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Executive summary

Chapter 1 Introduction

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments to Health and Wellbeing Boards who are obliged to produce an updated PNA by 1 April 2015. In Newcastle this is called the Wellbeing for Life Board. **This PNA covers the period from April 2015 to the end of March 2018.**

NHS England will use this PNA to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and / or extended hours.

Newcastle City Council and its Wellbeing for Life partners will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population.

This document focuses on defining Pharmaceutical Needs Assessment and its purpose

- To determine if there are sufficient community pharmacies to meet the needs of the population of Newcastle and secondly;
- To determine what services could be delivered by community pharmacies to meet the future identified health needs of the population.

Consideration is given to local leadership and commissioning, and the present contractual obligations are described.

Chapter 2 Pharmaceutical needs assessment process: a brief overview of the methodology adopted in bringing together the information contained within the pharmaceutical needs assessment (PNA) is described. Existing service provision by Community Pharmacy has been assessed, for the purposes of this PNA, through a combination of two main data sources:

- Newcastle PNA questionnaire (a questionnaire sent to all practicing pharmacies in the city)
- Existing commissioning data held by the Local Authority and the NHS.

In August 2014 an electronic questionnaire was made available via PharmOutcomes, an IT platform used by many community pharmacies and commissioners across the UK. All 65 community pharmacies within Newcastle responded to the survey. Additionally, data related to those pharmacies already commissioned to deliver services via Local Authority Public Health Contracts helped determine present utilisation and gaps in service provision.

These two main data sets provide the main body of information from which conclusions can be drawn.

Chapter 3 Identified health needs: This chapter identifies an overview of the broad health needs of Newcastle's population taken from the most recent Newcastle Future Needs Assessment. The population profile is described to include ethnicity and deprivation, life expectancy and disease prevalence, long term conditions and the role of carers.

Lifestyle factors that impact on health and wellbeing are described to include smoking, substance misuse (Drugs and Alcohol), sexual health and obesity. Prevalence with the city is described e.g. The prevalence of smoking in Newcastle for all groups is higher than the England average. The current prevalence for all adults aged 18 and over is 23.7%, Routine and manual occupations is higher still at 32.7%, and mothers who are smoking at the time of delivering their baby at 16.6%.

This information helps contextualise the development of pharmacies as prime providers of accessible support from within local communities.

Chapter 4 Current Provision of Baseline Pharmacy Services -

The essential and minimum pharmaceutical services which must be provided within a standard 40 hour week are detailed. There are an average 22 pharmacies per 100,000 population nationally. Newcastle compares favourably with an overall 23 pharmacies per 100,000 population.

Access and availability of existing provision are described to demonstrate the range of local provision to include opening hours, proximity to General Practices in the city, and physical accessibility. Additional work is necessary to determine the level of access to those people who need wheelchair access.

Provision to deliver extended and confidential services is also described.

Whilst there is good provision across the city between Monday – Friday 9am and 5pm, evening and weekend opening hours are less accessible. Specifically only 10 / 65 pharmacies are open on Sundays.

Chapter 5 Current provision of local commissioned services

As well as national services provided by all pharmacies, the pharmacy contract also includes services that are commissioned at a local level by local Clinical Commissioning Groups (CCG), Local Authorities (LA) or NHS England. Chapter 5 describes this provision.

- 61 out of 65 Newcastle pharmacies report that they provide a Think Pharmacy First (minor ailments) service in Newcastle
- 10 Newcastle pharmacies report they provide a needle exchange service
- 57 out of 65 pharmacies across Newcastle deliver supervised consumption of medicines
- 52 pharmacies report that they provide Plan B services e.g. Emergency Hormonal Contraceptives. There are currently 8 pharmacies reporting they provide the Chlamydia treatment services.
- 42 out of 65 pharmacies are currently providing smoking cessation services in Newcastle.
- Some drugs are not routinely stocked in pharmacies because they are prescribed infrequently. To ensure that patients and professionals can access these drugs, e.g. for terminal care, a few community pharmacies are commissioned to hold these drugs in readiness. There are currently 7 pharmacies indicating they provide a specialist drug access service, with no provision in the west locality.
- Pharmacies will often provide advice and support to residents and staff within the care home. There are currently 14 pharmacies indicating they provide a care home advice service.
- 38 pharmacies have indicated that they provide Flu vaccination services.

Chapter 6 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by local commissioners. These services are often very valuable for special patient groups, for example the housebound or elderly, but are provided at the discretion of the pharmacy owner. In Chapter 6 these non-commissioned services are described and include for example cholesterol, glucose and blood pressure testing.

Chapter 7 Key Considerations - Future Service Provision

In Chapter 7 the strengths, weaknesses, opportunities and potential threats are stated. Thereafter, a summary of the identified health needs, provision and gaps in provision are provided for consideration with commissioners and partners.

Chapter 8 concludes the main document and describes the next steps and some of the anticipated developments during the forthcoming year 2015-16.

Chapter 9 Equality impact assessment

The PNA seeks to improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups. The PNA gives the Local Authority the opportunity to highlight ways to enhance available services to a wide range of target groups including those covered by the Equality Act. The very process of undertaking the analysis of the findings has also highlighted gaps in the survey questions asked. As such additional work will be required to establish access to pharmacy for those requiring wheelchair access.

Key Recommendations

Listed below are the **key recommendations** from the Pharmacy Needs Assessment for consideration and action where appropriate. Supporting evidence for each recommendation can be found in later sections.

1. Think Pharmacy First and Existing Pharmacy Emergency Supply Services – CCG commissioners of 111, GPs and Hospital Trusts could work more closely with Community Pharmacy to direct patients away from GP Practices or A&E Departments with the aim to reduce inappropriate use of NHS resources.
2. Long Term Conditions –NHS Health Checks (a national risk assessment, risk reduction and risk management programme) aim to help prevent heart disease, stroke, diabetes and kidney disease and should be available through Community Pharmacy. This would provide increased access to advice and support for those individuals identified as at-risk.
3. Health Living Pharmacies are planned to be commissioned in Newcastle to support the development of new services and high performance delivery of existing commissioned services especially in deprived areas.
4. Disability Access – There are still two pharmacies reporting that they do not provide adequate access for people with physical disabilities. It is recommended that this is resolved urgently as this in the future may be

unacceptable to commissioners. No assessment has been made to determine wheelchair access to the consulting rooms or alternative private space. This work needs to be undertaken as soon as possible and may help provide important information in relation to the commissioning of additional services.

5. We intend to include more pharmacies within our online access guide DisabledGo-Newcastle. This will provide disabled people with the information they need to help them to decide which pharmacy is most accessible to meet their individual requirements.
6. Pharmacy Coverage – Access - There are currently 65 pharmacies in Newcastle - including two 100 hour pharmacies. Being an urban area, access to community pharmacy across the city Monday to Friday, 9am to 5pm is excellent and access on evenings and weekends is also excellent (86% of pharmacies open longer than contracted hours). Data suggests however that the North Newcastle Locality has a lower number of pharmacies (16 per 100k) than the East and West and also the England Average (22 per 100k). Further investigation may be required to establish exact need of these populations especially in light of the fact that housing development is planned in this area over the next few years.
7. Pharmacy Harm Reduction Services (needle exchange) would benefit from review in line with the ongoing review of the substance misuse system in Newcastle, which would help to address gaps in service provision.
8. Students – Targeted services (e.g. sexual health/alcohol) could be commissioned in selected areas accessible for students (e.g. near campuses and in city centre) with endorsement by and engagement with city Universities/Colleges.
9. Promotion of Healthy Living – Health commissioners in Newcastle could make better use of Community Pharmacy as a promotional resource. There are 6 public health campaigns available from 65 high footfall locations across the city which are not fully utilised or synchronised with existing public health activity for maximum effect.
10. Medicines Risks – Medicines Use Reviews (MUR) and New Medicines (NMS) Service – Commissioners of services which prescribe medicines could benefit from engagement with community pharmacy to utilise the targeting of MUR/NMS services for specific groups – Example Objectives – Falls Prevention, Medicines Wastage Reduction, Medicines Reconciliation and Medicines Optimisation.
11. Obesity – The commissioning of pharmacy based BMI assessment presents opportunities for brief advice and to improve nutrition and physical activity.
12. Sexual Health – Community Pharmacy could increase the numbers of patients referred for Long Acting Reversible Contraceptives and Copper Coil – the preferred long acting methods of contraception. Increased numbers of participating Plan B Pharmacies would also be of benefit to the city. Ideally, all pharmacies should be supported by commissioners of the C-Card Service to not only providing free condoms but issuing C-Cards.

13. Older People Services – Pharmacies could provide a medicines management service to older people as part of a Citywide falls reduction strategy.
14. Mental Health and Dementia – As in number 9 above, Northumberland Tyne and Wear NHS FT may wish to discuss the potential targeting of medicines review services through community pharmacy in the future.
15. Substance Misuse Services – A review of the Pharmacists role in the provision of elements of the substance misuse pathway as part of the ongoing redesign of these services is recommended.
16. Alcohol Services – The introduction of alcohol screening and brief advice through pharmacy is recommended and would help provide early identification and would support individuals to reduce their consumption and where necessary provide signposting onto relevant services.
17. Childhood Vaccinations – Pharmacy's success in the provision of flu vaccinations opens the door for possible future delivery of other vaccination types – e.g. Childhood Vaccinations.

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Section 1:

Introduction

What is a pharmaceutical needs assessment?

1.1 Healthcare Landscape

The Health Act 2009 introduced a legal requirement for Primary Care Trusts (PCTs) to publish a pharmaceutical needs assessment (PNA) by February 2011.

More recently the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) and transferred responsibility to develop and update PNAs from PCTs to HWBs.

Responsibility for use of PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013.

1.2 Objectives

As well as simply providing useful information about community pharmacy in the city, there are two main purposes of the PNA:

1. Informing NHS England decisions on the required location and number of pharmacies in Newcastle - The PNA is a strategic commissioning document and will be used to identify gaps in services which could be filled by market entry.
2. Informing Commissioning Decisions by a range of Primary Care Organisations (PCOs) - This PNA describes the health needs of the population and the pharmaceutical services which are in place, or could be commissioned to meet identified health needs.

More detailed information can be found in Appendix 7 – “What is a pharmaceutical needs assessment?” towards the end of this document. This section describes further the legislation, aims and utilisation of PNAs.

1.3 Newcastle City Council Public Health Priorities

It is important for community pharmacy and the public to understand the objectives within the local health environment. The Council and its partners, through the Wellbeing for Life Board, have agreed a framework for action to improve wellbeing and health in the city. (<http://www.wellbeingforlife.org.uk/our-strategy>)

The top 3 Public Health priorities in Newcastle were identified as reducing smoking, reducing alcohol consumption and to addressing obesity. Newcastle City Council recognises that there are multiple opportunities to provide healthy lifestyle advice and support throughout Pharmacies with a range of Public Health priorities.

1.4 Newcastle CCG Alliance Priorities

The priorities of the Newcastle Clinical Commissioning Group (CCG) Alliance are:

Objective 1 - Improving prevention and wellbeing for all residents of Newcastle

Objective 2 - Delivering care closer to home

Objective 3 - Joining up care services across the city

1.5 Community Pharmacy

There are 65 pharmacies in Newcastle which provide access to a health care professional for 280,000 people who live in the city. Across England, pharmacy as a resource is well used with over 438 million visits made annually to a network of 11,400 community pharmacies (compared to GPs 320 million visits)¹.

A recent study by Durham University (Reference; Todd A, Copeland A, Husband A, et al. 'The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England.' BMJ) discovered that nationally, 89 per cent of the population was found to have access to a community pharmacy within a 20 minute walk. Access in areas of highest deprivation was even greater with almost 100 per cent of households living within walking distance.

Table 1: Community Pharmacy Strengths and Weaknesses in Newcastle

Strengths:	Weaknesses
<ul style="list-style-type: none">• Locations – Over 65 pharmacies embedded within communities, on the high street and supermarkets• Footfall – Over 1.8 million patient visits per day in the UK, approximately 7800 per day in Newcastle. Crucially with a different demographic footprint when compared with general practice• Efficiency – Community Pharmacy is an existing skilled health service provider with fixed costs (premises, utilities, core staffing, skill mix).• Engagement – Locally in Newcastle community pharmacy have been highly motivated and supportive of local commissioners.	<ul style="list-style-type: none">• Capacity Challenge – it is unknown how many services can be provided from each site• Inconsistent delivery across the pharmacy estate for some services• Additional training requirements amongst pharmacy staff will mean changes to practice may not all commence equally across the city.

¹ Community Pharmacy - helping provide better quality and resilient urgent care, NHS England, version 2, Nov 2014

1.6 National Community Pharmacy Leadership (Pharmaceutical Services Negotiating Committee (PSNC) 2014)

Community pharmacy is led nationally by the PSNC who promote and guide the overall strategy for pharmacy as a profession in the UK. PSNC promotes and supports the interests of all NHS community pharmacies in England and is recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors.

The PSNC supports the Local Pharmaceutical Committee (an independent representative group made up of pharmacists from the North East) and seeks to align national guidance.

The PSNC has outlined its latest future vision for community pharmacy in England:

“The community pharmacy service in 2016 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions, and providing individualised information, advice and assistance to support the public’s health and healthy living.”²

A 2012 survey of community pharmacy contractors confirmed that the majority of the sector (98% of respondents) supported this vision for community pharmacy.

The Pharmaceutical Services Negotiating Committee (PSNC) is now working towards the visions by developing the community pharmacy service across four key service domains:

1. Optimising the use of medicines;
2. Supporting people to self-care;
3. Supporting people to live healthier lives; and
4. Supporting people to live independently.

The core ‘Essential’ and ‘Advanced’ services within the NHS Community Pharmacy Contractual Framework (CPCF) all fall within one or more of these domains.

In developing community pharmacy services across these four domains, PSNC believes the NHS community pharmacy service can help the NHS to manage the financial constraints and increasing demands it faces, by becoming the basis of a third pillar, supporting NHS service provision alongside the traditionally dominant pillars of GP-led care and secondary care.

1.7 Local Leadership

Newcastle Community Pharmacies, locally led by their representative organisation North of Tyne Local Pharmaceutical Committee provide a growing range of health

² Pharmaceutical Services Negotiating Committee, The Vision for Community Pharmacy, August 2013

services to the public above and beyond the standard expected activities of dispensing medicines, displays of health information and signposting. These additional services will be explored in more detail later on in this needs assessment and their value understood.

1.8 Utilisation of Pharmacy by Commissioners

It is now widely recognised within the NHS and other health services that community pharmacies should play a vital role in tackling major public health concerns such as obesity, smoking, alcohol and drug abuse because of their growing range of existing health services and high levels of accessibility to the public. Easy accessibility to a pharmacy is due to both location (within GP Surgeries, Supermarkets, High Streets, local neighbourhoods etc.) and long opening hours at weekends and later evenings. In addition, services are often provided without an appointment thus amplifying convenience for large sections of the population in Newcastle.

These facts and recent developments set the scene for development of the capabilities of community pharmacies to provide more services in the future. Of particular relevance to this document are the health objectives for the two main commissioners in Newcastle – Newcastle City Council and The Newcastle CCG Alliance. The main priorities of these two organisations can be seen in section 1.4.

1.9 Pharmacy NHS Services:

All Community Pharmacies are required under the NHS Pharmacy Contract to provide the following services for patients in Newcastle (PSNC 2014). The services below clearly highlight pharmacy's position within the UK health system as one of promoting medicines safety, appropriate access to advice and medicines, healthier lifestyle choices and responsible self care.

1. The Dispensing Service – number of prescription items dispensed by community pharmacies in England in 2011-12 was 885 million.
2. The Repeat Dispensing Service – this service allows patients to collect regular repeat prescription medicines direct from a local pharmacy for a predetermined period of time, without having to go back to the GP.
3. Disposal of Unwanted Medicines – members of the public can take medicines to any local pharmacy for safe disposal.
4. Promotion of Healthy Lifestyles - this service provides advice on keeping healthy; this could be advice on healthy eating, stopping smoking and exercise. This can take the form of posters, leaflets, written information and verbal advice to help patients make healthier choices. These are often aligned with local health promotion campaigns such as Holiday Sun Advice and understanding the risks of long term conditions such as diabetes.
5. Signposting to other Services - pharmacy provides patients with contact details for additional help if needed from other healthcare professionals, social services or voluntary organisations.
6. Support for Self-Care - Pharmacy provides advice on treating minor illnesses without the need to visit the GP, e.g. coughs and colds or long term conditions such as arthritis or diabetes. This support may include medicines which patients can buy over the counter from the pharmacy without a prescription.

Section 2:

Pharmaceutical needs assessment process

Section 2 provides a brief overview of the methodology adopted in bringing together the information contained within the pharmaceutical needs assessment (PNA).

2.1 Identification of health need

It is important to note that population health needs across the City of Newcastle have recently been identified as part of the Newcastle Future Needs Assessment (NFNA); Newcastle's Joint Strategic Needs Assessment. The NFNA provides an integrated, coherent and evidence-based means for partners to work together to determine priorities in the city. This includes detailed assessment of the health and wellbeing needs of the city, including the key causes of ill health and premature mortality, and the contribution of lifestyle factors to these. The document is a "living document" and is continually updated as and when new information becomes available³.

Newcastle City Council Public Health team have worked in collaboration with stakeholders within the council and other commissioning organisations to provide additional understanding of these identified health needs specifically in relation to community pharmacy.

These meetings and communications centred around traditional or existing pharmacy focus areas; sexual health, health checks, smoking, obesity, substance misuse and alcohol, however representatives with an interest in areas such as travel health, falls prevention, local communities, housing development, volunteer organisations, carers and others were consulted as part of this process.

It is important to note that due to the scope of the PNA that not all health needs identified by this document will necessarily be met by community pharmacy in the future. It is for commissioners and pharmacy leaders to decide which needs can and will be met by pharmacy in Newcastle.

2.2 Assessment of current pharmaceutical service provision

Recently the role of the community pharmacist as a healthcare professional who simply dispenses prescriptions written by doctors has broadened, and community pharmacists are developing clinical services in addition to their traditional dispensing role and to adapt their role to meet the needs of a changing NHS and other healthcare commissioners.

Existing service provision by Community Pharmacy has been assessed, for the purposes of this PNA, through a combination of two main data sources: 1) Newcastle

³ www.knownewcastle.org.uk

PNA questionnaire and 2) existing commissioning data held by the Local Authority and the NHS. This data provides the main body of information from which conclusions can be drawn.

2.3 Newcastle PNA Questionnaire

In August 2014 a questionnaire (see appendix 5) was made available via PharmOutcomes, an IT platform used by many community pharmacies and commissioners across the UK (More information can be found at the PharmOutcomes website: <http://www.pharmoutcomes.org/pharmoutcomes>). This platform is accessible to the 65 community pharmacy contractors across the Local Authority area. The questionnaire, developed in partnership between the Public Health Team and North of Tyne LPC (NoT LPC) was based on previous questionnaires and tailored with reference to Pharmaceutical Service Negotiating Committee (PSNC) information. The data resulting from this questionnaire forms the main data set identifying the current provision of pharmaceutical services (Advanced, Enhanced and Private) in Newcastle.

As well as service provision type and level, contextual information e.g. location, opening hours, pharmacy facilities etc. is provided to support the overall picture of individual pharmacies.

2.4 Public and Healthcare Engagement

The formal consultation on the draft PNA for Newcastle will run from December 2014 to the end of February 2015 in line with the guidance on developing PNAs and Part 2 of The National Health Service (Pharmaceutical Services) Regulations 2012, which stipulates the need to involve local people in planning services. Public engagement has been through the release of the draft PNA document on the council Let's Talk website.

Prior to the start of the formal consultation, Newcastle City Council's public health team carried out pre-consultation engagement with stakeholders on behalf of the Wellbeing for Life Board by email contact and through direct meetings and council publications. Briefings were produced for the health overview and scrutiny committee as well as local representative committees such as the LPC. Some of the additional stakeholders consulted were; Newcastle upon Tyne Hospitals NHS Foundation Trust, Northumberland Tyne and Wear Foundation Trust, Health Watch, Newcastle Council for Voluntary Service, North East Ambulance Service, Newcastle West and East Clinical Commissioning Groups and NHS England.

A full list of the stakeholders engaged during consultation is available in appendix 6.

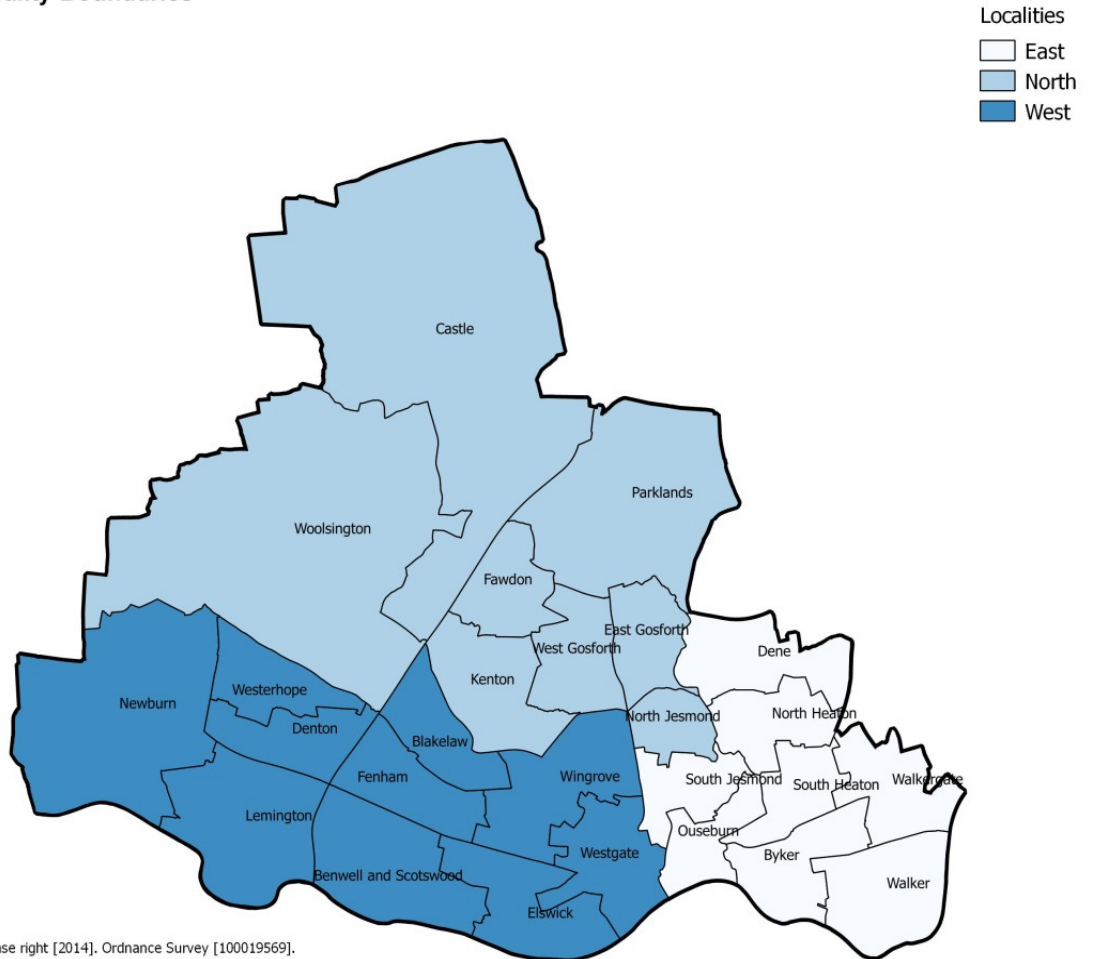
2.5 Localities

Newcastle City Council public health team undertook work to identify designated localities which were both representative of local communities and their associated health needs with the aim of supporting future commissioning decisions. Importantly, the localities will be referred to throughout the PNA document and conclusions.

Therefore, for the PNA a decision was made to adopt the boundaries that had been used for the previous PNA. These areas were historically set by NHS North of Tyne Commissioners Investment and Asset Management Strategy (CIAMS). Boundaries are based on groupings of Middle Layer Super Output areas⁴ (see Map 1 below).

Map 1: Newcastle locality boundaries

Newcastle Locality Boundaries



⁴ Super Output Areas (SOAs) are a unit of geography used for statistical analysis. They were created with the intention that they would not be subject to frequent boundary change, unlike electoral wards, and thus suitable for monitoring trends over time. Lower layer SOAs have on average a population of 1500 persons. In Newcastle there are 173 lower layer SOAs. Middle layer SOAs have on average a population of 7200 persons. In Newcastle there are 30 middle layer SOAs.

Section 3:

Identified health needs

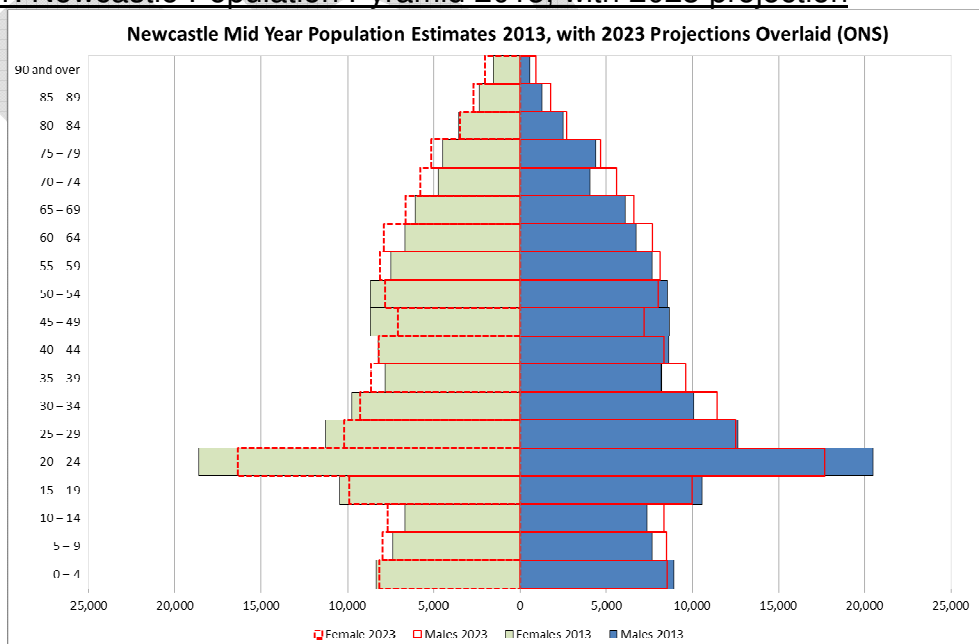
The following chapter provides an overview of the health needs of the residents of Newcastle, concentrating particularly on those needs which may be amenable to intervention by services delivered through community pharmacies either with existing service provision or new future services throughout the life of this PNA until 2018. Further information can be found within the Newcastle Future Needs Assessment⁵.

3.1 Population profile

Between 2001 and 2011, the population of Newcastle upon Tyne has increased by 7.95%, from 259,536 to 280,177, the second largest increase in the North East region.

- The most recent mid-year 2013 population estimates show Newcastle has an estimated population of 286,821; projected to increase to 291,219 by 2023
- About 14% of the Newcastle population is aged between 20 and 24 reflecting the large student population at the city's universities
- Newcastle has the lowest proportion of people aged 65 and over in the North East region (14%)
- Between 2004 and 2013 the number of births in Newcastle increased by 17%. However, there has been a decline in the conception rate from 70.3 per 1,000 women in 2009 to 67.1 per 1,000 in 2012
- There are higher resident populations seen in the North (106,622) and West (111,841) than the East (85,630) localities

Figure 1: Newcastle Population Pyramid 2013, with 2023 projection



⁵ www.knownewcastle.org.uk

3.1.1 Ethnicity

Culture and ethnicity may influence health beliefs and behaviours, and may therefore impact on health and wellbeing:

- In 2011, 14.7% of the Newcastle population were non-White; this has increased from 6.9% in 2001.
- 9.8% of the Newcastle population are Asian⁶, which equates to 27,017 people and 1.9% (no. = 5160) of the population are Black⁷
- In 2011 86.6% the Newcastle population were born in the UK compared to 93.2% in 2001.
- 89.7% of households in Newcastle have English as a main language; however 5.9% of households have no people who have English as their main language (6,927 households) in 2011.
- Around 59% of Newcastle's Asian population and 47% of Newcastle's Black population reside in the Newcastle West Area
- In the 2013 School Census, BME children accounted for 23% of the school population compared to 16% in 2007.

3.1.2 People with long term health problems or disability

- 18.7% of the population reported that their day-to-day activities were limited by a long term health problem or disability. 9.5% felt that their day-to-day activities were limited a lot
- There are an estimated 13,246 adults aged 18-64 with a moderate physical disability, and an estimated 3,705 adults with a serious physical disability
- There are an estimated 4,664 adults aged 18-64 years with a learning disability in the city.

3.1.3 Carers

"A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse". Being a carer can impact both psychically and psychologically on a persons health, for example increased rates of stress and depression, physical health problems, and earlier death.

- Almost one in ten (9.2%) of the population in Newcastle provide some kind of unpaid care. This compares with 11.0% in the North East and 10.3% in England and Wales.
- 2.4% provide 50 or more hours a week (6,840 people), similar to national proportions (2.4%) and marginally fewer compared with the North East (3.0%)

⁶(including Indian, Pakistani, Bangladeshi, Chinese and Other Asian),

⁷(Black, African, Caribbean and Black British)

3.1.4 Older people

An ageing population can impact significantly on health and social care demand, as this group tend to live with higher levels of morbidity and require more support to manage their conditions, including medicine reviews delivered by community pharmacy. There are a range of conditions which are more likely to impact on this group, including long term illness or disability, and age related conditions such as osteoarthritis, sensory impairments or dementia.

- There are an estimated 3,040 Newcastle residents with dementia⁸, more than double the number currently on GP practice registers (1,603) and this is projected to increase by 16% by 2020.
- There were 2,369 injuries due to falls in the over 65s per 100,000 in 2012/13, which is significantly worse than the national rate. Emergency hospital admissions for hip fractures in people over 65 years are similar to England.
- The number of people aged 65 and over predicted to have a moderate or severe visual impairment in 2012 was around 3,585 and a further 17,600 with a moderate or severe hearing impairment. Both of these numbers are projected to continually increase by 2020, with the greatest increases in those aged 75 and over.

3.2 Deprivation

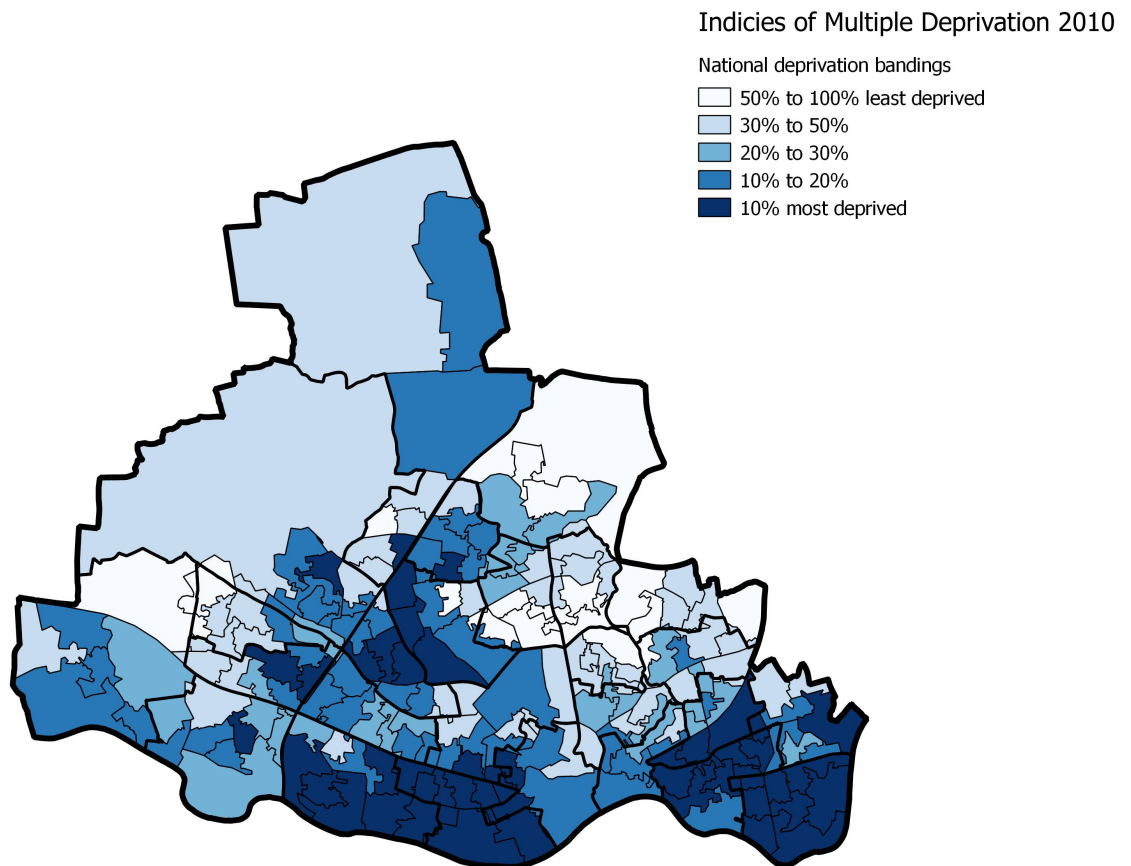
The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. The Index of Multiple Deprivation (IMD) 2010⁹ provides an overall deprivation score for small areas known as 'lower layer super output areas' (LSOAs) (see Map 2).

Newcastle is the 40th most deprived authority in the country (IMD 2010) but this hides significant differences across the city. Almost 25% of people in Newcastle live in the 10% most deprived areas nationally and around 7% live in the 10% least deprived areas nationally. As illustrated, Newcastle North is substantially less deprived than either Newcastle West or Newcastle East.

⁸ Projecting Older People Population Information System (POPPI) / Projecting Adult Needs Service information (PANSI), 2013

⁹ The Index of Multiple Deprivation is comprised of 'domains' which reflect different aspects of deprivation: Income deprivation, Employment deprivation, **Health deprivation and disability**, Education, Skills and Training deprivation, Barriers to housing and services, Living environment deprivation, and Crime. There are 32,482 LSOAs in the country and 173 in Newcastle. <http://webarchive.nationalarchives.gov.uk/20100410180038/http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/>

Map 2: Index of Multiple Deprivation 2010 for SOAs in Newcastle



Crown Copyright and database right [2014]. Ordnance Survey [10009569]

3.3. Life expectancy and disease prevalence

Life expectancy at birth for an area is the average length of time someone born today could survive based on current death rates in that area.

- The average life expectancy for males in Newcastle is 77.5 years and for females 81.4 years. Life expectancy at birth has improved over time for both males and females, however not as fast as England.
- Females in the most deprived areas of Newcastle can expect to live 9.1 years and males 11.9 years less than the least deprived areas

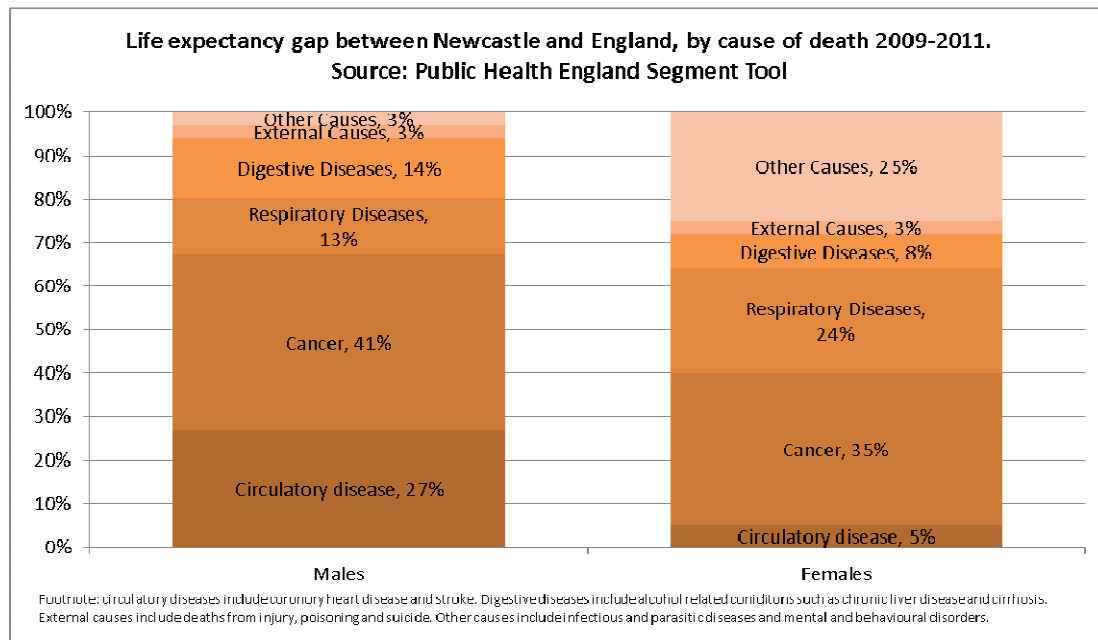
Healthy life expectancy (HLE) shows the average number of years a person can expect to live in good health:

- The HLE at birth for males in Newcastle is 59.8 years and for females 60.9 years. This is significantly worse than the England average.

Premature mortality can also be used as an important measure of the overall health of the population, with reductions over time demonstrating improvements in the health status of the overall population. This sends out a clear message in the importance of prevention as well as treatment in reducing avoidable deaths. Premature mortality can contribute significantly to the life expectancy gap between Newcastle and England (figure 2):

- Overall premature mortality of 441 deaths per 100,000 in Newcastle is amongst the worst in the country. (131st worst out of 150 local authorities)
- Premature mortality rates for cancer, cardiovascular, respiratory and liver disease are all significantly worse than the England average, and although we have seen reductions over time, a significant gap remains between Newcastle and the England average in the rate of change
- Key contributions to poor life expectancy and health inequalities for both males and females are cancer, circulatory and respiratory diseases

Figure 2: Life expectancy gap between Newcastle and England, by cause of death



Early intervention, prevention, diagnosis and treatment of disease can help to improve quality of life and reduce rates of premature mortality. Prevalence modelling suggests there are a range of conditions where not all cases are identified (table 2). There are several diseases which contribute to health inequality and early death in Newcastle, these include:

- The incidence of **cancer** in Newcastle is higher than the England average for both sexes (2008-10, the latest years for which data are available). The most prevalent cancers which contribute to mortality rates include lung and bowel cancer.
- Death rates from **cardiovascular disease** in 2010-12 were 21% higher in Newcastle than for England as a whole
- **Coronary heart disease** (3.4%) prevalence is higher than the national average (3%)
- **Hypertension** (12.5%) prevalence is lower than the national average (13.8%)
- **Stroke and transient ischaemic attack** prevalence (1.9%) is similar to the national average (2%)
- The prevalence of **chronic obstructive pulmonary disease (COPD)** (2.09%) is higher than the national average (1.74%)
- **Diabetes** prevalence (5.6%) is lower in Newcastle than nationally (6%), though follows an increasing trend

- Estimated rates of common **mental health** issues (such as anxiety and depression) equate to around 20% of the adult population at any one time. Around 13% of the GP registered population are recorded on the Depression register which is higher than the national average (11.7%)

Table 2: Diagnosed Coronary Heart Disease, Hypertension, Stroke, COPD and Diabetes 2012/13 compared to estimated prevalence 2011

	No. on disease register (QOF 12/13)	Estimated prevalence (2011)	Difference	% of estimated on disease register
Coronary Heart Disease (CHD)				
Newcastle	9,780	13,325	3,545	73.8%
Hypertension				
Newcastle	35,767	64,389	28,622	55.5%
Stroke & Transient Ischaemic Attack				
Newcastle	5,377	5,848	471	91.9%
COPD				
Newcastle	6,031	10,377	4,346	41.8%
Diabetes				
Newcastle	12,828	15,549	2,727	82.5%
SOURCE: Monitoring data on Quality and Outcomes Framework 2012/13, Health and Social Care Information Centre © Crown copyright and ERPHO Modelled estimates of prevalence 2011				

3.4 Lifestyle risk factors

A variety of lifestyle or health related behaviours, structural and material factors (environment and living standards, employment); and psychosocial factors (stress, risk taking) can have a major impact on a person's health. These factors can all contribute to inequalities and ill health; however public health bodies all have a role to play in protecting, promoting and improving the population's health and wellbeing and reducing inequality.

3.4.1 Smoking

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

- It is estimated that 87% of deaths from lung cancer are attributable to smoking, as are 73% of deaths from upper respiratory cancer and 86% of chronic obstructive pulmonary disease (COPD).
- Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease.
- The prevalence of smoking in Newcastle for all groups is higher than the England average. The current prevalence for all adults aged 18 and over is 23.7%, Routine and manual occupations is higher still at 32.7%, and mothers who are smoking at the time of delivering their baby at 16.6%

3.4.2 Substance Misuse –Alcohol

Alcohol misuse is an increasing problem for Newcastle and England as a whole. It impacts not only on the health and wellbeing of the individual drinker but also on families, society (through crime and disorder), accidents, injury, sexual and other risk taking behaviours and contributes to the escalating costs of health and social care.

- An estimated 28% (n=64,232) of over 16s in Newcastle are considered to partake in increasing or high risk drinking behaviours¹⁰. The estimated prevalence of binge drinking is also significantly higher than the England average at 33.7%
- Respondents to a perceptions survey indicated 50% were drinking at an increasing to high risk level¹¹.
- 5% of respondents were either fairly or very concerned with how much alcohol they drink, and 22% of respondents had thought about reducing the amount of alcohol they consume.

3.4.3 Substance Misuse– Drugs

Drug addiction is a complex, but treatable condition, which can be incredibly 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 estimated rate of opiate and crack use for Newcastle of 11.4 per 1000 (n=2221) is higher than the regional (9.9 per 1000) and national average (8.4 per 1000). The estimated injecting population is 659, with equates to 3.37 per 1,000 of the population, which is above the England average of 2.49
- Newcastle has seen a 21% decline in the number of people accessing structured treatment between 2009/10 – 2012/13. Newcastle has an ageing treatment population (25% are 30-34 years old). The majority of those in treatment have opiates as their primary substance, or opiate and crack. There are declining numbers who are successfully completing drug treatment.
- In 2012/13 42.5% of those in adult drug treatment in Newcastle cited using prescription or over the counter drugs as well as illicit drug use
- 21% of clients in structured treatment were also classed as dual diagnosis, with a mental health condition. There are also high rates of unemployment (71%) and housing issues (21%) amongst those entering treatment.
- Demand for harm reduction services is increasing, with a much larger proportion of young people accessing the service (41% aged 15-24 years). 70% of new registrations to the service report steroid use, 25% heroin and 16% cocaine in 2012/13.
- The use of Novel Psychoactive Substances (NPS or “legal highs”) is a significant and growing problem for Newcastle. NPS are synthetic substances which produce similar effects to illegal drugs (such as cocaine, cannabis and ecstasy) but that are not controlled under the Misuse of Drugs Act

¹⁰ Public Health England (2014), Local Alcohol Profiles for England, available from: www.lape.org.uk

¹¹ North East Alcohol Behaviour and Perceptions Survey, conducted by Balance (2013)

- In Newcastle around 40% of referrals entering drug treatment annually come through the criminal justice system.

3.4.4 Obesity

The Foresight Report 2007¹² indicated that most adults in the UK are overweight and without action, by 2050, 60% of men and 40% of women could be obese. Obesity related diseases could cost an extra £45.5 billion per year. If a person is obese, they are more likely to develop type 2 diabetes, some cancers, cardiovascular disease and a range of other conditions. The prevalence of obesity in adults has risen in England from 15% to 25% between 1993 and 2012; whilst the increase has slowed since 2001 the trend is still upwards¹³.

- For Newcastle, 60.3% of adults were estimated in 2012 to be overweight or obese¹⁴ compared to 63.8% nationally.
- The National Child Measurement Programme (NCMP) shows within Newcastle that the prevalence of excess weight amongst children in Reception and Year 6 is significantly worse than the national average.
- 26.3% of Reception Year and 37.9% of Year 6 children were overweight or obese in 2012/13

3.4.5 Sexual health

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. Chlamydia and Gonorrhoea screening services are in place for the 15 – 24 age group who are the highest risk for these infections. In 2013:

- 3,451 acute sexually transmitted infections (STIs) were diagnosed in residents of Newcastle, with nearly 75% of cases diagnosed in young people aged 15-24 years old. This is above the North East average rate.
- Chlamydia is the most commonly diagnosed STI in Newcastle, with a rate of 2,492 per 100,000, which is within the recommended thresholds of 2,300 – 3,000 per 100,000.
- This is followed by genital warts at 248.9 per 100,000 (North East – 142.0 per 100,000), gonorrhoea 83.2 per 100,000 (NE 47.8 per 100,000), herpes 77.5 per 100,000 (NE 51.9) and syphilis (NE 4.8 per 100,000).

3.4.6 Teenage conceptions

Work to reduce unplanned teenage conceptions is focussed on three key areas: sex and relationship education, access to services and support for teenage parents. Existing key actions to reduce teenage conceptions include work targeted towards schools and communities in teenage pregnancy “hot spot” areas, the main aims of which are to improve access to sex and relationship education (SRE) and improving

¹²Government Office for Science, Foresight, Tackling Obesities: Future Choices – project report 2nd edition. Department of Innovation, Universities and Skills, 2007

¹³ National Obesity Observatory, UK and Ireland Prevalence and Trends,

http://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends

¹⁴ Public Health England, Public Health Outcomes Framework, www.phoutcomes.info

access to contraceptive services, particularly increased use of long acting reversible contraception (LARC).

- Rates of teenage conception amongst under-18s in Newcastle are 33.3 per 1,000 in 2012, which is significantly worse than the rate for England (22.7 per 1,000).
- There are 11 electoral wards in the city with significantly higher under-18 conception rates compared to the England average (Benwell, Blakelaw, Byker, Elswick, Fawdon, Lemington, Monkchester, Moorside, Walker, Westgate, Woolsington).
- Trends over time show a significant reduction in the local under-18 conception rate, from a peak of 66.3 per 1000 in 2004 and a narrowing of the gap between the Newcastle and England rate.

3.5 Immunisation and Vaccinations

Newcastle compares favourably with England with regard to immunisation rates for children. It also compares favourably with regard to influenza vaccine rates for the elderly and at risk groups.

- 77.7% of persons aged 65 and over, and 55.3% of those in at risk groups received a flu vaccination in 2012/13, both of which are higher than the national average

3.6 Holiday and Travel in Newcastle

Newcastle attracts a significant number of weekend visitors. Their basic health needs are usually met through community pharmacies providing self care and emergency supply of medicines. Pharmacy related travel needs for Newcastle residents venturing outside of the city are normally for Travel Accessories (First Aid Kits, Repellent Products, OTC Medications), Anti-Malarial Treatment and Vaccinations Advice.

3.7 Housing

Newcastle has seen very low rates of housing development over the life of the last PNA (since 2011) with net past housing completions in 2010-2013 of 331 dwellings. Newcastle City is however on the verge of significant housing and economic growth. Due to be adopted in 2014/15, the Joint Gateshead and Newcastle Core Strategy and Urban Core Plan support plans for new growth in the city (14,000 new jobs and 21,000 new homes in Newcastle by 2030). The City delineated by physical and green belt constraints has had a lack of a 5 year residential land supply and the Core Strategy addresses this, deleting land from the green belt and allocating sites for 6,000 homes in 7 Neighbourhood and Village Growth Areas.

Section 4:

Current Provision of Baseline Pharmacy Services

4.1 Current Provision of Essential Pharmaceutical Services

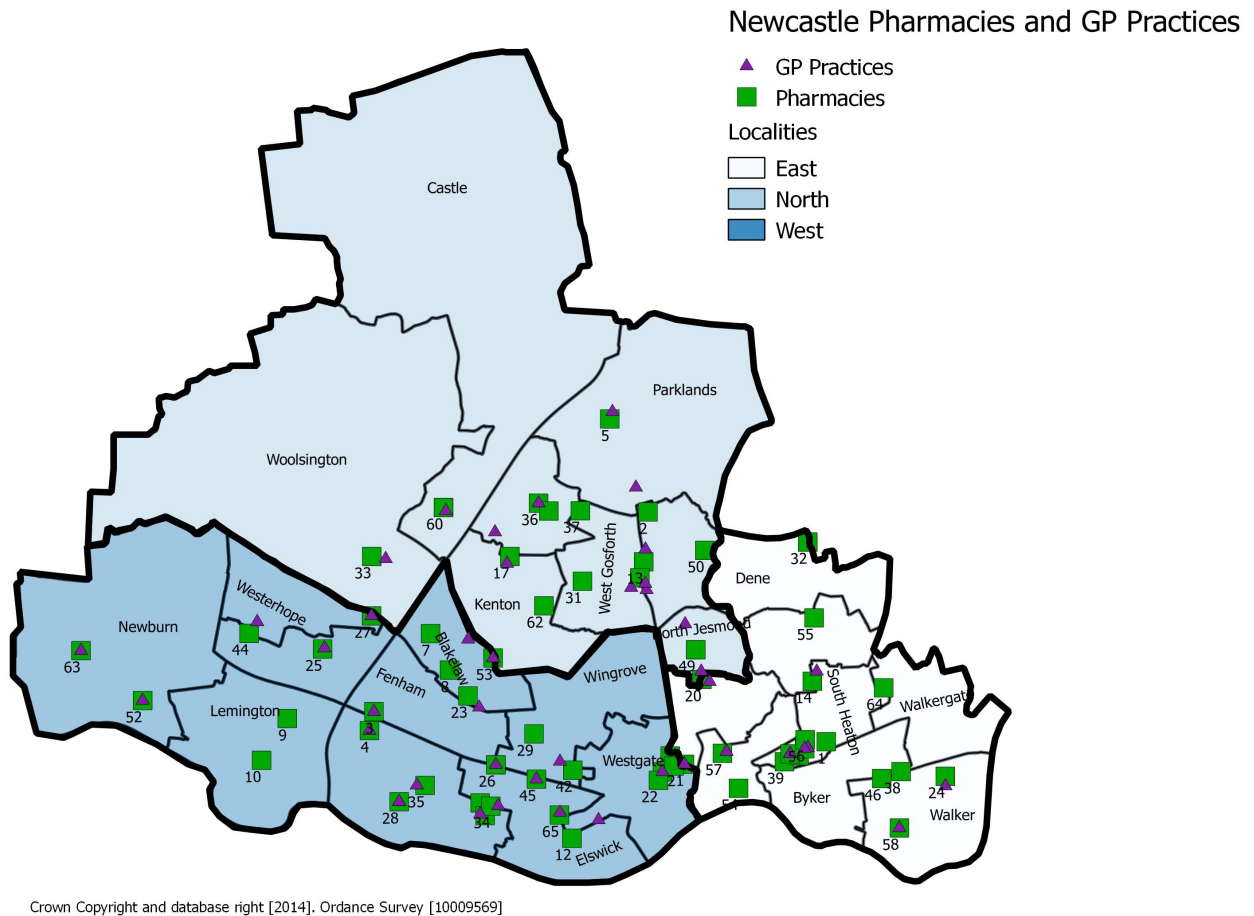
The national framework for community pharmacy requires every community pharmacy to open for a minimum of 40 hours per week, and provide a minimum level of “essential services” which comprise (Source; PSNC 2014):

- Dispensing of medicines and appliances
- Repeat dispensing of medicines and appliances
- Disposal of unwanted medicines
- Public health (promotion of healthy lifestyles)
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance including clinical effectiveness programmes

It is important to note that community pharmacies are expected to promote self-care by giving advice and through the sale of “over the counter” medicines. Support for “self-care” is an NHS essential service and the population is encouraged to use community pharmacies to treat minor illness, reserving GP appointments for more serious conditions. Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets (P-Medicines), and give advice on when and how to use them.

Map 4 identifies the current provision of essential pharmaceutical services. This map is duplicated in appendix 1 with a key identifying all pharmacies and GP Practices. The copy in appendix 1 is continually updated and will be used in the determination of pharmacy applications.

Map 4: GP practices and Pharmacies in Newcastle, August 2014



Pharmacies within other areas near the boundaries of Newcastle (Northumberland, North Tyneside) have not been included however it is recognised that some patients may use pharmacies in these areas as well as Supermarkets and shopping centres (e.g. the Metro Centre in Gateshead) due to their convenience, extended opening hours and easy parking.

There are an average 22 pharmacies per 100,000 population nationally with an average of 6,628 prescriptions dispensed per month. Newcastle compares favourably with an overall 23 pharmacies per 100,000 population, and each of the localities is also within this range. Newcastle North has seen a decrease in the number of pharmacies per 100,000 compared to the previous PNA document in 2011. This is due to an increase in population from 77,441 in 2008 to 84,971 in 2012, with the number of pharmacies remaining at 16. Newcastle East has also seen an increase in population from 80,993 in 2011, but has seen the addition of 3 pharmacies. The Newcastle West population has seen a reduction from 115,137 to 111,841 and the addition of 1 pharmacy.

Map 5 in appendix 1 shows the designated rural areas in Newcastle.

Table 3: Number of community pharmacies per 100,000 population by locality

Locality	No. of pharmacies	Population (mid-2012 resident population)	Pharmacies per 100,000 population
Newcastle East	20	85,630	23
Newcastle North	16	84,971	19
Newcastle West	29	111,841	26
Newcastle TOTAL	65	282,442	23
NORTH EAST (2012/13) **	606	2,596,000	23
ENGLAND (2012/13) **	11,495	53,107,000	22

SOURCE: * Office for National Statistics (ONS) © Crown copyright.
 SOURCE: **The Health and Social Care Information Centre © Crown copyright.
<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/pharmacies>

Table 4 shows the number of items dispensed by pharmacies for the overall locality. These figures do not take into account prescriptions issued by dentists.

Table 4: Average number of prescription items dispensed

Locality	No. of community pharmacies	Prescription items dispensed per month (000's)	Average per annum items dispensed per pharmacy
Newcastle	65	533	8,200
North East	606	5,095	8,407
England	11,495	76,191	6,628

SOURCE: Community Pharmaceutical Services in England 2003/04 to 2012/13, Health and Social Care Information Centre © Crown copyright.
<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/pharmacies>

Map 6 and 7 in Appendix 1 show public transport and pedestrian access to pharmacy services in Newcastle.

4.2 Current Advanced Services:

Pharmacy Advanced Services:

Almost all pharmacies in Newcastle have consultation areas where patients can discuss health related issues in private. These areas are used to conduct national pharmacy services – 1) Medicines Use Reviews (MURs) and 2) New Medicines Service Reviews (NMS).

Each pharmacy can provide a maximum of 400 medicine use reviews per year and is currently paid £28 for each review. The fee of £28 is payable (or £54 if the review is carried out at the patient's home) for an appliance use review, and between £20 and £28 for each completed new medicine service depending on the total number of patients who receive the service in the month.

4.2.1 Medicines Use Review

A Medicines Use Review (MUR) is a consultation between the pharmacist and a patient that lasts approximately 10-20 minutes. It provides an opportunity for the patient to discuss how they use their medicines and to find out more about them and the service is designed to supplement clinical reviews conducted at GP practices.

In 2013/14 approximately 3 million MURs were provided in England (PSNC 2014).

Table 5: Pharmacies providing a medicines use review service, August 2014

Locality	Total Pharmacies	No. and % providing Medicines Use Review Service	
		No.	%
Newcastle East	20	19	95
Newcastle North	16	16	100
Newcastle West	29	28	97
Newcastle TOTAL	65	63	97

SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses: 65/65

Table 6: Average number of clients provided with a medicines use review service per month

Locality	Average number of clients per month					Total
	1 - 10	11 - 20	21 - 30	31 - 40	More than 40	
Newcastle East	2	8	3	5	1	19
Newcastle North	4	2	4	4	2	16
Newcastle West	5	5	5	11	2	28
Newcastle TOTAL	11	15	12	20	5	63

SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses 63/63

4.2.2 New Medicines Service

A New Medicines Service (NMS) - is for people who have received their first prescription for a medicine to treat any of the following conditions:

- asthma
- lung conditions such as chronic bronchitis and emphysema
- type 2 diabetes
- high blood pressure
- conditions where you take a medicine to control the way your blood clots.

The service is designed to help patients:

1. Understand their medicines
2. Address problems they are having with new medicines

3. Improve the effectiveness of new medicines by providing simple advice
4. Facilitate a patient's own decisions about managing their condition
5. Reduce wastage of new and existing medicines

The majority of pharmacies provide a new medicines service, with a further 2 pharmacies indicating they will shortly be providing this service. The average number provided each month varies, however the majority of pharmacies complete between 1-10 services a month.

The NMS was implemented as a time-limited service, however agreement has been made to continue in 2014/15, subject to the outcome of the Department of Health funded academic evaluation of the service expected to report in 2014.

Table 7: Pharmacies providing a new medicines service, August 2014

Locality	Total Pharmacies	No. and % providing New Medicines Service	
		No.	%
Newcastle East	20	19	95
Newcastle North	16	15	94
Newcastle West	29	27	93
Newcastle TOTAL	65	61	94
SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses: 65/65			

Table 8: Average number of clients provided with a new medicines service per month

Locality	Average number of clients per month					Total
	1 - 10	11 - 20	21 - 30	31 - 40	More than 40	
Newcastle East	16	3	0	0	0	19
Newcastle North	15	0	0	0	0	15
Newcastle West	21	4	1	0	1	27
Newcastle TOTAL	52	7	1	0	1	61
SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses 61/61						

4.2.3 Appliance Use Reviews

There are no reports of patients being unable to gain access to appliance dispensing however data on review provision is currently not available. A full list of dispensing appliance contractors can be found on the NHS Choices website.

There are now 2 pharmacies in Newcastle indicating they are providing an appliance use review service, with a further 5 pharmacies indicating they may shortly be delivering this service. One pharmacy indicates they provide a stoma appliance customisation service, with a further 6 indicating their planned intention to provide the service.

4.2.4 Targeted Advanced Services in Newcastle

In Newcastle, with the Transfer of Care project, both Community Pharmacy and Newcastle upon Tyne Hospitals (NUTH) are working together to smooth the transfer of care of patients as they leave hospital on discharge and as they enter the community. Services at the interface of care settings are important for the NHS as significant numbers of patients experience medication related problems after being discharged after hospital.

The project uses an IT platform (PharmOutcomes) for referrals. There is dedicated resource within both Hospitals to support the discharges.

'Transfer of Care' commenced on the 1st July and within the first 2 months pharmacies throughout Newcastle and surrounding areas received 212 electronic referrals of patients from the Royal Victoria Infirmary (RVI) and Freeman hospitals. The number of monthly referrals is planned to increase to over 100 per month. Key to the success was the use an innovative IT platform (PharmOutcomes) to communicate the referrals as well as a dedicated staffing resource within both hospitals to issue the referrals.

Future innovations may start to open up new patient groups such as domiciliary housebound patients and patients being discharged from Mental Health Trusts and patients from a wider geographical area. NUTH, North of Tyne LPC and the Academic Health Science Networks (AHSN) are currently looking at the data captured so far to investigate anticipated benefits to patients.

4.3 Dispensing doctors

Some 'rural' general practices provide medicine dispensing services to some of their patients in addition to prescribing these medicines. Dispensing doctors can only provide dispensing services to patients who live more than 1.6 kilometres (1 mile) away from a community pharmacy. There are two dispensing practices situated in the Newcastle CCG areas. Both are situated in Dinnington.

Map 5 in appendix 1 indicates areas designated as rural areas in Newcastle.

4.4 Dispensing appliance contractors

Some patients may choose to have appliances supplied by appliance contractors. These products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. There is currently one dispensing appliance contractor in Newcastle.

4.5 Hospital Pharmacy Services in Newcastle

It is not within the remit of the PNA to assess NHS or private hospital pharmacy services.

However in 2013-14 Newcastle Hospitals commissioned a community pharmacy provider to undertake the dispensing of all outpatient prescriptions on both main hospital sites – The Royal Victoria Infirmary Hospital and The Freeman Hospital. A

positive by-product of this arrangement is that closer proximity to community pharmacy providers has also facilitated the development of new working relationships with community pharmacy, most notably on the Transfer of Care project as described above.

4.6 Pharmacy opening hours

NHS England is responsible for administering opening hours for all 65 pharmacies in Newcastle via the Area Team (NHS England).

A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and where NHS England has agreed that application, and in this case, the pharmacy cannot amend these hours without the consent of NHS England.

Core hours: All pharmacies have 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test) 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, unless a reduction is agreed by the Area Team on behalf of NHS England. Of the 65 Newcastle pharmacies there are two 100 hour pharmacies in Newcastle (Locations - Benwell and Kingston Park), and these pharmacies must be open for at least 100 hours per week, as core hours.

Supplementary hours: In addition to core hours, pharmacies may have supplementary opening hours which can be amended upwards or downwards by the pharmacy subject to giving 90 days notice to the Area Team (or less if NHS England consents). These are provided on a voluntary basis by the pharmacy contractor, often based on patient need and business viability.

In Newcastle 86% of pharmacies are open for more than the core contract hours. Table 9 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services.

Table 9: Number of hours of pharmaceutical services available per week

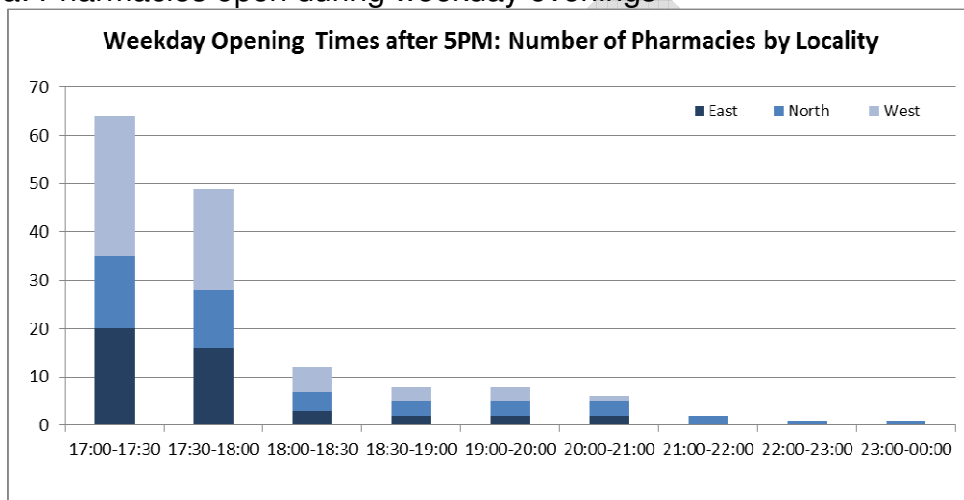
Number of hours	Pharmacies	
	Number	%
Less than 40 hrs	0	0
Exactly 40 hrs	9	14
More than 40 and up to 45 hrs	11	17
More than 45 and up to 50 hrs	18	28
More than 50 and up to 55 hrs	14	21
More than 55 and up to 60 hrs	3	5
More than 60 but less than 100 hrs	8	12
100 hrs or more	2	3
TOTAL	65	100.0
SOURCE: NHS England		

Newcastle pharmacy availability

Figures 3a to 3b show, by locality, the numbers of pharmacies open outside Monday to Friday, and 9am to 5pm trading hours (a full table of opening hours per pharmacy can be found in the appendix 3). Figure 3a shows pharmacies open during weekday evenings, Figure 3b shows pharmacies open on Saturdays. These figures have been produced using total hours, i.e. including both core and supplementary hours.

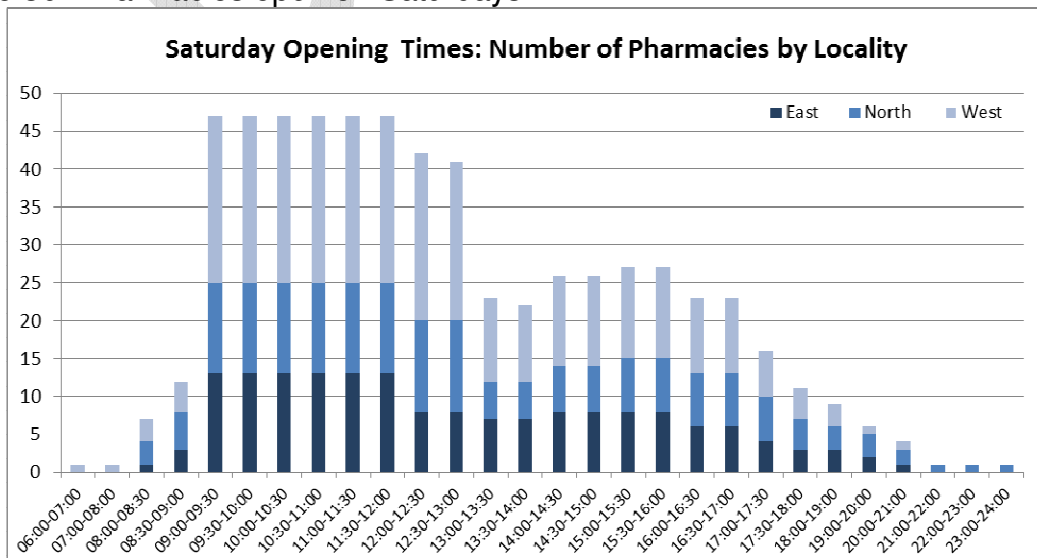
Whilst Newcastle has excellent weekday coverage between 9am and 5pm, evening provide much reduced access. For example there are 2 evening pharmacies in the east, 3 in the North and 3 in the West locality, shown in figure 3a. There is also limited availability for pharmacies open before 8.30am. This provides challenges in access for those working 9-5 hours.

Figure 3a: Pharmacies open during weekday evenings



There are 47 pharmacies in Newcastle open on a Saturday, shown in figure 3b. The main availability is between 9-12 midday, thereafter availability declines. In the East and North there is 1 pharmacy open until 8pm and 1 until 9pm in each locality. The North also has 1 pharmacy open until 12 midnight. In the west there are 2 pharmacies open until 7 pm and 1 to 9pm. Some Saturday afternoon coverage does rely on the supplementary hours provided by pharmacies

Figure 3b: Pharmacies open on Saturdays



Pharmacies open on a Sunday

Newcastle has 10 pharmacies that are open on a Sunday, 3 in the East locality, 3 in the North locality and 4 in the West Locality. All but one pharmacy is open at 10am (1 pharmacy opens at 8am) and the majority close between 4 and 5pm. There is one pharmacy in the East and 1 pharmacy in the West open until 6pm. The latest opening time in the North locality is 5 pm. The limited opening times on a Sunday may be due to restrictions on Sunday opening hours.

Newcastle has two 100 hour pharmacies, this helps improve access to pharmaceutical services especially in the evenings and at weekends. There are 100 hour pharmacies in Northumberland and North Tyneside which patients in outer Newcastle can also access if required and able. City centre, Gosforth and Kingston Park pharmacies provide extended opening hours, and are accessible by public transport.

4.7 Disability access

Under the Equality Act 2010, Pharmacy as with other businesses has a duty to promote equality to ensure that, regardless of age, disability, race, sexuality, religion or other protected characteristics, all patients have equal access to pharmacy services. Table 10 shows Wheelchair access in pharmacies in 2010.

Table 10: Do Pharmacies have wheelchair access? May 2010

Due to concerns around disabled access during the consultation for the last PNA a pharmacy was asked to submit an action plan for provision of reasonable adjustments.

Feedback from the last PNA consultation highlighted issues with access once inside some pharmacies where aisles are narrow making access to the medicines counter difficult. There is additional work required to update the 2010 picture and profile so we can further understand the level of need.

Locality	Total Pharmacies	Does pharmacy have wheelchair access?					
		Yes		No		Planned	
		No.	%	No.	%	No.	%
Newcastle East	17	14	82.4	1	5.9	2	11.8
Newcastle North	16	15	93.8			1	6.3
Newcastle West	28	25	89.3	1	3.6	2	7.1
Newcastle TOTAL	61	54	88.5	2	3.3	5	8.2

SOURCE: Pharmaceutical needs assessment questionnaire, May 2010

North of Tyne LPC has agreed to encourage pharmacies within Newcastle to become accredited as 'Safe Places'. Once staff have completed online training, so they understand the requirements of being a 'Safe Place' they will receive a sticker which they will display in their window or on their door, so they are easily identified as a 'Safe Place'.

'Safe Places' are places of refuge for people with learning difficulties who need some support whilst they are out. This may be due to losing their telephone, becoming lost or disorientated, being subjected to a hate crime, for example. On seeking refuge,

the staff in the ‘Safe Place’ pharmacy, will contact the person identified on a card carried by the person with learning difficulties. They will provide reassurance and a quiet place for that person to wait, whilst their identified support person comes to them.

To help disabled people to assess whether they can access their local pharmacy we have started to include access information on Disabled-Go-Newcastle web guide. This website provides free on-line access information for disabled people, carers and families. The guide is kept up to date through an annual review where all changes to a venue’s physical access is checked by a DisabledGo surveyor to ensure the information stays as up to date, useful and reliable as it possibly can. As yet the site has not yet been populated with Newcastle Pharmacy information. We plan to include more pharmacies on this website in the coming year. For more information visit: www.disabledgo.com.

NHS England’s Area Teams (ATs) currently use the Community Pharmacy Assurance Framework (CPAF) to monitor pharmacy contractors’ compliance with the terms of the community pharmacy contractual framework (CPCF) (Source; PSNC Website, 2014). It is anticipated that the results of this survey will be made available to pharmacies/commissioners/public and will support the identification and resolution of any disability access problems in the future.

4.8 Consultation rooms

A consultation room is essential to provide the ongoing provision of advanced services (e.g. medicine use reviews) and the development of new services that will require private space .Table 11 illustrates an up to date picture of the number of pharmacies with a consultation room in Newcastle.

Table 11: Pharmacies with consultation areas by locality, August 2014

Locality	Total Pharmacies	Does Pharmacy have a consultation area?			
		Yes		Planned	
		No.	%	No.	%
Newcastle East	20	19	95%	1	5%
Newcastle North	16	16	100%	0	0%
Newcastle West	29	28	97%	0	0%
Newcastle TOTAL	65	63	97%	1	2%

SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses: 65/65

All but one pharmacy in Newcastle have reported having a private consultation area. This pharmacy will be unable to provide Advanced National Services and some Locally Commissioned Services, with one pharmacy not answering the question. Of the 63 pharmacies which had a consultation room, all were enclosed which offers a basic level of privacy during the consultation. Of the 63, 56% (35) were fitted with a panic alarm and 56% (35) contained hand washing facilities. A further 11 (17%) pharmacies reported hand washing facilities in the vicinity of the consultation area and 9 pharmacies also provided toilet facilities for the public.

No assessment has been made to determine wheelchair access to the consulting rooms or alternative private space. This work needs to be undertaken as soon as possible and may help provide important information in relation to the commissioning of additional services.

Most pharmacies have IT access within the consultation rooms so that services can be provided and web based systems accessed for the recording of results and provision of information to patients.

4.9 Distance Selling Pharmacies

Currently there are no distance selling pharmacies registered in Newcastle. Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Newcastle residents currently use these services.

4.10 Electronic Transfer of Prescriptions

Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Prescription Services for payment. EPS is being deployed through two key releases both in Pharmacies and GP practices:

Release 1 – Electronic Scripts are used however the paper prescription form remains the legal prescription.

Release 2 - Supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, cancellation of e-prescriptions and the electronic submission of reimbursement claims to NHS Prescription Services. Currently, prescribers can only issue an electronic NHS prescription where it is being sent electronically to a patient's nominated pharmacy. Implementation of Release 2 began in late 2009 and continues to this date.

Table 12: Pharmacies processing electronic prescriptions

Locality	Total Pharmacies	No. processing electronic prescriptions		
		EPS R2 Enabled	Processing electronic prescriptions	Total
Newcastle East	20	5	15	20
Newcastle North	16	2	14	16
Newcastle West	29	8	21	29
Newcastle TOTAL	65	15	50	65

SOURCE: Pharmaceutical needs assessment questionnaire, August 2014. Valid responses: 65/65

Section 5:

Current provision of local commissioned services

Local Commissioned (Enhanced) Services (LES)

As well as national services provided by all pharmacies, the pharmacy contract also includes services that are commissioned at a local level by local Clinical Commissioning Groups (CCG), Local Authorities (LA) or NHS England.

Examples of LESs include:

- Minor Ailments Services to reduce GP practice workload, address health inequalities and provide healthcare efficiently
- Emergency hormonal contraception service to reduce the incidence of unplanned pregnancy
- Referrals from 111 service to reduce the number of Out of Hours GP consultations
- Emergency out of hours service to provide special medicines for the terminally ill
- Screening services (e.g. for diabetes, Chlamydia, high blood pressure etc.)
- Obesity management services
- Stop smoking services
- Anticoagulation monitoring and phlebotomy
- Supervising consumption of substitute prescribing e.g. Methadone and provision of Needle Exchange Schemes for drug users

Local Enhanced Services, tailored for the health challenges which exist in Newcastle, are commissioned and will be discussed in this section.

5.1 Think Pharmacy First (minor ailments)

The scheme is targeted at those patients who would not normally purchase self care medicines from their local pharmacy. These patients, and their families, are in receipt of a means tested benefit and would probably visit their surgery to have a medicine prescribed for a minor ailment because a prescription would be exempt from prescription charges i.e. free of charge. The intention of the scheme is to reduce pressure on appointments within general practices, and provide a more convenient service for patients, by providing simple remedies directly by consultation with a pharmacist.

There are currently 61 out of 65 Newcastle pharmacies reporting that they provide a Think Pharmacy First (minor ailments) service in Newcastle. There are a further 3 pharmacies reporting they are willing and able to provide the service in the future.

Table 13: Pharmacies reporting providing a Think Pharmacy First (minor ailments) service, August 2014.

Locality	Total Pharmacies	No. and % providing a Think Pharmacy First (minor ailments) Service	
		No.	%
Newcastle East	20	19	95
Newcastle North	16	15	94
Newcastle West	29	27	93
Newcastle TOTAL	65	61	94

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 64/65

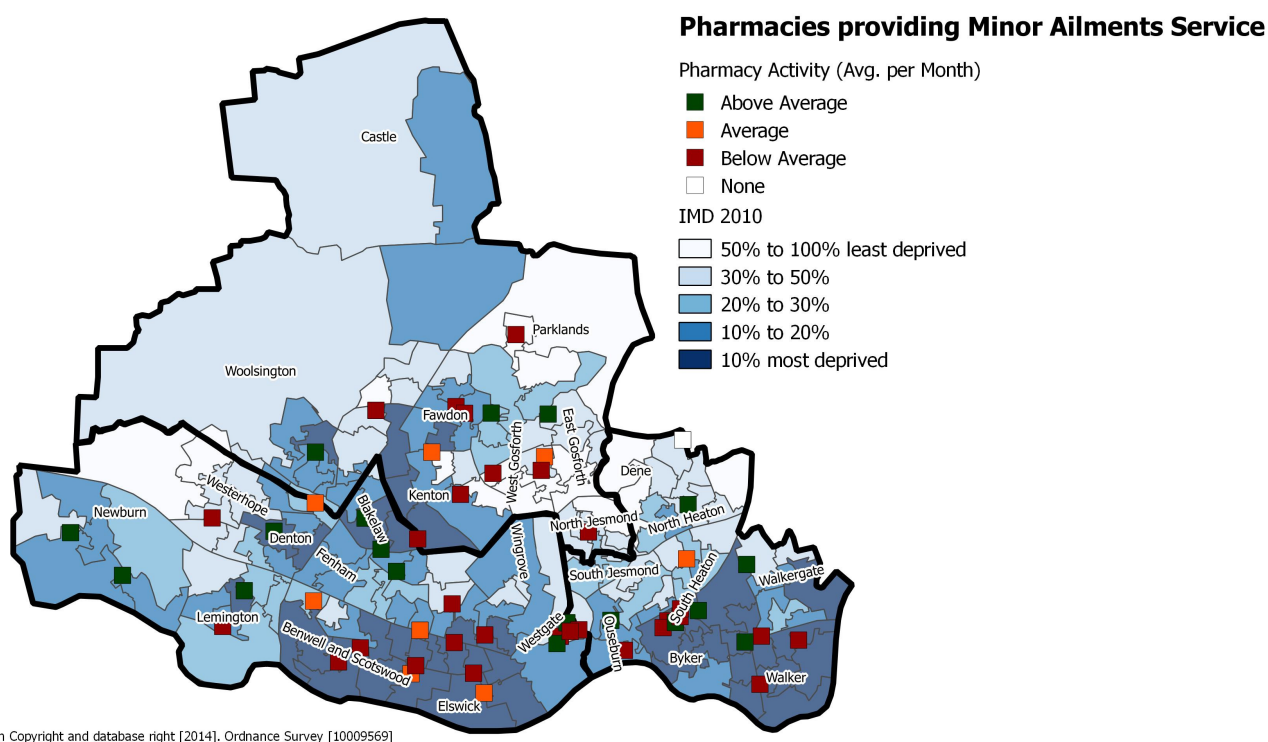
Table 14: Average monthly numbers completed for the Think Pharmacy First (minor ailments) service, August 2014.

Locality	Average monthly numbers completed					Total
	0 - 40	41 - 80	81 - 120	121 - 160	More than 161	
Newcastle East	14	3	1	0	1	
Newcastle North	13	2	0	0	1	
Newcastle West	15	7	2	0	1	
Newcastle TOTAL	42	12	3	0	3	60

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 60/65

Map 8 depicts the pharmacies providing a minor ailments service. Many are situated in our most deprived wards and promotion of the service is essential in reducing unnecessary GP appointments.

Map 8: Pharmacy First



5.2 Alcohol and Drug misuse services

The aim of pharmaceutical alcohol and drug misuse services is primarily harm reduction:

- reducing the risks associated with illegal drug use;
- reducing the numbers of people who use illegal drugs; and
- promoting the responsible use of alcohol.

5.2.1 Alcohol

There are major alcohol challenges in the North East, with a variety of support available across primary and secondary care and the voluntary sector. However Newcastle does not currently commission any alcohol specific services from community pharmacies.

5.2.2 Needle exchange

A key aim of this service is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Services have been commissioned from community pharmacies and other providers, to provide needle exchange services, which encourage those who still use illegal drugs, to use them as safely as possible, by providing access to clean needles, syringes and other equipment. It can also provide an access route into specialist treatment.

Current Provision

There are currently 10 Newcastle pharmacies reporting they provide a needle exchange service (please note that table 15 and map 7 below shows 10 pharmacies

responded to the PNA questionnaire as undertaking the service however only 7 are making claims) with a further 14 willing to provide the service but requiring training to do so. There are a further 7 willing and able to provide the service if commissioned to do so and 6 pharmacies willing to provide the service but will require facility adjustments in order to do so.

Table 15: Pharmacies providing a needle and syringe exchange service, August 2014

Locality	Total Pharmacies	No. and % providing Needle and Syringe Exchange Service	
		No.	%
Newcastle East	20	3	15
Newcastle North	16	2	13
Newcastle West	29	5	17
Newcastle TOTAL	65	10	15

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 40/65

Between July 2013 and June 2014 (12 month period), there were 2840 visits to the 7-8 Pharmacy needle exchange services in Newcastle. Around 81% of those accessing the service were male and 97% of people accessing the services also reported accessing the commissioned Harm Reduction Service in Newcastle.

Table 16: Average number of visits to needle and syringe exchange pharmacy services per month.

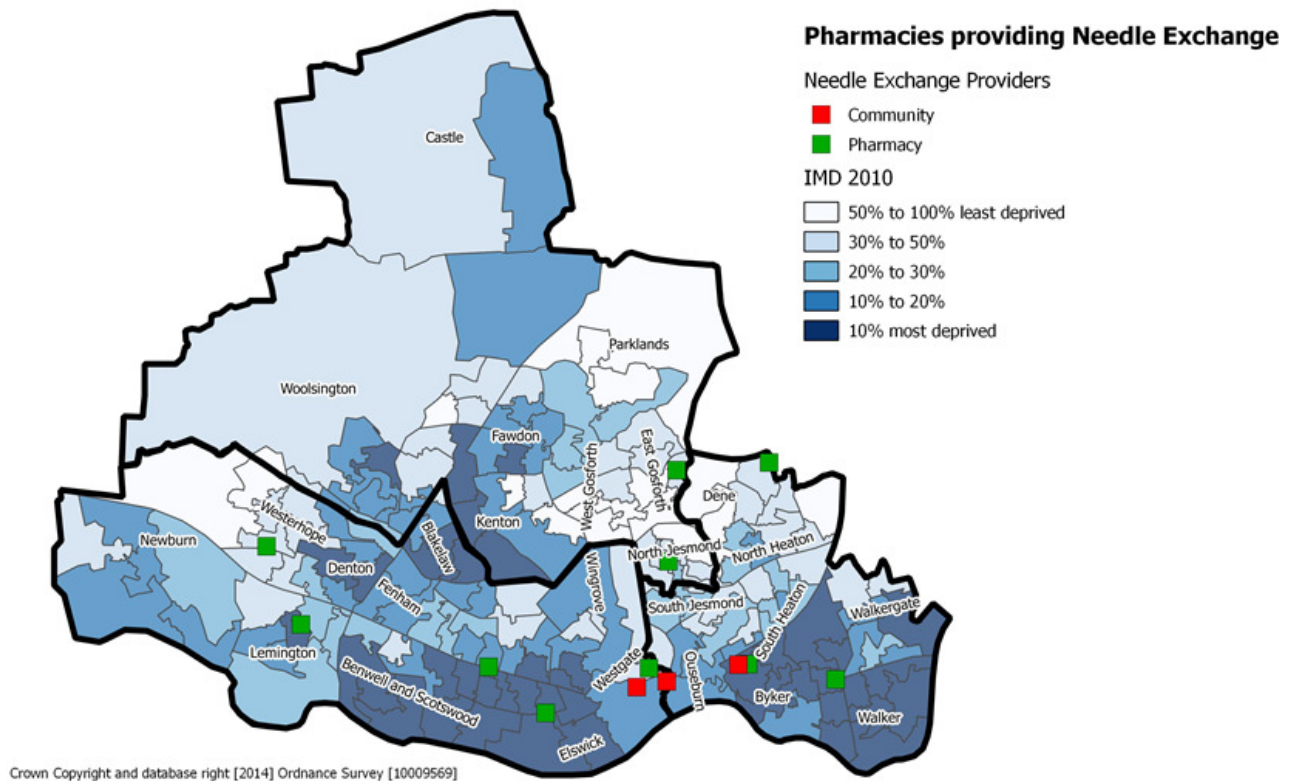
Locality	Total Pharmacies	Total visits	Average monthly visits
Newcastle East	2	1185	99
Newcastle North	1	208	17
Newcastle West	5	1447	121
Newcastle TOTAL	8	2840	237

Source: PharmOutcomes, Needle Exchange Programme, July 2013 to June 2014 (12 months data)

The above data highlights that the main level of activity occurs in the Newcastle West locality as they have the highest number of pharmacies participating. However the Newcastle East locality have a high number of visits across the 2 participating pharmacies.

Map 9 below shows the provision of needle exchange sites in and around Newcastle City.

Map 9: Needle Exchange



Map 9 demonstrates the spread of pharmacies offering needle exchange schemes for injecting substance misuser population. The East and West areas of Newcastle have gaps which mean that access to clean injecting equipment is difficult for certain patients.

5.2.3 Supervised Consumption

Historically, services have been commissioned from community pharmacies to provide a supervised consumption scheme for methadone and buprenorphine for those individuals who have made the decision to reduce their illegal opiate use. Substance misuse services prescribe an opiate substitute, tailoring the dose to the individual's needs. The pharmacist then supervises the patient's consumption to ensure that supplies are not diverted.

There are 57 out of 65 pharmacies across Newcastle delivering this service. There are further 4 pharmacies willing and able to deliver the service if commissioned and 1 pharmacy is willing but would require facility adjustments in order to deliver the service.

Table 17: Pharmacies able to provide a supervised consumption service, August 2014

Locality	Total Pharmacies	No. and % providing a Supervised consumption Service	
		No.	%
Newcastle East	20	19	95
Newcastle North	16	10	63
Newcastle West	29	28	97
Newcastle TOTAL	65	57	88

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 62/65

Data from July 2013 to June 2014 shows that there were **1239 registrations** with pharmacies for supervised consumption scheme. With the highest registrations taking place in the Newcastle West locality.

There is also data available on the level of activity at pharmacies delivering supervised consumption. Between July 2013 and June 2014 there were **11550** contacts with the pharmacy services delivering supervised consumption across 54 pharmacies. With an average of 963 contacts each month – see table 18 below.

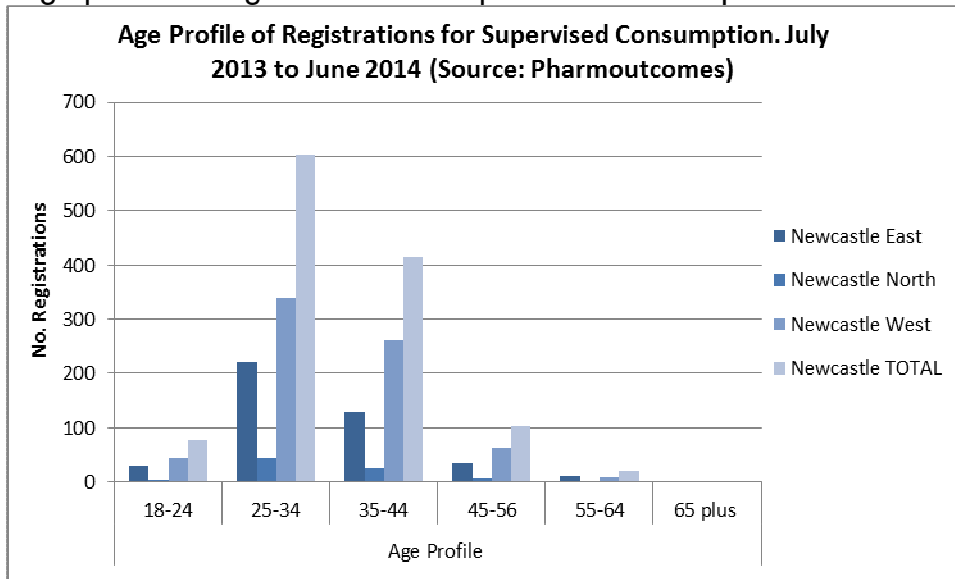
Table 18: Actual supervised consumption activity per month.

Locality	Total Pharmacies	Average number accessing supervised consumption services per month	
		Number supervised	Monthly average
Newcastle East	19	4966	414
Newcastle North	9	910	76
Newcastle West	26	5674	473
Newcastle TOTAL	54	11550	963

SOURCE: Pharmoutcomes, Supervised Consumption Supervision: July 2013 to June 2014 (12 months data)

The vast majority of people registering for supervised consumption are aged 25-34 years of age and are accessing provision within the Newcastle west area.

Figure 4: Age profile of registrations for supervised consumption

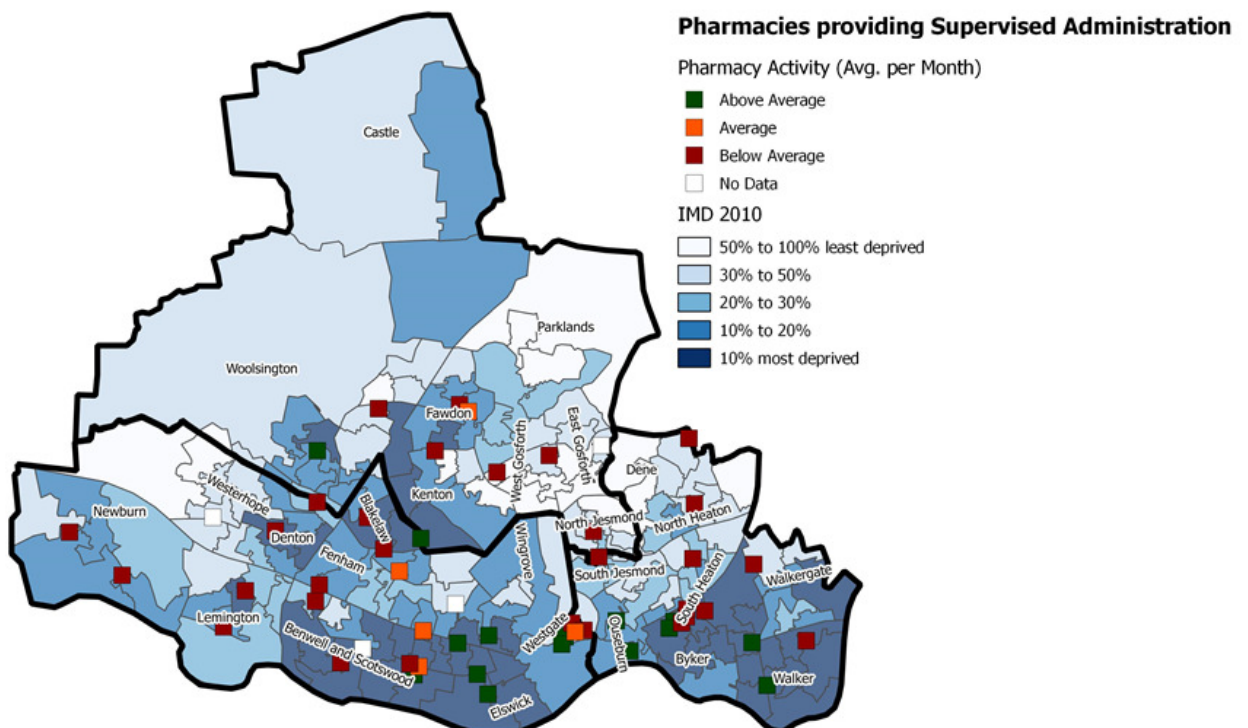


The main age group for registration was 25-34 year olds; however the level of activity shows that in the Newcastle West area you find a similar level of activity accessing the service for those aged 25-34 and 35-44.

The main medicine dispensed at registration for those accessing supervised administration services was Methadone at around 75%, followed by Buprenorphine at 23%.

Map 10 illustrates the locations which provide a supervised consumption service. This shows good coverage of locations across the city

Map 10: Supervised Consumption



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5.3 Sexual health services

Sexual health services are a standard provision in most pharmacies all around England. The services provided include emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia and gonorrhoea screening and treatment; contraception advice and supply (including oral and long acting reversible contraception).

In Newcastle sexual health services from pharmacies fall under the banner of 'Plan B' (emergency hormonal contraception) which is being provided by the majority of pharmacies. There are further enhanced sexual health services being offered from a limited number of pharmacies which includes the provision of Plan B, Chlamydia screening first line treatment and partner notification, and the provision of long acting reversible contraception.

5.3.1 Plan B

To meet Newcastle public health targets to reduce unplanned teenage pregnancy rates, a local enhanced service was developed to make emergency hormonal contraception (EHC) more readily available. Although EHC is available without prescription the retail cost (around £20) means it is unaffordable for many, and it is not licensed for women under 16 when purchased.

Pharmacists providing the Plan B service undergo extensive training, and provide emergency contraception through using a patient group direction. The training includes information on safeguarding and working with young people. The aim of the service is to reduce unintended pregnancies and subsequent terminations.

Pathways for ongoing reliable contraception have been developed and pharmacists are able to refer women into specialist contraceptive services for ongoing advice, treatment and support. The service also includes an option for the pharmacist to supply ulipristal (Ella One[®]) where clinically indicated.

There are currently 52 pharmacies reporting that they provide Plan B service. There are a further 6 pharmacies reporting they were willing to provide the service, but would require training to do so. A further 2 pharmacies were willing to provide the service, but it would require facility adjustments.

Table 19: Pharmacies providing a Plan B service, August 2014

Locality	Total Pharmacies	No. and % providing a Plan B Service	
		No.	%
Newcastle East	20	18	90
Newcastle North	16	13	81
Newcastle West	29	21	72
Newcastle TOTAL	65	52	80

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 61/65

The highest level of activity is in the Newcastle West Locality. This locality contains 3 pharmacies that experience 40 or more visits per month. The main EHC supplied

between July 2013 and June 2014 was Levonelle, at 94%, followed by Ella One at 1.6% and Levonelle Double dose at 0.2%.

Map 11 shows the location of the pharmacies in Newcastle which currently participate in the Plan B local enhanced service, mapped against teenage pregnancy rates. Known teenage pregnancy “hotspots” (areas where under 18 conception rates are at least 60 per 1,000 girls aged 15-17) are well served by pharmacies providing Plan B.

Map 11: Plan B

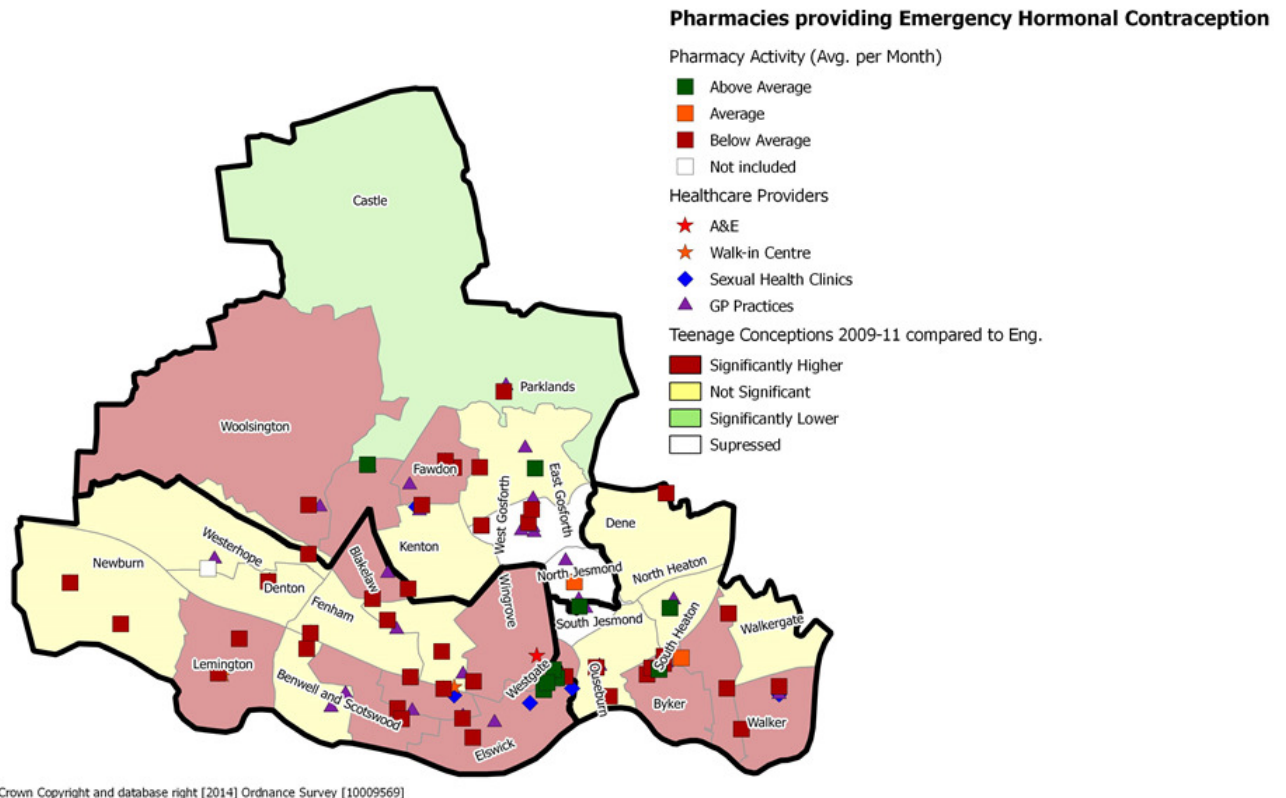


Table 20: Average number of clients provided with a Plan B service per month by locality

Locality	Total Pharmacies	Average number accessing Plan B services per month	
		Number	Monthly average
Newcastle East	17	1281	107
Newcastle North	14	1454	121
Newcastle West	24	5738	478
Newcastle TOTAL	55	8473	706

SOURCE: Pharmoutcomes, Plan B and Chlamydia screening: July 2013 to June 2014 (12 months data)

The main age group accessing the Plan B pharmacy service are 20-24 year olds, followed by 15-19 year olds, with the main population residing in the Newcastle West locality. The numbers aged under 15 are small and it is important to note that EHC

would only be dispensed by the pharmacist following a thorough assessment which includes relevant safeguarding procedures e.g. Fraser Guidelines

Table 21: Age profile of clients accessing Plan B pharmacy service.

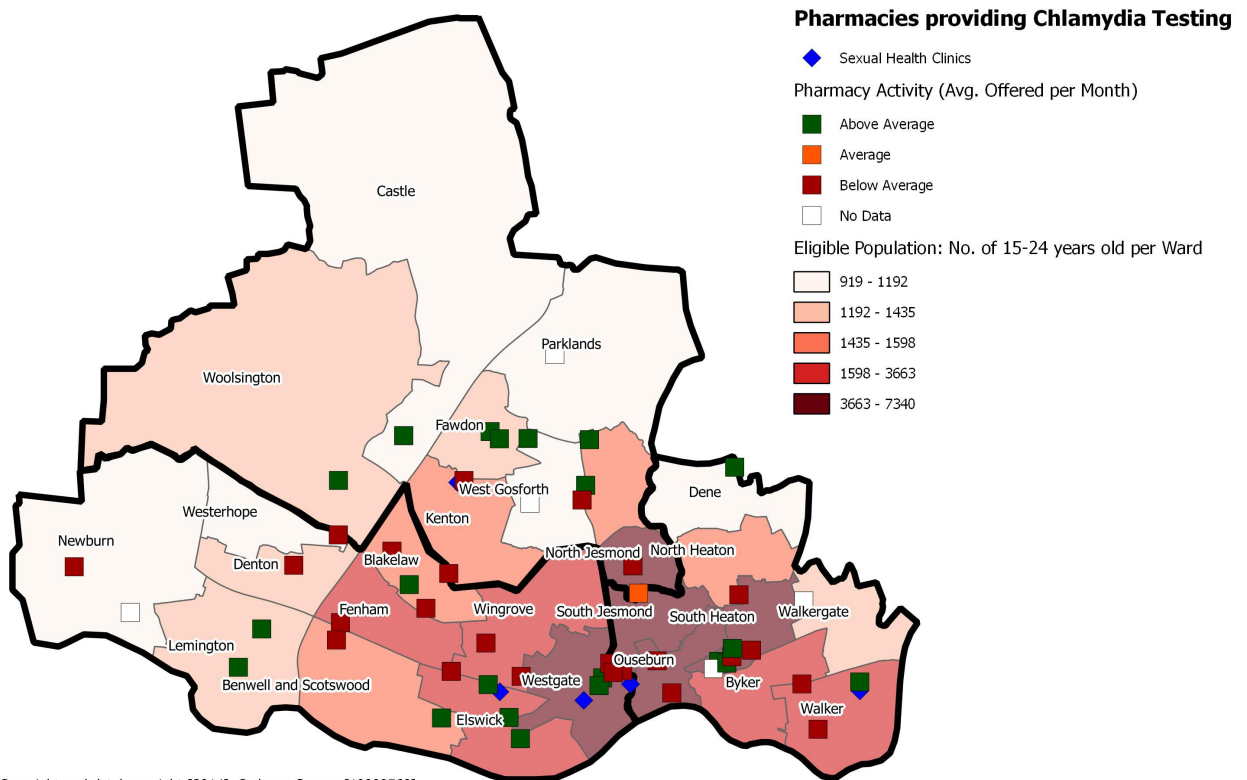
Locality	Age Profile					
	Under 15	15-19	20-24	25-29	30-34	35 plus
Newcastle East	4	210	551	266	141	107
Newcastle North	14	288	439	263	245	200
Newcastle West	30	1960	2219	797	409	314
Newcastle TOTAL	48	2458	3209	1326	795	621

SOURCE: Pharmoutcomes, Plan B and Chlamydia screening: July 2013 to June 2014 (12 months data)

5.3.2 Chlamydia Testing and Treatment Service

Of those aged 15-24 accessing the Plan B pharmacy service, 9.7% also had a chlamydia test. The vast majority of 15-24 year olds were from west Newcastle, 8.4% had a chlamydia test supplied, 57% were offered but refused and 35% were not offered a test.

Map 12: Chlamydia Screening



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Table 22: Plan B pharmacy service, 15-24 year olds and Chlamydia Tests Supplied

Plan B Clients aged 15-24: Chlamydia test supplied					
Locality	No. of 15-24 year olds accessing the service	No	Offered but refused	Yes	% that had a Chlamydia test supplied
Newcastle North	727	363	263	101	13.9%
Newcastle West	4179	1458	2367	354	8.4%
Newcastle TOTAL	5667	2277	2839	551	9.7%
SOURCE: Pharmoutcomes, Plan B and Chlamydia screening: July 2013 to June 2014 (12 months data)					

There are currently 8 pharmacies reporting they provide the Chlamydia treatment services. There are a further 29 pharmacies that report they would be willing to deliver the service but would require training. A further 13 pharmacies reported that they would be willing and able to deliver the service if commissioned and a further 4 stated they were willing to deliver the service, but it would require facility adjustments.

Table 23: Pharmacies providing a Chlamydia Treatment service, August 2014

Locality	Total Pharmacies	No. and % providing a Chlamydia Treatment Service	
		No.	%
Newcastle East	20	2	10
Newcastle North	16	4	25
Newcastle West	29	2	7
Newcastle TOTAL	65	8	12
SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 54/65			

5.3.3 Long acting reversible contraception (LARC)

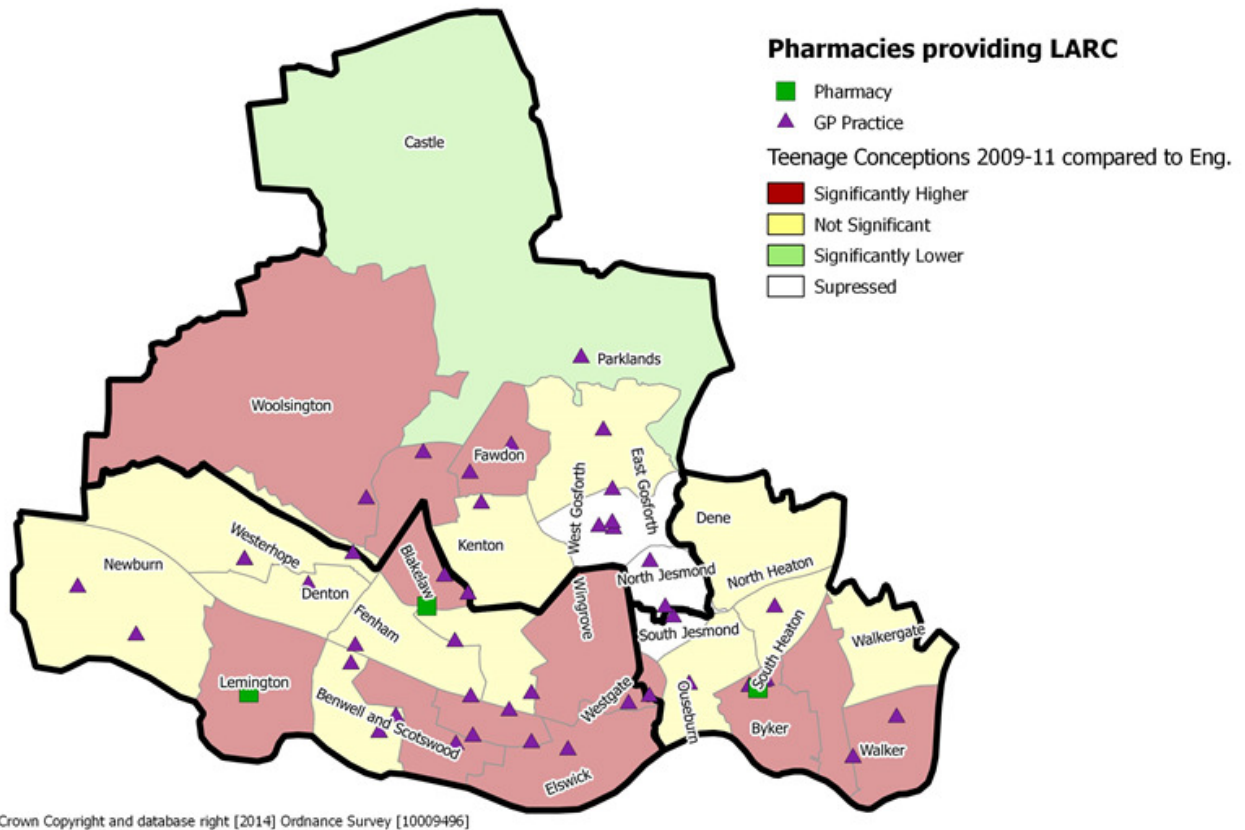
After additional training Newcastle pharmacists are able to administer both Depo Provera®, Nexplanon®, and Implanon® against patient group directions.

Research suggests that, if offered to women, LARC will be accepted by 10% of those attending for Plan B. In the past Pharmacies have been selected for this service if they were in areas of high teenage pregnancy and provided at least 60 Plan B consultations per year. This enabled pharmacists to maintain their competence, at a comparable level to that required by the Royal College of Nursing for nurses providing a similar service (a minimum of six LARCs in 12 months).

Map 13 shows the location of these pharmacies and other providers of this service.

There are currently 3 pharmacies that report the ability to provide the service however it is important to note that most are unable to deliver LARC for a variety of reasons. There are however currently 29 pharmacies that would be willing to provide the service, but they would require additional training and 9 pharmacies that report they are willing and able to provide the service if commissioned and 6 pharmacies report they are willing to provide the service, but they would require facility adjustments.

Map 13: LARC



5.4 Stop smoking services

Pharmacies are key providers of Specialist Stop Smoking Services in Newcastle.

42 out of 65 pharmacies are currently providing smoking cessation services in Newcastle. A further 4 are willing and able to provide support but have not started yet. A further 8 do not provide this service but wish to register and a further single pharmacy is unable to provide the service due to a lack of facilities.

Table 24: Pharmacies providing a stop smoking intermediate advice service, August 2014

Locality	Total Pharmacies	No. and % providing a Stop Smoking Intermediate Advice Service	
		No.	%
Newcastle East	20	17	85
Newcastle North	16	9	56
Newcastle West	29	16	55
Newcastle TOTAL	65	42	65

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 56/65

The main age group for those setting a quit date via pharmacy stop smoking service was 35-44 year olds, with more females accessing the service than males (627 and 508 respectively). 95% of clients were White British, and where data are available the majority of clients are either long term unemployed or from routine and manual occupations.

There are higher numbers accessing the service from the East and West localities; however this is in the context of a higher number of pharmacies providing the service in those areas.

Table 25: Average number of clients setting a quit date via pharmacy stop smoking service per month

Locality	Total Pharmacies	Average number accessing Stop Smoking services per month	
		Number	Monthly average
Newcastle East	17	415	35
Newcastle North	9	240	20
Newcastle West	16	480	40
Newcastle TOTAL	42	1135	95

SOURCE: PharmOutcomes, Baseline data: July 2013 to June 2014 (12 months data)

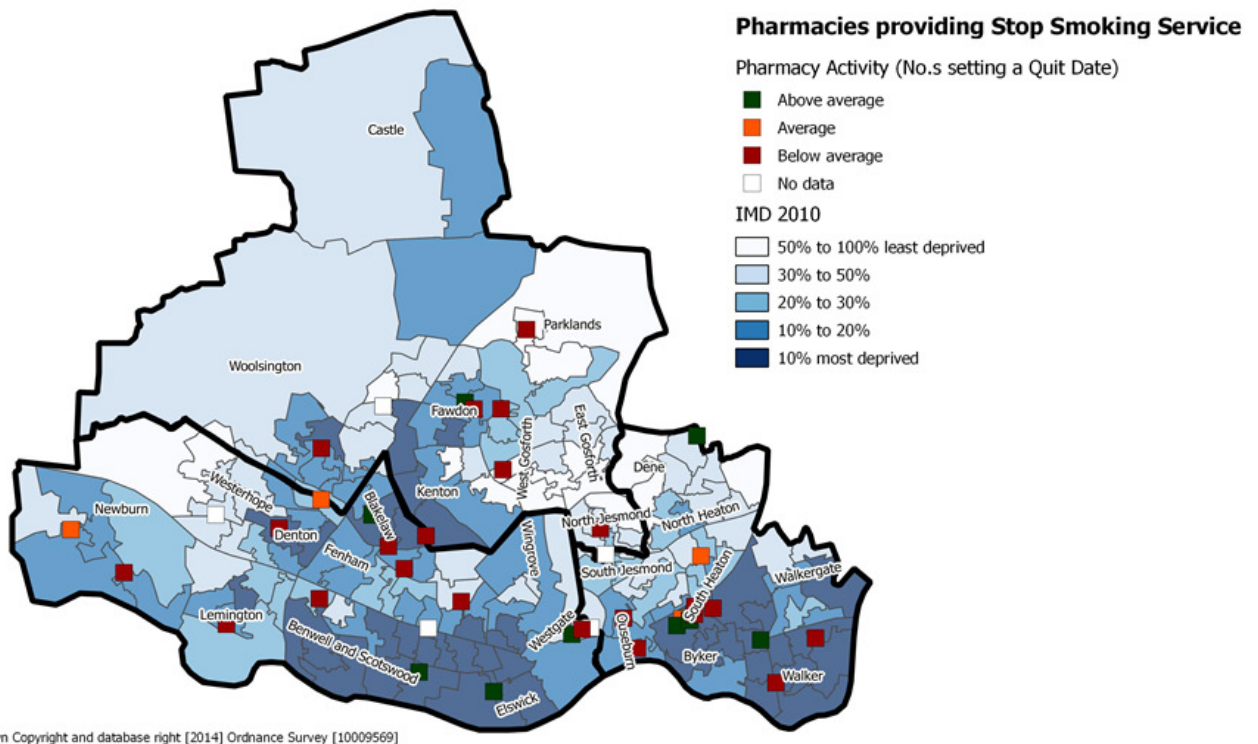
Of those clients who received a follow up contact during the 12 months, 311 had successfully quit smoking (Quit Rate - 57%). There were also 175 clients who were lost to follow up.

Table 26: Outcomes for clients setting a quit date via pharmacy stop smoking service

Locality	Total Pharmacies	Average number accessing Stop Smoking services per month		
		Quit	Not quit	Lost
Newcastle East	17	132	29	14
Newcastle North	9	66	7	33
Newcastle West	16	113	27	128
Newcastle TOTAL	42	311	63	175

SOURCE: Pharmoutcomes, Monitoring data: July 2013 to June 2014 (12 months data)

Map 14: Stop Smoking Services



It is noted that Pharmacies in Newcastle often have longer opening hours (nights and weekends) so have the opportunity to provide the service to the working population who may not be able to access other services in normal working hours.

5.5 Specialist drug access service

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

There are currently 7 pharmacies indicating they provide a specialist drug access service, with no provision in the west locality. Of those pharmacies providing the service, the average monthly provision ranged from 1 – 25.

15 (4 in the west) pharmacies indicate that they are willing and able to provide this service if commissioned. 23 (11 in the west) are willing to provide if commissioned but would require training and a further 3 (2 in the west) are willing to provide if commissioned but require facilities adjustment.

Table 27: Pharmacies providing a specialist drug access service, August 2014

Locality	Total Pharmacies	No. and % providing Specialist Drug Access Service	
		No.	%
Newcastle East	20	3	15%
Newcastle North	16	4	25%
Newcastle West	29	0	0%
Newcastle TOTAL	65	7	28%

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 48/65

5.6 Care home advice service

Pharmacies will often provide advice and support to residents and staff within the care home. This advice is usually aligned with the Care Quality Commission’s “Essential Standards of Quality and Safety” to ensure proper and effective ordering of drugs and appliances, high quality clinical and cost effective use, safe storage, safe supply and administration, safe disposal and accurate record keeping. (Source; NHS Sheffield 2013)

Patient Benefits:

- Improved clinical outcome through better treatment compliance
- Effective use of medicines
- Improved safety through reduction of risks

Care Home Benefits:

- Compliance with CQC requirements (especially Outcome 9) and Local Authority inspections
- Assurance of systems and protocols governing medication ordering and administration process
- Education and training for staff managing medicines
- Facilitating communications with prescribers and pharmacists

There are currently 14 pharmacies indicating they provide a care home advice service, with 2 further pharmacies indicating they will be shortly providing the service. All localities are covered in terms of provision.

Table 28: Pharmacies providing a care home advice service, August 2014

Locality	Total Pharmacies	No. and % providing a Care Home Advice Service	
		No.	%
Newcastle East	20	5	25
Newcastle North	16	6	38
Newcastle West	29	3	10
Newcastle TOTAL	65	14	22

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 63/65

5.6.1 International Normalised Ratio (INR) Support Services

Warfarin is used in the management of an increasing number of patients with clinical conditions including post-myocardial infarction, atrial fibrillation, prophylaxis and treatment of venous thrombosis and pulmonary embolism, and transient ischaemic attacks. While it is a very safe and effective medicine, some of its side effects, including severe haemorrhage, require close monitoring.

Anticoagulation monitoring involves the pharmacy conducting patient testing of blood clotting time to determine the International Normalised Ratio (INR), which measures the delay in the clotting of the blood caused by Warfarin. Checking the INR, interpreting the results and making recommendations about changing doses or omitting doses will be carried out in line with British Haematological Society (BHS) guidelines.

The provision of appropriate support and advice to the patient on the use of their anti-coagulant therapy, including referral to other primary or secondary care professionals where appropriate is an essential element of the service.

There are a small number of pharmacies in Newcastle which are starting to provide INR testing services on behalf of CCG commissioners.

5.7 Vaccination services

There are two versions of the flu vaccination service being operated by community pharmacies in Newcastle – The NHS Flu Service and a range of private PGD flu services. The NHS Flu Vaccination service can be provided to any patient in a qualifying group who is registered with a GP practice within the geographical boundary of the NHS England area team, Cumbria, Northumberland, Tyne & Wear. Tyne & Wear includes North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland. It is the GP practice location which is crucial so if a patient lives in County Durham but their GP practice is a member of Sunderland CCG, that patient can be vaccinated.

NHS vaccination information is transferred to PharmOutcomes providing the LPCs with service data and the ability to generate invoices to the NHS England area for payment.

Eligibility

The NHS service allows vaccination of those aged 65 years and over, those in a clinical risk group aged 18 to 65 and pregnant women at any stage of their pregnancy. Children aged 17 and under are excluded from the NHS service for 2014, as they should be vaccinated using the new live nasal vaccine. Pharmacists have not been trained to administer this vaccine, therefore children should be referred to their GP practice for vaccination.

Private Flu Vaccinations

The Novartis private PGD allows the vaccination of children aged 2 and over. If a parent presents their children for vaccination aged 2 to 17, who are not in a clinical risk group and therefore not entitled to an NHS vaccination, these children can be vaccinated at the parent's expense using the Novartis private PGD. Children aged 2 to 11 can only be vaccinated by an experienced pharmacist, defined by Novartis as having administered a minimum of 20 vaccines prior to vaccinating a younger child. Those pharmacies using any other private PGD will need to check the inclusion criteria of the PGD being used to determine whether this age group can be vaccinated under the terms of that PGD.

Following both types of vaccination, all details are faxed to the GP practice within 24 hours of administration (Monday to Friday) as per the SLAs.

Nasal flu:

None currently provide, but 53 are willing to, either now or require training to do so

Pneumococcal:

None currently provide, but 52 are willing to, either now or require training to do so

Table 29: Show the percentage of pharmacies providing Flu vaccination

Locality	Total Pharmacies	No. and % providing influenza vaccination	
		No.	%
Newcastle East	20	13	76
Newcastle North	16	11	73
Newcastle West	29	14	67
Newcastle TOTAL	65	38	72
SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014. Valid responses: 53/65			

Section 6:

Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by local commissioners. These services are often very valuable for special patient groups, for example the housebound or elderly, but are provided at the discretion of the pharmacy owner. As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one and not aligned necessarily with need. These services will often increase a pharmacy operational costs whilst providing minimal return on investment. Non-commissioned services identified in the pharmaceutical needs assessment questionnaire are detailed in the table below.

Table 30: Number of pharmacies providing non-commissioned services

	Newcastle East	Newcastle North	Newcastle West	Newcastle TOTAL
Prescription collection service	20	16	29	65
Prescription delivery service	19	13	28	60
Pregnancy testing	3	1	10	14
Blood pressure checks	6	7	9	22
Blood glucose checks	4	3	7	14
Blood cholesterol checks	2	2	3	7
Weight management service	0	0	0	0
Erectile dysfunction service	1	2	2	5
Hairloss service	0	1	1	0
Travel clinic	0	3	3	6
SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2014				

Section 7:

Key Considerations - Future Service Provision

The key considerations emerging from the Pharmaceutical Needs Assessment are discussed below.

7.1 Consideration 1 – Community Pharmacy SWOT Analysis (Section 1)

The following table summarises the baseline key strengths, weaknesses, opportunities and threats of community pharmacy for consideration and feedback by users of the PNA. Awareness of this SWOT analysis has been a key factor in the development of our final PNA recommendations.

Strengths:	Weaknesses
<ul style="list-style-type: none"> • Locations –65 pharmacies embedded within communities, on the high street and supermarkets • Footfall – Over 1.8 million patient visits per day in the UK, approximately 7800 per day in Newcastle. Crucially with a different demographic footprint when compared with general practice • Efficiency – Community Pharmacy is an existing skilled health service provider with fixed costs (premises, utilities, core staffing, skill mix). • Engagement – Locally in Newcastle community pharmacy have been highly motivated and supportive of local commissioners. 	<ul style="list-style-type: none"> • Capacity Challenge – it is unknown how many services can be provided from each site • Inconsistent delivery across the estate for some services Additional training requirements amongst pharmacy staff will mean changes to practice may not all commence equally across the city
Opportunities	Threats
<ul style="list-style-type: none"> • To improve integration with other NHS providers e.g. to receive referrals from GPs • To raise awareness of 'new' services by the public and Healthcare Professionals • For more proactive negotiations with local commissioners to address local health priorities. 	<ul style="list-style-type: none"> • Changes to service provision against a backdrop of financial austerity and cuts to the public sector. • New entrants to the service provision market competing with community pharmacy. • New community pharmacies who wish to provide more services in areas where there is a need.

7.2 Consideration 2 – PNA Identified Health Need (Section 3)

The health needs identified in Section 3 of this document are summarised below and will be used to consider future commissioning intentions and priority areas for action. Some pharmacies will be commissioned to deliver against these identified needs. Decisions will be based on local need, local access and available funding.

Theme	Identified Health Needs
Population	<ul style="list-style-type: none"> • Growth - As there is a growing population there is a growing health need in the city. It is known that requirements for pharmacy services will change as this growth occurs. Ensuring adequate provision of pharmaceutical services must be a priority for these areas. • Variation - Differing population characteristics / clusters across the city, including: deprivation, ethnicity, age (children, students, elderly), disability, occupation etc. lead to differing requirements across the city. Especially for highly deprived areas. • Access - Equitable provision for all people within the city leads to a need to consider levels of accessibility, disability of patients, language challenges, housebound population, age, carers etc.
Smoking	<ul style="list-style-type: none"> • Mortality Rate - Reduction in the prevalence of smoking across the city is required to bring about significant improvements in health – both a reduction in the numbers of residents starting to smoke and an increase in the numbers trying to quit and successfully quitting. • Policy - Alignment of healthcare advice with respect to e-cigarettes.
Substance Misuse	<ul style="list-style-type: none"> • Alcohol – There is a need to raise awareness of alcohol risks and for a reduction in high risk drinking behaviours across the city – especially binge drinking. • Drugs and Alcohol - Retaining existing service users in treatment long enough to complete treatment and achieve a successful completion. . • Drugs- Increase in the numbers of clients screened for Hep B, C and HIV. • Drugs & Alcohol - An increase is required in the numbers of drug users accessing treatment services – especially 18-24 year old groups. • Harm Reduction – Increasing demand for these services in Newcastle suggests improved infrastructure and capacity is required. • Prescription Drug Abuse – Higher than North East rates found in Newcastle. • Increasing challenge of Novel Psychoactive Substances ('legal highs')
Obesity	<ul style="list-style-type: none"> • Rates – Newcastle has significantly higher than England rates of obesity in younger population. Future costs in terms of health and financially to the NHS will be significant.

Sexual Health	<ul style="list-style-type: none"> Rates of sexual transmitted infections / diseases are higher in Newcastle than in England. Increased detection and treatment are needed as well as raised awareness of STIs.
Teenage Conceptions	<ul style="list-style-type: none"> Rates of teenage conception are higher in Newcastle than in the rest of England – especially in some wards.
Cancer	<ul style="list-style-type: none"> Incidence of cancer in Newcastle is significantly higher than the England average. Mortality rates are also higher, especially for Lung and Bowel Cancers. Smoking, obesity and alcohol are identified as major contributing factors.
Long Term Conditions	<ul style="list-style-type: none"> Detection – Newcastle has a need to increase the detection of Long Term Conditions – COPD, diabetes, heart disease and stroke. Treatment – options are as in Obesity, Smoking and Alcohol.
Older People	<ul style="list-style-type: none"> Support – pharmacy services could be designed to reduce incidence of falls due to polypharmacy (multiple medications). Domiciliary - Community services could support needs of house bound patients. Dementia – There is a need to increase detection and care for those with dementia Memory, Visual and Hearing - Increased support is required for those suffering sensory and memory impairment
Mental Health	<ul style="list-style-type: none"> Mental Health - Increased medicines support for patients with mental health disorders required and improved information for patients diagnosed with depression.
Immunisation	<ul style="list-style-type: none"> Flu immunisation uptake in Newcastle is above the North East and England average as well as the WHO target. However we still need to increase uptake of influenza vaccinations across Newcastle and in key vulnerable groups. .
Travel	<ul style="list-style-type: none"> Provision – continued provision of self-care advice, travel advice, malaria prophylaxis and emergency medicine supply for visitors and for those travelling from Newcastle.

7.3 Consideration 3 - Current Provision of Baseline Pharmacy Services in Newcastle (Section 4)

Pharmacy Services already being provided in Newcastle from Section 4 of this document are summarized below. Observations will help inform readers of opportunities for improvements in service provision and help identify gaps where they exist.

Theme	Observations
4.1 Current Provision of Essential Pharmaceutical Services	<ul style="list-style-type: none"> Newcastle by Geography - pharmacies are located primarily in areas of higher population density, close to GP practices and in the city centre with a good overall geographic spread across Newcastle city.

	<ul style="list-style-type: none"> Newcastle by Population - with the exception of North Newcastle, local populations here enjoy more pharmacies per 100,000 population than the North East generally and the England average. Newcastle West is particularly well serviced.
4.2 Current Advanced Services	<ul style="list-style-type: none"> Most pharmacies in Newcastle are performing Advanced Services under the Pharmacy Contract however the average number provided each month varies from pharmacy to pharmacy. The significant advanced service resource of community pharmacy is now accessible to commissioners and has been demonstrated by NUTH recently with ToC. Targeting of Pharmacy Advanced Services should be of high interest to CCG, NHS Trust and Local Authority commissioners for everything from discharged patients to falls prevention to medicines wastage reduction.
4.4 Dispensing doctors	<ul style="list-style-type: none"> The two dispensing doctors located within Newcastle CCG areas are both further than 1.6km from a community pharmacy.
4.5 Dispensing appliance contractors	<ul style="list-style-type: none"> NA
4.6 Hospital Pharmacy Services in Newcastle	<ul style="list-style-type: none"> NA
4.7 Pharmacy opening hours	<ul style="list-style-type: none"> Access to community pharmacy across the whole of Newcastle is well provided for during core hours. <ul style="list-style-type: none"> Weekday Evenings - there is provision until at least 8pm in all localities. Excellent. Saturdays - opening hours provide for each of the localities at multiple sites from 8am through until 9pm. Good. Sundays - opening hours provide for each of the localities from 10am through until 5pm with longer services in the East and West. Good.
4.8 Disability access	<ul style="list-style-type: none"> Most Pharmacies in Newcastle have acceptable wheelchair accessibility. There are 2 Pharmacies without wheelchair access and are therefore in breach of the Equality Act 2010.
4.9 Consultation rooms	<ul style="list-style-type: none"> Consultation room provision by pharmacies in Newcastle is excellent however wheelchair access may require further investigation. Privacy - The purpose of a consultation room is to provide privacy for patients when delivering services. The privacy provided by consultation rooms in Newcastle pharmacies will naturally vary

	depending on the style and quality of fitting. It has been noted during consultation exercises in the preparation of this PNA that some consultation rooms may not offer sufficient privacy. It is anticipated that the CPAF survey to be undertaken by the Area Team will provide more clarity on this issue.
4.10 Distance Selling Pharmacies	<ul style="list-style-type: none">• NA
4.11 Electronic Transfer of Prescriptions	<ul style="list-style-type: none">• NA

7.4 Consideration– Public Satisfaction with Pharmacy

Every Community Pharmacy in Newcastle each year is required to provide the Area Team with a significant number of completed patient satisfaction questionnaires. Unfortunately this data was not available for publication within the PNA as responses are normally collected on paper for each pharmacy. In the future the Area Team may establish an electronic means (e.g. PharmOutcomes) of recording the results of CPAF surveys. This would provide valuable data for benchmarking pharmacy services in Newcastle.

Despite the absence of statistics, it was clear during the preparation of this report that the public and healthcare organisations have a very high estimation of community pharmacy and the role that it plays for the health economy in Newcastle. Engagement with Healthwatch, Newcastle User Carers Forum and with the publication both of the PNA on the Newcastle City Council website and requests for information in the City Life Magazine anecdotally supported this view.

7.5 Current Provision and Assessed Gaps for local commissioned services:

Service	Observations
Minor Ailments – “Think Pharmacy First” (Map 5)	<ul style="list-style-type: none"> • Provision - TPF coverage by pharmacies in Newcastle is excellent with only 1 pharmacy in the North, 1 in the East and 2 in the West not providing this service for patients. • On the whole, there are very few gaps in the provision of this service. A further 3 pharmacies are willing to provide the service in the future. • Promotion - Some pharmacies with the lowest provision (based on mean service provision) are in the most deprived areas of Newcastle. This could be considered by both commissioners and community pharmacy as an area for improvement. • A gap in the utilisation of Think Pharmacy First by commissioners exists in Newcastle. Aligned with its intended purpose, GP practices, NHS Trust Hospitals and the 111 service are currently making minimal patient referrals to pharmacies. Minor ailments consultations are therefore continuing in inappropriate care settings (GP Practices and Hospitals), utilising inappropriately qualified staff and incurring additional costs on taxpayers.
Drug & Alcohol Misuse (Map 6 & 7)	<ul style="list-style-type: none"> • Alcohol Service Provision – Against a background of some of the worst alcohol statistics in England there are no pharmacy alcohol initiatives provided in Newcastle. • Needle Exchange Service Provision – There appear to be significant gaps in Needle Exchange Service provision in Newcastle. • Supervised Administration Key Observations: <ul style="list-style-type: none"> ○ Provision - A high proportion of pharmacies provide supervised administration services in Newcastle. ○ Quality Standards – Clear processes need to be put in place to ensure regular audits,(more detail in section 5), training sessions, systems for the provision of management information or management meetings to support substance abuse services from pharmacies. ○ Signposting – There are no standard mechanisms in place to assure that substance misuse clients are appropriately signposted by pharmacy to other services in voluntary sector or other public health services. ○ Feedback from the consultation highlighted that some pharmacies may need to consider consumer privacy levels and dignity in relation to opioid substitution therapy.
Sexual Health Services – “Plan B”, LARC, C-Card and Chlamydia Treatment	<ul style="list-style-type: none"> • Provision – Provision of Plan B is at high levels in Newcastle. However there are 13 pharmacies who do not currently take part leaving some gaps in availability of services to Newcastle residents. • Quality/Standards – Processes are being developed to ensure there are regular service review

<p>(Map 8)</p>	<p>meetings. There are also significant amounts of data available to commissioners through the use of PharmOutcomes.</p> <ul style="list-style-type: none"> • Signposting – Although there are low levels of coil/LARC referrals coming from community pharmacy, this is mainly due to refusal by the women • Chlamydia – Levels of Chlamydia testing for patients accessing Plan B are low, again this is mainly due to women refusing testing • LARC – Levels of LARC provision through community pharmacy are low. Pharmacies are unable to access accreditation and training. Previously for those that were accredited, service volumes were low. • Coil Referral – Levels of Coil Referral from pharmacy are low as part of Plan B. • C-Card – Levels of accreditation to distribute free condoms from pharmacy are low. Commissioners report that additional coverage is required in areas - Fawdon, Kenton, Newbiggin Hall, Blakelaw, Cowgate, Newburn, Throckley, Walbottle, Lemington, East/West Denton, Fenham, Scotswood, Benwell and Heaton.
<p>Stop smoking service (Map 11)</p>	<ul style="list-style-type: none"> • Provision – Services are being delivered from 42 of 65 pharmacies in Newcastle. Of those pharmacies, 4 of the highest providers are in key areas of deprivation in the city. There are additional pharmacies wishing to provide stop smoking services which would increase access to patients in Newcastle. • Quality – An average quit rate of 57% from pharmacies in Newcastle is good. • Access – Pharmacy provides excellent access hours for this service. • Hard to Reach Groups – Pharmacy is well placed to provide this service to more resistant groups of patients.
<p>Specialist drug access service</p>	<p>NA</p>
<p>Vaccination Services</p>	<ul style="list-style-type: none"> • Flu Immunisation Provision – Community Pharmacy has been highly supportive of the local agenda to increase the uptake of flu vaccinations. This is a new service to community pharmacy in the area however it already includes 38 pharmacies aiming to deliver over 5000 vaccinations over the last quarter of 2014. The service should continue to grow over the coming years.

Care Home Advice

Specialist Drug Services in Newcastle

- Private Care Homes - This is an arrangement between community pharmacy businesses and private care homes.
- NHS or Local Authority Care Settings – Expertise held within local community pharmacy network should be considered when commissioning pharmaceutical advice or audit provision for care settings in the community.

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Section 8

Conclusion

The Newcastle Pharmaceutical Needs Assessment (PNA) provides data and information which can help improve and extent service delivery across the city. This information will be used to guide future commissioning decisions.

8.1 Next Steps

Once the consultation period has been completed the PNA will be taken to the Wellbeing for Life Board where the document and the consultation comments will be shared.

In 2015, it is anticipated that Healthy Living Pharmacies (HLPs) will develop across the City. Decisions regarding the whereabouts and type of delivery of the HLPs will be informed by this PNA. Their development will be supported by appropriate training.

Alongside this, additional services will also be provided by pharmacies not classified as Healthy Living Pharmacies in line with the recommendations from the PNA.

It is also anticipated that there will be an increase in utilisation of community pharmacy by the 111 service to support with not only winter resource pressures but to introduce other options for patients who either don't require immediate care or who are more appropriately dealt with by their local community pharmacist in and out of hours.

For a full list of recommendations of this report, please refer to the Executive Summary at the start of this document.

Section 9

Equality impact assessment

The PNA seeks to improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups. The PNA gives the Local Authority the opportunity to highlight ways to enhance available services to a wide range of target groups including those covered by the Equality Act.

As with the previous PNA Equality Impact Assessment (EIA) in 2011, few negative impacts have been identified for this PNA. However through the process of assessment we have identified that more work needs to be undertaken to determine whether there is suitable wheelchair access to the consulting rooms or alternative private space. This work needs to be undertaken as soon as possible and may help provide important information in relation to the commissioning of additional services

We have also identified that further work is required to ensure a good level of access and clarity of need for those people with disabilities, older people, young people and children as well as for those on low incomes; The possibility of improving pharmacy services for women, such as EHC and to increase overall access for men.

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Appendices

Appendix 1: Location maps - Pharmacies

ID	Pharmacy Name	Address 1	Ward	Postcode
1	Asda Pharmacy (Byker)	Fossway	South Heaton	NE6 2XP
2	Asda Pharmacy (Gosforth)	Hollywood Avenue	East Gosforth	NE3 5BU
3	Ashchem Chemists	10 Kenley Road	Fenham	NE5 2UY
4	Ashchem Chemists	293 Denton Road	Benwell and Scotswood	NE157HJ
5	Banks Pharmacy	13 Princes Road	Parklands	NE3 5TT
6	Benwell Pharmacy	133 Adelaide Terrace	Benwell and Scotswood	NE4 9JP
7	Blakelaw Pharmacy	8 Moulton Place	Blakelaw	NE5 3RL
8	Boots	208 Stamfordham Road	Blakelaw	NE5 3JE
9	Boots	3 The Crossway	Lemington	NE157LA
10	Boots	3 Tyne View	Lemington	NE158DE
11	Boots (Byker)	121-125 Shields Road	South Heaton	NE6 1DN
12	Boots (Cruddas Park)	Westmorland Street	Elswick	NE4 7QY
13	Boots	High Street	East Gosforth	NE3 1JZ
14	Boots	293-295 Chillingham Road	North Heaton	NE6 5LL
15	Boots	Hotspur Way	Westgate	NE1 7XE
16	Boots	53 St Georges Terrace	North Jesmond	NE2 2SX
17	Boots	41 Halewood Avenue	Kenton	NE3 3RX
18	Boots (Kingston Park)	Brunton Lane	Castle	NE3 2FP
19	Boots	150 Northumberland Street	Westgate	NE1 7DQ
20	Boots	18A Osborne Road	South Jesmond	NE2 2AD
21	Boots	5 Saville Place	South Jesmond	NE1 8DQ
22	Boots	2-4 Sidgate	Westgate	NE1 7XF
23	Boots	295 Two Ball Lonnen	Blakelaw	NE4 9RX
24	Boots	11 Church Walk	Walker	NE6 3DP
25	Boots	West Denton Way	Denton	NE5 2QZ
26	Boots	140 West Road	Wingrove	NE4 9QB
27	Boots	381 Stamfordham Road	Westerhope	NE5 2LH
28	Chambers Chemists	464 Armstrong Road	Benwell and Scotswood	NE156BY
29	Chambers Chemists	33 Nunsmoor Road	Wingrove	NE4 9AU
30	Clyde Chemist	136 Armstrong Road	Benwell and Scotswood	NE4 8PR
31	Douglas Pharmacy	17 Ashburton Road	West Gosforth	NE3 4XN
32	Fairmans Pharmacy	379 Benton Road	Dene	NE7 7EE
33	Fairmans Pharmacy	19 Newbiggin Hall Centre	Woolsington	NE5 4BR
34	Farah Chemist Ltd	44 Adelaide Terrace	Elswick	NE4 8BL
35	Farah Chemist Ltd	189 Deleval Road	Benwell and Scotswood	NE15 6TR
36	Fawdon Park Pharmacy	Fawdon Park Road	Fawdon	NE3 2PE
37	J & J Whittaker (Chemists) Limited	32 Wansbeck Road South	West Gosforth	NE3 3HQ
38	J Nicholson (Walker) Limited	495a Back Welbeck Road	Byker	NE6 2PB
39	Kerr Pharmacy	26 Shields Road	South Heaton	NE6 1DR
40	Kerr Pharmacy	99 Shields Road	South Heaton	NE6 1DN
41	Kerr Pharmacy	31 Heaton Road	South Heaton	NE6 1SA
42	Lloyds Pharmacy (Beaconsfield St)	141 Beaconsfield Street	Wingrove	NE4 5JP
43	Lloyds Pharmacy (Benton Rd)	335 Benton Road	Dene	NE7 7EE
44	Lloyds Pharmacy (Chapel House)	Hillhead Parkway	Westerhope	NE5 1LJ
45	Lloyds Pharmacy (Prospect House)	501 Westgate Road	Elswick	NE4 8AY
46	Lloyds Pharmacy (Walker)	436 Welbeck Road	Walker	NE6 2NY
47	Lloyds Pharmacy (West Rd)	168 West Road	Wingrove	NE4 9QB
48	Meadows Pharmacy	46-50 The Meadows	Fawdon	NE3 3NA
49	Medicentre (Newcastle) Ltd	41/47 St Georges Terrace	North Jesmond	NE2 2SX
50	Mills Pharmacy	21 Station Road	East Gosforth	NE3 1QD
51	Molineux Pharmacy	Molinuex Street	South Heaton	NE6 1SG
52	Newburn Pharmacy	1 Newburn Road	Newburn	NE15 8LX
53	Ponteland Road Pharmacy	163-167 Ponteland Road	Blakelaw	NE5 3AE

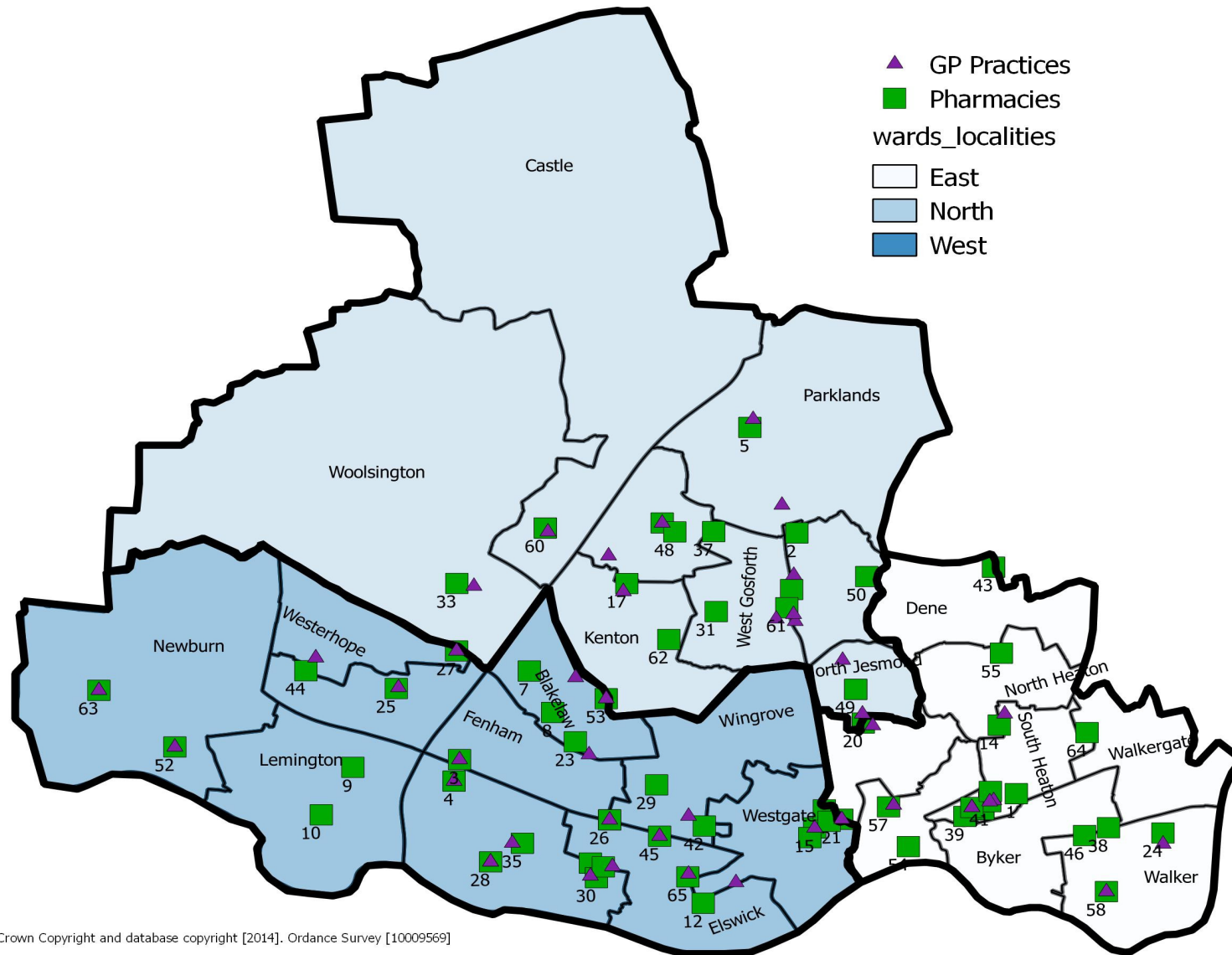
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54	Quayside Pharmacy Limited	Crawhill Road	Ouseburn	NE1 2BL
55	Sainsburys Pharmacy	Etherstone Avenue	North Heaton	NE7 7JW
56	Saxon Pharmacy	33-35 Heaton Road	South Heaton	NE6 1SB
57	Shieldfield Pharmacy	Gosforth Street	Ouseburn	NE2 1XT
58	St Anthony's Pharmacy	St Anthony's Road	Walker	NE6 2NN
59	Superdrug Pharmacy	46-52 Northumberland Street	Westgate	NE1 7DF
60	Tesco In Store Pharmacy	Brunton Lane	Castle	NE3 2FP
61	The Co-operative Pharmacy	41 High Street	West Gosforth	NE3 4AA
62	The Co-operative Pharmacy	29 Arlington Avenue	Kenton	NE3 4TS
63	Throckley Chemists	2 Tillmouth Road	Newburn	NE15 9PA
64	Walkergate Pharmacy	Benfield Road	Walkergate	NE6 4QD
65	Whitworth Chemists Ltd	132-136 Elswick Road	Elswick	NE4 6SL

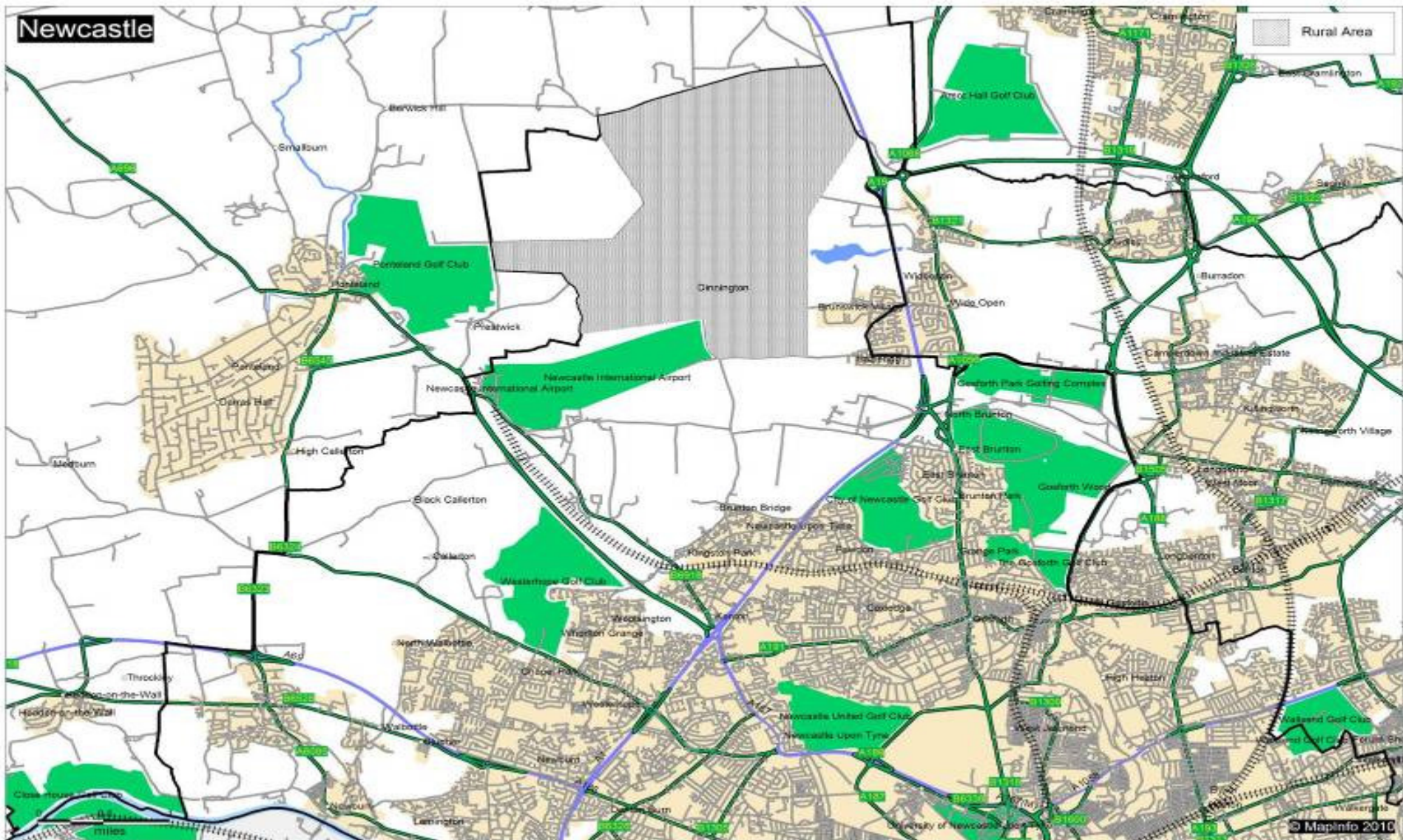
Dispensing Practices

ID	Type	Practice Name 1	Practice Name 2	Address 1	Address 2	Postcode
D1	Branch	SA Lackey and Partners	The Clinic	Dinnington Village		NE13 7JW
D2	Branch	DM Adams and Partners	Ponteland Medical Group	Main Road	Dinnington	NE13 7JW

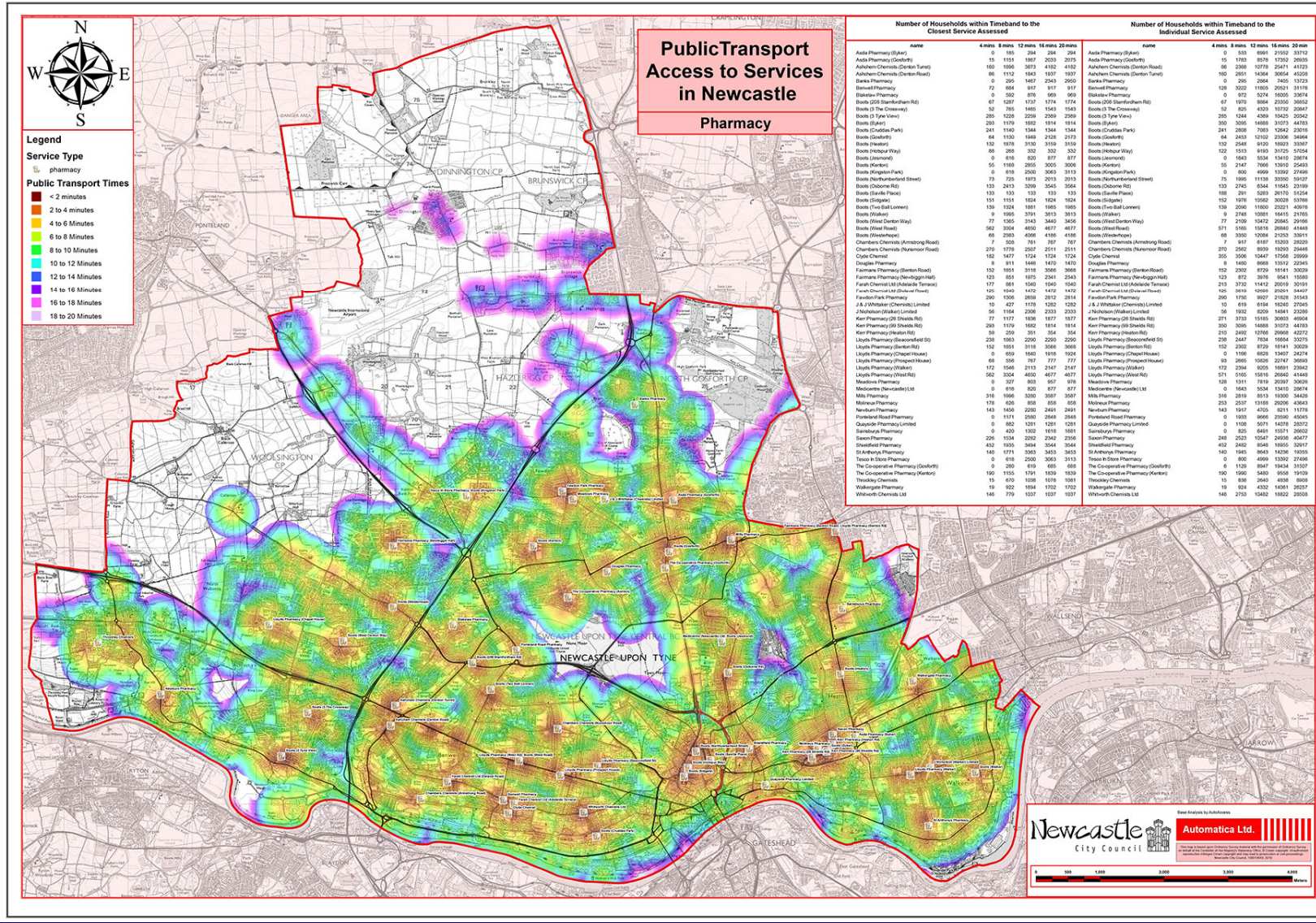
Map 4: GP Practices & Pharmacies in Newcastle, August 2014



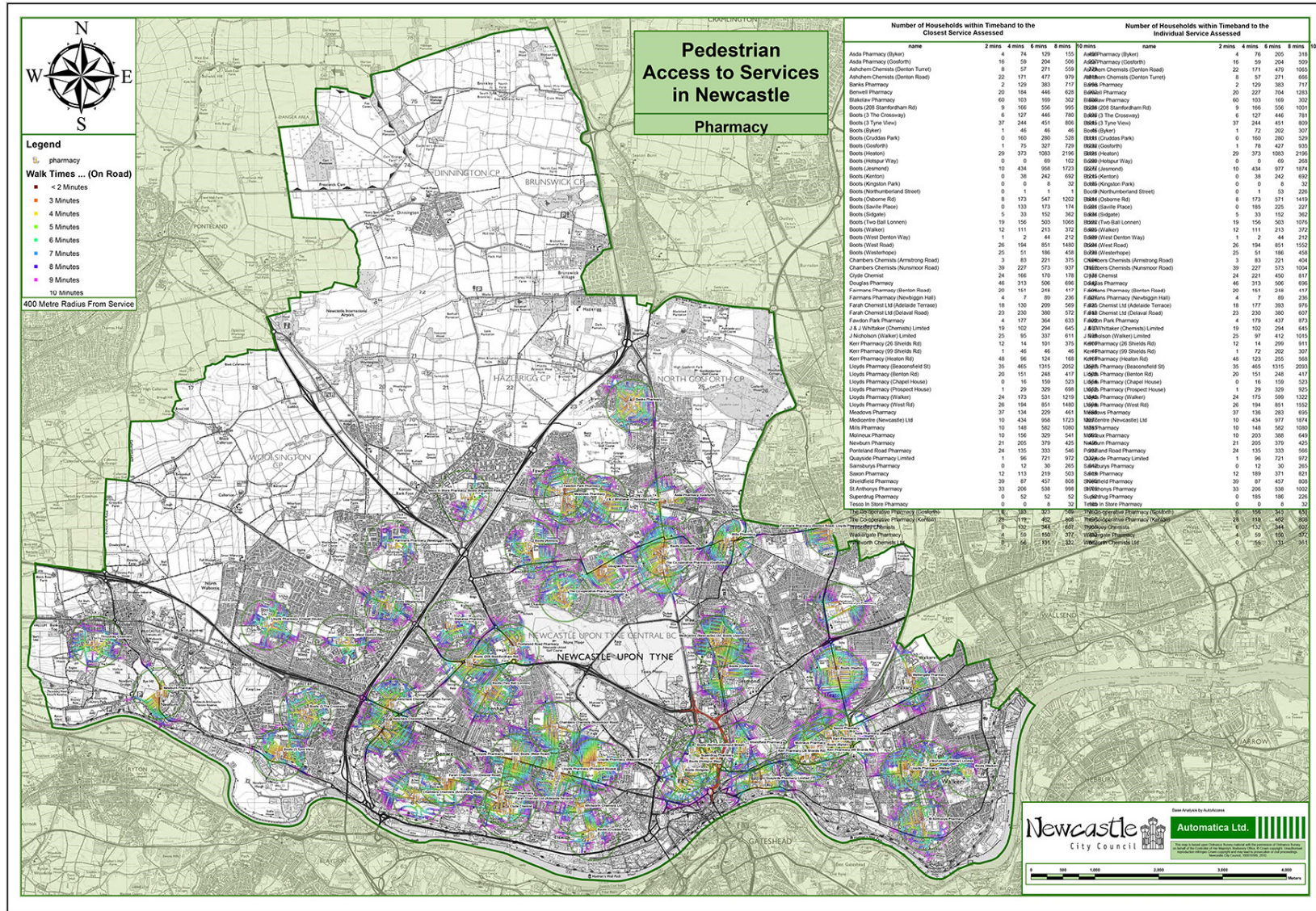
Map 5: Map of designated rural areas



Map 6: Public Transport Access to Service in Newcastle



Map 7: Pedestrian Access to Service in Newcastle



Appendix 2 - Directed enhanced services for applications exempt from the 'control of entry' test

The following enhanced services must be provided, where commissioned and required, by pharmacies which are granted a contract under the exempt categories within the NHS (Pharmaceutical Services) Regulations 2005:

- Plan B (supply of emergency hormonal contraception)
- Think Pharmacy First (minor ailment service)
- Supervised administration of methadone and buprenorphine
- Needle exchange
- Stop smoking intermediate advice
- Advice to care homes
- Enhanced sexual health service (including test and treat for Chlamydia and administration of LARC)
- Lean medication (including not dispensed, dose rationalisation and targeted medication use reviews)

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Appendix 4 – PNA questionnaire

PHARMACEUTICAL NEEDS ASSESSMENT QUESTIONNAIRE – Sent to all contractors in July 2014 for completion. All 65 Pharmacies completed the questionnaire. The questionnaire below shows the questions asked of Pharmacies in the PNA.

Provision Details

Provision Date	
Trading Name	
Post Code	
Is this a Distance Selling Pharmacy?	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax	
Pharmacy website address	
Consent to store	

Core hours of opening

Monday Open	
Monday Close	
Monday Lunchtime (from - to)	
Tuesday Open	
Tuesday Close	
Tuesday Lunchtime (from - to)	
Wednesday Open	
Wednesday Close	
Wednesday Lunchtime (from - to)	

Draft for approval

Thursday Open	
Thursday Close	
Thursday Lunchtime (from - to)	
Friday Open	
Friday Close	
Friday Lunchtime (from - to)	
Saturday Open	
Saturday Close	
Saturday Lunchtime (from - to)	
Sunday Open	
Sunday Close	
Sunday Lunchtime (from - to)	

Total hours of opening (Core + Supplementary)

Monday Open	
Monday Close	
Monday Lunchtime (from - to)	
Tuesday Open	
Tuesday Close	
Tuesday Lunchtime (from - to)	
Wednesday Open	
Wednesday Close	
Wednesday Lunchtime (from - to)	
Thursday Open	

Thursday Close	
Thursday Lunchtime (from - to)	
Friday Open	
Friday Close	
Friday Lunchtime (from - to)	
Saturday Open	
Saturday Close	
Saturday Lunchtime (from - to)	
Sunday Open	
Sunday Close	
Sunday Lunchtime (from - to)	

Consultation Facilities

Is there a consultation area?	
Is this enclosed?	
Off-site arrangements	

Hand washing and toilet facilities

Facilities available	
----------------------	--

Information Technology

Is the pharmacy EPS* R2 enabled?	
File format types	

Essential Services (appliances)

Does the pharmacy dispense appliances?	
--	--

Advanced Services

Medicines Use Review service	
New Medicine Service	
Appliance Use Review service	
Stoma Appliance Customisation service	

Commissioned Services

Anticoagulant Monitoring Service	
Anti-viral Distribution Service	
Care Home Service	
Chlamydia Treatment Service	
Contraception Service	
Allergies	
Alzheimer's/dementia	
Asthma	
CHD	
Depression	
Diabetes type I	
Diabetes type II	
Epilepsy	
Heart Failure	
Hypertension	
Parkinson's disease	
Other (please state - including funding source)	

Emergency Hormonal Contraception Service	
Gluten Free Food Supply Service	
Home Delivery Service	
Independent Prescribing Service	
Therapeutic areas covered (if providing)	
Language Access Service	
Medication Review Service	
Medicines Management Support Service:	
DomMAR Carer's Charts	
Minor Ailments Scheme	
MUR Plus/Medicines Optimisation Service	
Therapeutic areas covered (if providing)	
Needle and Syringe Exchange Service	
Obesity management (adults and children)	
Directly Observed Therapy	
If yes state which medicines	
Out of hours services	
Palliative Care scheme	
Patient Group Direction Service	
Medicines available	
Phlebotomy Service	
Prescriber Support Service	
Schools Service	

Alcohol	
Chlamydia	
Cholesterol	
Diabetes	
Gonorrhoea	
H. pylori	
HbA1C	
Hepatitis	
HIV	
Other Screening (please state - including funding source)	
Seasonal Influenza Vaccination Service	
Childhood vaccinations	
HPV	
Hepatitis B	
Travel vaccines	
Other (please state - including funding source)	
Sharps Disposal Service	
NRT Voucher Service	
Smoking Cessation Counselling Service	
Supervised Administration	
Supplementary prescribing	
Which therapy area	
Vascular Risk Assessment Service	

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy	
If Yes, how many Healthy Living Champions do you currently have?	

Collection and Delivery services

Collection of prescriptions from surgeries	
Delivery of dispensed medicines - Free of charge on request	
Delivery of dispensed medicines - Selected patient groups	
Delivery of dispensed medicines - Selected areas	
Delivery of dispensed medicines - chargeable	

Languages

What languages other than English are spoken in the pharmacy	
What languages other than English are spoken by the community your pharmacy serves	

Almost done

Other	
Contact name	
Contact telephone	

Appendix 5 - Stakeholders Consulted

Newcastle City Council:

- Eugene Milne - Director of Public Health
- Dawn Scott - Consultant in Public Health
- Helen Robinson – Senior Public Health Specialist – Sexual Health
- Rachael Hope - Community Safety Specialist – Substance Misuse
- Liz Robinson - Strategic Partnership Co-ordinator – Alcohol
- Craig Blundred - Public Health Consultant (Locum) - Obesity
- Lynda Seery - Public Health Specialist – Smoking, NHS Health Checks
- Kirsty Williams - Communities Project Officer
- Andy Roberts - Lead Specialist Children's Health
- Louise Lane - Commissioner - Inclusion and Prevention
- Karen Inglis – Resilience, Prevention & Early Intervention
- Helen Wilding - Wellbeing for Life Development Lead
- Katherine Verlander - Senior Planning Policy Practitioner
- Andy Hackett - Service User Involvement Officer
- Rachel Archbold - Equality & Access Advisor
- Newcastle City Council Health Scrutiny Committee

External Healthcare Organisations:

- The Local Pharmaceutical Committees (LPC) – North of Tyne LPC
- Rachel Head - Healthwatch Champions' Support Worker - Healthwatch Newcastle
- Ann Gunning - Community Pharmacy Development Lead at North of Tyne LPC
- Ken Megson - Newcastle and North Tyneside LMC
- Neil Watson - Clinical Director of Pharmacy and Medicines NUTH
- Tim Donaldson - Chief Pharmacist/Controlled Drugs Accountable Officer
- Ken Youngman - Secretary Newcastle and North Tyneside LMC
- Sally Young - Chief Executive - Newcastle Council for Voluntary Service
- Barbara Douglas - Strategic Director of the Quality of Life Partnership
- Guy Pilkington - Clinical Chair of Newcastle West Clinical Commissioning Group & Kate Cushing - Clinical Lead for
- Children and Young People Newcastle at Gateshead Newcastle CCG Alliance"
- Steve Summers - Clinical Chair of Newcastle North and East Clinical Commissioning Group
- Nichola Smith - Assistant Primary Care Contract Manager (Pharmacy & Optometry)
- Richard Copeland – Chair – Northumberland, Tyne and Wear Local Pharmacy Network

Appendix 6 – Further Information - What is a pharmaceutical needs assessment?

1 - Pharmacy Locations – “Control of Entry”

The Health Act 2009 replaces the ‘control of entry’ test for granting new pharmacy contracts with a new test requiring PCOs (Area Team) to have statements of pharmaceutical needs, and to use these to determine applications. This PNA is intended to fulfil this requirement.

The PNA will ensure that NHS England decisions about applications for market entry for pharmaceutical services are based on robust and relevant information regarding supply and demand. It will be the objective of decision makers to weigh the required health needs of local populations around Newcastle and to ensure that those needs are being met by pharmacy. New pharmacy applications may therefore be granted on the basis that if known needs are not met by existing providers for whatever reason, then new providers may be able to fill these gaps.

The NHS Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 can be found at <http://www.england.nhs.uk/pharm-mrkt-ent/>.

The Policy ensures that NHS CB determines applications received under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (the 2013 Regulations) consistently and in line with regulatory requirements.

Applications may be made by pharmacies, dispensing appliance contractors (DACs) or doctors and states that ‘persons wishing to provide pharmaceutical services in England must be included in a pharmaceutical list held by NHS England. NHS England will hold pharmaceutical and dispensing doctor lists at health and well-being board (HWB) level and is required by the 2013 regulations to prepare, maintain and publish for each HWB one list for pharmacy contractors, one for DACs (where applicable) and one for dispensing doctors (where applicable).

The Local AT will have a committee (the pharmaceutical services regulations committee) to determine such applications.

The National Health Service (Pharmaceutical Services) Regulations 2012 makes reference to statements of pharmaceutical needs, and the requirement to use these to determine application outcomes. The PNA is therefore intended to support control of entry decisions by NHS England.

Control of Entry – NHS England Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

The purpose of this policy is to ensure that the NHS CB determines applications received under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (the 2013 Regulations) consistently and in line with regulatory requirements. Such applications may be made by pharmacies, dispensing appliance contractors (DACs) or doctors.

- 1. Persons wishing to provide pharmaceutical services in England must be included in a pharmaceutical list held by NHS England. NHS England will hold pharmaceutical and dispensing doctor lists at health and well-being board (HWB) level and is required by the 2013 regulations to prepare, maintain and publish for each HWB one list for pharmacy contractors, one for DACs (where applicable) and one for dispensing doctors (where applicable).*
- 2. Applications for inclusion in one of these lists must include certain information and are to be processed and determined in accordance with the 2013 Regulations. Each AT will have a committee (the pharmaceutical services regulations committee) to determine such applications.*
- 3. Decisions made by the NHS England can generally be appealed to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), although some appeals on fitness issues go to the First-tier Tribunal. If the 2013 Regulations make no provision for an appeal, or if someone is dissatisfied with a decision of the FHSAU, any challenge would need to be through the courts. Robust audit trails will therefore be maintained for each application and all determinations will be fully reasoned.*
- 4. This policy covers market entry applications made in connection with inclusion in a pharmaceutical list or dispensing doctor list held by NHS England. For each type of routine or excepted application that could be submitted there is an application form, procedure, template letters and flowchart. Annex 2 contains a list of the types of application that may be submitted and the reference for the relevant procedures and accompanying resources.*
- 5. Applications that are to be notified to interested parties are to be determined within four months of receipt. Applications that are not to be notified are to be determined within 30 days of receipt. The NHS CB may only take longer where there is good cause e.g. there is a delay in completing all the required fitness to practice checks for reasons that are outside the control of the AT.*
- 6. ATs are to follow the relevant procedure when processing an application for inclusion in a pharmaceutical list.*

2 - Commissioning of Services

A pharmaceutical needs assessment (PNA) therefore is a strategic document which describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. This PNA will form part of a continuous process of assessment of the health and wellbeing needs of the local population in Newcastle. The PNA will be used to inform actions taken by local authorities, the NHS and other partners in order to meet health and social care needs and to improve health outcomes and address health inequalities in Newcastle.

Importantly this PNA will inform commissioning decisions by local authorities, by NHS England and by clinical commissioning groups (CCGs) over a range of public health services from local community pharmacies. These decisions will relate to both existing service provision footprint of Community Pharmacy (which has grown significantly over the life of the last PNA) and will also shape a new wave of health and wellbeing services through pharmacy in the future.

Legislative Requirements

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

“Pharmaceutical services” in relation to PNAs include:

1. “essential services” which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service¹ – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
2. “advanced services” - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and
3. locally commissioned services (known as enhanced services) commissioned by NHS England, clinical commissioning groups and the local authority.

The following are included in a pharmaceutical list. They are:

1. pharmacy contractors (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use); and
2. dispensing appliance contractors (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.
3. In addition, there are two other types of pharmaceutical contractor - dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities” (see Appendix 1) and local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some HWB areas.

This PNA takes into account of the JSNA and other relevant strategies, such as children and young people’s plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

Abbreviations

A&E	Accident and Emergency department
BME	Black and Minority Ethnic Groups
CHD	Coronary Heart Disease
CIAMS	Commissioners Investment and Asset Management Strategy
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DDA	Disability Discrimination Act
DH	Department of Health
DPH	Director of Public Health
DSR	Directly age-Standardised Rate
EHC	Emergency Hormonal Contraception
EIA	Equality Impact Assessment
FT	Foundation Trust
GMS	General Medical Services (services provided by GPs and their staff)
GP	General Practitioner
IMD	Index of Multiple Deprivation
JSNA	Joint strategic needs assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LDC	Local Dental Committee
LTC	Long Term Condition
LES	Locally Enhanced Service
LINKs	Local Involvement Networks
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership - brings together different parts of the local public sector with business, community and voluntary sectors
LSOA	Lower Super Output Area
MP	Member of Parliament
MSOA	Middle Super Output Area
MUR	Medication Use Review
NDUC	Northern Doctors Urgent Care - out of hours provider for the North of Tyne area
NICE	National Institute for Health and Clinical Excellence
NUTHFT	Newcastle Upon Tyne Hospitals Foundation Trust
ONS	Office for National Statistics
PBC	Practice Based Commissioning
PEC	Professional Executive Committee
PCO	Primary Care Organisation
PCT	Primary Care Trust
PMR	Patient Medication Record
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral Vascular Disease
QOF	Quality and Outcomes Framework
SHA	Strategic Health Authority
SLA	Service Level Agreement
SOA	Super Output Area
SRE	Sex and Relationships Education