 21 of the 32 pharmacies in Redcar and Cleveland are currently accredited and contracted to provide the services. 21 pharmacies recorded activity in 2020-21. Community pharmacies in Redcar and Cleveland delivered 923 consultations in total. Activity has been reduced significantly since the prime provider (HCRG Care services Ltd) introduced online provision of EHC, allowing service users the option of contact free and anonymous supply. This has been particularly valuable during the Covid19 pandemic.

Figure 20 shows the distribution by age of the pharmacy EHC activity in 2020-21, which is highest in the 16-24 (target) age group at just over 45%

Figure 20: EHC activity in community pharmacy by client age for Redcar and Cleveland 2020-21



There is broad delivery across the wards with higher levels of need in West Dyke and Kirkleatham. There are reasonable levels of activity across the borough. 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 sexual health contract commissioners have maintained a Service Outcome Related Payment (SORP) which has been extended to the end of March 2023. The scheme 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

5.3.4.2 Stop smoking service

22 of the 32 pharmacies are currently commissioned. 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. Pharmacies are able to offer Nicotine Replacement Therapy (NRT) and varenicline via PGD as pharmacological support, although long term supply issues with the latter have limited provision significantly.

In 2020-21 the number of smokers setting a quit date in Redcar and Cleveland across all providers was 428, of which 109 were through community pharmacies – a market share of 25%. In 2016-17, 377 smokers set a quit date, so this represents a significant drop in activity across all providers which will be at least partly explained by changes of priorities for both smokers and providers during the Covid-19 pandemic. Out of the 22 providers, 16 saw no activity in this financial year. Quit rates across all provider types was similar at 65-70%.

5.3.4.3 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. The service is currently subcontracted to a specialist substance misuse service provider, We Are With You, who manage all aspects of the patient pathway on behalf of Redcar and Cleveland LA. However, the LA Public Health team still work closely with pharmacies, clients and treatment providers to ensure that all parties work to provide a quality locally commissioned service.

27 pharmacies are currently accredited and contracted to provide this service for 2021-22, two more pharmacies than were commissioned at the time of the last PNA in 2018 This shows the willingness of the existing pharmacies to respond to patient need and capacity within Redcar and Cleveland to deliver the level of service required. All 27 recorded activity. There is a choice of providers in all 4 providers.

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 area seems to demonstrate that these needs are being met.

5.3.4.4 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 South Tees.

In 2020-21 just over 5000 needle exchange transactions took place in a community pharmacy setting in Redcar and Cleveland via the 9 community pharmacy needle exchange providers that were operating at this time. There is provision across all 4 localities with the greatest levels of activity in Greater Eston and Redcar and Coast.

5.3.4.5 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 Valley area by Sexual Health Teesside on behalf of the four Tees Borough Councils. Sexual Health Teesside reports that 17 pharmacies in Redcar and Cleveland 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 National Chlamydia Screening Programme (NCSP) 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. Currently, 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 2020 all local authorities in Teesside were below the recommended target and below the North East average of 1862 per 100K and the national average of 1,408 per 100,000.

In June 2021 the NCSP changed to focus on reducing the harms from untreated chlamydia infection where the burden of disease falls on women. This change is about protecting the reproductive health of women. Community pharmacies are ideally placed to support the uptake in higher risk patients.

5.3.4.6 C-Card (Condom Card)

14 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 and STI's 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.

5.3.4.7 Tees Valley CCG Community Pharmacy Specialist Palliative Care Medicines Stockists (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 (EOL) 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 EOL should reduce the requirement for unplanned, urgent access to those medicines frequently used at this time.

Improvement or better access to the availability of those medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. As of March 2022, 4 pharmacies have provided the service in Redcar and Cleveland, with at least two providers also open extended opening hours on evenings and weekends providing reasonable access at most times.

5.3.4.8 Antiviral medication stockists

Previously commissioned by NHSE, Tees Valley CCG now directly commissions a small number of pharmacies to maintain a stock of oseltamivir for distribution in the event of a flu pandemic. There is one pharmacy in Redcar (WW Scott) which holds this emergency stock, and across the full CCG footprint there are 6 pharmacies in total.

5.3.5 Non-NHS services

Most pharmacies provide non-NHS pharmaceutical services to their patients, or to other professionals or organisations. 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 organisation (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**⁵.

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 'marketplace' 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.

5.3.6 Pharmaceutical services provided to the population of Redcar and Cleveland from or in neighbouring HWB areas (cross boundary activity)

The population of Redcar and Cleveland 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 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 using a Dispensing Appliance Contractor (DAC) or a distance-selling pharmacy

As previously described in section 3.1, Redcar and Cleveland is bordered by Hartlepool, Stockton, Middlesbrough and North Yorkshire. A significant amount of its boundary is bordered by the sea or the River Tees. Given that a large expanse of industrial land and the River Tees is on the boundary of Redcar and Cleveland with Stockton-on-Tees and Hartlepool no cross boundary activity is expected. Cross boundary activity into Middlesbrough and North Yorkshire and York should however be considered.

⁵ Or services counted as NHS services for the purposes of the PNA

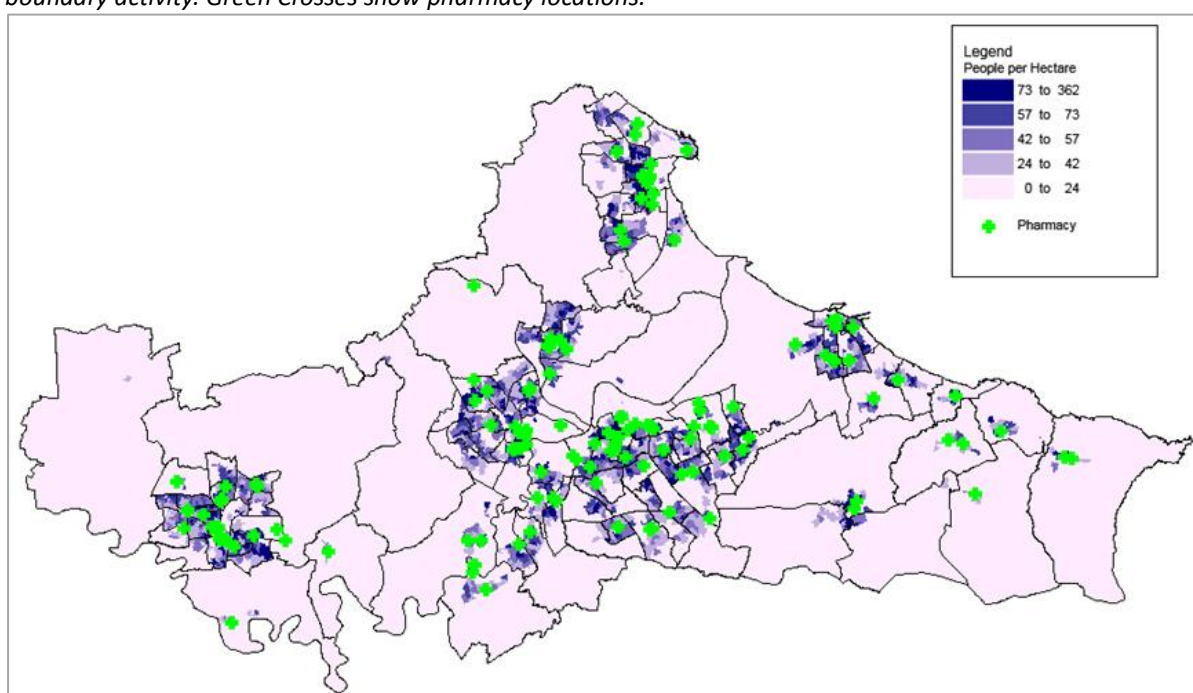
Transport links, proximity to existing pharmacies and service data where available, suggest that where users of pharmacy services do sometimes choose to travel out of Redcar and Cleveland to access a pharmacy, this would most commonly be to pharmacies located at:

- Ormesby in Middlesbrough
- The retail centre of Middlesbrough
- Teesside Retail Park in Stockton
- Pharmacies in Middlesbrough centre

There are two pharmacies within 2 to 6 miles of the Redcar and Cleveland boundary into the North Yorkshire area. Some prescriptions from Redcar and Cleveland are dispensed here but this is likely to be opportunistic rather than essential. The pharmacies at Stokesley and Great Ayton open only standard daytime hours therefore it is most unlikely that any Redcar and Cleveland patients or professionals (e.g. for Palliative Care) would need to purposefully visit one of these pharmacies rather than closer pharmacies located at Guisborough or the Greater Eston locality. At the coastal boundary, patients from the North Yorkshire area beyond the Redcar and Cleveland boundary at East Cleveland, are more likely to travel into Redcar and Cleveland to use the pharmaceutical services there than the other way round.

Figure 21 shows pharmacy location overlaid on a population density map for the five Tees Valley HWB areas to assist with understanding the potential for cross boundary activity. The proximity of pharmacies in the borough to each other, local knowledge of the area including the industrialised and or rural areas at the borders of the external wards boundaries and lifestyle movement of the population as well as transport links, suggests that residents of Redcar and Cleveland and the associated reliant population, are more likely to access pharmaceutical services within Redcar and Cleveland. This is confirmed with prescription analysis in the following section.

Figure 21: 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 figure 22. The table shows that based on prescription data for the year from April to June 2017, the proportion dispensed within the Redcar and Cleveland HWB area was 94.3%, Four years later in 2020/21, 8.1% of Redcar and Cleveland prescriptions were dispensed outside the HWB, some of which will have been dispensed in neighbouring HWB areas.

Figure 22: Cross-boundary dispensing for HWB areas of Tees Valley CCG. (Source: ePACT)

Prescriber area	April 16 – March 17		April 20 – March 21	
	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)	Proportion of total scripts dispensed by pharmacy in that HWB area (%)	Proportion dispensed out of area (%)
Middlesbrough	90.4	9.6	87.8	12.2
Redcar and Cleveland	94.3	5.7	91.9	8.1

Whilst the out of HWB area dispensing has increased it is not considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Redcar and Cleveland, 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 distance selling pharmacies, and those dispensed by appliance contractors.

5.4 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 Redcar and Cleveland 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 neighbouring 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 organisation 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.

Specific examples of services currently delivered to the reliant population of the Redcar and Cleveland 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
- 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 services are provided in a mixed-provider model alongside other providers (e.g. needle exchange, EHC, cardiovascular disease (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.

5.5 Results of the pharmacy questionnaire related to existing provision

34 Pharmacies have reported to the survey in Redcar & Cleveland Local Authority. Three pharmacies provided two responses each, however these have been included due to varying responses.

In response to the Q. **'Entitled to pharmacy access scheme payments?'**

Out of 34 Pharmacies responded, 24 (71%) of them have not been entitled to access scheme payments and the remaining 10 (29%) have got access to pharmacy access scheme payments.

In response to the Q. **'Is this a distance selling pharmacy?'**

Every pharmacy has responded 'No' to being a distance selling pharmacies.

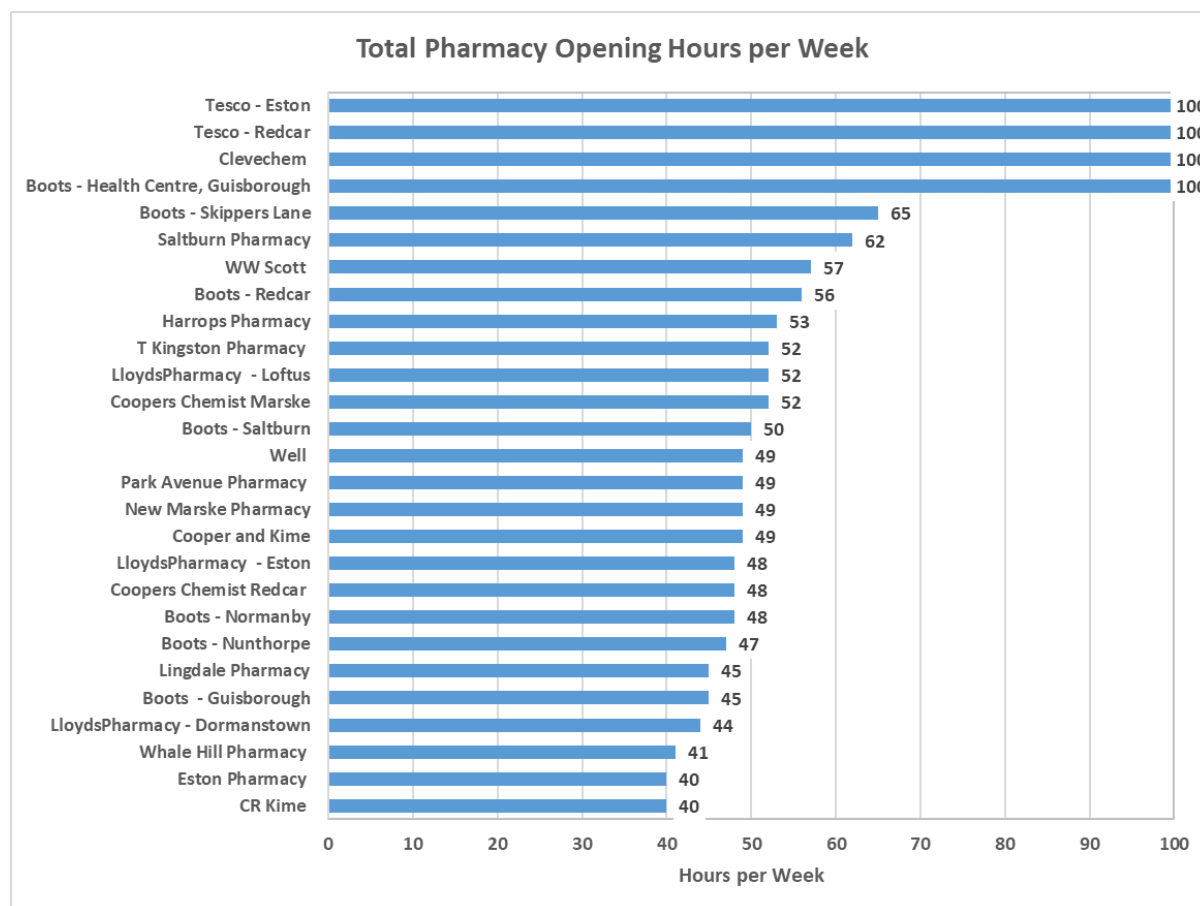
In response to the Q. **'Does the pharmacy has a website address?'**

Out of 23 pharmacies, 12 (35%) stated that they do not have a website address.

In response to the Q. **'Total pharmacy opening hours per week?'**

Out of 27 pharmacies (excluding duplicated pharmacies) - 4 pharmacies are open 100 hours per week, 9 pharmacies open for 50 or more hours and the remaining 14 pharmacies open between 40 and 50 hours per week. Figure 23 shows total number of opening hours by pharmacy.

Figure 23 : Total number of opening hours per week per pharmacy



In response to the Q. **'Are you willing to undertake off-site consultations?'**

A total of 15 (44%) pharmacies have responded that they are not willing to undertake off-site consultations, 14 (41%) have responded that are willing 'in a patients home' and 18 (53%) are willing at 'another suitable site'.

In response to the Q. **'Does the pharmacy dispense appliances (Essential services)?'**

30 (88%) of the pharmacies dispense 'all types of appliances', 3 (8%) dispense 'just dressings' and 1 (3%) do not dispense.

Figure 24 outlines the **Advanced services** that local pharmacies provide.

Figure 24: Advance services provided

Service Name	Yes	No	Soon
New medicine service	100%	0%	0%
Appliance use review	21%	79%	0%
Emergency supply of medicines	100%	0%	0%
Influenza vaccination service	97%	3%	0%
COVID vaccination service	32%	59%	9%
Lateral flow testing provision	94%	6%	0%
Community pharmacy consultation service	100%	0%	0%

Figure 25 outlines the **locally commissioned services** that local pharmacies provide.

Figure 25: Locally Commissioned Services Provided

Key: CP - Currently providing this
 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

Service Name	CP	WA	??	X
Emergency hormonal contraception	68%	24%	6%	3%
Contraception services	18%	59%	9%	15%
C-Card registration/supply	50%	41%	3%	6%
Chlamydia (test only)	50%	41%	3%	6%
Chlamydia (test and treat)	0%	74%	6%	21%
Availability of specialist drugs	38%	38%	9%	15%
Supervised self-administration methadone & buprenorphine	82%	3%	3%	12%
Needle and syringe exchange	29%	38%	9%	24%
Level – 2 smoking cessation	18%	65%	6%	12%
Stop smoking service – NRT eVoucher service	29%	50%	6%	15%

Figure 26 outlines the **other services** that local pharmacies provide.

Figure 26: Other services provided

Service Name	CP	WA	??	X
Care home service	35%	21%	18%	26%
Out of hours call-out services	0%	38%	29%	29%
Anti-viral distribution	0%	71%	3%	26%
Gluten free food supply	3%	59%	9%	29%
Anticoagulant monitoring	0%	65%	12%	24%
Vascular risk assessment service	0%	68%	9%	24%
Independent prescribing	0%	56%	9%	35%
Directly observed therapy e.g., drugs for TB or HIV	0%	56%	12%	32%

Figure 27 outlines the **screening services** that local pharmacies provide.

Figure 27: Screening services provided

Service Name	CP	WA	??	X
Alcohol brief interventions	3%	62%	9%	26%
HIV	0%	53%	21%	26%
Gonorrhea	0%	53%	21%	26%
Hepatitis B screening	0%	59%	15%	26%
Cholesterol	6%	59%	9%	26%
Diabetes	12%	59%	9%	20%

Figure 28 outlines the **non-seasonal flu vaccines** that local pharmacies provide.

Figure 28: Vaccines (not seasonal flu) provided

Service Name	CP	WA	??	X
Childhood vaccinations	0%	56%	12%	32%
HPV vaccinations	0%	65%	6%	29%
Travel vaccines	0%	68%	6%	26%
Hepatitis B vaccination	0%	71%	3%	26%

Figure 29 outlines the **private services** that local pharmacies provide.

Figure 29: Private services provided

Private Services - Screening/Tests	Total
Emergency Supply Service	16
Medicines Assessment and Compliance Service	8
Medicines Optimisation Service	9
Diabetes	4
Medication Review Service	4
Chlamydia (test only)	2
Cholesterol	2
Minor Ailment Scheme	2
Hepatitis B	2
Private Services - Vaccinations	Total
Other: Seasonal Flu Jabs	8
Pneumococcal pneumonia	8
Hepatitis B	3
HPV	3
Travel vaccine(s)	2
Other: Influenza	2
Varicella	1
Meningococcal	1
Private Services - Other	Total
EHC	21
Medicines sales for self care	21
Medicines delivery (see later)	18
Blood pressure	14
Care home service	9
Sharps disposal	8
Weight management	4
Needles/syringes supply	4
Smoking cessation	6
Gluten free food supply	1
Adherence support (long term conditions)	1
LARC	1

Figure 30 outlines the response to Q. 'Does the pharmacy provide collection & delivery services?'

Figure 30: Collection & delivery services provided

Service Name	YES	NO
Collection of prescriptions from surgeries	88%	12%
Delivery of dispensed medicines – free of charge on request	74%	26%
Delivery of dispensed medicines – chargeable	32%	68%
MDS – free of charge on request	91%	9%
MDS - chargeable	3%	0%

In response to the Q. 'What languages other than English are spoken in the pharmacy?'

Only 20 of the pharmacies have responded out of 34 pharmacies. 7 pharmacies have mentioned either 'None or no other languages spoken' and the remaining 13 of them responded that customers speak different languages: 'Hindi, Tagalog, Thai, Italian, French, Spanish, Urdu, Punjabi, Bengali, Arabic and Irani'.

Continuation to that Q. 'What languages other than English are spoken by the community where the pharmacy serves?'

Only 16 of the pharmacies have responded out of 34. Out of these 5 of them have mentioned either 'nothing or no other language', 9 of them have mentioned that the community where the pharmacy serves speaks different

languages: 'Pakistani, Bangladeshi, Urdu, Hindi, Punjabi and Bengali' and the remaining 2 of them were 'Unsure' about what they speak.

In response to the Q. **'Whether they use any translation services?'**

Out of the 34 pharmacies responded, 25 of them answered 'No – Not needed', 3 of them answered 'No – they don't know how', 3 have answered 'No – not timely' and the remaining 3 of them have answered 'Yes' that they use translation services.

5.6 Results of the public questionnaire related to existing provision

There were 166 respondents to the Redcar & Cleveland survey, 138 (83%) were female, 25 (15%) were male and the remaining 3 (2%) answered 'do not wish to state'. Out of the total respondents: 44 (27%) were aged 45-54 and 38 (23%) were aged 55-64. There were 30 (18%) respondents from those aged 65+ and also 30 (18%) respondents were aged 35-44. There were 24 (15%) respondents from those aged 34 and under.

Of the 163 respondents who provided a postcode area, TS10 (Redcar) was the highest response with 54 (33%) respondents, followed by TS14 (Guisborough) with 33 (20%) and TS11 (Redcar) with 27 (17%). There were 20 (12%) respondents from TS12 (Saltburn) and 18 (11%) respondents from TS6 (Eston/Grangetown). The remaining 11 respondents were from TS13, TS7 and TS1.

Redcar and Cleveland respondents (157 - 95%) indicated that they usually use a pharmacy in the area in which they live. 134 (80%) 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 a slightly higher proportion (158 - 92%) describing pharmacies available within a short bus ride.

In response to the question **"Who do you usually go to the pharmacy for?"**

99 (60%) of the respondents have mentioned that they would usually go to the pharmacy for either 'themselves' or 'for someone else'. 58 (35%) of them would go for 'themselves' and the remaining 9 (5%) would go 'for someone else'.

In response to the question **"If you had a minor injury where would you go?"**

A total of 85 (51%) would 'go to a walk-in centre', 29 (17%) of them would 'go to a pharmacy' and 20 (12%) would 'go to either GP'. 12 (7%) respondents stated 111 and 7 (4%) stated A&E. The remaining 13 (8%) stated other.

The next sub-part of the question **"If you received advice from a pharmacy about a minor health problem, if you are not able to pay for/afford your medicine, what would you do?"**

A total of 76 (46%) stated they would 'do without the treatment' and another 39 (24%) stated they would 'go to their GP'. In subsequent question 23 respondents stated that this had previously occurred and common answers included 'went without medication', 'lived with the problem' and 'self treat as best as possible at home'.

In response to the question **"How often do you use a local pharmacy?"**

The most frequent response was monthly with 101 (61%), followed by weekly with 23 (14%) and fortnightly with 15 (1%).

In response to the question **"If or when you go to a pharmacy in person, how do you usually get there?"**

The most frequent response was drive my own car with 87 (52%), followed by walking with 67 (40%).

In response to the question **"Is it easy for you to use a pharmacy if, or when, you need to?"**

140 (84%) of Redcar and Cleveland residents reported that it was usually easy for them to use a pharmacy service when they needed to. 8 stated no due to disability, 6 stated no due to work issues, 4 stated no due to caring responsibilities and 8 stated other with issues around long queues a common response.

In response to the questions **“Do you have your prescription medicine delivered by a pharmacy?”** & **“Please select the main reason why you get them delivered?”**

90 (55%) of the respondents would ‘never’ have their prescription medicine delivered by a pharmacy whereas 23 (14%) have responded that they would ‘always’ have their prescription medicine delivered and 20 (12%) have responded that they would ‘sometimes’ get them delivered. Reasons for using this service included disability/mobility issues, convenience, free service and difficulty access pharmacy.

In response to the question **“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?”**

Responses are shown in the figure 31, with 35% suggesting they would be able to manage without however 28% knew other people who would not manage and 10% would not be able to pay.

Figure 31: If delivery services are withdrawn?

If delivery service withdrawn	Total	%
I would be able to manage without it	44	35%
I know other people who could NOT manage without it	36	28%
I would NOT be able to pay any delivery charge	13	10%
I would be prepared to pay if the charge was affordable	13	10%
I would expect to receive information on an alternative service	12	9%
Other	5	4%
I would NOT be able to manage without it	4	3%
Grand Total	127	100%

In response to the question **“Do you usually pay for your prescription?”**

85 (51%) of the Redcar & Cleveland respondents ‘do not usually pay for their prescriptions’ whereas the other (78) 47% would ‘usually pay for their prescriptions’ and the remaining 2% prefer not to say.

In response to the question **“Are your prescriptions sent electronically from your GP to your nominated pharmacy of choice for dispensing?”**

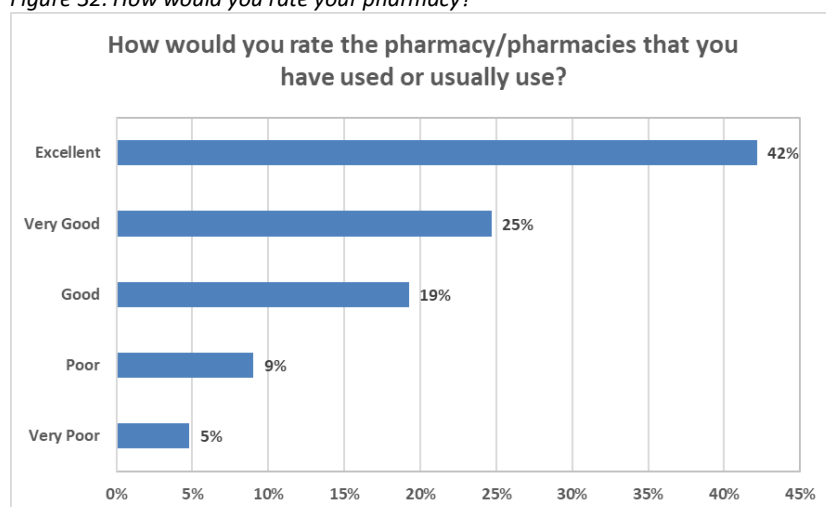
96% of the respondents would get their ‘prescriptions sent electronically from their GP to their nominated pharmacy of choice for dispensing’ whereas 2% each of the respondents have answered either ‘they don’t know or no’.

In response to the question **“Do you use an online prescription ordering service for NHS prescriptions?”**

114 (69%) of the respondents have answered ‘Yes’ for this whereas 50 (30%) have answered ‘No’

In response to the question **‘How would you rate the pharmacy or pharmacies that you have used or usually use?’** - 67% of the Redcar and Cleveland respondents rated their pharmacy as excellent or very good, a further 19% reporting fairly good. Altogether this shows that 86% of respondents rated their pharmacy from fairly good to excellent, the remaining 14% rated their pharmacies as poor and very poor.

Figure 32: How would you rate your pharmacy?



In response to the question **“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 60% of the Redcar and Cleveland respondents were happy with current opening times. Additionally, 9% reported that they could ‘always find a pharmacy that is open when they need to’. 11% have reported finding the ‘pharmacies not open long enough on a weekday’, 10% have reported finding the ‘pharmacies not open long enough on a Saturday’ and 9% have reported finding the ‘pharmacies not open long enough on a Sunday’.

In response to the question **“Have you ever used the extended hours GP access service in Redcar or Cleveland?”**

71 (43%) of respondents stated that they had used this service, 72 (44%) stated they had not used this service and a further 22 (13%) were not aware this was an option.

In response to the question **“Why do you chose the pharmacy or pharmacies that you normally use?”**

Respondents were able to choose more than one response. ‘Near to where you live’ was the most frequent response with 29%, followed by ‘Good customer care/friendly staff’ with 12% and ‘Inside or close to the GP practice’ with 8%. All responses are shown in the table below.

Figure 33: Why do you chose your pharmacy?

Why do you chose the pharmacy/pharmacies that you normally use?	%
Near to where you live	29%
Good customer care/friendly staff	12%
Inside or close to the GP practice	8%
Other	7%
Close to where I shop	7%
Prescription collection service	6%
Convenient opening times to use on an evening or weekend	6%
Easy to walk to it or reach it on public transport	5%
Trusted advice	5%
Always used it	5%
Medicine delivery service	3%
Clean and pleasant environment	2%
Range of services	2%
Near to where you work	2%

In response to the questions **referring to pharmacies offering advice on healthy lifestyles**

105 (63%) of respondents knew that pharmacies could offer free advice on healthy lifestyles, 20 (12%) stated that their pharmacy had ever offered advice on healthy lifestyles and 10 (6%) had taken up the offer of free advice.

In response to the questions regarding **confidentiality and consent**

144 (87%) of respondents feel happy about patient confidentiality and consent. 142 (86%) of respondents knew they could ask at any time to use the private consulting rooms available. 128 (79%) felt comfortable getting advice about health problems and 146 (88%) felt staff were polite and helpful when visiting.

Figure 34 below summaries the response to the question **“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.”**

Figure 34: Aware of free services provided by pharmacy?

Service	Does not apply to me	I know other people who would	I would like to use this service	I would not go to a pharmacy for this
Multiple prescriptions sent to pharmacy of repeat medicines for regular collection	29%	10%	57%	4%
Disposal of unwanted medicines	27%	7%	63%	2%
Advice on common simple illness and medicines to buy	6%	5%	83%	6%
Advice on new medicines on a prescription	15%	5%	74%	6%
Stop Smoking Service	91%	4%	4%	2%
Emergency Hormonal contraception	77%	9%	12%	2%
Condom supply service	77%	10%	10%	4%
Sexual Health Infection Screening	69%	12%	9%	10%
Return of used needles and receipt of clean needles	87%	6%	5%	2%
NHS flu vaccination	21%	9%	60%	11%
Sending of prescriptions via computer from the GP to your pharmacy	7%	4%	89%	0%
Urgent medicines provided following NHS 111 referral	8%	3%	89%	0%
NHS Covid Vaccination Service	15%	6%	74%	6%
Advice from pharmacist following referral from NHS 111 or GP	6%	3%	85%	6%
Collection of lateral flow test kits	8%	4%	85%	4%

Figure 35 below summaries the response to the question “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?”

Figure 35: Useful services that could be provided?

Services	%
Free Healthy Heart Checks	21%
Specific help with medicines for people with a long-term illness	17%
NHS screening services	15%
Anticoagulant monitoring service	12%
Short 'one to one' weight management programme	12%
Advice and support for selfcare	10%
Gluten free food supply service	6%
Advice and support in a language other than English	3%
other	3%

Figure 36 below summaries the response to the question “How do you think the service your pharmacy provides, could be improved?”

Figure 36: Possible improvements?

Improvements	%
More staffing	18%
Better waiting times	16%
Medication availability	16%
Increase opening times	14%
Product availability	14%
NHS paid for delivery service	10%
Communication	10%
Other	2%

5.7 Results of the stakeholder questionnaire related to existing provision

Two stakeholder surveys were returned indicating 'Redcar and Cleveland' as the reference area for the response. Both respondents were pharmacists working for organisations within the local health and social care sector. 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 with actual numbers of respondents in brackets.

In response to **Q5. Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?**

Both respondents have answered this, One said 'Yes' and the other said 'No'.

Both respondents felt that better use could be made of the following Advanced Services:

- Community Pharmacist Consultation Services
- New Medicines Services
- Discharge Medicines Service
- Appliance Use Review
- Vaccination Services
- Hypertension Service
- Covid-19 lateral flow device distribution service (no longer provided)

Otherwise the responses to the stakeholder survey have not indicated any additional pharmaceutical needs.

5.8 Consultation Findings

Notification of commencement of the consultation period for the Redcar and Cleveland draft PNA was sent on 16th May with a closing date of 17th July to ensure that all statutory consultees had at least 60 days to be able to respond. The consultation questions were developed from the Department of Health and Social Care guidance.

1. Has the purpose of the pharmaceutical needs assessment been explained?
2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
4. Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?
6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
9. Do you agree with the conclusions of the pharmaceutical needs assessment?

The main issue raised was the potential for extended GP opening hours starting in October 2022 to impact pharmaceutical needs. The details of these extended opening hours have not yet been published. The HWB has produced the PNA with currently available information, but will keep abreast of the change in GP opening hours and their impact on pharmaceutical needs. NHS E&I highlighted the relocation of Lloyd Pharmacy from South Grange Medical Centre to Low Grange Health Village and sought clarification on the number of community pharmacies included the PNA. The PNA wording has been updated to clarify the number of community pharmacies in the local authority area. The full consultation report is available in Appendix 5 (section 11.4).

6.0 LOCAL HEALTH & WELLBEING STRATEGY & FUTURE DEVELOPMENTS

6.1 Public Health South Tees Strategy

Public Health South Tees is adopting a place-based approach⁶ for improving public health and reducing health inequalities across both Redcar and Cleveland and Middlesbrough. The place-based approach recognises that the causes of ill-health occur across the life-course and are complex, interactive and simultaneous in their combined actions. Focusing on the place where people live, work, study and play, rather than on individual diseases, problems, and ill-health, will have a more significant impact on helping people live well across South Tees.

The place-based approach consists of interventions at three levels:

- **Civic Level.** Working across the policy environment to create and promote healthy public policy;
- **Service Level.** Ensuring that health services are evidence-based, effective, efficient and accessible;
- **Community Level.** Empowering communities and building on their contributions to impact population health.

Community pharmacy is well placed to provide all three levels of interventions across the life-course. Pharmacies play a significant health and economic role within the community. They are a critical provider of health services commissioned by the local authority, GPs and the wider NHS. In addition, pharmacies can play a significant role in promoting healthy lifestyles and providing proactive health advice.

Public Health South Tees has taken the place-based approach and developed the 5:4:3 programme framework to robustly build its strategy to effectively promote health and tackle health inequalities across both local authorities. The framework outlines five programmes, four business imperative and the three levels of intervention already discussed (figure 37).

Figure 37: Public Health South Tees 5:4:3 Programme Framework

5 Programmes	4 Business Imperatives	3 Levels of Intervention
<ul style="list-style-type: none"> ▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience 	<ul style="list-style-type: none"> ▪ Improved financial efficiencies ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key Partners ▪ Address health inequalities with a determined focus on the best start in life 	<ul style="list-style-type: none"> ▪ Civic-level – healthy public policy ▪ Service-level – evidence-based, effective, efficient and accessible services ▪ Community-level – family of community centred approaches & place-based working for population-level impact

The PNA will cut across all five programmes and help deliver the four business imperatives, particularly the use of intelligence to build relationships and address health inequalities. Findings from the PNA will help Public Health South Tees better understand the provision of community pharmacy. This will enable both local authorities to continue to facilitate local pharmacies' contribution to public health.

⁶ [Place-based approaches for reducing health inequalities](#)

6.2 Future developments of relevance

This PNA has considered additional needs for pharmaceutical services that may occur during the three-year lifetime of the document (October 2022 – September 2025) due to future developments, specifically:

- housing developments;
- regeneration projects;
- highways projects that will affect how services are accessed;
- creation of new retail and leisure facilities that will draw people to an area;
- changes in the provision of primary medical services, for example, the relocation of GP practices; mergers of GP practices, known closures of GP practices;
- other changes to the demand for services, e.g. increases in the range of services within primary care that increase the number of prescriptions that need to be dispensed, care or nursing home developments.

The remainder of section 6 has been written following close liaison with Redcar and Cleveland’s planning department.

6.2.1 Housing developments and changes in social traffic

Redcar and Cleveland Five Year Housing Land Supply Assessment 2021-2026⁷ sets out an updated assessment of the five-year deliverable housing supply in Redcar and Cleveland from 1st April 2021 to 31st March 2026. Despite the slightly longer timeframe, given the PNA's delay due to COVID-19, this five-year forecast has been used by the PNA to estimate the number of new dwellings to be built over the period of the PNA.

The overall estimate is for 1,676 new dwellings to be built over this period, equivalent to 335 new dwellings per annum. Those sites expected to deliver over 100 dwellings within the period 2021/22 to 2025/26 are summarised as follows:

R1 – East Cleveland

- Loftus – 128 (Hummersea Hills Phase 2)

R3 – Greater Eston

- Normanby – 221 of a total of 436 (Woodcross Gate)

R4 – Redcar and Coast

- Redcar- 318 of 375 in total (Kirkleatham Green)

The PNA should also have regard for the potential for housing stock losses. The Redcar & Cleveland Housing and Economic Land Availability Assessment Report 2020⁸ advises that as of 31st March 2020, there were no proposed residential clearance schemes in the pipeline. The likelihood of significant stock losses appears to be limited. Since the 2018 PNA completion rates have averaged 417 dwellings per annum, with stock losses averaging 13 dwellings per annum. Annual completions and losses and net stock gain since 2018 are set out in figure 38.

Figure 38: Redcar and Cleveland Housing Delivery 2018 - 2021

Year	Completions	Losses	Net
2018 – 19	504	12	492
2019 - 20	384	21	363
2020 - 21	362	5	357
2018 – 21 (Total)	1250	38	1212

⁷ [Five Year Land Supply Assessment 2021-2026.pdf \(redcar-cleveland.gov.uk\)](#)

⁸ [Redcar & Cleveland Housing and Economic Land Availability Assessment Report 2020](#)

The Redcar and Cleveland Gypsy and Traveller Accommodation Assessment Study 2015⁹ provides the basis of Redcar and Cleveland's evidenced need for pitches for this population. There are 18 pitches at The Haven Site in South Bank. The additional net pitch provision needed is assessed as five pitches over 2015-2025, with a further three pitches 2025-2030. The existing pharmaceutical services estate will accommodate specific pharmaceutical needs associated with this population.

The PNA Steering Group has considered the impact of the regeneration of the South Tees Development Corporation (STDC) area¹⁰ on pharmaceutical needs, particularly the future potential pharmaceutical needs of the projected 20,000 net new workers. However, given the completion date of the STDC area is 2042, it is judged that this future pharmaceutical need will not fall within the 2022 – 2025 PNA period. Future PNAs must continue to link closely with local authority planning departments and, if necessary, the STDC to consider the impact of this regeneration on local pharmaceutical needs.

The PNA Steering Group has also considered the impact of planning permission being given in October 2021 for a 42 bedroom hotel in Coatham, Redcar. Despite the potential for increased pharmaceutical demand from both staff and guests, existing pharmaceutical services should be able to meet this need. The Redcar Town Deal¹¹ sets out the long-term regeneration masterplan for Redcar and surrounding areas. It is judged that will not impact pharmaceutical needs 2022-2025, but future PNAs must consider the potential impact of this redevelopment on pharmacy provision.

Reviewing the developments currently known, the number of households per year likely to reach completion in any of these locations is not considered to create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

However, there is always uncertainty in the housing market which means that planned developments may not come to completion. Public Health South Tees will produce a new PNA if significant unexpected changes to development or demographics occur before 2025.

6.2.2 Health care and GP practice estate

There have been a number of care home closures in the local authority area since 2018. The largest of which include:

- Inglewood Care Home, Redcar (48 beds)
- Brackenridge Manor, Loftus (17 beds)
- Laurieston, Saltburn (16 beds)
- Victoria House, Saltburn (14 beds)
- Pembroke, Saltburn (12 beds)
- The Briars, Saltburn (5 beds)

Planning permission has been sought for a 65 bed care home in East Cleveland, although the specific details for this application are still outstanding. A new extra care service complex is due to be completed in Guisborough in 2023, with approximately 70 apartments. A new care development with a mixture of tenancy types (approximately 80 in total) is due to be completed in 2023/2024. Pharmaceutical requirements from these new developments are unlikely to impact on the level of community pharmacy needed, especially considering recent care home closures.

⁹ [Gypsy and Traveller Accommodation Assessment 2015.pdf \(redcar-cleveland.gov.uk\)](#)

¹⁰ [South-Tees-Master-Plan-Nov-19.2.pdf \(southteesdc.com\)](#)

¹¹ [Redcar Town Deal Masterplan Proposals](#)

7.0 PHARMACEUTICAL NEEDS

It is the purpose of the pharmaceutical needs assessment to systematically describe the pharmaceutical needs of the population of Redcar and Cleveland 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.

7.1 Fundamental pharmaceutical needs

The population of Redcar and Cleveland 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 Redcar and Cleveland 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 8 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 health and wellbeing board's area 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?*

It should also be borne in mind that as of 30 June 2021 each resident had the choice of using any of the 379 distance selling premises in England, all of which are required to provide all of the essential services remotely to anyone anywhere in England who may request them.

7.2 Pharmaceutical needs particular to Redcar and Cleveland

How do the identified inequalities in health in Redcar and Cleveland 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 NMS. In Redcar and Cleveland, 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.

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 Redcar and Cleveland 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 Redcar and Cleveland, the population needs 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. 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 the Greater Eston locality. 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 immunisation programme. Low income may impact on their access to medicines without having to obtain a prescription.

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 some wards, and in particular in Greater Eston 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 continues to 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 more recently via online supply) 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. 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.

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. 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. Redcar and Cleveland 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 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. The Community Pharmacy Consultation Scheme (CPCS) is showing its potential to improve this and further benefits will follow as the scheme expands to include referrals from GP practices

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.

7.3 Pharmaceutical needs particular to the four localities

All of the pharmaceutical needs identified for Redcar and Cleveland apply to varying degrees in each of the four localities. There are specific needs within the localities; these will be considered in the statement of need and should be taken into account when planning the commissioning of essential, enhanced and locally contracted services from existing providers.

It is noted that locality R1: East Cleveland and areas of R2: Guisborough are partly characterised by their rurality. In some wards in R2, and R4 there are measures of greater affluence where most of the properties are owner occupied and there is a high level of access to a car. However, taking demographics into account, the fundamental pharmaceutical needs of this area, including those heightened by inequality and deprivation, are largely already identified in the general description for Redcar and Cleveland.

8.0 STATEMENT OF NEED FOR PHARMACEUTICAL SERVICES IN REDCAR & CLEVELAND

8.1 Statement of Need

Having regard to all of the issues presented throughout and the matters in PART 2 Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the South Tees HWB has identified no additional pharmaceutical needs for necessary services 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 any of the four localities.

8.1.1 Statement of Need: NHS Essential Services

The South Tees HWB considers that NHS Essential Services are **necessary** to meet the pharmaceutical needs of the population. Having regard to all the relevant factors (described in section 8.1), the South Tees HWB considers that:

- The general locations and opening hours in which current pharmaceutical services are provided are sufficient. This includes 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 all four localities of the Redcar & Cleveland Borough Council Local Authority area.
- The South Tees HWB has noted variation in distance to the nearest open community pharmacy, particularly at evenings, weekends and bank holidays between locality R1 (East Cleveland) and the other three localities. This variation is likely due to the area being more sparsely populated. Access is in line with similarly populated areas in neighbouring HWB areas. The South HWB is unaware of any complaints relating to access to pharmaceutical services in the locality prior to conducting the PNA, and access to pharmacy in East Cleveland has not been raised as an issue during the public engagement process or by Health Watch South Tees.
- 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).
- The South Tees HWB considers that there is sufficient choice of both providers and services available to the resident and visiting population of all four localities in Redcar & Cleveland Borough Council Local Authority area. 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.
- The South Tees HWB has reviewed future developments of relevance as outlined in section 6 and do not consider that they will create a new need for pharmaceutical services (over and above those which existing providers of pharmaceutical services can readily accommodate).

Taking all relevant factors 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.

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 Redcar & Cleveland area.

Although there are no Dispensing Appliance Contractors in Redcar & Cleveland, 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 Redcar & Cleveland 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 Redcar & Cleveland Borough Council Local Authority area to meet the pharmaceutical needs of patients.

8.1.2 Statement of Need: NHS Advanced Services

The South Tees HWB considers that current NHS Advanced Services help support people manage their health and provide **improvement or better access** towards meeting the pharmaceutical needs of the population. Advanced services introduced during the COVID-19 pandemic (COVID-19 Lateral Flow Distribution service and Pandemic Delivery Service), which have now be withdrawn have been considered in the PNA on the basis of possible reintroduction in future waves of the pandemic.

Having regard to all the relevant factors (described in section 8.1), the South Tees HWB has reviewed the distribution of advanced services and concluded that, where data exists, there is currently **no gap** in provision. Some advanced services (e.g. hepatitis C testing service) are more specialist and required in fewer community pharmacies based on local need.

8.1.3 Statement of Need: NHS Enhanced Services

8.1.3.1 Bank Holiday Opening Hours

The South Tees HWB considers that the commissioning of extended hours for Bank Holidays by NHSE&I is **necessary** to meet the pharmaceutical needs of the population. Provided that 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. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available at this stage.

8.1.3.2 Community Pharmacy Coronavirus Vaccination Service

This Enhanced Service is only temporarily commissioned with the purpose of widening availability of coronavirus vaccines to increase uptake. It is unclear at this stage whether this service will be extended, and what form that extension might take. Redcar & Cleveland has 8 community pharmacies delivering this service, with 3 more due to start soon.

8.2 Other NHS services taken into account

8.2.1 Other Community Pharmacy Services Currently Commissioned in Redcar & Cleveland

There are a number of other services commissioned (either directly or indirectly) by Public Health South Tees and the Tees Valley Clinical Commissioning Group (CCG) from community pharmacies that, whilst out of the scope of the PNA, make an important contribution to the meeting the population health needs of Redcar & Cleveland. The South Tees HWB has taken these services into account whilst conducting its pharmaceutical needs assessment.

8.2.2 Community Pharmacy Services Commissioned by Public Health South Tees

8.2.2.1 Supervised Self-Administration

This service is provided by 27 pharmacies as part of a wider substance misuse service delivered by the specialist provider “*We Are With You*”. Pharmacies offering this service are available in all 4 localities. The South Tees HWB has contract monitoring in place for this service, and no client concerns have been raised to indicate a gap in provision.

8.2.2.2 Needle Exchange

This service is provided by 9 pharmacies, again as part of a wider substance misuse service delivered by the specialist provider “*We Are With You*”. Pharmacies offering this service are available in 4 localities, with the greatest level of activity in Greater Eston and Redcar & Coast. The South Tees HWB has contract monitoring in

place for this service, and no client concerns have been raised to indicate a gap in provision. There is provision across all 4 localities with the greatest levels of activity in Greater Eston and Redcar and Coast.

8.2.2.3 Stop Smoking (full One Stop and dispensing only)

22 pharmacies in Redcar & Cleveland are currently commissioned to provide stop smoking services. There has been a noticeable drop in the number of smokers setting a quit date, but this is not unique to community pharmacy. This is thought to be as a result of COVID-19 and a nationwide disruption in the supply of certain stop-smoking medications. Public Health South Tees should continue to evaluate the effectiveness stop smoking services (not just those in community pharmacy) through contract monitoring. There is no evidence to suggest a gap in provision.

8.2.3 Community Pharmacy Services Commissioned by Public Health South Tees (via Sexual Health Tees)

Sexual health services are commissioned by Public Health South Tees and provided by HCRG Care Services. Three services are provided in community pharmacy: EHC supply (provided by 21 pharmacies), chlamydia testing (provided by 17 pharmacies) and C-Card (both provided by 14 pharmacies). Sexual health services in Redcar & Cleveland are mainly provided in hub centres (e.g. Sexual Health Teesside at Redcar & Cleveland Leisure & Community Heart) but community pharmacy plays an important role in providing additional capacity and better access. The South Tees HWB has contract monitoring in place for sexual health services, and no client concerns have been raised to indicate a gap in provision.

8.2.4 Community Pharmacy Services Commissioned by Tees Valley CCG

8.2.3.1 Community Pharmacy Specialist Palliative Care Medicines Stockists

This Tees Valley CCG commissioned service, to ensure patients are able to access specialist palliative care medicines with reasonable promptness, is provided by 4 pharmacies in Redcar & Cleveland (and 17 pharmacies across the Tees Valley CCG area). It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the CCG.

8.2.3.2 Antiviral Medication Stockists

This Tees Valley CCG commissioned service, to ensure a small number of pharmacies maintain an emergency stock of oseltamivir for distribution in the event of a flu pandemic, is provided by 1 pharmacy in Redcar & Cleveland (and 6 pharmacies across the Tees Valley CCG area). It is considered that the need for this service in Redcar & Cleveland is met by current provision, and there is no gap whilst it remains commissioned by the CCG.

9.0 BROADER CONSIDERATIONS FOR PUBLIC HEALTH SOUTH TEES

9.1 Access and Signposting to Language Access/Translation Services

NHSE&I commissions a language access service (including British Sign Language) offering face-to-face and telephone translation and interpreting services to support primary care patients. However, a patient's need for language support does not end when medical consultation is over and may extend to community pharmacy. Language barriers or poor health literacy contribute to wider health inequalities. The PNA contractor survey found that only 3 of the 34 respondents used a translation service. The South Tees HWB recommends that Public Health South Tees work collaboratively with NHSE&I, the Local Pharmaceutical Committee (LPC), the Tees Valley CCG (and successor integrated organisation) to improve signposting information for the commissioned language access to service to improve support for patients accessing community pharmacy.

9.2 Public Transport

The PNA process has found variation across the local authority regarding the distance to the nearest open community pharmacy, particularly at evenings, weekends and bank holidays, particularly in more sparsely populated areas such as East Cleveland. This variation may be aggravated by reduced access to public transport at these times. The South Tees HWB recommends that Public Health South Tees continues to work with the wider council, particularly strategic planning, to ensure that access to community pharmacy and other healthcare services continues to be taken into consideration in planning public transport. This can play an important role in reducing health inequalities.

9.3 Community pharmacies as an asset for the place-based approach

The 31 community pharmacies located in all 4 localities of Redcar & Cleveland are perhaps the most widespread, easily accessible healthcare service in the borough. They should thus be considered a vital community asset for the place-based approach to improving public health. The South Tees HWB recommends that Public Health South Tees works to build relationships with local pharmacy contractors through the LPC to galvanise the potential to improve population health. Public Health South Tees should consider the three levels of intervention (civic-level, service-level and community-level) that could facilitate the use of community pharmacy in contributing to public health. This could include coordinating Health Living Pharmacy services with more local initiatives. It is recommended that Public Health South Tees engages with community pharmacies to ensure they have up to date information on local public health campaigns, services (including social prescribing) and policies to better aid their role in signposting. Public Health South Tees should also be cognisant of commercial pressures on pharmacy and the potential financial implications of this engagement. When considering commissioning future local services, Public Health South Tees should exploit the information regarding willingness to provide future services contained within this PNA's pharmacy contractor questionnaires.

9.4 Community pharmacies as a strategic asset for health protection emergencies

Community pharmacy has demonstrated its vital health protection function during the COVID-19 pandemic. In particular, community pharmacies in the borough have stepped up to deliver medications to those clinically extremely vulnerable patients or those isolating at home, distributing COVID-19 lateral flow tests and playing a significant role in the COVID-19 vaccination campaign. The South Tees HWB recommends that Public Health South Tees views community pharmacy's role as a strategic asset in health protection emergencies. Community pharmacies' role should be considered in the emergency planning aspects of the upcoming Public Health South Tees Health Protection Programme.

9.5 Environmental Considerations

Since the last PNA was published in 2018, patients have been encouraged to return used pressurised metered dose inhalers (pMDIs) to community pharmacies for environmentally safe disposal. The South Tees HWB

recommends that Public Health South Tees liaises with the wider council to increase public awareness of the safe disposal of inhalers. Community pharmacies should also be considered in decisions relating to social prescribing and promoting active travel (including considerations for those who may have reduced mobility).

10.0 CONCLUSIONS

The 2022-2025 Redcar & Cleveland pharmaceutical needs assessment (PNA) outlines the need for pharmaceutical services within the borough and provides the information required to inform future commissioning decisions. 31 community pharmacies and 1 distance-selling pharmacy across the borough serve the population's pharmaceutical needs. There are no dispensing doctors and no appliance contractors.

South Tees Health and Wellbeing Board concludes that:

- there is adequate provision of pharmaceutical services across Redcar & Cleveland to serve the needs of our population, with no current gaps identified;
- if current pharmacies remain open, there are no anticipated gaps in pharmaceutical services for the three year period of the 2022-2025 pharmaceutical needs assessment;
- there is a reasonable choice of both providers and services available;
- public engagement found that the majority of the respondents (86%) rated their pharmacies fairly good to excellent;
- community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and Tees Valley Clinical Commissioning Group;
- Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services;
- community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach;
- Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

South Tees Health and Wellbeing Board has noted that in July 2022 Clinical Commissioning Groups will be replaced by Integrated Care Systems that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all Integrated Care Systems to have done so. South Tees Health and Wellbeing Board is aware that some services that are commissioned from pharmacies by Tees Valley CCG will move to the Integrated Care System and will fall then within the definition of enhanced services. If these changes fundamentally affect local pharmaceutical need, then South Tees Health and Wellbeing will consider whether a new PNA is required earlier than 2025.


South Tees Health and Wellbeing Board wishes to finish the 2022-2025 pharmaceutical needs assessment by paying tribute to the vital role that community pharmacies in Redcar & Cleveland have played in supporting our population, particularly the most vulnerable, throughout the COVID-19 pandemic. We recognise the crucial part our community pharmacies will continue to play as we recover from the pandemic and learn to live with COVID-19.

11.0 ACKNOWLEDGEMENTS

We are very grateful to all those who contributed information to support the development of the PNA including colleagues in Public Health South Tees, Tees Valley Clinical Commissioning Group, North East Commissioning Support Unit, Healthwatch South Tees, South Tees Foundation Trust, Resources & Growth (Redcar & Cleveland Council), Tees Local Pharmaceutical Committee, local pharmacy contractors and members of the public contributing to the engagement process.

12.0 APPENDICES

12.1 Middlesbrough and Redcar & Cleveland PNA Public Questionnaire



**Middlesbrough & Redcar & Cleveland
Pharmacy Needs Assessment (PNA) 2022**

Public Questionnaire

Thank you for completing this questionnaire about local pharmacy services in Middlesbrough & Redcar and Cleveland.


We are currently reviewing the local services provided by pharmacies (sometimes called chemists) in the area to ensure the services are in line with what people need, now and in the future. This process is called a Pharmaceutical Needs Assessment.


It is vital that we understand how local people use pharmacies in the area and what needs you may have, both now and in the future. This questionnaire will help us understand your views, which will form an important part of the Pharmaceutical Needs Assessment.


The questionnaire is completely voluntary, all questions are optional (although the more information we can gather the more we can respond to local needs) and your responses will not affect the individual service you receive from pharmacies or NHS in anyway.

The questionnaire is completely anonymous and any information you give will not be linked to you. All data are held in accordance with the Data Protection Act 2018 and Middlesbrough & Redcar and Cleveland Councils' Data Protection Policy.

If you require any more information please email Alistair_Stewart@middlesbrough.gov.uk.



 Middlesbrough
moving forward

 this is
Redcar & Cleveland

1. Which Local Authority area do you live in?

- Middlesbrough Redcar & Cleveland Elsewhere

2. Which Local Authority area do you work/study in?

- Middlesbrough Redcar & Cleveland Elsewhere

3. Please state your partial postcode (e.g. TS6):

4. Please answer the following questions

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Do you usually use a pharmacy in the area in which you live? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 minutes | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there pharmacies near where you live (or work) that you could get to by a short car/bus ride? (less than 20 minutes) | <input type="checkbox"/> | <input type="checkbox"/> |

5. Who do you usually go to the pharmacy for?

- For you For someone else Both

6. If you had a minor injury where would you go?

- Pharmacy Walk-in-centre GP 111 A&E

Other (please specify)

7. If you received advice from a pharmacy about a minor health problem, if you are not able to pay for/afford your medicine, what would you do?

Do without the treatment

Go to your GP

Go to A&E

Go to a walk in centre

None of the above

Other (please state/comment)

8. Has this ever happened to you?

- Yes No

If yes, what did you do? Please specify



9. How often do you use a local pharmacy?

- More than once a week Weekly Fortnightly Monthly
 Quarterly (4 times per year) Less than 4 times a year

10. Do you use the same pharmacy?

- Always Usually Rarely Never

11. 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
Cycle
Other (please specify)

12. 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 (if so please state reason and comment below)

13. Do you have your prescription medicine delivered by a pharmacy?

- Always Sometimes Never Doesn't apply to me



14. Tick below the main reason why you get them delivered?

- Mostly for convenience
- Mostly because I would find it difficult to collect them myself
- Mostly because it is a free service
- Mobility
- Transport Issues
- Other (please specify)

15. 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 (please tick the one that applies):

- 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
- I would NOT be able to manage without it
- I would expect to receive information on an alternative service
- Other (please state)

16. Do you usually pay for your prescription?

- Yes
- No
- Don't know
- Prefer not to say

17. 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

18. Do you use an online prescription ordering service for NHS prescriptions?

- Yes
- No



19. If 'No' why not?

You do not have access to the internet?

You prefer not to and go request via the surgery?

You are not aware that you can do this.

Other (please specify)

20. How would you rate the pharmacy or pharmacies that you have used or usually use?

Excellent Very Good Good Poor Very Poor

Please specify the Pharmacy you have rated

21. 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

Please use the box below to add additional comments or issues you may have regarding pharmacy opening times:

22. Have you ever used the extended hours GP access service in Middlesbrough or Redcar & Cleveland?

Yes No Not aware this is an option

23. 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 (please specify)

24. As well as 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).

	Yes	No
Did you know that pharmacies could offer free advice on healthy lifestyles?	<input type="checkbox"/>	<input type="checkbox"/>
Has your pharmacy ever offered you free advice on healthy lifestyles?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken up the offer of free advice on healthy lifestyles from your pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>



25. Pharmacies offer NHS services, 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
Do you feel happy about patient confidentiality and consent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know that you can ask at any time to use the private consulting room available in all pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel comfortable getting advice in the pharmacy about health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are the staff polite and helpful when you visit or contact them?	<input type="checkbox"/>	<input type="checkbox"/>

26. 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:

	I would like to use this service	Know other people who would like to use this service	I would not go to a pharmacy for this	Does not apply to me
Multiple prescriptions sent to the pharmacy of repeat medicines regular collection by patients monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on common simple illness and medicines to buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on new medicines on a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal contraception ('morning after pill')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health infection screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return of used needles and receipt of clean needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS flu vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Sending of prescriptions via computer from the GP to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent medicines provided following NHS111 referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Covid Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from pharmacist following referral from NHS111 or GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of lateral flow test kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. 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?

- Free Healthy Heart Checks
- Anticoagulant monitoring service - e.g. fingerprick testing for patients on Warfarin
- Gluten free food supply service without prescription
- Advice and support for selfcare 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
- 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
- Reasonable adjustments for patients and their carers (please specify)



28. How do you think the service your pharmacy provides, could be improved?

- Medication Availability
- More Staffing
- Better waiting times
- Communication
- Product Availability
- Increase opening times
- NHS paid for delivery service

Offer more patient services and support (please give examples)

Other (please specify)

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:

29. Please tell us which age group you belong to:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

30. Are you:

- Male
- Female
- Do not wish to state
- Other (please specify)



31. How would you best describe yourself? (Please select all that apply)

- 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)

32. 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
- 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
- Other (please specify)



33. Do you consider yourself to have a disability?

Yes

No

Do not wish to disclose this

Other (please specify)

34. 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

Sensory Impairment

Learning Disability/Difficulty

Other (please specify)

Many thanks for your time in completing this questionnaire.



12.2 Middlesbrough and Redcar & Cleveland PNA Stakeholder Questionnaire



Middlesbrough & Redcar & Cleveland Pharmacy Needs Assessment (PNA) 2022

Stakeholder Questionnaire

This survey is part of a programme of engagement as Middlesbrough & Redcar and Cleveland Health and Wellbeing Boards each prepare to publish an updated Pharmaceutical Needs Assessment in the autumn of 2022.

The Pharmaceutical Needs Assessment describes 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 Pharmaceutical Needs Assessment.

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.

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 at (<https://arcg.is/OKmCyl>).

The questionnaire is completely anonymous and any information you give will not be linked to you. All data are held in accordance with the Data Protection Act 2018 and Middlesbrough & Redcar and Cleveland Councils' Data Protection Policy.

If you require any more information please email Alistair_Stewart@middlesbrough.gov.uk.



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 & 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacy pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Trust pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison/offender pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical advisory services to support commissioners, e.g. in NHS England, for CCGs, local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General practice-based prescribing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing services provided by dispensing doctors in rural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided by Appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Don't 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 Don't 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 times available from pharmacies in your local authority area meets the general needs of the population;

- Very well Quite well Not very well Don't know

13. Do you feel the local extended GP services opening hours match the rota times/extended opening hours of local community pharmacies?

- Yes No If no please explain why;

14. Overall, the quality of the service provided by pharmacies in your local authority area is;

- Very good Good Satisfactory Poor Very Poor

15. 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

16. Since Jan 2021, all pharmacies must now be 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

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.

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 advice and guidance to enable people to derive maximum benefit from caring for themselves or their families



18. Tick if you agree with the 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
Community Pharmacist Consultation Service (CPCS), general practices and 111 are able to refer patients for a minor illness consultation via CPCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicines Service (NMS) - pharmacist interventions provide support for people with long-term conditions newly prescribed certain medicines, to help improve medicines adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Medicines Service (DMS) - Discharge referral for a specific Medicines reconciliation, patient referred from hospital to community pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review consultation to support patients who use 'appliances' e.g. those requiring stoma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation-- customisation of stoma appliances; improved care and reduced waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 lateral flow device distribution service, where the public can obtain C19 lateral flow tests from pharmacies offering this service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 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'

I was aware that there is no facility for free access to medicines for self-care via pharmacy in this area

Yes No

20. Delivery of dispensed medicines to patients' homes (this service could be withdrawn at any time, or pharmacies could reasonably charge patients for it). Do you think that a medicine delivery service is necessary in your local authority area? Yes or No Do you think that patients might be expected to have to pay for this service?

Yes No

21. 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
---------------------------------------------	------------------------------------------------------	-------------------------------------------------

Ensure minimum extra opening hours for bank Holidays e.g. Christmas Day additional hours to ensure minimum provision when most pharmacies close



22. Tick if you agree with a statement:

	I didn't know pharmacies may offer this	My H&WB area needs this	This service improves patient access	Service may be needed in the future
Stop smoking service assessment, advice and support for those wanting to stop smoking including supply of appropriate medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and syringe exchange- provision of sterile needles, syringes and associated materials and information to substance misusers in exchange for used products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening service- free NHS testing for chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Card Registration and free condom supply services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency hormonal contraception ('the morning after pill') - NHS service, free to women and girls (14+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start Vitamins supply of free vitamins to pregnant or breastfeeding women and children 6months to 4 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Brief Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



23. 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

24. 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

25. If yes, please state the ward or area here :



26. 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 service now	May be needed in the future	No need for service in my area
Domiciliary pharmaceutical service- any service provided in patient's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary/Independent Prescribing service- often combined with other services, e.g. anticoagulant monitoring, stop smoking, diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review- a full, face to face clinical review with patient's records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease specific medicines management service support and monitoring for patients with long-term conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten free food supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language access service medicines advice to patients in a specific language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment and compliance support service assessment, advice and compliance support (beyond the Equality Act in minimum) possible combined with domiciliary visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours service- call out service for when all pharmacies are closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Acting Reversible Contraception (LARC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Planning and antiviral distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free to patient emergency supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not dispensed scheme - to encourage pharmacies not to dispense unnecessary prescription items minor ailments or 'Pharmacy First' scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia treatment following a positive test Naloxone for carers or relatives of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varenicline for selected clients who wish to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service- vascular risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination services- e.g. travel vaccines, hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formalised, electronic 'Refer to pharmacy' service from telephone triage in general practice as last entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



27. 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



28. 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 current commissioned community services in my area that provide this	New opportunities for access to these services via community pharmacies 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service- advice to prescribers on clinical and cost effective use of medicines, policies and guidelines, and repeat prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools service- advice and support to children and staff in schools relating to safe and secure handling of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison or offender services- pharmaceutical services to clients in a custodial setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. 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)

30. Which of the following best describes your organisation or affiliation (please tick more than one if appropriate)?

- 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)



12.3 Middlesbrough and Redcar & Cleveland PNA Pharmacy Contractor Questionnaire

2021 PNA PHARMACY CONTRACTOR Questionnaire Tees Valley (Preview)

Date of completion 17-Mar-2022

ODS code (also known
as F code or 'PPA code')

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.

Trading Name of
Pharmacy

Address of Contractor

Post Code

Entitled to Pharmacy Access Scheme payments?

Yes
 No

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

Pharmacy telephone

Pharmacy fax (if
applicable)

Pharmacy website
address If no website write no website

Please renew permission to hold the data you provide and use this to contact you if necessary. Consent is given for LPC, Health and Well Being Board and Local Authority to access the data for purposes of updating the Pharmaceutical Needs Assessment and other related documents.

Consent to store this data and use as appropriate Yes No

Change to Terms of Service

Terms of Service From July 2020, changes were made to the terms of service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services)

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.

Regulations 2013 and the approvals under them. (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan) Click here for details.

Opening Hours

If you think your opening (core or supplementary hours) on the Pharmaceutical List may be incorrect you, the PHARMACY CONTRACTOR MUST contact NHS England to apply or notify any changes to hours required. Email contact is ENGLAND.Pharmacyandoptometry@nhs.net If you are a multiple pharmacy then contact your line manager in the first instance.

Total Pharmacy Opening
Hours per week

Consultation Facilities

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan (Five-Year Deal) states: "11. - "by April 2020 being a Level 1 HLP will become an essential requirement for community pharmacy contractors. HLPs must have an acceptable location (eg room) for consultations." (PSNC, NHS England, DOH joint letter to pharmacists) Delays due to COVID19 led to regulations being laid in Oct 2020 requiring all pharmacies to become HLPs from 1st Jan 2021. Special arrangements are in place for distance selling pharmacies. Click here for details.

Are you willing to undertake consultations

- In a patients home?
 On another suitable site?
 No
Is neither of the above

IT Facilities

The Five-Year Deal states: "21. -requirements around NHSmail, SCR and DoS [and NHS.UK (formerly NHS Choices)] will become Essential terms of service for community pharmacy contractors" (PSNC, NHS England, DoH joint letter to pharmacists) Click here for details.

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes- All types, or
 Yes, excluding stoma appliances, or
 Yes, excluding incontinence appliances, or
 Yes, excluding stoma and incontinence appliances, or
 Yes, just dressings, or
 None
 Other

Advanced Services

New Medicine Service Yes Soon No

Appliance Use Review Yes Soon No

CPCS 111 including
emergency supply of
medicines Yes Soon No

Influenza Vaccination
Service Yes Soon No
Hover over the options for more description

Yes Soon No

COVID Vaccination Service Hover over the options for more description

Lateral flow testing provision Yes Soon No Hover over the options for more description

Community Pharmacy Consultation Service (CPCS) Yes Soon No

Emergency Hormonal Contraception (via PGD) CP WA ?? X Hover over the options for more description

Contraception Services (not an EHC service) CP WA ?? X Hover over the options for more description

C-Card (registration or supply) 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

On demand availability of specialist drugs CP WA ?? X Hover over the options for more description

Supervised Self-Administration Methadone and Buprenorphine CP WA ?? X Hover over the options for more description

Needle and Syringe Exchange 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

Smoking Cessation Services:

Stop Smoking Service - NRT eVoucher Service CP WA ?? X Hover over the options for more description

Varenicline via PGD CP WA ?? X Hover over the options for more description

Other Services

Care Home Service CP WA ?? X Hover over the options for more description

Out of hours call-out services CP WA ?? X

Anti-viral Distribution CP WA ?? X Hover over the options for more description

Gluten Free Food Supply (not via FP10) CP WA ?? X i.e not supply on FP10 prescription
Hover 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

- Vascular Risk Assessment Service (NHS Health Check)** CP WA ?? X
Hover over the options for more description
- Sharps Disposal eg diabetic not needle ex** CP WA ?? X
Hover over the options for more description
- Independent Prescribing** 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

Screening Services

- Alcohol Brief Interventions** 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 screening** 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
- 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 if 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 Vaccination** WA ?? X
Hover over the options for more description
- Travel vaccines** WA ?? X
Hover over the options for more description

Other (please state)

- Hepatitis B vaccination (at risk workers or patients)** WA ?? X
Hover over the options for more description
- Hepatitis B vaccination (at risk workers or patients)** WA ?? X
Hover over the options for more description

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
- Medication Review Service
- Medicines Assessment and Compliance Service
- Minor Ailment Scheme
- Medicines Optimisation Service
- Emergency Supply Service
- Other _____

Next, vaccination services

Private services provided - vaccination

- HPV
- Hepatitis B
- Travel vaccine(s)
- Childhood vaccine(s)
- Varicella
- Pneumococcal pneumonia
- Meningococcal
- Other _____
- None

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 cessation behavioural support
- Varenicline private PGD
- Prescriber support
- Independent prescribing
- Schools service
- Adherence support (long term conditions)
- Blood pressure
- Medicines delivery (see later)
- Other _____

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

Collection of prescriptions from GP surgeries Yes No

MDS Yes with a charge Yes free of charge No

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

Do you use a Translation Service?

- Yes
- No - not needed
don't have language issues
- No-don't know how?
needed but don't know how to access translation services
- No-not timely
when needed, service not available in timely way

Additional Information

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Any other private services do you offer?

Any additional services you would consider providing

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

12.4 Redcar & Cleveland Pharmacy Addresses

Code	Name	Address 1	Address 2	Postcode
FL867	Asda Pharmacy	2 North Street	South Bank	TS6 6AB
FFF50	Boots UK Limited	Cleveland Retail Park	Skippers Lane	TS6 6UX
FFH44	Boots UK Limited	33-35 High Street		TS10 3BZ
FHL45	Boots UK Limited	9-11 Station Street		TS12 1AE
FM586	Boots UK Limited	Rectory Lane Health Ctr	Rectory Lane	TS14 7DJ
FRG27	Boots UK Limited	21 High Street	Normanby	TS6 0NH
FWW78	Boots UK Limited	93 Guisborough Road	Nunthorpe	TS7 0JS
FQ625	Boots UK Limited	18 Westgate		TS14 6BA
FRQ88	Clevechem Limited	Redcar Primary Care Hosp	West Dyke Road	TS10 4NW
FE615	Coatham Pharmacy	2B High Street West		TS10 1SG
FTP86	Cooper & Kime	1 South Terrace	Normanby Road	TS6 6HW
FDY75	Coopers Chemist Marske Limited	112 High Street	Marske-by-The-Sea	TS11 7BA
FX275	Coopers Chemist Redcar Limited	Medical Centre	Coatham Road	TS10 1SR
FXL00	Dormanstown Pharmacy	31-35 Ennis Square	Dormanstown	TS10 5JZ
FTM00	Eston Pharmacy	Unit 1B, 135/145 High St	Eston	TS6 9JD
FY321	Grangetown Pharmacy	53 Birchington Avenue	Grangetown	TS6 7HX
FLD18	Harrops Chemists	1 Zetland Road	Loftus	TS13 4PP
FL706	Jhoots Pharmacy	1 Embleton Court		TS10 2RF
FWD16	Lingdale Pharmacy	29 High Street	Lingdale	TS12 3DZ
FF695	LloydsPharmacy	South Grange Medical Ctr	Trunk Road	TS6 9QH
FPY51	LloydsPharmacy	26 High Street	Loftus	TS13 4HA
FAT38	New Marske Pharmacy	1 Beacon Drive	New Marske	TS11 8ES
FVM18	Park Avenue Pharmacy Limited	10 Park Avenue		TS10 3JZ
FMF83	Saltburn Pharmacy	Ground Floor	6 Station Street	TS12 1AE
FVC25	Skelton Pharmacy	83 High Street		TS12 2DY
FVC05	T Kingston Pharmacy	Hillside Medical Centre	Windermere Drive	TS12 2TG
FXP92	Tesco Instore Pharmacy	Trunk Road	Eston	TS6 9QH
FC857	Tesco in-Store Pharmacy	Tesco Superstore	West Dyke Road	TS10 2AA
FQE19	W W Scott	Unit 3 Roseberry Shop Ctr	Lakes Estate	TS10 4NY
FHW64	Well	16 Westgate		TS14 6BA
FKF10	Well	5 High Street	Brotton	TS12 2SP
FKC49	Whale Hill Pharmacy Inc Pharmacy4meds	256 Birchington Avenue	Whalehill, Eston	TS6 8BL

12.5 Consultation Report

The findings from the consultation period, which ran from 16th May 2022 – 17th July 2022 are outlined below.

Total responses received = 7

- 6 via the online consultation questionnaire
- 1 via direct email or letter (NHS England and Improvement).

The response from NHS England and Improvement (North East and Cumbria) is shown at the end of the report of the collated responses received to the specific consultation questions.

Comments received are quoted verbatim. 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. Has the purpose of the pharmaceutical needs assessment been explained?

Yes – 6
No – 0
Don't know - 0

2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Yes – 5
No – 0
Don't know - 1

3. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

Yes – 1
No – 5
Don't know – 0

Comment:

Consideration needs to be given to the impact of expanded GP opening hours, with enhanced access to be implemented from October as per the new PCN service. We cannot precisely predict as to when and where these hours will be offered yet, but it might reasonably be expected that expanded GP opening hours will generate an expectation of commensurate expanded access to pharmacies.

HWB response: The HWB has noted the potential impact of expanded GP opening hours, due to be implemented from October 2022. The 2022 PNA has been developed on the basis of currently available information, including provision of primary healthcare services. The HWB will keep abreast of any changes that will potentially affect pharmaceutical need and determine whether a subsequent PNA is required.

4. Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Yes – 5
No – 0
Don't know - 1

5. Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Yes – 3

No – 0
Don't know – 3

6. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

Yes – 5
No – 0
Don't know - 1

7. Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Yes – 5
No – 0
Don't know - 1

8. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Yes – 1
No – 2
Don't know – 4

Comment:

Extended hours in general practice will be changing across south of tees from October 2022. Hence depending on these the pharmaceutical needs may change.

HWB response: The HWB acknowledge that the introduction of extended hours in general practice may impact pharmaceutical needs. The HWB has developed the 2022 PNA on the basis of currently available information, including opening hours in general practice. The HWB will keep abreast of any changes that will potentially affect pharmaceutical need and determine whether a subsequent PNA is required.

9. Do you agree with the conclusions of the pharmaceutical needs assessment?

Yes – 5
No – 0
Don't know - 1

10. Do you have any other comments?

No comments

11. I am answering these questions as:

A patient or member of the public living or using pharmaceutical services in this area – 2
Local Medical Committee - 1
CCG/ICS representative – 2
Neighbouring Health and Wellbeing Board representative - 1

NHS England and Improvement (North East and Cumbria) response to consultation

Thank you for inviting NHS England (North East and North Cumbria) to comment on Redcar & Cleveland's Pharmaceutical Needs Assessment (PNA), we recognise the work undertaken by Redcar & Cleveland's Health and Wellbeing Board in producing the draft PNA.

HWB response: This comment is acknowledged.

We note the information used by the Health and Wellbeing Board in producing the report, and the conclusions and recommendations of the Board. Whilst NHS England has no further comments to make on the draft report, we would like to advise of a minor discrepancy in the number of pharmacies noted in the conclusion.

There are 32 pharmacies within Redcar & Cleveland as held on the Pharmaceutical list. Pg28 of the PNA refers to 31 community pharmacies and 1 distance selling pharmacy, whereas the conclusion states 31 pharmacies.

HWB response: The HWB has updated the conclusion to state 31 community pharmacies and 1 distance selling pharmacy to ensure greater clarity. The HWB has rechecked the pharmaceutical list on 13th July 2022 and can confirm the accuracy of these data.

In addition, NHS England would like to advise of a pending relocation of Lloyds Pharmacy from South Grange Medical Centre to Low Grange Health Village, Normanby Road, Middlesbrough. This was approved by Pharmaceutical Services Regulations Committee (PSRC) on 25 May 2022, with the relocation due to occur within the next 12 months.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Redcar & Cleveland to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

HWB response: The HWB notes the pending relocation of Lloyd Pharmacy from South Grange Medical Centre to Low Grange Health Village, Normanby Road, Middlesbrough. Given the relocation is less than 400m the HWB has concluded that this will not change local pharmaceutical needs, providing the relocation is not associated with any changes in the provision of community pharmacy services.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Middlesbrough to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

HWB response: This comment is acknowledged.

12.6 Changes to Pharmacy Opening Hours

During the period the draft PNA was completed, notice was given to NHSE&I and Redcar & Cleveland Council by five pharmacies in Redcar & Cleveland (within R2, R3 & R4 localities) that were making minor changes to their opening hours. A summary of these changes is shown below;

- Boots Guisborough – reduce opening hours by 30 minutes at the start of day between Monday to Friday from 9am to 9.30am.
- Boots Normanby – Close on a Saturday from previously being open 9am – 12pm.
- Boots Redcar – Reduce opening hours by 30 minutes at the start of the day between Monday to Friday from 9am to 9.30am, whilst also increasing hours during the middle of the day by 1 hour between 12.30pm – 1.30pm. Saturday opening hours will increase by 1 hour during the middle of the day from 12.30pm to 1.30pm. Sunday opening hours as a total remain the same but change to 12pm – 4pm.
- Boots Saltburn - reduce opening hours by 30 minutes at the start of day between Monday to Saturday from 8.30am to 9am.
- Park Avenue Pharmacy - Close on a Saturday from previously being open 9am – 1pm.

These small amendments to opening hours make little difference to pharmacy provision in Redcar & Cleveland through Monday to Sunday, with suitable alternatives open before 9am, during the middle of the day and after 5pm. These reduced hours are highlighted in orange in the figures below for both Monday to Friday and weekend opening hours.

Pharmacy		Mon-Fri Opening Hours																	
		6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
R1	Well																		
	Harrops Chemists																		
	Lloydspharmacy																		
	T Kingston Pharmacy																		
	Skelton Pharmacy																		
	Lingdale Pharmacy																		
R2	Well																		
	Boots Uk Limited																		
	Boots Uk Limited																		
R3	Lloydspharmacy																		
	Boots Uk Limited																		
	Whale Hill Pharmacy																		
	Asda Pharmacy																		
	Boots Uk Limited																		
	Eston Pharmacy																		
	South Bank Pharmacy																		
	Boots Uk Limited																		
	Tesco Instore Pharmacy																		
	Grangetown Pharmacy																		
R4	New Marske Pharmacy																		
	Tesco In-Store Pharmacy																		
	Coopers Chemist Marske																		
	Coatham Pharmacy																		
	Boots Uk Limited																		
	Boots Uk Limited																		
	Jhoots Pharmacy																		
	Saltburn Pharmacy																		
	W W Scott																		
	Clevechem Limited																		
	Park Avenue Pharmacy																		
	Coopers Chemist Redcar																		
	Lloydspharmacy																		

Pharmacy	Saturday																	Sunday									
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	9	10	11	12	13	14	15	16	17
R1	Well																										
	Harrops Chemists																										
	Lloydspharmacy																										
	T Kingston Pharmacy																										
	Skelton Pharmacy																										
Lingdale Pharmacy																											
R2	Well																										
	Boots Uk Limited																										
R3	Boots Uk Limited																										
	Lloydspharmacy																										
	Boots Uk Limited																										
	Whale Hill Pharmacy																										
	Asda Pharmacy																										
	Boots Uk Limited																										
	Eston Pharmacy																										
	South Bank Pharmacy																										
	Boots Uk Limited																										
	Tesco Instore Pharmacy																										
Grangetown Pharmacy																											
R4	New Marske Pharmacy																										
	Tesco In-Store Pharmacy																										
	Coopers Chemist Marske																										
	Coatham Pharmacy																										
	Boots Uk Limited																										
	Boots Uk Limited																										
	Jhoots Pharmacy																										
	Saltburn Pharmacy																										
	W W Scott																										
	Clevechem Limited																										
	Park Avenue Pharmacy																										
Coopers Chemist Redcar																											
Lloydspharmacy																											

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