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Executive summary

Chapter 1 Introduction:

The Wellbeing for Life Board is Newcastle's statutory health and wellbeing board. The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments to Health and Wellbeing Boards who were obliged to produce an updated PNA by 1 April 2015 and refresh it every three years.. This PNA covers the period from April 2018 to the end of March 2021.

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.

Wellbeing for Life Board 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.

Any services discussed as part of the second point above are in addition to the essential services provided by pharmacies and will be designed to meet the needs of local people. Therefore, the assessment and description of need, within the PNA, is an important part of this strategic process.

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 these main data sources:

- Know Newcastle (www.knownewcastle.org.uk), the city information source which supports the Newcastle Future Needs Assessment approach
- Newcastle PNA questionnaire (a questionnaire sent to all practicing pharmacies in the city)
- Existing commissioning data held by the Local Authority and the NHS.
- A survey of public views of community pharmacy (conducted on behalf of the Wellbeing for Life Board in late 2017)

In August 2017 an electronic questionnaire was made to all community pharmacies. All 65 community pharmacies within Newcastle responded to the survey. Additionally, data related to those pharmacies already commissioned to deliver services via Local Authority Contracts helped determine present utilisation and gaps in service provision.

Chapter 3 Identified health needs:

This chapter identifies an overview of the broad health needs of Newcastle's population drawing from Know Newcastle (www.knownewcastle.org.uk). 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.

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 21 pharmacies per 100,000 population nationally. Newcastle still compares favourably with an overall 22 pharmacies per 100,000 population (vs 23 per 100,000 in 2015).

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.

There is good provision across the city between Monday – Friday 9am and 5pm. On an evening and at a weekend pharmacy opening hours are less accessible but there is still access in all 5 localities. 11 / 65 pharmacies are open on Sundays.

Chapter 5 Current provision of local commissioned services:

As well as national essential 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.

Newcastle has excellent coverage of pharmacies who are registered to provide Think Pharmacy First (TPF), Alcohol and Drug Misuse Services, Sexual Health Services, Transfer of Care (ToC) and Stop Smoking Services. However, the delivery of these services is variable across providers and not necessarily reflective of need of local populations around the pharmacy. This variability of service provision should be considered an area of improvement by local commissioners and local community pharmacy leadership.

On services like NHS Health Checks, Specialist Drug Access Service and Care Home Advice Service there are fewer providers scattered across the city. The reasons for this are varied but with Health Checks, a number of pharmacies were initially commissioned to deliver the service but failed to fully engage and were subsequently decommissioned leaving a small number still delivering. This was disappointing to both Newcastle City Council and the North of Tyne Local Pharmaceutical Committee.

The numbers of pharmacies that will engage and sign up to the Community Pharmacy Referral Service (CPRS) is unknown at the time of writing but it is thought by local leaders that the service represents a significant opportunity for community pharmacy to demonstrate what it can do for Urgent and Emergency Care systems across the North East. It is therefore hoped that both the numbers of pharmacies taking part and the quality of pharmacist interventions is high.

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 of valuable for particular patient groups, for example: delivery services for the housebound or elderly, but are provided at the discretion of the pharmacy owner.

Chapter 7 Key Considerations - Future Service Provision:

A summary of the identified health needs, provision and gaps in provision are provided for consideration with commissioners and partners.

Chapter 8 - Conclusion:

This concludes the main document and describes some of the anticipated developments over the next three years 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.

Newcastle PNA Key Recommendations

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

- The PNA identifies that there are gaps in pharmacy essential service provision in Great Park

- All pharmacies that can, should ensure access for wheelchair users
- All pharmacies should maximise their delivery of Medicine Use Reviews for patients each year
- All pharmacies should deliver New Medicine Service (where indicated) for patients with new medicines
- The PNA identifies that there is a gap in essential pharmaceutical service provision in Dinnington
- Pharmacies should be integrated into patient pathways to provide in-hours minor illness support for primary care across the city
- It should be determined if additional Pharmacy providers are required for the provision of needle exchange in the Central, Inner West and North localities
- There may be an opportunity for the development of new interventions to be delivered for substance misuse by the pharmacist
- Pharmacies should be used to develop contraception services therefore increasing access and providing care closer to home
- Pharmacies should be encouraged to increase rates of provision of chlamydia tests to eligible patients who access Emergency Hormonal Contraception.
- Pharmacies should develop increased functionality for chlamydia treatment in addition to their existing provision of testing kits
- Pharmacy led stop smoking service average quit rates are low in Newcastle (poor reporting compliance and low delivery quality are both possible causes) so action should be taken by providers and commissioners to identify the reasons and solutions where needed
- The delivery of Health Checks by community pharmacies should be reviewed by the Local Authority. If the service is to be commissioned through pharmacies then the delivery plan should include better assurance around performance e.g. use of performance criteria, operational support or the use of a single provider company
- All community pharmacies should engage with the Community Pharmacy Referral Service to enable high standards of service for patients
- Commissioners and providers should identify ways of increasing the value delivered for patients who require medicines support on discharge or for outpatients

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 6 – “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 that community pharmacy and the public understand local health objectives. 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>)

Priorities for Newcastle upon Tyne include delivering the best possible start in life for all children, increased emphasis on broader policies to deliver health and wellbeing across the life course, and better integration and effectiveness of services to help reduce inequalities. 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 Gateshead CCG

“We want to work with the people living in Newcastle and Gateshead to improve the quality and experience of services so that they live happier, healthier lives: transforming lives together”¹.

Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services.

More information about the CCG and their plans for local health services for Newcastle can be found in their Newcastle and Gateshead health and care economy five year strategic plan 2014/15 – 2018/19².

1.5 Community Pharmacy

There are 65 pharmacies in Newcastle providing services to approximately 298,250³ people who live, study and work in the city as well as those who visit Newcastle. Across England, pharmacy as a resource is well used with over 438 million visits made annually to a national network of 11,400 community pharmacies (compared to GPs 320 million visits)⁴.

The Local Government Association produced a report entitled *“The community pharmacy offer for improving the public's health”* in March 2016⁵. Within that report the association highlights the key role for community pharmacy stating:

“Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access,

¹ <http://www.newcastlegatesheadccg.nhs.uk/about-us/>

² http://www.newcastlegatesheadccg.nhs.uk/wp-content/uploads/2015/04/2014-06-NEC_Alliance_strategic-plan_v10.pdf

³ ONS 2017

⁴ Community Pharmacy - helping provide better quality and resilient urgent care, NHS England, version 2, Nov 2014

⁵ <https://www.local.gov.uk/sites/default/files/documents/community-pharmacy-offer--9b3.pdf>

location and informal environment with 95 per cent of the population within 20 minutes of their local pharmacy.”

They go on to talk about their ‘critical role in improving the health of deprived communities’ and their belief that “pharmacy teams should be fully integrated into local primary care networks, playing an appropriate and important role in improving people’s health”.

The report is also keen to acknowledge pharmacy as a key strategic partner in local public health programmes, in prevention and early detection of disease, in medicines optimisation and health promotion for those with long term conditions.

1.6 National Community Pharmacy Representation

The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England and state that they are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. PSNC support Local Pharmaceutical Committees (LPCs) in their role as the local NHS representative organisations⁶.

As part of PSNC’s work to develop community pharmacy, they worked with Pharmacy Voice and the RPS English Pharmacy Board, to create a joint vision document for community pharmacy which can be found online⁷. This strategic document (The Community Pharmacy Forward View - CPFV) outlines the ‘very clear role’ that the sector sees for itself within the health and social care system:

It focuses on three core domains for community pharmacy as:

- The facilitator of personalised care for people with **long-term conditions**
- The trusted, convenient **first port of call** for episodic healthcare advice and treatment
- The neighbourhood **health and wellbeing** hub

It is clear from reading the CPFV that pharmacy would like to do more for Long Term Conditions, for Low Acuity Urgent Care and would like to expand its already established role in Public Health to promote health and wellbeing for local populations.

1.7 Local Leadership

Newcastle Community Pharmacies are locally led by North of Tyne Local Pharmaceutical Committee (LPC) which is the statutory organisation which represents all community pharmacies in Northumberland, Newcastle and North Tyneside.

⁶ <http://psnc.org.uk/psncs-work/about-psnc/>

⁷ <http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf>

The LPC wishes to support pharmacies to grow the range of health services they provide to the public beyond the expected pharmacy activities of dispensing medicines, medicines reviews, displays of health information and signposting to services.

1.8 Utilisation of Community 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. Community Pharmacy accessibility results from both pharmacy location (within GP Surgeries, Supermarkets, High Streets, local neighbourhoods etc.) and from long pharmacy opening hours i.e. at weekends and later evenings. In addition to the above, community pharmacy services are often provided without an appointment on a walk-in basis, thus amplifying this convenience for the population of Newcastle.

It would be true to state that the community pharmacy network represents an attractive opportunity for commissioners seeking to deliver health interventions for their local population.

Healthy Living Pharmacies (HLP)

HLPs are pharmacies that have gone further in adopting a healthy living ethos that they promote to their local populations through trained health champions and improved pharmacy leadership. Now well established in many areas of the country HLPs have been shown to improve the quality and effectiveness of community pharmacy services, contributing to better and more convenient access to health and wellbeing services for local residents. In order to achieve that aim, HLP staff will be proactive in supporting health and wellbeing as a core activity. HLPs will be convenient, accessible and readily identifiable by the public and other healthcare professionals.

With the release of the Healthy Living Pharmacy Level 1 Quality Criteria by Public Health England, it has never been easier to become an HLP.

1.9 Pharmacy NHS Services:

All Community Pharmacies are required under the NHS pharmacy contractual framework to provide the following services for patients in Newcastle (PSNC 2017)⁸.

Essential services and clinical governance which are provided by all pharmacy contractors and are commissioned by NHS England:

⁸ <http://psnc.org.uk/contract-it/the-pharmacy-contract/>

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical Governance
- Public Health (Promotion of Healthy Lifestyles)
- Disposal of Unwanted Medicines
- Signposting
- Support for Self Care

More information can be found for each of the above on the PSNC website if required (see link below).

Advanced services which can (by choice) be provided by all pharmacies once accreditation requirements have been met and are commissioned by NHS England:

There are six Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF).

- Medicines Use Reviews (MUR)
- Flu vaccination
- New Medicine Service (NMS)
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation (SAC)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

Locally commissioned services are developed and managed by Local Authorities, Clinical Commissioning Groups and NHS England (i.e. “Enhanced Services” outlined in the Drug Tariff) in response to the needs of the local population. Locally commissioned community pharmacy services can be contracted via a number of different routes.

Section 2:

Pharmaceutical needs assessment process

Section 2 provides a brief overview of the methodology we've adopted to bring together relevant information for inclusion within the pharmaceutical needs assessment for Newcastle in 2017/18.

2.1 Identification of health need

It is important to note that population health needs across the City of Newcastle are already identified as part of the Newcastle Future Needs Assessment (NFNA); Newcastle's Joint Strategic Needs Assessment. The NFNA is produced by the Wellbeing for Life Board and seeks to provide 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 available⁹.

Newcastle City Council Public Health team have worked in collaboration with various stakeholders within the council and at 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 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, articulated within this PNA, can best be met by community pharmacy in Newcastle.

2.2 Assessment of current pharmaceutical service provision

Community Pharmacies provide 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. These services fall into categories that have already been outlined in section 1.9 - Essential, Advanced and Enhanced. Essential services are provided by every pharmacy, Advanced are provided by most (by

⁹ www.knownewcastle.org.uk

choice) and lastly, Enhanced services are commissioned on a local basis by commissioners such as Local Authorities and CCGs.

So, against this varied background, the existing service provision by Community Pharmacies in Newcastle has been assessed. To do this, a combination of two main data sources have been used:

1. Newcastle PNA questionnaire - specifically collected information for this report and;
2. Existing commissioning data held by the Local Authority and local NHS organisations.

Combined, the above data sources provide the main body of information from which following PNA conclusions are drawn.

2.3 Public and Healthcare Engagement

The formal consultation on the draft PNA for Newcastle will run from **November 2017** to the end of **January 2018** in line with the guidance on developing PNAs and Part 2 of The National Health Service (Pharmaceutical Services) Regulations 2012. This stipulates the need to involve local people in the planning of services. Public engagement will therefore be achieved through the release of a draft of this PNA document (in advance of its publication) on the council Let's Talk website and subsequent promotion of this consultation via social media channels. If you are reading a final version of this document after March 2018 then this process will be complete however the Wellbeing for Life Board are obliged to review the PNA if the environment (or need) changes in Newcastle during the 3-year lifecycle of this PNA iteration.

Prior to the start of the formal consultation period, Newcastle City Council's public health team carried out pre-consultation engagement with A) members of the public and B) stakeholders on behalf of the Wellbeing for Life Board.

Part A took the form of a survey which was widely disseminated through social media channels and received 117 responses between September and November.

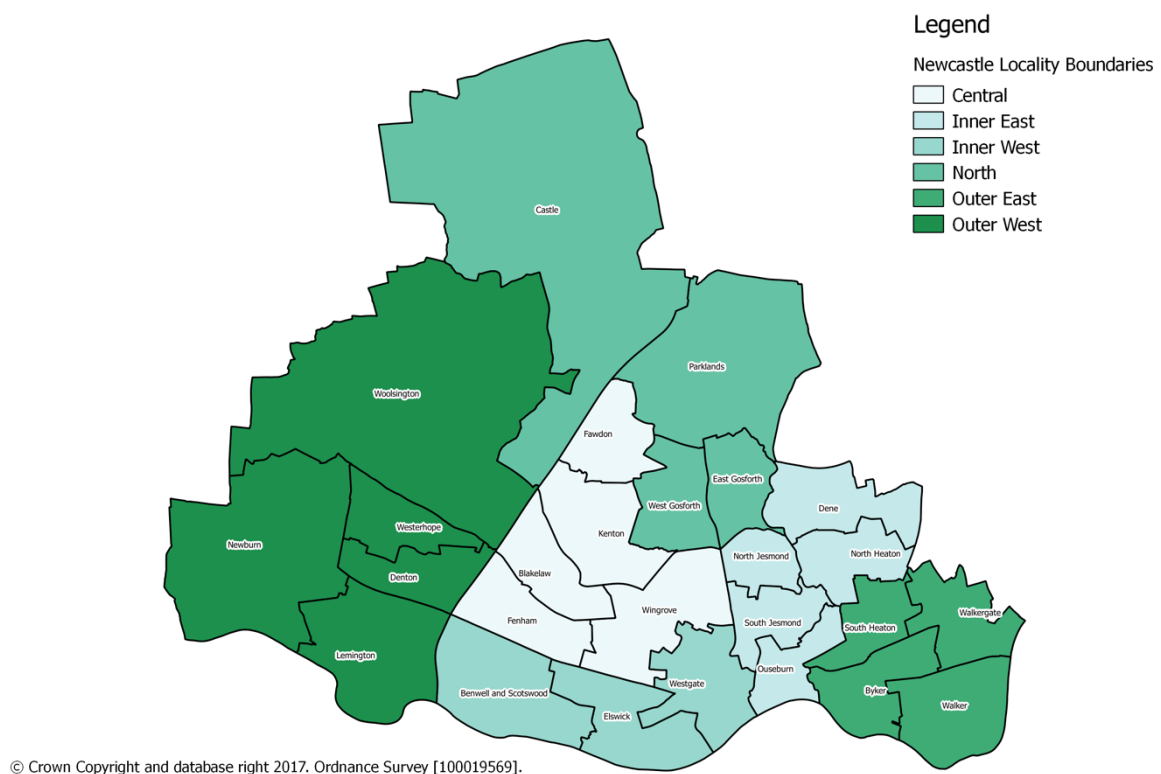
Part B took the form of email contact, face to face meetings as well as council publications, surveys and videos. Briefings were produced for the health overview and scrutiny committee as well as local representative committees such as the LPC and LMC. The additional stakeholders consulted directly were; 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 5.

2.4 Localities

Newcastle City Council public health team undertook work to identify designated localities which have been used throughout the PNA to aid the discussion in the document and which aim to support future commissioning decisions. The localities were determined by looking at the ward level population, the population size, Index of Multiple Deprivation (IMD) score for each ward and geographical location¹⁰. This resulted in 6 localities shown in map 1.

Map 1: Newcastle locality boundaries with electoral ward overlay



¹⁰ Localities are based on grouping the ward level populations, using the Mid-2015 Population Estimates for 2015 Wards in England and Wales by Single Year of Age and Sex, All Ages. As well as the 2015 English Indices of Deprivation (IMD) Ward IMD Score.

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 2021. Further information can be found within the Newcastle Future Needs Assessment¹¹.

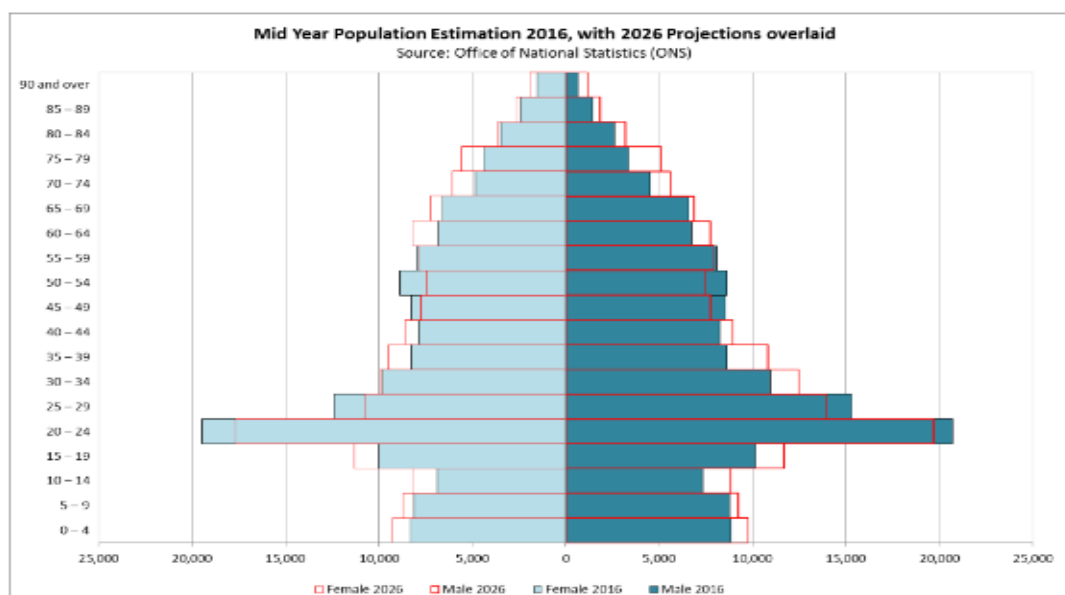
3.1 Population profile

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 (Census 2011, ONS).

- The most recent mid-year 2016 population estimates show Newcastle has an estimated population of 296,478; projected to increase to 312,393 by 2026 (Source: ONS Mid-2016 population estimates & ONS 2014 population projection)
- About 16% of the Newcastle population are aged between 19-24 years reflecting the large student population at the City's universities (source: ONS Mid-2016 population estimate)
- Newcastle has the lowest proportion of people aged 65 and over in the North East region (14%) (Source: ONS Census 2011)
- Between 2004 and 2015 the number of births in Newcastle increased by 14%. However there has been a gradual decline in births since 2010.
- There has also been a decline in the conception rate from 70.3 per 1,000 women in 2009 to 64.4 per 1,000 in 2015
- There are higher resident populations seen in the Central locality (59,833) than the Inner East (56,717) and Outer West (49,981) localities.

¹¹ www.knownewcastle.org.uk

Figure 1: Newcastle Population Pyramid 2016, with 2026 projection



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 (Source: ONS Census 2011).
- 9.8% of the Newcastle population are Asian¹², which equates to 27,017 people and 1.9% (no. = 5160) of the population are Black¹³ (Source: ONS Census 2011)
- In 2011 86.6% the Newcastle population were born in the UK compared to 93.2% in 2001 (Source: ONS Census 2011).
- 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 (Source: ONS Census 2011).
- Around 59% of Newcastle’s Asian population and 47% of Newcastle’s Black population reside in the Newcastle West Area

In the 2017 School Census, BME children accounted for 31% of the school population compared to 24% in 2011.

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 (Source: ONS Census 2011)

¹²(including Indian, Pakistani, Bangladeshi, Chinese and Other Asian),

¹³(Black, African, Caribbean and Black British)

- There are an estimated 13,760 adults aged 18-64 with a moderate physical disability, and an estimated 3,834 adults with a serious physical disability (2017)
- There are an estimated 4874 adults aged 18-64 years with a learning disability in the city. (2017)

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 person’s 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%)

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 3106 Newcastle residents with dementia¹⁴ who are aged 65+ in 2017, which is above the number currently on GP practice registers (2084)
- The estimated population aged 65+ with dementia is predicted to reach 3676 by 2025, a 17% increase. There were 2728 injuries due to falls in the over 65s per 100,000 in 2015/16, which equates to 1,175 actual falls, which is significantly worse than the national rate.
- There were 734 per 100,000 of the population emergency hospital admissions for hip fractures in people over 65 years in 2015/16, making Newcastle significantly worse than the England average.
- Newcastle has seen an increase in the rate of Hip fractures from 2011/12 to 2015/16. There are higher Hip fractures rates amongst women (820 per 100,000) compared to men (606 per 100,000) and higher rates in those aged 80+ years (1,886 per 100,000) which has increased since 2011/12.
- The number of people aged 65 and over predicted to have a moderate or severe visual impairment in 2017 was around 3786 and a further 18,320 with a

¹⁴ Projecting Older People Population Information System (POPPI) / Projecting Adult Needs Service information (PANSI), 2017

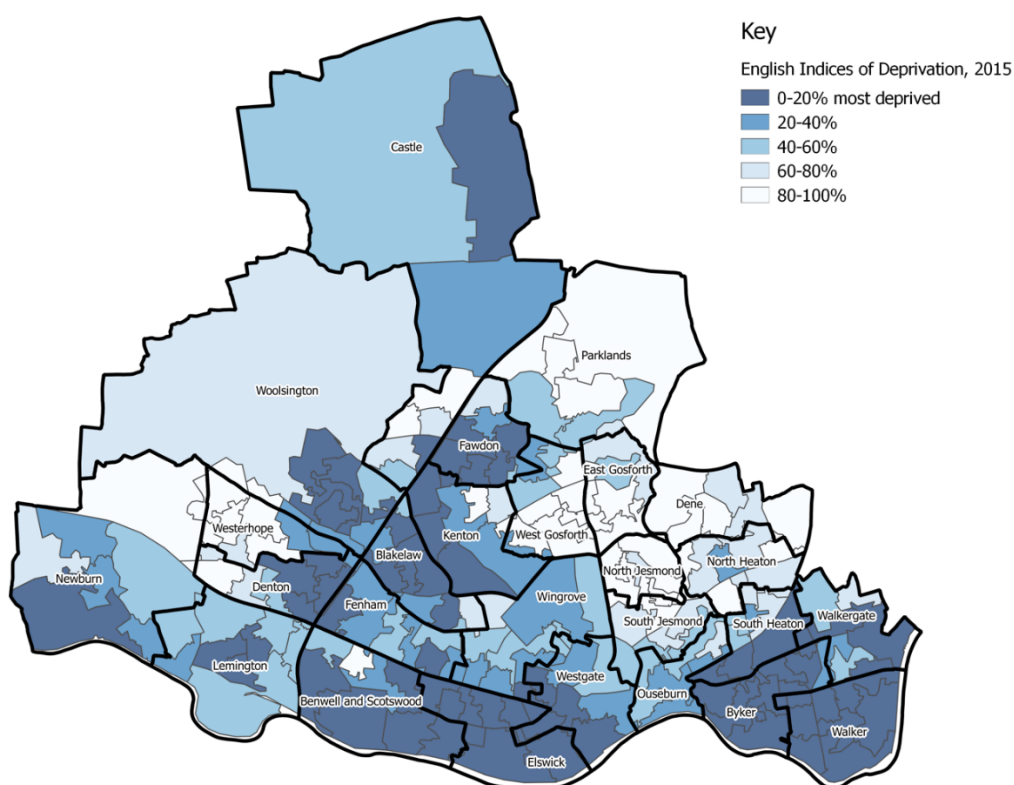
moderate or severe hearing impairment. Both of these numbers are projected to continually increase by 2025.

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) 2015¹⁵ provides an overall deprivation score for small areas known as 'lower layer super output areas' (LSOAs) (see Map 2).

Newcastle is the 53rd most deprived authority out of 326 in the country (IMD 2015) but this hides significant differences across the city. Almost 22% of people in Newcastle live in the 10% most deprived areas nationally and around 12% live in the 10% least deprived areas nationally.

Map 2: Index of Multiple Deprivation 2015 in Newcastle



¹⁵ 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/>

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 77.8 years and for females 81.5 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 10.9 years and males 13.1 years less than the least deprived areas

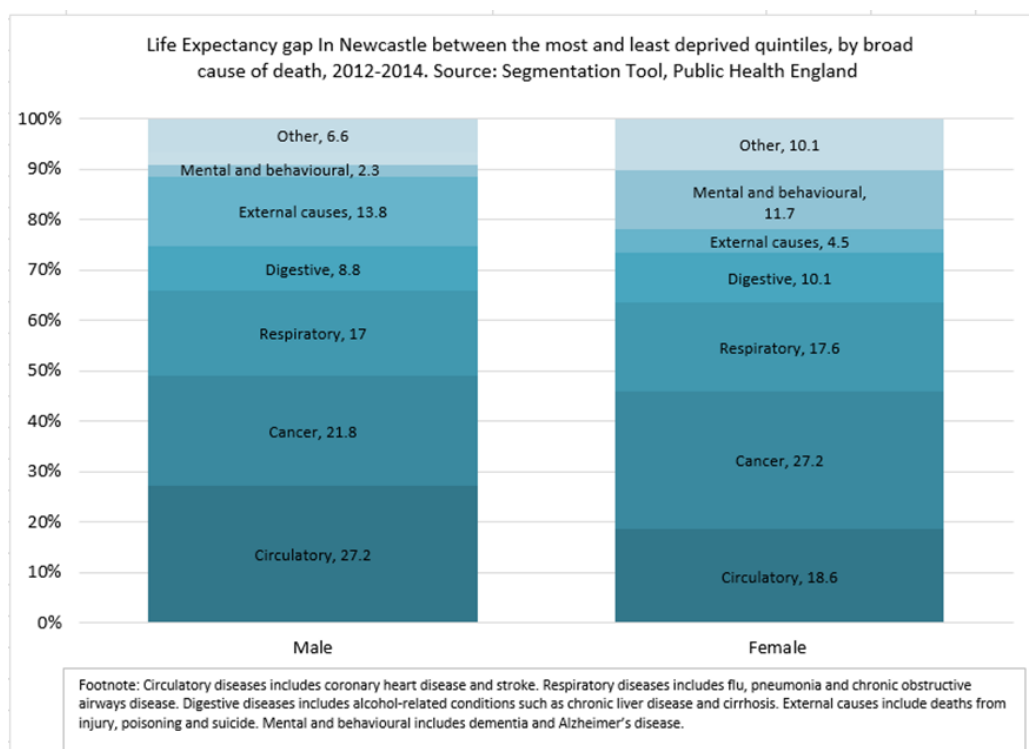
Healthy life expectancy (HLE) shows the average number of years a person can expect to live in good health:

- The HLE at birth for males in Newcastle is 59 years and for females 61.1 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 424 deaths per 100,000 in Newcastle in 2013-15, this is amongst the worst in the country. (128th 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
- Newcastle has also seen an increase in the rate of under 75's Liver disease mortality between 2010-12 to 2013-15
- 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 most and least deprived quintiles in Newcastle, by cause of death 2012-14



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. In 2014 the rate of cancer incidents in the Newcastle and Gateshead CCG was 678.85 per 100,000. Newcastle is ranked 138th out of 150 LA's for premature cancer mortality, a rate of 171 per 100,000 which is significantly worse than England average. The most prevalent cancers which contribute to mortality are Lung and Bowel cancer
- Death rates from **cardiovascular disease** in Newcastle in 2013-15 is significantly worse than the England average at 95.3 per 100,000 **Coronary heart disease** (3%) prevalence is below the national average (3.2%)
- **Hypertension** (11.9%) prevalence is lower than the national average (13.8%)
- **Stroke and transient ischaemic attack** prevalence (1.8%) is similar to the national average (1.7%)
- The prevalence of **chronic obstructive pulmonary disease (COPD)** (2.11%) is higher than the national average (1.9%)
- **Diabetes** prevalence (5.85%) is lower in Newcastle than nationally (6.5%), though follows an increasing trend
- Estimated rates of common **mental health** issues (such as anxiety and depression) equate to around 19% of the adult population at any one time in the Newcastle and Gateshead CCG. Around 8.1% of the GP registered population in Newcastle and Gateshead CCG are recorded on the Depression register which is slightly lower than the national average (8.3%)

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

	No. on disease register (QOF 15/16)	Estimated prevalence	Difference	% of estimated on disease register
Coronary Heart Disease (CHD)				
Newcastle	9,202	13,325 (2011)	4,123	69%
Hypertension				
Newcastle	36,595	62,655 (2014)	26,060	58%
Stroke & Transient Ischaemic Attack				
Newcastle	5,467	5,848 (2011)	381	93%
COPD				
Newcastle	6,431	10,377 (Newcastle & GH CCG 2011)	-	62%
Newcastle & Gateshead	12,362		-	-
Diabetes				
Newcastle	14,739	17,522 (2016)	2783	84%
SOURCE: 2015/16 QOF data for Newcastle GP Practices. National General Practice Profiles, Public Health England				

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)
- In 2013-15 there were around 1, 561 deaths in Newcastle attributable to smoking, which is a rate of 394.2 per 100,000 significantly worse than the England average at 283.5 per 100,000 (age 35+)

- Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease
- Smoking also contributes to a number of hospital admissions, in 2015/16 there were 3708 smoking attributable hospital admissions, a rate of 2,804 per 100,000, which is significantly worse than the England average of 1,726 per 100,000
- The prevalence of smoking in Newcastle for all groups is similar to the England average. The current prevalence for all adults aged 18 and over is 17.6% (n=42,135), Routine and manual occupations is higher at 27.2%, and mothers who are smoking at the time of delivering their baby at 13.2%

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.

- There are an estimated 4066 dependent drinkers in Newcastle. Around 1.7% of the adult population are estimated to be dependent drinkers in Newcastle, this means Newcastle is ranked in the top 30% of Local Authorities with the highest percentage of dependent drinkers.
- The prevalence of drinking in children has been declining nationally, local survey data shows that the percentage of secondary school pupils in Newcastle who report they have never had an alcoholic drink has increased from 26% in 2011 to 41% in 2015
- There is also a public health burden of alcohol, Balance the North East Alcohol Office have estimated that the cost impact of alcohol to healthcare, crime and disorder, social care and the wider economy was £120.3 million in Newcastle in 2015/16 which equates to £411 per head of the population.
- In 2015/16 there were 1210 people in treatment for alcohol misuse in Newcastle, which is an increase on the numbers in treatment in the previous years, 47% were receiving treatment for combined alcohol and drug misuse.
- 2% of the alcohol treatment population have an urgent housing problem and 20% of adults entered alcohol treatment in 2015-16 and received care from a mental health service for reasons other than substance misuse

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
- Investing in drug treatment cuts crime and saves money. For every £1 spent on adult drug treatment, a saving of £2.50 is made in costs to society. Drug treatment prevents an estimated 4.9 million crimes every year. Drug treatment

saved an estimated £960m costs to the public, businesses, criminal justice and the National Health Service (Public Health England)

- There were 1740 clients engaged in substance misuse treatment for either opiates, non-opiates or non-opiates and alcohol combined. The majority for opiate use, at 74% (1,277). 74% of clients in treatment are male and key ages of 30-45 years old. The rate of those successfully completing drug treatment are significantly lower than the national average
- Of those entering treatment 50% are unemployed or economically inactive, a further 24% are on long term sick or disabled, 7% have an urgent housing problem, and a further 15% have a housing problem. With 23% of referrals coming from the criminal justice system
- 37% of the adult treatment population cited using prescription only medication/over the counter medicine (POM/OTC), meaning they were in treatment for POM or OTC, or they are drug users who have a problem with these as well as illicit drugs.
- 23% of adults entered drug treatment in 2015-16 and received care from a mental health service for reasons other than substance misuse
- 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).
- Demands remains high for the harm reduction service, with the key age group being those aged 25-39 years, which is a slightly younger age profile than structured treatment. However, the proportion of under 25’s accessing the service has declined from previous years, which may be due to increasing NPS use in this cohort. The key presenting substance used are steroids, heroin and cocaine.

3.4.4 Substance Misuse - Young People

Most young people do not use drugs, and are not dependent on drug and alcohol, but substance misuse can have a major impact on young people’s life, their health, education, their families and their long-term chances in life.

National data shows that drinking prevalence for children has been declining since 2003. The proportion of 11-15 year olds in England that had drunk alcohol was 38% in 2014, the lowest proportion since the survey began. Newcastle carries out its own survey on children and Young People in schools called the HRBQ, in 2015 it found that:

- 13% of secondary school reported having an alcoholic drink in the last 7 days a fall from 21% in 2011
- 41% of secondary school pupils reported that they had never had an alcoholic drink at all, which is an increase from 26% in 2011
- 4% of secondary school pupils reported that they drink alcohol ‘regularly’ (at least once a week)

For some young people their substance misuse can become problematic. Specialist interventions for young people’s substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term.

- There were 110 children and young people engaged with treatment services across the community and secure estates within Newcastle during 2015/16.
- 78% of CYP are using two or more substances, and these are predominantly cannabis and alcohol.
- Other key substances are stimulants and NPS – the use of NPS is significantly higher than the national average in Newcastle (39% - 6%). Their key age groups are 14-17 years old
- Many young people in substance misuse treatment also experience a number of vulnerabilities, such as: mental health, self-harm, domestic abuse, children in need, offending behaviour and Not in education, employment or training (NEET)

3.4.5 Obesity

The Foresight Report 2007¹⁶ 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 upwards¹⁷.

- For Newcastle, 63.2% of adults were estimated in 2015/16 to be overweight or obese¹⁸ compared to 64.8% 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.
- 24.1% of Reception Year and 38.8% of Year 6 children were overweight or obese in 2015/16

3.4.6 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 2016:

- 3,353 acute sexually transmitted infections (STIs) were diagnosed in residents of Newcastle, with 68% of cases diagnosed in young people aged 15-24 years old. This is above the England average rate.
- Chlamydia is the most commonly diagnosed STI in Newcastle, with a rate of 2,207 per 100,000, which is below the recommended thresholds of 2,300 – 3,000 per 100,000.

¹⁶ Government Office for Science, Foresight, Tackling Obesities: Future Choices – project report 2nd edition. Department of Innovation, Universities and Skills, 2007

¹⁷ National Obesity Observatory, UK and Ireland Prevalence and Trends, http://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends

¹⁸ Public Health England, Public Health Outcomes Framework, www.phoutcomes.info

- This is followed by genital warts at 209.3 per 100,000 (North East – 113.3 per 100,000), gonorrhoea 113.0 per 100,000 (NE 65.2 per 100,000), herpes 82.3 per 100,000 (NE 56.1) and syphilis 8.9 per 100,000 (NE 5.8 per 100,000).
- The diagnosed prevalence of HIV is 2.03 per 1000, which has increased overtime and is now similar to the England average. This means HIV testing should now be offered routinely within the population

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

- Rates of teenage conception amongst under-18s in Newcastle are 26.1 per 1,000 in 2015, which is significantly worse than the rate for England (20.8 per 1,000).
- There are 12 electoral wards in the city in 2012-14 with significantly higher under-18 conception rates compared to the England average (Benwell & Scotswood, Blakelaw, Byker, Castle, Denton Elswick, Fawdon, Kenton, Lemington, Newburn, Walker and Westgate).
- Trends over time show a significant reduction in the local under-18 conception rate, from a peak of 66.3 per 1000 in 2004 showing 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 as 75.6% of persons aged 65 and over received a flu vaccination in 2016/17 which is above the England average. However the percentage of those in the at risk groups receiving a flu vaccination has fallen since 2014/15 to 44.5% in 2016/17, which is significantly worse than the England 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

In Newcastle there are a total of 117,153 occupied households split between different tenures, with a large amount of social housing at 29.7%, compared with the English average of 17.7%. Under the Housing delivery plan between 2013 and 2016 there were 541 affordable homes built in Newcastle, with an additional 300 planned in 2016/17 and an expected 1,000 between 2017/18 to 2019/20.

The Newcastle Housing Statement 2017-2020 recognises that Newcastle is predicted to see an increase in its population of around 7,300 people between 2016 and 2021, with increasing growth in the older age population aged 65+. To keep pace with this increase in population the provision of 16,400 new homes will be built over the period April 2015 to March 2030; an average of 1,000 per annum.

The Housing strategy aims to prioritise, where possible, new homes on brownfield and under-used urban land to support ongoing regeneration programmes (such as Scotswood, Walker, Ouseburn and Newbiggin Hall) and to make efficient use of land and infrastructure.

Section 4:

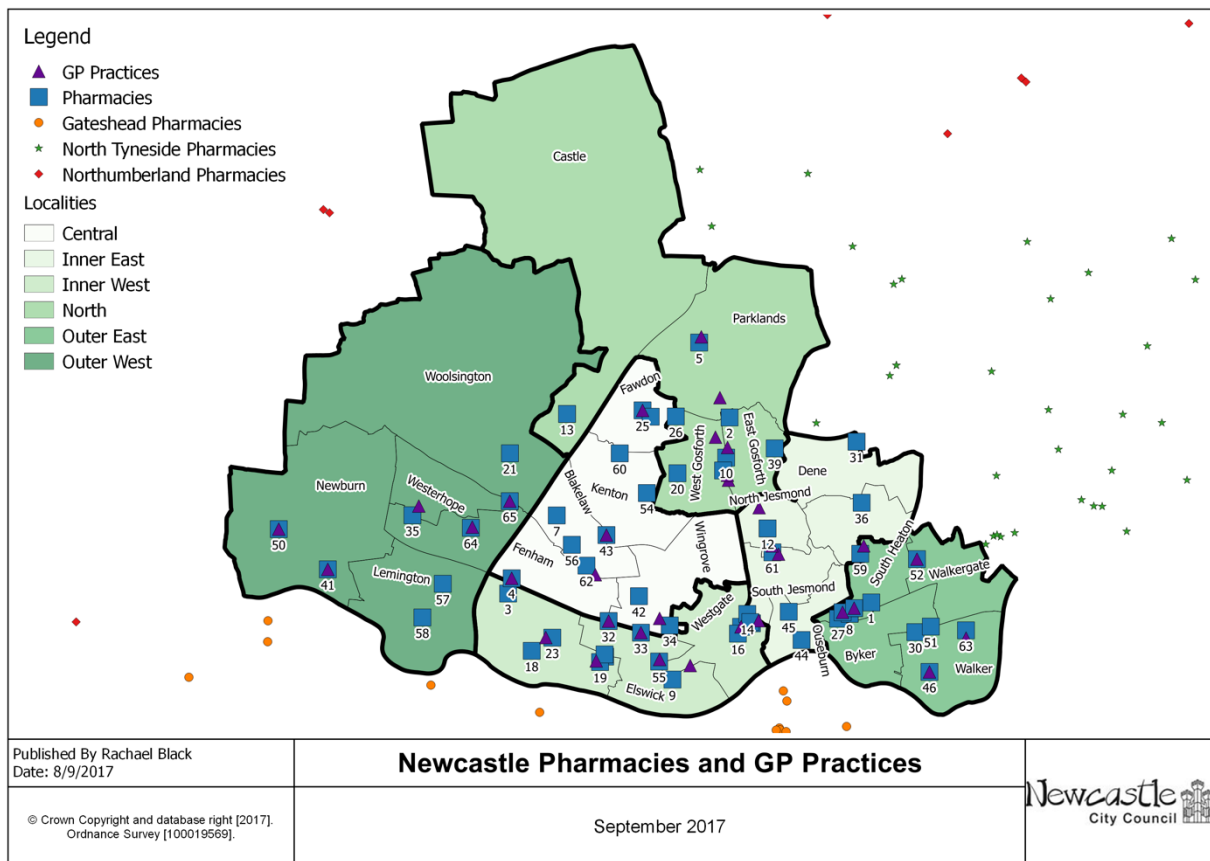
Current Provision of Baseline Pharmacy Services

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” (see section 1.9).

Map 3 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 3: GP Practices and Pharmacies in Newcastle, September 2017



Pharmacies within other areas near the boundaries of Newcastle (Northumberland, North Tyneside) have been included as some patients may use pharmacies in these areas as well as some pharmacies outside of the above area such as at Supermarkets further afield and shopping centres (e.g. the Metro Centre in Gateshead) due to their convenience, extended opening hours and easy parking.

There are an average 21 pharmacies per 100,000 population nationally with an average of 6,628 prescriptions dispensed per month. Newcastle compares

favourably with an overall 22 pharmacies per 100,000 population, with the spread across the localities ranging from 16 to 34 per 100,000 (Table 3). Due to the change in localities it is not possible to compare the changes in the number of pharmacies per 100,000 to the previous PNA. However overall the total number of pharmacies in Newcastle (65) has not changed since the last PNA was published. There are 33 GP Practices which is a reduction of 1 practice compared to the previous PNA. In terms of the localities there is some variation in population size which can impact on the number of pharmacies per 100,000, alongside clusters of commercial areas and areas of higher deprivation.

Map A2 in appendix 1 shows the designated rural areas in Newcastle. These rural areas have rules that differ from urban areas and as a result may alter expected levels of access to pharmacy services. This is important for local populations in these areas.

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

Locality	No. of pharmacies	Population (mid-2015 resident population) *	Pharmacies per 100,000 population
North	9	41,647	21.6
Inner East	9	56,717	15.9
Outer West	8	49,981	16.0
Central	13	59,833	21.7
Outer East	12	43,872	27.4
Inner West	14	40,833	34.3
Newcastle TOTAL	65	292,883	22.2
ENGLAND (2015/16) **	11,688	54,786,300	21.3

SOURCE: * Office for National Statistics (ONS)
 SOURCE: **NHS Digital General Pharmaceutical Services 2015/16 Copyright © 2016, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre.

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. The dispensing activity rates for Newcastle refer to 2012/13 data as this is no longer published, however in comparison to England, Newcastle pharmacies are dispensing a higher number of items on average per annum (in 2012/13 and compared to 2015/16), potentially indicating that this trend is likely to have continued.

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 & Cumbria	727	6,441	8,860
England	11,688	82,940	7,096

SOURCE: NHS Digital General Pharmaceutical Services 2015/16 Copyright © 2016, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre. *This data is no longer published and refers to 2012/13.

Nearly half of those responding to the PNA Questionnaire 2017 report that up to a third of their dispensing activity are repeat prescriptions.

Map A3 and A4 in Appendix 1 show public transport and pedestrian access to pharmacy services in Newcastle.

4.1.1 Pharmacy opening hours

NHS England is responsible for administering opening hours for all 65 pharmacies in Newcastle via the NHS England sub region team (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 NHS England sub region 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. 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.

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 NHS England sub region 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 89% of pharmacies are open for more than the core contract hours. Table 5 illustrates how important supplementary hours are to the provision of good access to pharmaceutical services.

Table 5: Number of hours of pharmaceutical services available per week

Number of hours	Pharmacies	
	Number	%
Less than 40 hrs	0	0
Exactly 40 hrs	7	11
More than 40 and up to 45 hrs	16	25
More than 45 and up to 50 hrs	15	23
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

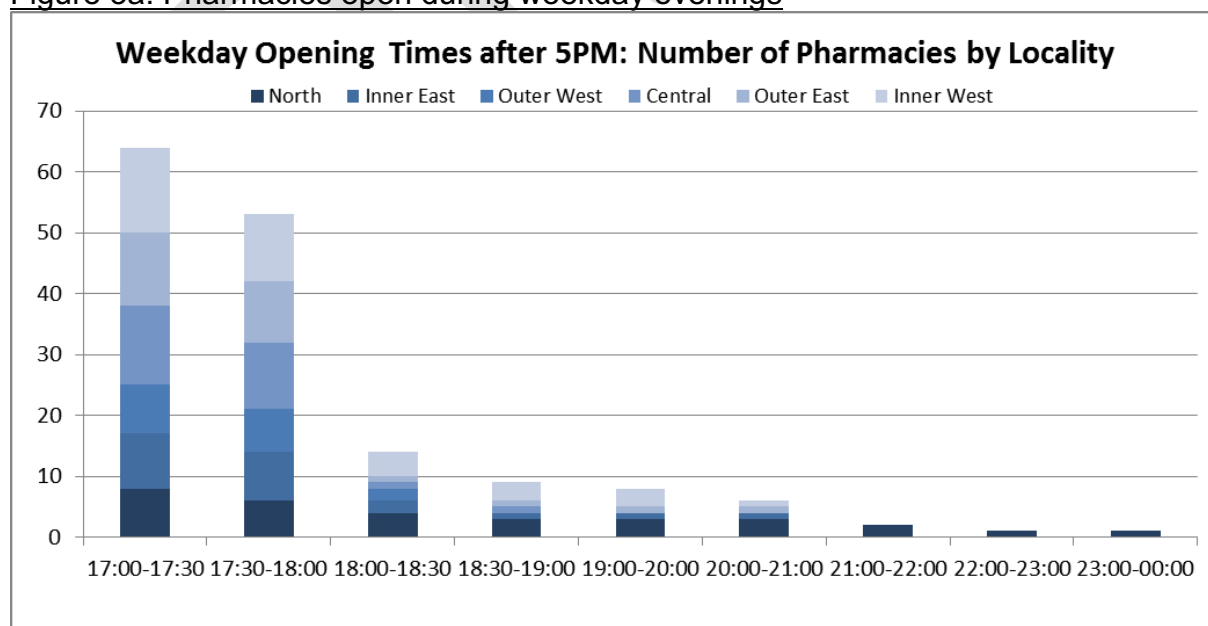
SOURCE: NHS England

Newcastle pharmacy availability

Figures 3a to 3c 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, and figure 3c on Sundays. 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, evenings provide reduced access. 80% of pharmacies are open until 6pm, however this reduces considerably after this time, though there is still generally good coverage until 8pm within each locality, alongside a pharmacy open until midnight.

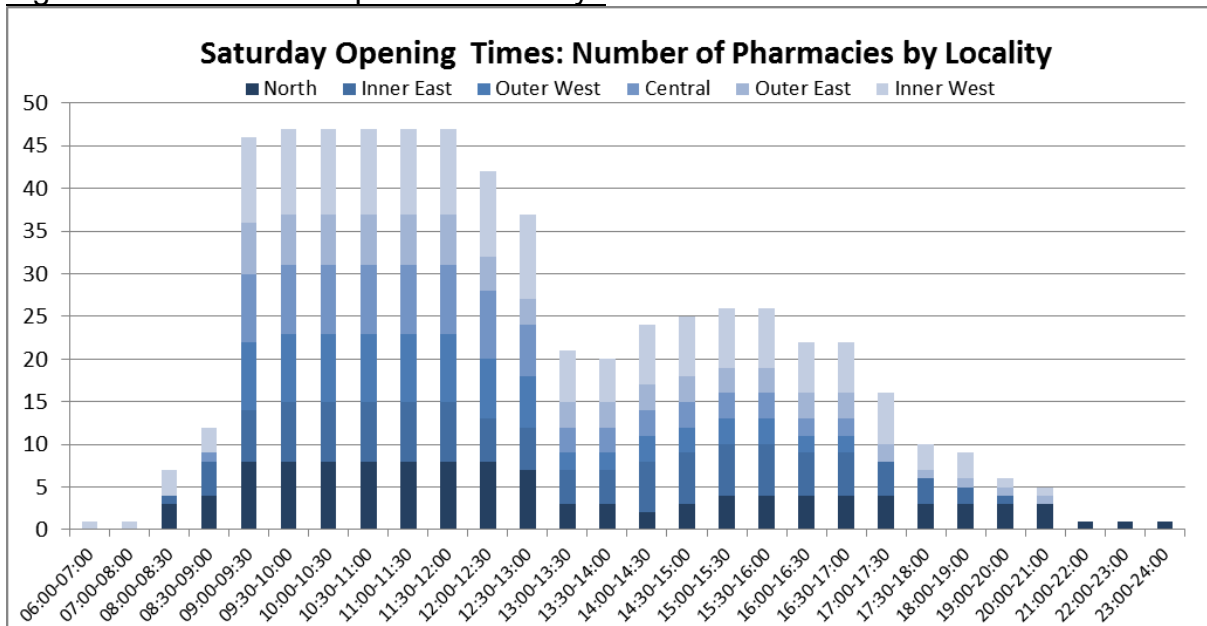
Figure 3a: Pharmacies open during weekday evenings



There are 46 pharmacies in Newcastle open on a Saturday, shown in figure 3b. The main availability is between 9-12 midday, thereafter availability declines, however

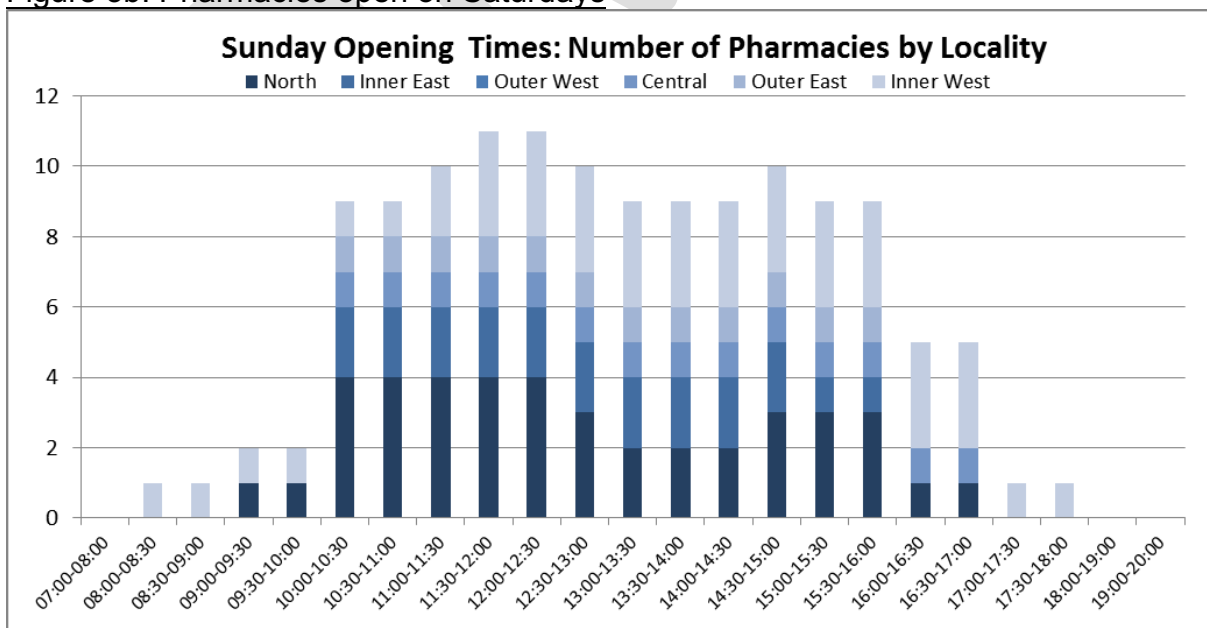
there is coverage in all localities until 5pm. In the North, Inner East and Inner West localities there is coverage until 8 pm. The North locality also has 1 pharmacy open until 12 midnight. Some Saturday afternoon coverage does rely on the supplementary hours provided by pharmacies

Figure 3b: Pharmacies open on Saturdays



Newcastle has 11 pharmacies that are open on a Sunday, with at least 1 pharmacy open in all localities except the Outer West. All but two pharmacies are open at 10am (1 pharmacy opens at 6 am and 1 at 8am) and the majority close between 4 and 5pm. There is one pharmacy in the North and 1 pharmacy in the Inner East open until 6pm. The limited opening times on a Sunday may be in part due to restrictions on Sunday trading hours.

Figure 3b: Pharmacies open on Saturdays



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.

4.1.2 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 6 shows pharmacy accessibility as reported via the PNA questionnaire.

Table 6: Pharmacy Accessibility, August 2017

Locality	Total Pharmacies	Accessibility (No.)	
		Wheelchair	Visual / Hearing Impaired
North	9	7	5
Inner East	9	9	8
Outer West	8	7	8
Central	13	13	11
Outer East	12	11	6
Inner West	14	12	12
Newcastle TOTAL	65	59	50

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses: 65/65

4.1.3 Consultation rooms

A consultation room is essential to provide the ongoing provision of high quality advanced and enhanced services (e.g. medicine use reviews) and the development of new services that may require private space. Table 7 illustrates an up to date picture of the number of pharmacies with a consultation room in Newcastle.

Table 7: Pharmacies with consultation areas by locality, August 2017

Locality	Total Pharmacies	Does Pharmacy have a consultation area?			
		Incl. Wheelchair Access		No Wheelchair Access	
		No.	%	No.	%
North	9	7	77	2	22
Inner East	9	9	100	0	-
Outer West	8	8	100	0	-
Central	13	12	92	0	-
Outer East	12	10	83	2	17
Inner West	14	13	93	1	7
Newcastle TOTAL	65	59	91	5	8

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. 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.

Of the 64 pharmacies which had a consultation room, in the majority of cases, the consultation room is wheelchair accessible (91%), 75% (48) were fitted with a panic alarm and 70% (45) contained hand washing facilities.

Most pharmacies (82%) 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.

4.1.4 Quality Payments

In one of the most important developments in recent years, the Department of Health introduced a new Quality Payments¹⁹ (QP) scheme for pharmacies in December 2016 with four Gateway criteria and eight Quality criteria.

The scheme, which started in April 2017, aims to drive improved quality and value into the current contractual framework.

Quality criteria have always been part of the accreditation process for the Healthy Living Pharmacy (HLP) initiative but this new scheme formalises them into a package that rewards those pharmacies that attain the quality measures.

To qualify, pharmacies must:

- provide at least one advanced service (MURs, NMS or be registered for the new Urgent Medicines service)

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

- update their NHS Choices page
- must be able to use NHSmail
- must utilise the electronic prescription service.

Quality criteria include a safety report, safeguarding training, publishing patient satisfaction survey results, gaining Healthy Living Pharmacy level 1 status, increasing access to the Summary Care Record, ensuring the information NHS 111 have about the pharmacy is accurate, identifying “at risk” asthma patients and referring them for an asthma review and patient facing staff becoming Dementia Friends.

The eight quality criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from such achievement with each criterion being allocated a number of ‘points’. There will be two review dates during the year, at which quality payments can be claimed: 28th April 2017 and 24th November 2017.

4.1.5 Pharmacy Access Scheme (PhAS)

The Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PAS) in October 2016, with the aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. It is envisaged that the PAS will protect areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

Qualifying pharmacies receive an additional payment from December 2016.

There are only two pharmacies that currently qualify for the Pharmacy Access Scheme in Newcastle.

4.1.6 Electronic Transfer of Prescriptions (EPS)

The EPS allows prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

Some of the benefits are as follows:

Prescribers:

- can process prescriptions more efficiently
- have greater control over the prescription
- spend less time dealing with prescription queries

Community Pharmacies:

- can process prescriptions more efficiently

- spend less time sorting and have less paper to send to NHS Prescription Services
- have improved stock control

Latest EPS statistics (16th October 2017)²⁰

- 6,876 (91.5%) GP practices live
- 11,687 (99.4%) Pharmacies live
- 105 (94.6%) Dispensing Appliance Contractors (DACs) live
- 621,333,899 Release 2 prescriptions sent to date
- 1,393,474,658 Items dispensed and claimed to date
- 25,177,212 Patients have a community pharmacy and/or a DAC nomination
- 63% estimated average live site usage in August 2017
- 57.5% estimated total prescriptions in England claimed by EPS Release 2 in August 2017

All but one Newcastle pharmacy reports that they are processing electronic prescriptions via the PNA Questionnaire 2017.

4.2 Current Advanced Services

There are six Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

The following sub-sections provide an overview of the advanced services available through pharmacies in Newcastle and estimated activity levels.

4.2.1 Medicines Use Review (MUR)

A Medicines Use Review (MUR) is a consultation between an accredited pharmacist and a patient that lasts approximately 10-20 minutes and focuses on those taking multiple medicines. 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. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered.

In 2015/16 approximately 3.3 million MURs were provided in England, with 94.4% of pharmacies providing this service (NHS Digital, 2016). 98.5% of pharmacies in Newcastle reported they were providing this service, with the majority of pharmacies providing an average of over 200 interactions per year.

²⁰ <https://digital.nhs.uk/Electronic-Prescription-Service/statistics-and-progress>

Table 8: Pharmacies providing a medicines use review service, August 2017

Locality	Total Pharmacies	No. and % providing Medicines Use Review Service	
		No.	%
North	9	9	100
Inner East	9	9	100
Outer West	8	8	100
Central	13	12	92
Outer East	12	12	100
Inner West	14	14	100
Newcastle TOTAL	65	64	99

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses: 65/65

Table 9: Average number medicines use reviews per annum

Locality	Average number of MURs per annum					Total
	0-50	51-100	101-150	151-200	More than 200	
North	1	1	1	0	6	9
Inner East	0	0	0	3	6	9
Outer West	0	0	1	3	4	8
Central	1	2	0	0	9	12
Outer East	0	0	3	2	7	12
Inner West	2	3	3	1	5	14
Newcastle TOTAL	4	6	8	9	37	64

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses 64/64. Range 0-400 per annum.

4.2.2 New Medicines Service (NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The service is split into three stages, which are outlined below:

1. patient engagement
2. intervention
3. follow up.

Service aims of NMS consultations include:

- help patients and carers manage newly prescribed medicines for a LTC and make shared decisions about their LTC
- recognise the important and expanding role of pharmacists in optimising the use of medicines

- increase patient adherence to treatment and consequently reduce medicines wastage
- link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs

In 2015/16 approximately 800,000 NMSs were provided in England with 80.8% of pharmacies providing this service (NHS Digital, 2016). 97% of pharmacies in Newcastle reported they were providing this service, with the majority of pharmacies providing 0-100 interactions per year.

Table 10: Pharmacies providing a new medicines service, August 2017

Locality	Total Pharmacies	No. and % providing New Medicines Service	
		No.	%
North	9	8	89
Inner East	9	9	100
Outer West	8	8	100
Central	13	12	92
Outer East	12	12	100
Inner West	14	14	100
Newcastle TOTAL	65	63	97

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses: 65/65

Table 11: Average number of clients provided with a new medicines service per annum

Locality	Average number of clients per annum					Total
	0-50	51-100	101-150	151-200	More than 200	
North	5	2	1	0	0	
Inner East	7	1	0	1	0	
Outer West	4	1	1	0	2	
Central	9	2	1	0	0	
Outer East	7	3	1	0	1	
Inner West	11	2	0	1	0	
Newcastle TOTAL	43	11	4	2	3	63

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses 63/63. Range 0-410 per annum.

4.2.3 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

This is a pilot of a national Advanced Service and involves integrating community pharmacies into NHS111 pathways to enable patients to be referred through for any urgent medicines requests. These requests will then be dealt with by the pharmacist and if appropriate emergency medicines will be provided to that patient.

The service is available to all pharmacies in an area that meet the eligibility criteria and choose to sign up to participate. Part of the evaluation of the service will look to review the process and set up at a national level, using local learnings from across England.

54% of pharmacies in Newcastle reported they were providing this service, with the majority of pharmacies providing an average of 1-10 interactions per year.

Table 12: Pharmacies providing an NHS urgent medicine supply advanced service, August 2017

Locality	Total Pharmacies	No. and % providing NUMSAS	
		No.	%
North	9	6	67
Inner East	9	8	89
Outer West	8	4	50
Central	13	3	23
Outer East	12	6	50
Inner West	14	8	57
Newcastle TOTAL	65	35	54

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses: 65/65

The activity completed by the 35 pharmacies indicating they provide a NUMAS service ranges from 0- 60 per annum; over a third of these report 0 activity and nearly half (41%) completed an average of 1-10 interventions in the year.

4.2.4 Flu Vaccination Service

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions (at-risk).

Pharmacies, through the Flu Vaccination advanced service, are now able to help to maximise uptake of flu vaccine in 'at risk groups', provide more convenience for eligible patients to access flu vaccinations and reduce variation in coverage of flu vaccination across England.

The advanced service can now be provided by any community pharmacy in England that fully meets the service requirements and has notified NHS England of their intention to begin providing the service by completing a notification form on the NHS BSA website.

In 2015/16 approximately 61.6% of community pharmacies in England provided the National Influenza Adult Vaccination Service (NHS Digital, 2016). 94% of pharmacies in Newcastle reported they provide this service, with the majority of pharmacies providing an average of 0-150 interactions per year.

Table 13: Pharmacies providing a flu vaccination service, August 2017

Locality	Total Pharmacies	No. and % providing Flu Vaccination Service	
		No.	%
North	9	9	100
Inner East	9	9	100
Outer West	8	8	100
Central	13	11	85
Outer East	12	11	92
Inner West	14	13	93
Newcastle TOTAL	65	61	94

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses: 65/65

Table 14: Average number of clients provided with a new medicines service per annum

Locality	Average number of clients per annum					Total
	0-50	51-100	101-150	151-200	More than 200	
North	2	1	2	1	3	
Inner East	2	5	0	1	1	
Outer West	4	1	1	2	0	
Central	4	1	5	0	1	
Outer East	2	3	2	3	1	
Inner West	5	4	1	2	1	
Newcastle TOTAL	19	15	11	9	7	61

SOURCE: Pharmaceutical needs assessment questionnaire, August 2017. Valid responses 61/61. Range 0 – 900 per annum.

4.2.5 Appliance Use Reviews (AUR)

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

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

46 of the 65 pharmacies (71%) in Newcastle report that they dispense appliances, with all localities having provision.

There are now 4 pharmacies (6%) in Newcastle indicating they are also providing an appliance use review service (AUR). Two pharmacies (3%) indicate they provide a stoma appliance customisation (SAC) service (PNA Questionnaire 2017).

In 2015/16 approximately 38,000 AURs were provided in England with 1.2% of pharmacies and appliance contractors providing this service. 1.2 million SACs were delivered over the same period, with 14.7% of pharmacies and appliance contractors providing this service (NHS Digital, 2016).

4.3 Dispensing doctors

Some 'rural' general practices provide medicine dispensing services to some of their patients in addition to prescribing these medicines.

Dispensing by doctors has been subject to regulations since at least the 1920s and probably since the First World War. Provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations ever since. These circumstances are in summary:

- a patient satisfies the CCG that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication (colloquially known as the "serious difficulty" test which can apply anywhere in the country); or
- a patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.

There is only one dispensing practice situated in the Newcastle CCG area which is in Dinnington village. Another dispensing practice (Woodlands Park) closed recently in May 2017.

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 Distance Selling Pharmacies

A distance selling pharmacy must not provide Essential services to a person who is present at the pharmacy, or in the vicinity of it.

Currently there are 321 Distance Selling Pharmacies in England as of 31st March 2017 (NHS Digital).

4.6 Hospital Pharmacy Services in Newcastle

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

Newcastle Hospitals commission a community pharmacy provider to dispense 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 the development of closer working relationships between the hospital and community pharmacy, leading to new joint ventures, most notably on the Transfer of Care project as described above in 4.2.5.

DRAFT

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.

Interestingly, a recent study reported that a total of 833 locally commissioned pharmacy services were reported across England (approx. 3–10 per Local Authority (LA)). Four services were commissioned by over 90% of LAs: emergency hormonal contraception (EHC), smoking cessation support, supervised consumption of methadone or other opiates and needle and syringe programmes (NSPs). The proportion of pharmacies commissioned to deliver these services varied considerably between LAs from <10% to 100% of the local pharmacies but that the variation was not related to differences in relevant proxy measures of need. NHS Health Checks and alcohol screening and brief advice were commissioned by fewer LAs (32% and 15%, respectively), again with no relationship to relevant measures of need.

A range of other services were commissioned less frequently, by fewer than 10% of LAs. Supervised consumption and NSPs were the most frequently used services, with over 4.4 million individual supervisions and over 1.4 million needle packs supplied. Pharmacies provided over 200,000 consultations for supply of EHC, over 30,000 supplies of free condoms and almost 16,000 chlamydia screening kits. More than 55,000 people registered to stop smoking in a community pharmacy, almost 30,000 were screened for alcohol use and over 26,000 NHS Health Checks were delivered²¹.

The Local Enhanced Services commissioned in Newcastle will be discussed further 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

²¹ <http://bmjopen.bmj.com/content/7/7/e015511.info>

service for patients, by providing simple remedies directly by consultation with a pharmacist²².

There are currently 65 out of 65 Newcastle pharmacies reporting that they provide a Think Pharmacy First (TPF) (minor ailments) service in Newcastle.

Half of all patients reported hearing about the service from their GP and 70% reported they would have gone to their GP if the service had not been available to them.

Table 15: Pharmacies providing a Think Pharmacy First (minor ailments) service, August 2017

Locality	Total Pharmacies	No. and % providing a Think Pharmacy First (minor ailments) Service	
		No.	%
North	9	9	100
Inner East	9	9	100
Outer West	8	8	100
Central	13	13	100
Outer East	12	12	100
Inner West	14	14	100
Newcastle TOTAL	65	65	100

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 65/65

During 2016/17 there were a total of 28,258 TPF interactions, with 17,832 patients registered for the service. The most common reason for consultation was fever (20.1%), with the most frequent medications provided including painkillers, anti-inflammatories, head lice treatment, yeast infection treatment, and medicines for heartburn and indigestion.

The highest levels of activity are concentrated within the Central, Inner West and Outer East localities, which include some of the most deprived areas of the city.

²² **Conditions qualifying under the scheme are:** Back pain, Headache, Migraine, Period pain, Teething, Toothache, Allergies, Bites and stings, Hay fever, Skin reaction, Colds and flu, Cough, Congestion, Sore throat, Fever and/or temperature, Ear care, Earache, Ear infection, Ear wax, Eye care, Bacterial conjunctivitis (sticky eyes), Styes, Stomach aches, Constipation, Diarrhoea, Haemorrhoids, Indigestion, Reflux, Threadworm, Vomiting, Head lice, Athletes foot, Chickenpox, Cold sores, Contact dermatitis (inflammation of skin), Fungal skin infection, Impetigo (blisters), Nappy rash, Scabies, Skin rash, Vaginal thrush, Warts and verrucae.

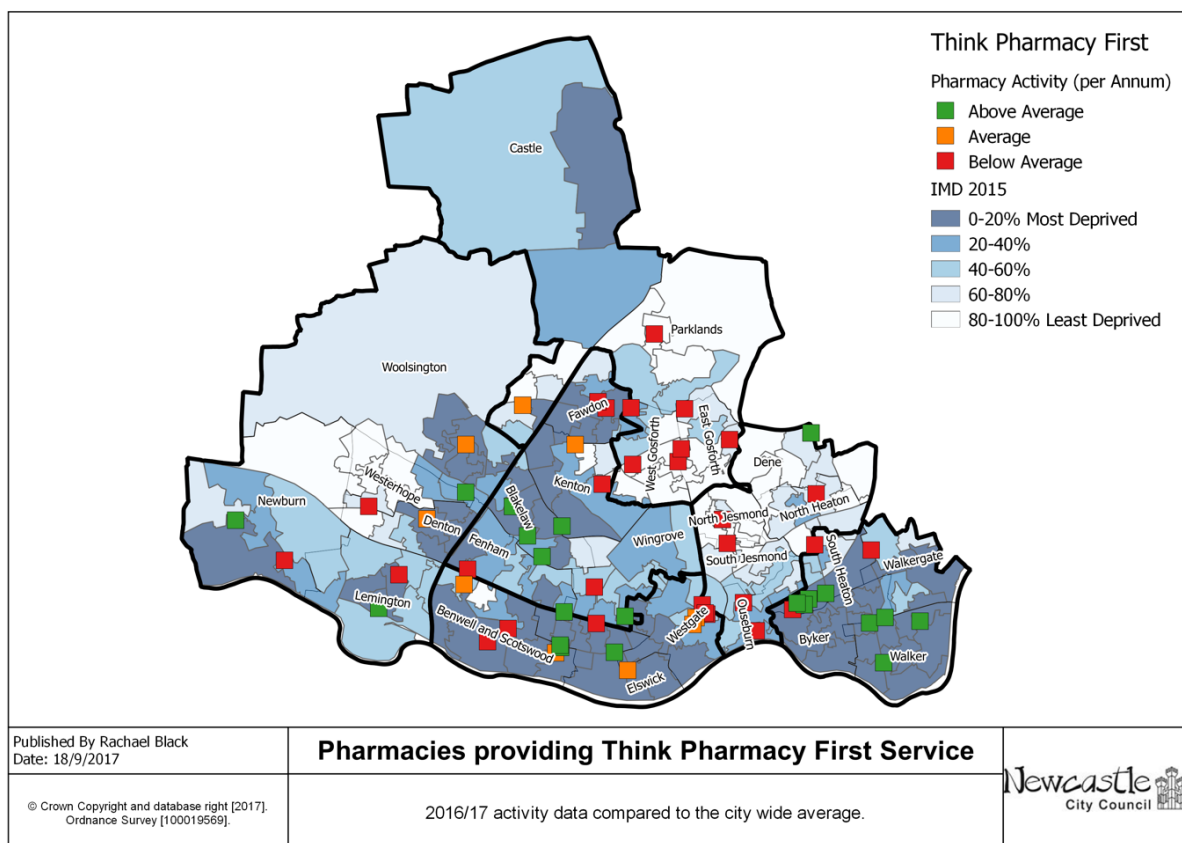
Table 16: Average annual activity numbers for the Think Pharmacy First (minor ailments) service, August 2017.

Locality	Average annual interactions completed					Total
	0-100	100-200	200-300	400-500	More than 500	
North	4	1	3	1	0	
Inner East	5	3	0	0	1	
Outer West	1	1	1	2	3	
Central	0	1	5	2	5	
Outer East	1	1	2	1	7	
Inner West	1	3	2	5	3	
Newcastle TOTAL	12	10	13	11	19	65

SOURCE: PharmOutcomes, Think Pharmacy First Activity Data, 2016/17. Range 4 – 2226 per annum. City wide average: 435 per annum.

Map 4 depicts the activity levels of 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 4: Think Pharmacy First Activity



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 7 Newcastle pharmacies reporting they provide a needle exchange service, with provision in 4 of the 6 localities. Current provision commissions a pharmacy to provide the service and pays each pharmacy a monthly fixed fee irrespective of activity. It should be noted that at the time of writing the needle exchange service is being reviewed and going forward each pharmacy will receive a fee per transaction rather than a fixed annual payment. This is to ensure that areas of highest need remain attractive for providers.

Table 17: Pharmacies providing a needle and syringe exchange service, August 2017

Locality	Total Pharmacies	No. and % providing a Needle Exchange Service	
		No.	%
North	9	0	0
Inner East	9	2	22
Outer West	8	2	25
Central	13	0	0
Outer East	12	1	8
Inner West	14	2	14
Newcastle TOTAL	65	7	11

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 65/65

During 2016/17 there were a total of 1460 visits to pharmacies providing a needle exchange service. Though 7 pharmacies report providing the service via the PNA

questionnaire, activity data suggests there are only 5 pharmacies actively providing the service, one of which stated they were not providing the service via the questionnaire. Around 84% of those accessing the service were male, White British, with key ages between 35-44 years old (where age is known). 90% of individuals reported their main substance as heroin, with 54% reporting they were currently accessing structured treatment.

Table 18: Number of visits to needle exchange pharmacy services per annum

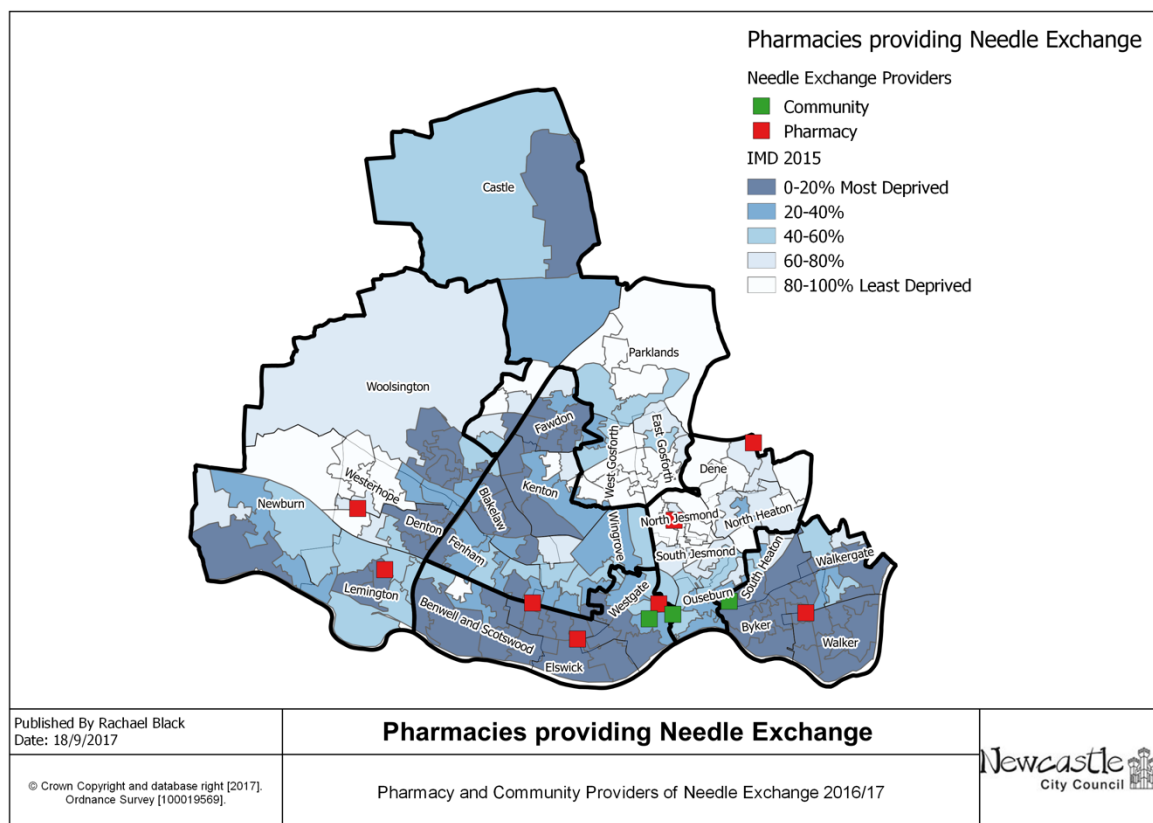
Locality	Total Pharmacies	Total visits
North & Inner East	2	3
Outer West	2	103
Central	1	120
Outer East	1	368
Inner West	2	866
Newcastle TOTAL	8	1460

Source: PharmOutcomes, Needle Exchange Programme 2016/17.

The above data highlights that the main level of activity occurs in the Newcastle Inner West locality followed by the Outer East.

Map 5 below shows the provision of needle exchange sites in and around Newcastle City.

Map 5: Needle Exchange



Map 5 demonstrates the spread of pharmacies and community providers reporting that they offer needle exchange schemes for the injecting substance misuser population. The North and Central areas of Newcastle have gaps which mean that access to clean injecting equipment is difficult for certain patients. Also as previously noted, though pharmacies may be signed up to deliver the service, this does not necessarily imply ongoing activity.

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 59 out of 65 pharmacies across Newcastle delivering this service.

Table 19: Pharmacies providing a supervised administration service, August 2017

Locality	Total Pharmacies	No. and % providing a Supervised Administration Service	
		No.	%
North	9	5	56
Inner East	9	8	89
Outer West	8	7	88
Central	13	13	100
Outer East	12	12	100
Inner West	14	14	100
Newcastle TOTAL	65	59	91

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 65/65

Data for 2016/17 shows that there were **741 new 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. During 2016/17 there were **14,144** contacts with the pharmacy services delivering supervised consumption across 57 pharmacies. With an average of 1,179 contacts each month – see table 18 below. Please note that whilst 59 pharmacies report they are signed up to provide the service, PharmOutcomes activity data suggests 57 are actively delivering this.

Table 20: Actual supervised consumption activity per annum

Locality	Total Pharmacies	Average number accessing supervised consumption services per annum	
		Number supervised	Monthly average
North	5	272	23
Inner East	7	1471	123
Outer West	7	1081	90
Central	12	2232	186
Outer East	12	4935	411
Inner West	14	4153	346
Newcastle TOTAL	57	14,144	1179

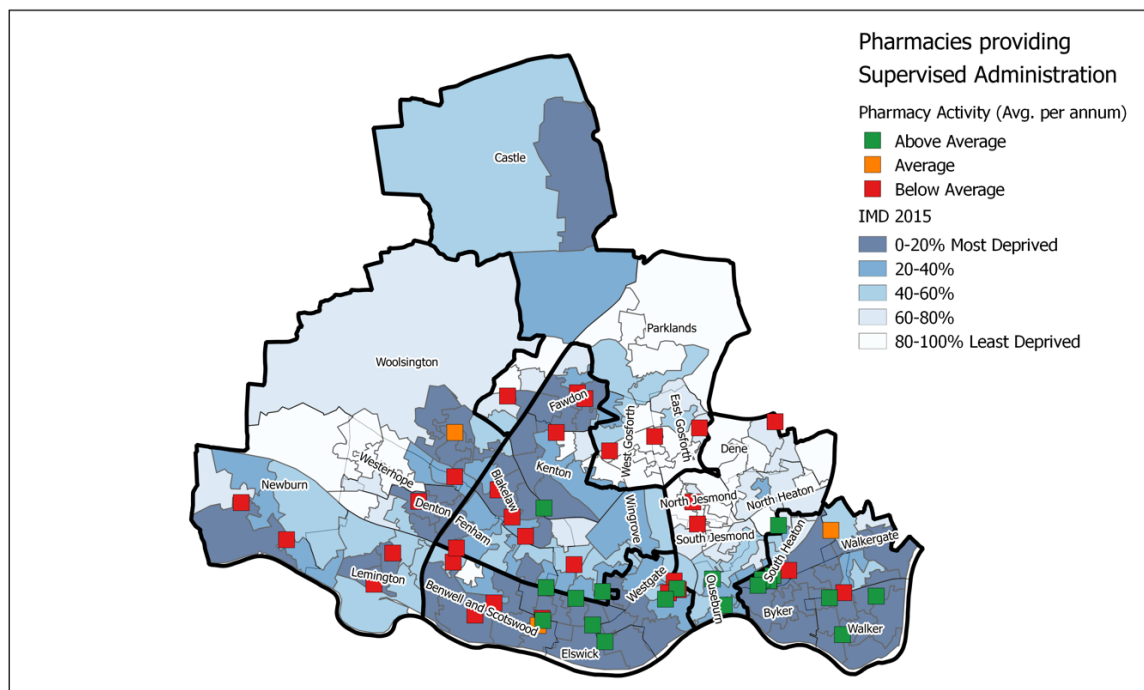
SOURCE: Pharmoutcomes, Supervised Consumption Supervision: 2016/17

The key age groups attending for supervised administration were 35 – 44 year olds (43%), followed by 25-34 year olds (35%).

The main medicine dispensed at registration for those accessing supervised administration services was Methadone at around 73%, followed by Buprenorphine at 24%.

Map 6 illustrates the locations which provide a supervised consumption service. This shows good coverage of locations across the city, with areas of above average activity occurring in the inner west, city centre and outer east.

Map 6: Supervised Consumption



Published By Rachael Black Date: 18/9/2017	Pharmacies providing Supervised Administration	Newcastle City Council
© Crown Copyright and database right [2017]. Ordnance Survey [1000195669].	2016/17 activity data compared to the citywide average	

5.3 Sexual Health Services

Sexual health services are a common 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 treatment and partner notification, and the provision of long acting reversible contraception.

5.3.1 Emergency Hormonal Contraception

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 emergency hormonal contraception 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 56 pharmacies reporting that they provide an EHC service via the PNA questionnaire. Whilst the levels of activity vary across pharmacies, PharmOutcomes data shows activity at 60 pharmacies during 2016/17.

Table 21: Pharmacies providing an Emergency Hormonal Contraception (EHC) service, August 2017

Locality	Total Pharmacies	No. and % providing an EHC service	
		No.	%
North	9	9	100
Inner East	9	9	100
Outer West	8	8	100
Central	13	9	69
Outer East	12	10	83
Inner West	14	11	79
Newcastle TOTAL	65	56	86

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 65/65

The highest level of activity is in the Newcastle Inner West Locality. This locality contains 3 pharmacies that experience 500 or more visits per year. The main EHC supplied during 2016/17 was Levonelle, at 93%, followed by Ella One at 3%. In 4% of cases no EHC was provided.

Map 7 shows the location of the pharmacies in Newcastle which currently participate in the EHC 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 EHC.

Map 7: Emergency Hormonal Contraception

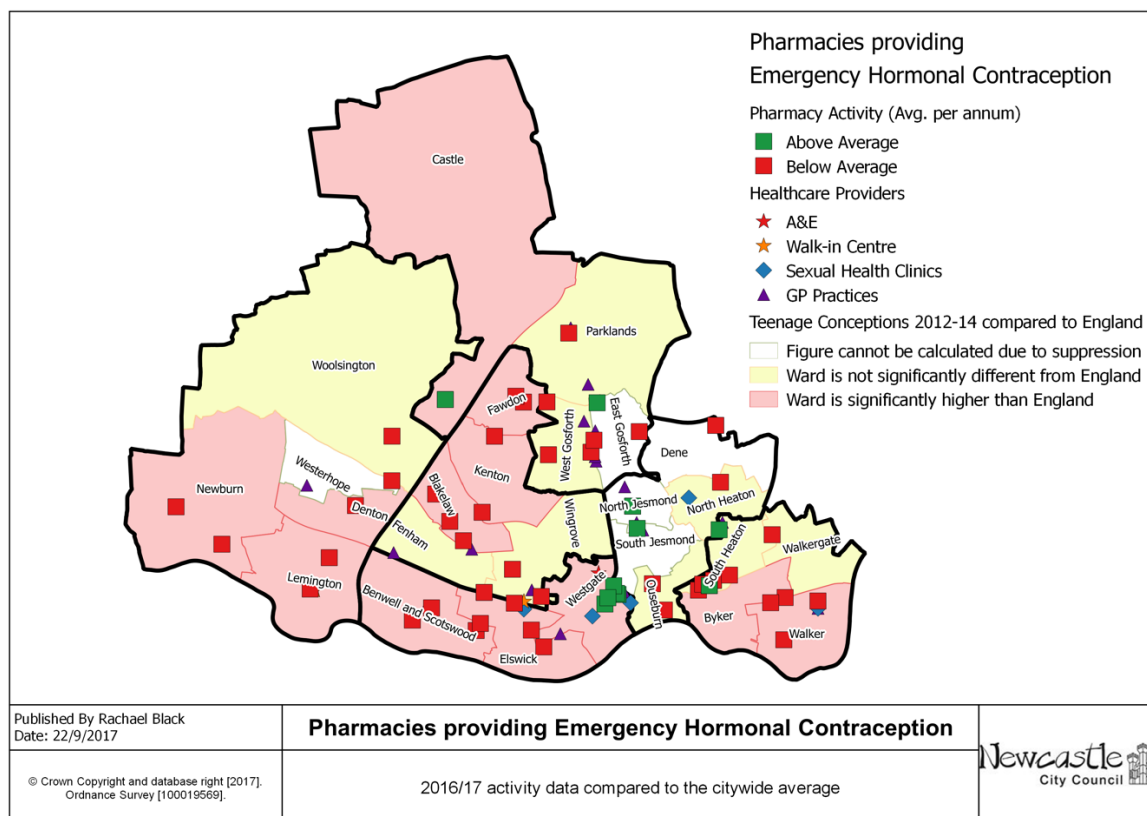


Table 22: Average number of clients provided with EHC per annum by locality

Locality	Total Pharmacies	Average number accessing Plan B services per annum	
		Number	Monthly average
North	9	1083	90
Inner East	9	990	83
Outer West	7	238	20
Central	11	329	27
Outer East	12	560	47
Inner West	12	5600	467
Newcastle TOTAL	60	8800	733

SOURCE: Pharmoutcomes, Plan B and Chlamydia screening: 2016/17. Range 1-2580 per annum. Average 147.

The main age group accessing the EHC pharmacy service are 20-24 year olds (37%), followed by 15-19 year olds (28%). 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. As shown in table 21, the majority of 15-19 year olds are likely to access pharmacies within the Inner West locality, particular within the city centre. The Inner East also has a high proportion of 20-24 year olds attending which is centred in the Jesmond area.

Table 23: Age profile of clients accessing EHC pharmacy service.

Locality	Age Profile					
	Under 15	15-19	20-24	25-29	30-34	35 plus
North	0%	22%	23%	20%	15%	19%
Inner East	0%	20%	55%	13%	6%	5%
Outer West	2%	19%	26%	20%	19%	14%
Central	1%	15%	22%	26%	17%	19%
Outer East	1%	13%	36%	21%	17%	13%
Inner West	1%	33%	39%	12%	6%	5%
Newcastle TOTAL	0.5%	28%	37%	14%	9%	8%

SOURCE: Pharmoutcomes, Plan B and Chlamydia screening: 2016/17. 94% of records had a valid age recorded.

The main reasons for requiring EHC include unprotected sex (54%) and a failed condom (35%). Nearly a quarter of individuals also reported the involvement of alcohol at the time. Over a third of individuals attending had previously used EHC, either in their current or previous cycle.

There are peaks in attendance over time, with the highest level of attendance occurring on a Monday, and seasonally, there are much lower levels of attendance in the summer months of July and August (which could be linked to university students who have left the city for the summer break).

5.3.2 Chlamydia Testing and Treatment Service

Of those aged 15-24 accessing the EHC pharmacy service, 4% were supplied with a chlamydia test. A further 22% were offered a test but refused to accept this. The highest numbers accepting a test were within the Inner West locality.

There are currently 9 pharmacies reporting they provide a Chlamydia treatment service, 4 of which are within the Inner West locality.

5.3.3 Long Acting Reversible Contraception (LARC)

After additional training Newcastle pharmacists are able to administer both Depo Provera® and Nexplanon® 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).

Only 3% of those receiving EHC consented to an onward referral for ongoing contraception.

There are currently no 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. The majority of LARC provision in the city is currently delivered by GP practices, alongside the Integrated Sexual Health Service.

5.4 Stop Smoking Services

Pharmacies are key providers of Specialist Stop Smoking (SSS) Services in Newcastle. For a full list of pharmacy providers see Appendix 7.

48 out of 65 pharmacies report they are currently providing smoking cessation behavioural support services in Newcastle. Since the last PNA was completed a voucher scheme has also been implemented across the city, allowing those receiving an intervention (whether that be provided by a Pharmacy, the specialist stop smoking service or a community provider) to exchange a voucher for nicotine replacement therapy (NRT) or varenicline (chamfix) for a period of 12 weeks. This replaces the need for a prescription.

Table 24: Pharmacies providing a stop smoking behavioural support service, August 2017

Locality	Total Pharmacies	No. and % providing SSS behavioural support service	
		No.	%
North	9	7	78
Inner East	9	8	89
Outer West	8	7	88
Central	13	7	54
Outer East	12	11	92
Inner West	14	8	57
Newcastle TOTAL	65	48	74

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 65/65

1295 individuals registered for the stop smoking service provided by pharmacies during 2016/17:

- The main age group for those setting a quit date via pharmacy stop smoking service was 45-49 year olds, with more females accessing the service than males (721 and 572 respectively).
- 88% 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.

- Three quarters of those setting a quit date reported the key reason was to prevent ill health. Over a third were already experiencing ill health, and a further 39% wanted to save money.
- 87% of individuals setting a quit date had previously attempted to quit smoking, and nearly half had current smokers within their family
- Three quarters of those accessing behavioural support via the pharmacy choose to use NRT during their quit attempt, with 24% choosing varenicline, and a small number (<1%) wanting to use behavioural support only
- 88% attended in person for their weekly consultations, with the remainder accessing telephone support

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 annum

Locality	Total Pharmacies	Average number accessing Stop Smoking services per annum	
		Number	Monthly average
North	6	138	12
Inner East	8	112	14
Outer West	7	242	35
Central	8	222	28
Outer East	12	401	33
Inner West	8	180	23
Newcastle TOTAL	49	1295	26

SOURCE: PharmOutcomes, Stop Smoking Behavioural Support Baseline data: 2016/17

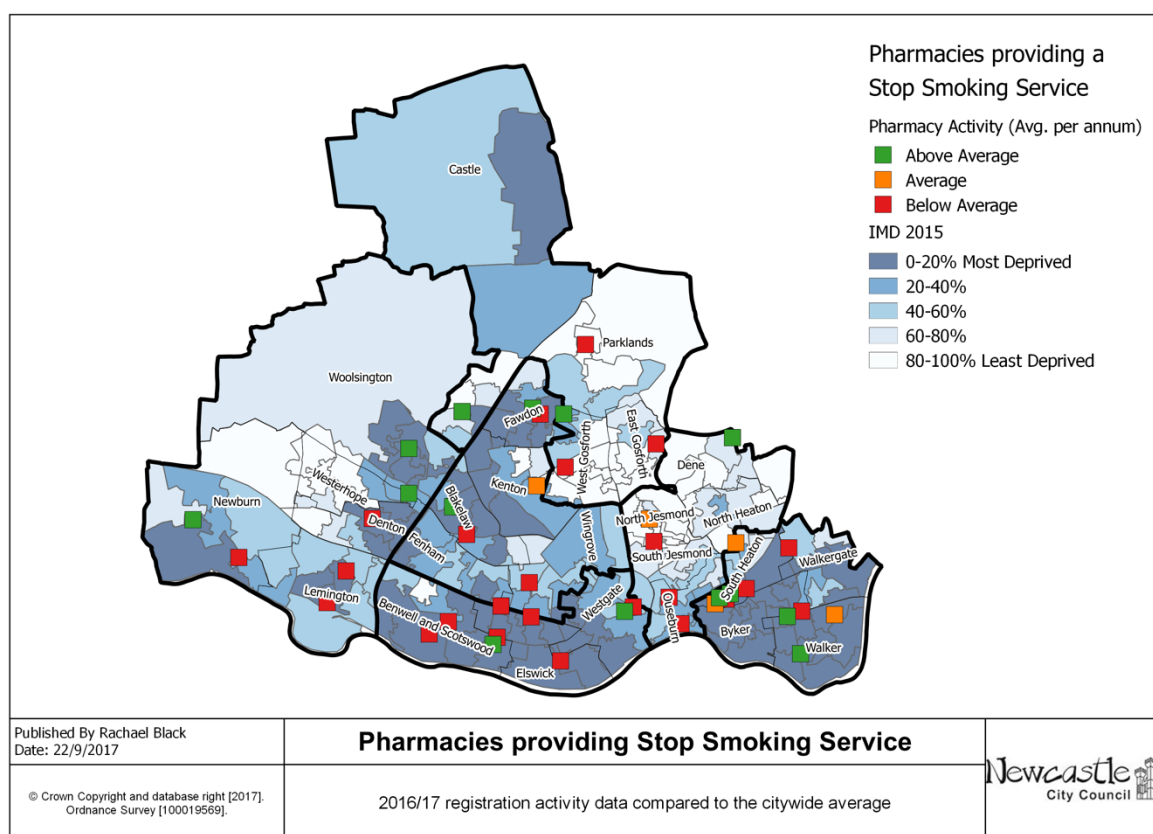
Of those clients who received a follow up contact during the 12 months, 338 had successfully quit smoking at week 5 (Quit Rate - 26 %). It should be noted that nearly 700 clients do not have any record at week 5, which would significantly increase the numbers who are lost to follow up (than what is recorded). Therefore taking all of the clients who registered in to account, 65% of individuals setting a quit date via the pharmacy stop smoking service are lost to follow up, 9% have not quit and 26% have successfully quit smoking during 2016/17.

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

Locality	Total Pharmacies	Quit Status at Week 5		
		Quit	Not quit	Lost
North	6	46	10	17
Inner East	7	36	15	16
Outer West	7	60	35	28
Central	7	50	20	49
Outer East	11	100	22	44
Inner West	7	46	16	16
Newcastle TOTAL	45	338	118	170

SOURCE: Pharmoutcomes, Stop Smoking Behavioural Support Monitoring data: 2016/17. 626 records at week 5 (record quit status). Missing records compared to registration (669)

Map 8: 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.

Treatment Supply

During 2016/17 61 pharmacies registered 2468 patients for the supply of treatment (NRT or Varenicline). Varenicline is supplied under a Patient Group Directive (PGD)

following assessment and consent, meaning patients do not have to attend their GP for a prescription. Patients are issued a voucher from the provider of their behavioural support intervention (this could be pharmacy, specialist stop smoking service, or a community provider) which is exchanged for a two week supply of medication for a maximum of 12 weeks (this may be extended in special circumstances, e.g. if a patient is pregnant or receiving an operation).

Pharmacies have the option to sign up to deliver:

- behavioural support, NRT and varenicline supply,
- behavioural support and NRT supply,
- NRT supply only.

Appendix 7 shows which pharmacies are able to deliver each of the services. Due to the large numbers participating, patients are able to access a variety of pharmacies at a location and time that is suitable to them for supply of their medication.

NRT was supplied to 1796 registered patients during 2016/17, leading to 3925 interactions. Typically 2 types of NRT are supplied per voucher, with the key products being issued including: patches, mouth spray, inhalators and lozenges. 8% of patients receiving NRT paid for their items, with the remaining patients exempt.

Varenicline was supplied to 754 registered patients during the same period, leading to 1908 interactions. 34% of patients receiving Varenicline paid for their items, with the remaining patients exempt.

5.5 NHS Health Checks

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

There are 10 pharmacies indicating they currently provide an NHS Health Check service, with coverage in all localities except the Outer East.

Table 27: Pharmacies providing a Health Check advice service, August 2017

Locality	Total Pharmacies	No. and % providing a Health Check Service	
		No.	%
North	9	1	11
Inner East	9	3	33
Outer West	8	1	13
Central	13	3	23
Outer East	12	0	0
Inner West	14	2	14
Newcastle TOTAL	65	10	15

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 64/65

During the course of 2016/17 a total of 14 pharmacies were in a position to provide health checks, though 12 reported activity via Health Diagnostics software. This shows a total of 184 NHS Health Checks conducted through pharmacies. Activity ranges from 2 - 67 health checks completed during the year per pharmacy.

Females (61%) were more likely to attend than males, with the key age group between 50-59 years olds (34%). 82% of individuals were White British.

The most frequently identified areas for onward referral include weight management (BMI>25), physical activity, alcohol, blood pressure and general lifestyle advice. As part of the health check, individuals are also assessed for the risk of cardiovascular disease, with 21% identified as medium risk and 5% as high risk in the next 10 years.

5.6 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 Inner or Outer East localities. There are 3 pharmacies in the North locality, 1 each in the Outer West and Central localities and 2 in the Inner West providing this service.

5.7 Care Home Advice Service

Pharmacies will often provide advice and support to residents and staff within the care home. This advice is usually centred on the proper and effective ordering of drugs and appliances, their subsequent high quality clinical and cost effective use, safe storage, safe supply and administration, safe disposal and accurate record keeping.

There are currently 14 pharmacies indicating they provide a care home advice service, with coverage in all localities excluding the Outer West and Central.

Table 28: Pharmacies providing a care home advice service, August 2017

Locality	Total Pharmacies	No. and % providing a Care Home Advice Service	
		No.	%
North	9	5	56
Inner East	9	4	44
Outer West	8	0	0
Central	13	0	0
Outer East	12	1	8
Inner West	14	4	29
Newcastle TOTAL	65	14	22

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017. Valid responses: 64/65

5.8 Community Pharmacy Referral Service (CPRS)

The Community Pharmacy Referral Service (CPRS) is a pilot only in the North East of England, an area covered by a single NHS111 provider - North East Ambulance Service.

CPRS is a pilot service that will enable NHS111 to refer set groups of low acuity patients to community pharmacies. CPRS will cover the geographical area of Durham, Darlington, Tees, Northumberland and Tyne and Wear which is covered by 10 Clinical Commissioning Groups and contains a population of 2,624,621 (ONS figure for CCGs, 2017). Up to 618 pharmacies will be eligible to sign up in November 2017 so it is envisaged that many hundreds of Community Pharmacies will join up to support NE Urgent Care systems before Christmas.

The primary aim of (CPRS) is to increase capacity and relieve pressure on existing urgent care services and deliver care closer to home in the community. It is believed that this support at the lower end of the acuity spectrum is both desirable to the NHS and beneficial to patients across the system.

Other service aims are to introduce the following benefits for patients and the NHS:

- Increased urgent care capacity (Resilience),
- Increased primary care capacity (Resilience),
- Decreased cost per consultation (Cost-effectiveness),
- Increased self-care emphasis (Quality),
- Care closer to home (Quality).

It is unknown at time of writing what numbers of pharmacies will sign up and what effect this will have on Urgent and Emergency Care systems in the North East.

5.9 Transfer of Care (ToC)

In Newcastle, Community Pharmacy and Newcastle upon Tyne Hospitals (NUTH) continue to work together to ensure better clinical handovers can take place between hospital teams and pharmacists in the community.

The work recognises that the interface between these care settings is particularly important as a significant number of patient's experience medication related problems after being discharged from hospital.

The service allows teams within the two main hospitals (Royal Victoria Infirmary and The Freeman Hospital) to refer patients to community pharmacies for medicines support after discharge thus enabling community pharmacists to contribute to integrated patient care for those patients that need it most.

University research published in 2016 highlighted that ToC is supporting better patient outcomes. It is therefore, envisaged that innovative projects like ToC will become increasingly utilised by hospitals and community pharmacy e.g. to notify patients who are receiving their medicines in MDS.

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 more a commercial one. Non-commissioned services identified in the pharmaceutical needs assessment questionnaire are detailed in the table below.

Table 29: Number of pharmacies providing non-commissioned services

	North	Inner East	Outer West	Central	Outer East	Inner West	Newcastle TOTAL
Prescription collection service	8	9	8	13	12	14	64
Prescription delivery service	7	9	8	13	11	14	62
Pregnancy testing	1	2	1	1	1	3	9
Blood pressure checks	4	4	4	6	5	5	28
Blood glucose checks	2	2	1	1	1	1	8
Blood cholesterol checks	2	1	0	2	0	1	6
Weight management service	3	2	0	1	4	1	11
Erectile dysfunction service	3	0	0	0	1	2	6
Hair loss service	3	0	0	0	1	1	5
Travel clinic	3	1	0	1	1	5	11

SOURCE: Pharmaceutical Needs Assessment Questionnaire, August 2017

The above picture has not changed greatly since the last PNA in 2015. There has been a slight increase in the numbers of pharmacies offering blood pressure testing from 22 to 28 and a decrease in those offering blood glucose checks from 14 to 8. Weight management services have increased in this time from 0 pharmacies to 11 pharmacies, hair loss service availability growing from 0 to 8 and travel clinics 6 to 11 in the city. Onsite pregnancy testing meanwhile has decreased from 14 to 9 locations.

Section 7:

Key Considerations - Future Service Provision

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

7.1 Consideration of PNA Identified Health Needs

The main health needs identified in Section 3 of this document are summarised below and should be considered by local stakeholders when developing future commissioning plans.

Theme	Identified Health Needs
Newcastle Population	<ul style="list-style-type: none"> Newcastle continues to grow its population and with that growth there is increased need for services within the city. The Newcastle Housing Statement 2017-2020 recognises an expected increase in the population of over 7000 by 2021, and the provision of up to 16,400 new homes by 2030. Ensuring adequate provision of pharmaceutical services must be a priority for the city. Ethnicity - 5.9% of households in Newcastle report that English is not the main language. Pharmacy services should be equally accessible to all groups across the city so adaption to local need will be required by pharmacies (and commissioners of services), especially in those areas with high BME populations. Disability - almost 19% of the population report that they have a long term condition or disability. Accessibility to pharmacy services should consider these needs. Carers and older people - over 9% of the population provide some type of unpaid care. The greater needs of older people are related to the development and progression of long term conditions, impaired mobility, dementia etc. Deprivation - 22% of people in Newcastle live in the 10% most deprived areas nationally. Access to high quality health services is more important for these areas in the east and west of the city.
Life expectancy	<ul style="list-style-type: none"> Section 3.3 outlines a significant gap between the Healthy Life Expectancy for Newcastle and the England average. Moreover, the picture is made worse due to the gap in life expectancy between our most and least deprived neighbourhoods.
Lifestyle risk factors	<ul style="list-style-type: none"> Smoking - up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. This makes stopping smoking a key focus for community pharmacy service delivery.

	<ul style="list-style-type: none"> • Alcohol – Although drinking in children is declining, Newcastle is still within the top 30% of Local Authorities by % of dependent drinkers nationally. • Drugs - Newcastle has higher than the national average rates of use of crack and opiates. Related to other factors such as unemployment, poor health, homelessness and family breakdown the rates of completing drug treatment in Newcastle are significantly lower than the national average. The increased use of Novel Psychoactive Substances (NPS) is also a problem for the city. It should therefore be considered how pharmacy services could and should be adapted to deliver increased value in these areas. • Young people - although rates of drinking for young people have been declining nationally rates of NPS use are significantly higher than the national average especially in 14-17 year olds. • Obesity - as with the rest of England a significant proportion of adults (63.2%) were estimated to be overweight or obese in Newcastle. • Sexual Health - Newcastle has diagnosis rates that are higher than the North East average for genital warts, gonorrhoea, herpes and syphilis. Rates of HIV have increased to align with the national average. Increased efforts in prevention, detection and treatment are all areas where pharmacy could play a future role. • Teenage Conceptions are still significantly worse than the rate for England over many areas within the city despite a narrowing of the gap over recent years. Pharmacies in the city undoubtedly have a role to play in continuing this improving trend.
Cancer	<ul style="list-style-type: none"> • Cancer is recognised as a key contributor to premature mortality within the City, with significantly higher rates than the national average. Prevention and early detection, including lifestyle behaviour are key to reducing these rates.
Immunisation	<ul style="list-style-type: none"> • Whilst immunisation rates for children and flu vaccination rates for those over 65 are favourable to the England average, the key area of focus is 'flu vaccination' for 'at risk groups'.

7.2 Consideration of Essential Pharmaceutical Service provision in Newcastle

Below is a discussion of current and future service provision in Newcastle (based on section 4.1).

Theme	Observations
Number of pharmacies	<ul style="list-style-type: none"> - With an average number of pharmacies of 22 per 100,000 population Newcastle is still slightly above the England average with 65 pharmacies in the city.
Spread of pharmacies	<ul style="list-style-type: none"> - Although the spread of pharmacies across the localities varies, this should not be taken as an indicator of surplus or shortage of pharmacies in any one particular area due to the way boundaries have been drawn. - A recent pharmaceutical list application for a new pharmacy was initially refused by the NHS Commissioning Board but then overturned at appeal in November 2017. The address: WAGONWAY DRIVE, NEWCASTLE UPON TYNE, NE13 9BH. The application was granted mainly on the basis that there is not already reasonable choice in the area and that there is evidence of some people having difficulty in accessing pharmacy services. The committee was satisfied that granting the application would confer significant benefits. - REC: The PNA identifies that there are gaps in pharmacy essential service provision in Great Park
Prescription volumes	<ul style="list-style-type: none"> - Newcastle pharmacies dispense a slightly higher number of items per annum than the England average.
Opening hours	<ul style="list-style-type: none"> - 89% of pharmacies are open for longer than the core minimum hours and provide good access to pharmacy services. - There are two hundred hour pharmacies in Newcastle (Benwell and Kingston Park). - All localities have access to pharmacy services on weekdays until 8pm. - All localities have access to pharmacy services on a Saturday. - 5 out of 6 localities have access to pharmacy services on a Sunday (excludes Outer West). - No opening hours gaps have been identified.
Access	<ul style="list-style-type: none"> - Most pharmacies (59 of 65) in Newcastle report that they have wheelchair accessibility. - Most pharmacies (50 of 65) report that they provide some support for those who have visual / hearing impairment. - REC: All pharmacies that can, should ensure access for wheelchair users
Consultation rooms	<ul style="list-style-type: none"> - Only 1 pharmacy in Newcastle does not have a private consultation room (at Denton Turret Medical Centre) and is therefore unable to provide many pharmacy services.

	<ul style="list-style-type: none"> - 91% of pharmacy consultation rooms in the city are wheelchair accessible and 70% have hand washing facilities.
Electronic Transfer of Prescriptions (ETP)	<ul style="list-style-type: none"> - All but one pharmacy in Newcastle reports that they are processing electronic repeat prescriptions.

7.3 Consideration of Advanced Pharmaceutical Service provision in Newcastle

Below is a discussion of current and future service provision in Newcastle (based on section 4.2).

Theme	Observations
Medicines Use Reviews (MUR)	<ul style="list-style-type: none"> - Although the majority of pharmacies in Newcastle were reported to provide over 200 MURs per year there is still room for more that could be done to improve medicines use. - For example, 27 out of 65 pharmacies in Newcastle report delivery rates of less than half the allowed number each year. - As a source of additional benefit for patients and revenue for pharmacies this is disappointing. - REC: All pharmacies should maximise their delivery of MURs for patients each year
New Medicines Service (NMS)	<ul style="list-style-type: none"> - Most pharmacies in Newcastle report that they deliver NMS for patients however rates of delivery are quite low with most pharmacies reaching less than 50 each year. - 3 Pharmacies in Newcastle report that they deliver over 200 NMS each year. - This variance in provision is again, disappointing. - REC: All pharmacies should deliver NMS (where indicated) for patients with new medicines
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	<ul style="list-style-type: none"> - 54% (35) of pharmacies are signed up to provide NUMSAS in the city which allows good coverage for the service. - Over a 3rd of the pharmacies signed up report 0 activity. - NUMSAS is a service that is reliant on referrals from NHS111.
Flu Vaccination Service	<ul style="list-style-type: none"> - 61 of 65 pharmacies in the city provide flu vaccinations. - 19 of which provide less than 50 per year. - 7 of which provide more than 200 per year. - As this is a new service this represents excellent performance on flu vaccinations in Newcastle.
Appliance Use Reviews (AUR)	<ul style="list-style-type: none"> - 46 pharmacies report that they dispense appliances but with only 4 providing AURs.

7.4 Consideration of Dispensing Doctor provision in Newcastle

Below is a discussion of current and future service provision in Newcastle (based on section 4.3). Newcastle has only one dispensing practice, in Dinnington village, a designated rural area.

Dinnington Village

Dinnington village has recently (Summer 2017) been re-designated a rural area by the NHS England local area team (Map A2 in appendix 1 indicates areas designated as rural areas in Newcastle). This decision maintains the current situation where the local dispensing practice is the only route to access medicines in the village.

However, during the process of engagement for the determination of rurality, residents of Dinnington expressed dissatisfaction to the council at the provision of pharmaceutical services for local residents. As a result, a note was made to investigate further for this version of the Pharmaceutical Needs Assessment.

A parish council meeting was attended in November 2017 and local residents reported dissatisfaction at the closure of one of the two village practices. This occurred in May 2017 leaving residents with access to prescription medicines for only minimal hours during the week (10.30am to 12pm Monday to Friday). Residents also reported that even during these times, the services are unreliable. This challenging environment is being further compounded for those without access to a car by relatively long and infrequent (or non-existent) public transport journey times to Kingston Park, Wideopen and Ponteland - the next nearest community pharmacies to Dinnington.

It is also worth considering that housing developments currently underway in the village will boost the local population considerably over the next few years. There are currently around 760 houses in the village but this will rise to 1100 homes over the next 5 years. Dispensing Doctors do not provide advanced or enhanced pharmacy services, so this in itself is a gap in provision for this area.

Notwithstanding the financial viability of any potential community pharmacy, this PNA highlights a clear gap in pharmaceutical service provision for Dinnington residents.

REC: The PNA identifies that there is a gap in essential pharmaceutical service provision in Dinnington

7.5 Consideration of Appliance provision in Newcastle

Below is a discussion of current and future service provision in Newcastle (based on section 4.4).

There is one appliance contractor in Newcastle.

7.6 Consideration– Public Satisfaction with Pharmacy

Every Community Pharmacy is required to provide the NHS England sub region team with a completed patient satisfaction questionnaire each year. However, this data was not available for publication within the PNA (November 2018) as CPAF responses were collected on paper for each pharmacy and therefore the results are not collated, analysed or available for the public in any meaningful way. The last PNA highlighted this as a missed opportunity to create valuable data for benchmarking pharmacy services for commissioners, pharmacy and the public.

In the process of creating this PNA, engagement with Healthwatch, Newcastle Council for Voluntary Services and other organisations and individuals supported the collection of a significant number of responses by members of the public through means of a simple survey held on Lets Talk Newcastle website.

The completed analysis from public consultation and feedback will be incorporated into this document followed closure of the statutory consultation in January 2018.

7.7 Consideration of Local Commissioned Service provision in Newcastle

Below is a discussion of current and future service provision in Newcastle (based on section 5).

Theme	Observations
Think Pharmacy First (TPF)	<ul style="list-style-type: none"> - All pharmacies in Newcastle provide the TPF service. - The highest levels of activity are in the Central, Inner West and Outer East localities - which include the most deprived areas of the city. - Some pharmacies (Benwell and Scotswood, Lemmington and Newburn) are in deprived areas yet are delivering below average service levels. - As well as the primary aim of Minor Ailments Services like TPF - addressing health inequalities - these services may also be used to relieve pressure on other primary care teams e.g. GP Out of Ours or GP In Hours. This could be achieved simply through an integration of community pharmacy into clinical pathways at a number of key points on the patient journey as with the Community Pharmacy Referral Service (see below). - REC: Pharmacies should be integrated into patient pathways to provide in-hours minor illness support for primary care across the city
Alcohol and Drug Misuse Services	<ul style="list-style-type: none"> - Alcohol - There are no alcohol services commissioned from pharmacies in Newcastle.

	<ul style="list-style-type: none"> - Needle exchange - there are 7 pharmacies reporting that they provide this service across 4 localities in the city. - REC: It should be determined if additional Pharmacy providers are required for the provision of needle exchange in the Central, Inner West and North localities. - Supervised consumption - 59 out of 65 pharmacies provide this service. The city has very good coverage across all localities. Methadone is still the most popular treatment (73% of new patients). - Community pharmacists have the most contact of any healthcare professional with drug misuse patients. What else could be built into these moments - screening and vaccination services? Healthcare advice. - REC: There may be an opportunity for the development of new interventions to be delivered for substance misuse by the pharmacist
<p>Sexual Health Services</p>	<ul style="list-style-type: none"> - Emergency Hormonal Contraception (EHC) - 56 pharmacies report that they provide EHC with high delivery in the Inner West locality with teenage pregnancy “hotspots” having excellent coverage of this service. - REC: Pharmacies should be used to develop contraception services therefore increasing access and providing care closer to home - Chlamydia testing service - Only 4% of 15-24 year olds accessing the EHC service were eventually supplied a chlamydia test. - REC: Pharmacies should be encouraged to increase rates of provision of chlamydia tests to eligible patients who access EHC - Chlamydia treatment service - 9 pharmacies provide treatment, 4 of which are in the Inner West of the city. - REC: Pharmacies should develop increased functionality for chlamydia treatment in addition to their existing provision of testing kits - Long Acting Reversible Contraception (LARC) - Although provided to some degree in the past there are currently no pharmacies that can provide LARC in Newcastle.
<p>Stop Smoking Services</p>	<ul style="list-style-type: none"> - 48 out of 65 pharmacies in the city provide behavioural support services for the Stop Smoking Service although promotion and delivery of this aspect of the service varies greatly across the 48.

	<ul style="list-style-type: none"> - 61 out of 65 pharmacies supply treatment on a voucher. - 24% of patients choose Varenicline. - The weekly quit rate via pharmacy is only 26% with significant variance between providers. - REC: Pharmacy led stop smoking service average quit rates are low in Newcastle (poor reporting compliance and low delivery quality are both possible causes) so action should be taken by providers and commissioners to identify the reasons and solutions where needed
NHS Health Checks	<ul style="list-style-type: none"> - Delivery of health checks in Newcastle has been very low (when compared to other community providers and what has been achieved nationally by other pharmacies) leading to decommissioning of a number of pharmacies in the city. - This is disappointing bearing in mind the investment in this programme by the council. - REC: The delivery of Health Checks by community pharmacies should be reviewed. If the service is to be commissioned through pharmacies then the delivery plan should include better assurance around performance e.g. use of performance criteria, operational support or the use of a single provider company
Specialist Drug Access Service	<ul style="list-style-type: none"> - 7 pharmacies provide this service in Newcastle.
Care Home Advice Service	<ul style="list-style-type: none"> - 14 pharmacies currently provide this service in Newcastle.
Community Pharmacy Referral Service (CPRS)	<ul style="list-style-type: none"> - At the time of writing it is unknown how many pharmacies will sign up to provide this Urgent Care service in Newcastle however it is an interesting new development and opportunity for pharmacy to play a more advanced role as part of an integrated NHS. - The service seeks to shift a number of low acuity patients from traditional Urgent Care locations and into community pharmacy thus relieving pressure on other front line NHS Services. - The service will refer into other services once a consultation with the patient has been undertaken e.g. Stop Smoking Services or Minor Ailments Service. - REC: All community pharmacies should engage with the Community Pharmacy Referral Service to enable high standards of service for patients
Transfer of Care (ToC)	<ul style="list-style-type: none"> - Pharmacies in Newcastle continue to support the two major hospitals in the city by accepting discharged patients and performing MUR/NMS in

	<p>the community. Although some challenges still remain, this service has been successful in a general sense through driving forward innovation between care settings and more specifically in reducing medicines related re-admissions.</p> <ul style="list-style-type: none"> - REC: Commissioners and providers should identify ways of increasing the value delivered for patients who require medicines support on discharge or for outpatients
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7.8 Consideration of national and local strategic initiatives relating to pharmacy services

There have been a number of national documents published over the last 3 years that are relevant to the future of community pharmacy (in Newcastle) and should be considered when seeking to understand how the sector will fit within local health and social care structures in the coming years.

Community Pharmacy Forward View (CPFV)

The community pharmacy forward view is community pharmacy's response to the 5 Year Forward View. Within this document, Pharmaceutical Services Negotiation Committee and Pharmacy Voice, supported by the Royal Pharmaceutical Society, published their vision for the future of community pharmacy in England.

The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector and is focused on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions (LONG TERM CONDITION MANAGEMENT)
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment (ACUTE CONDITION MANAGEMENT)
3. As the neighbourhood health and wellbeing hub (PREVENTION)

The CPFV has wide reaching (mostly positive) implications for local commissioners of services through community pharmacy. It will take sustained investment in innovative new service models if benefits are to be derived from the above 3 pillars of community pharmacy strategy.

Clinical Pharmacists Pilot²³

The General Practice Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21. This is in addition to over 490 clinical pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July 2015.

²³ <https://www.england.nhs.uk/gp/gp/v/workforce/building-the-general-practice-workforce/cp-gp/>

NHS England invited GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. The programme is now well underway with providers receiving funding for three years to recruit and establish clinical pharmacists in their general practices for the long term.

It is thought that these pharmacists will work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. They will provide extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. NHS England believe that the role is pivotal to improving the quality of care and ensuring patient safety.

Where pharmacists are in GP practices it should mean that GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

Pharmacy Integration Fund²⁴

A new Pharmacy Integration Fund was set up in October 2016.

£42 million of funding was secured for 2016-18. The fund will be used to integrate and support the development of clinical pharmacy practice in a wider range of primary care settings, to create a more effective NHS primary care patient pathway.

In particular, the fund will drive the greater use of pharmacists and pharmacy technicians in new, integrated local care models.

The initial priorities for the fund in 2016-18 are:

- Deployment of clinical pharmacists and pharmacy services in community and primary care including groups of general practices, care homes and urgent care settings such as NHS 111.
- Development of 'infrastructure' through the pharmacy professional workforce, accelerating digital integration and establishing the principles of medicines optimisation for patient-centred care.

Initial schemes are now underway and plans are being developed for how best to use the rest of the funding taking into account the Independent Review of Community Pharmacy Clinical Services (See Murray report below).

The governance of the fund is overseen by an NHS England Pharmacy Integration Oversight Group including representation from CCGs, NHS England regions, general practice, patients and carers, Department of Health, Health Education England and Public Health England.

There will be further business planning carried out within NHS England for 2018 onwards and more funding will be made available.

²⁴ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/integration-fund/>

Murray Report²⁵

The Independent Review of Community Pharmacy Clinical Services commissioned by the Chief Pharmaceutical Officer of NHS England in April 2016 to help inform him about the future provision of clinical pharmacy services.

NHS England intends to use the recommendations of the independent review to inform its approach to the commissioning of NHS community pharmacy services once the review recommendations have been properly considered.

Sustainability and Transformation Partnerships (STPs)²⁶

The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care.

Sustainability and transformation partnerships (STPs) are designed around the needs of whole areas, not just individual organisations.

They have been drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve.

In 2016, every sustainability and transformation partnership published their initial proposals for development. A number of the partnerships have now evolved into integrated or 'accountable' care systems (ACSs).

Over time, some STPs will become accountable care systems (ACSs), in which NHS providers and commissioners choose to take on collective responsibility for resources and population health, often in partnership with local authorities.

²⁵ <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/>

²⁶ <https://www.england.nhs.uk/stps/>

Section 8

Conclusion

The Newcastle Pharmaceutical Needs Assessment (PNA) provides data and information that can help improve the value delivered by pharmacy services and guide future commissioning decisions.

There are 65 pharmacies across the city, in the town centre, in shopping centres, supermarkets, high streets, housing estates and at doctor's surgeries. These pharmacies offer a security in the supply of medicines against a prescription but also offer advice about those medicines. In addition to prescription medication Newcastle pharmacies also offer access to "pharmacy only medicines" for people to buy over the counter and as outlined in this document, they offer an extensive range of locally commissioned and non-commissioned services that are catered to the needs of local communities in Newcastle. These services, often designed in partnership with local commissioners, (Local Authority/NHS) help improve the quality of life for many of our most vulnerable people.

The conclusion of this PNA is that people in the city have very good access to community pharmacy services. The only exceptions have been noted in Dinnington village where local residents report that they do not have satisfactory access to medicines and in Great Park, in the north of the city, where a recent pharmacy application was granted based on 'unforeseen need' by NHS England. On that basis, we conclude that there is a gap in provision in both of these areas.

If any further gaps are identified between now and the next version of the PNA being produced in 2021 are identified, then the Wellbeing for Life Board will issue a supplementary statement and attach it to this PNA.

It is without doubt that our community pharmacies already represent a valuable and valued resource for local people. We hope that this PNA will provide useful context for maintaining (or even increasing) this value over the next 3 years.

Community Pharmacy Future

Pharmacists themselves work in community pharmacies, in hospitals, in general practice, at NHS organisations and in other locations. The job that they do, that of 'being a pharmacist' is one that is less about their location of practice and more by 'what they do' for patients and as part of multi-disciplinary teams. Expertise in medicines is something that is very valuable to the NHS and to patients and it is that skillset that unites the pharmacy profession together across all areas of practice. Commissioning structures and ways of working should recognise this fact and encourage a more holistic approach to patient centred care as patients move around within the system.

It is unfortunate that at the time of writing of this PNA the future of community pharmacy is perhaps more uncertain than it has ever been. This is partly due to recently imposed government funding cuts but also due to the threat posed by growing numbers of distance selling pharmacies and the drive towards hub and spoke models of medicines

supply. These developments are undermining the existing network of 'bricks and mortar' pharmacies and it is likely that over the coming years many pharmacies will close and/or merge as they become less financially viable. Pharmacy closures will inevitably have a knock on impact on local people but particularly so if there is a significant change to accessibility for a local area and some groups may be more affected than others e.g. elderly people.

Whilst there may be no way to negate the effects of these changes in the short term, pharmacies must move quickly to establish additional value in strategic areas (aligned with the aforementioned strategic publications) and to ensure that the existing and significant value the sector delivers from its physical presence in communities is recognised through the way that it is commissioned by the NHS. So, for example, the value of having a pharmacy open locally is derived from allowing people to access acute medicines immediately, they can speak to a pharmacist before buying a medicine to get advice they may need and they can be helped to access locally commissioned services like stop smoking or sexual health services. If these aspects of 'what a pharmacy does' continue to be financially rewarded either below what they cost to deliver or bundled in with the payment of dispensing prescriptions, then it is more likely that we will lose our community pharmacies because providers that either do not or cannot offer these benefits will be more efficient.

Community pharmacy, now more than ever, needs a vision of the future that is aligned with the needs of people and commissioning organisations. This work may centre around new and exciting methods to utilise pharmacies for relieving pressure on Out of Hours primary care services, new prevention or detection initiatives designed to prevent the deterioration of health or even the management of some long term conditions (as in the CPFV). Some of these initiatives will require entirely new skills or equipment or processes in order for them to be successful and valuable for patients and commissioners.

Finally, it will be critical over the life of this latest PNA cycle, that community pharmacy 'is seen' to deliver recognisable value for patients, taxpayers and commissioners and contribute to the delivery of local and national health and social care objectives if it is to have a future in an increasingly demanding and uncertain environment.

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, in certain areas we highlight that more work should be undertaken to determine for example: whether pharmacies can wheelchair access to consulting rooms.

We have also identified areas where further work may ensure increased levels of access for those with disabilities, older people, young people and children as well as for those on low incomes; We have outlined additional statements that may improve pharmacy services for women, such as EHC and to increase overall access for men.

Acknowledgements

Thanks to Rachael Black and Claire Toas in the Public Health Department at Newcastle City Council who provided expert guidance and support on local health needs and who spent many hours preparing the document.

A big thank you must go to Ann Gunning and North of Tyne Local Pharmaceutical Committee (LPC) for their help with the data collection for pharmacies in Newcastle including the PNA questionnaire.

Thank you to Claire Jones and the regional public health pharmacists group who were all so supportive throughout the process of producing this PNA.

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Appendices

Appendix 1: Location maps - Pharmacies

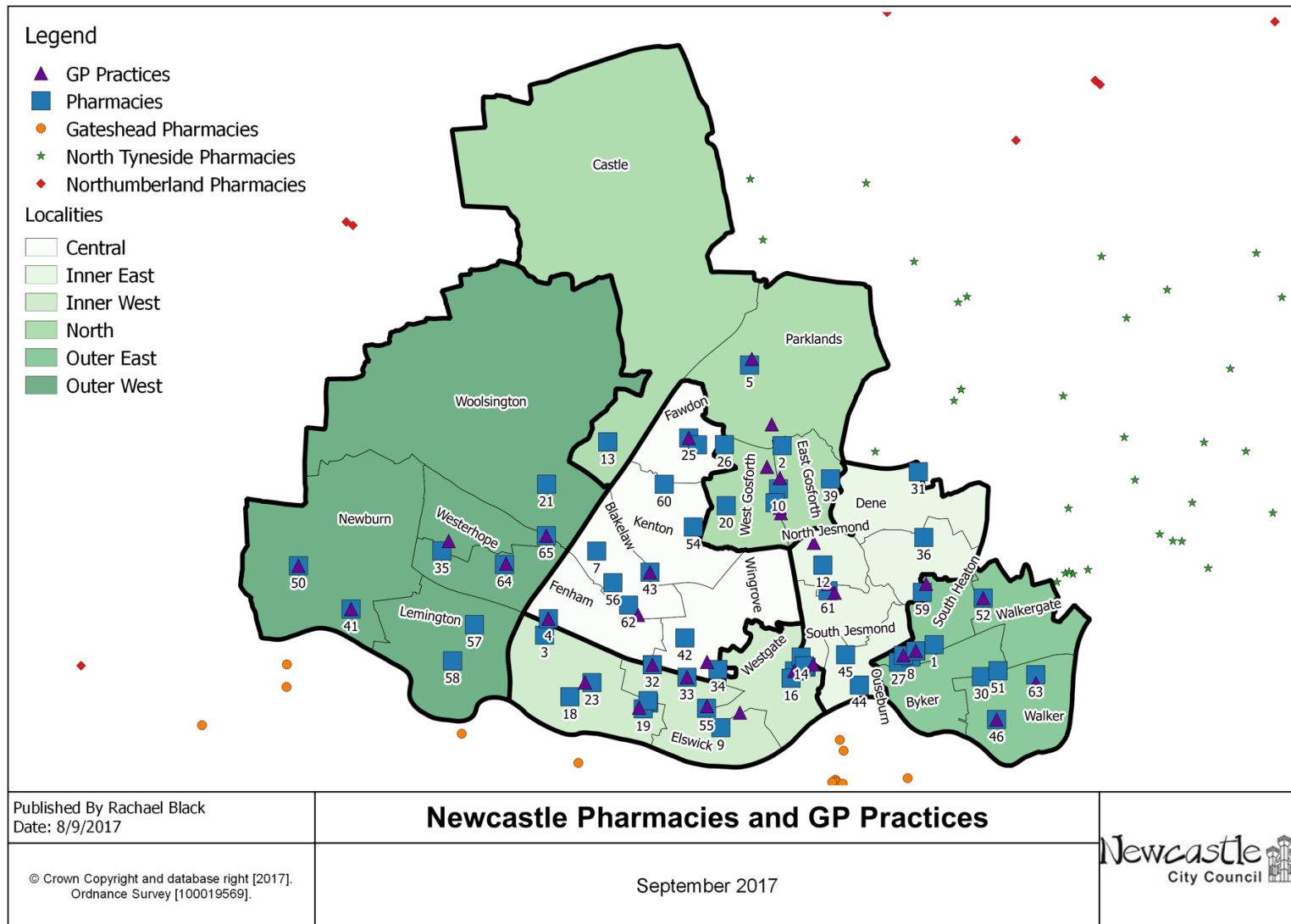
ID	Trading Name	Address 1	Ward	Postcode
1	Asda Pharmacy (Byker)	Newcastle Shopping Centre, Fossway	South Heaton	NE6 2XP
2	Asda Pharmacy (Gosforth)	Hollywood Avenue	East Gosforth	NE3 5BU
3	Ashchem Chemists (Denton Road)	293 Denton Road	Benwell and Scotswood	NE157HJ
4	Ashchem Chemists (Denton Turret)	Denton Turret Medical Centre, 10 Kenley Road	Fenham	NE5 2UY
5	Banks Pharmacy	13 Princes Road	Parklands	NE3 5TT
6	Benwell Pharmacy	59 Adelaide Terrace	Benwell and Scotswood	NE4 8BN
7	Blakelaw Pharmacy	8 Moulton Place	Blakelaw	NE5 3RL
8	Boots (Byker)	121-125 Shields Road	South Heaton	NE6 1DN
9	Boots (Cruddas Park)	Unit 10 Cruddas Park Shopping Centre	Elswick	NE4 7RW
10	Boots (Gosforth)	13 Gosforth Centre, High Street	East Gosforth	NE3 1JZ
11	Boots (Hotspur Way)	Hotspur Way, Eldon Square	Westgate	NE1 7XE
12	Boots (Jesmond)	53 St. George's Terrace	North Jesmond	NE2 2SX
13	Boots (Kingston Park)	Unit1, Kingston Park Shopping Centre	Castle	NE3 2FP
14	Boots (Northumberland Street)	150 Northumberland Street	Westgate	NE1 7DQ
15	Boots (Saville Row)	19 Saville Row	Westgate	NE1 8JE
16	Boots (Sidgate)	2-4 Sidgate	Westgate	NE1 7XF
17	Boots (West Road)	140 West Road	Wingrove	NE4 9QB
18	Chambers Chemist	464 Armstrong Road	Benwell and Scotswood	NE156BY
19	Clyde Chemist	136 Armstrong Road	Benwell and Scotswood	NE4 8PR
20	Douglas Pharmacy	17 Ashburton Road	West Gosforth	NE3 4XN
21	Fairmans Pharmacy (Newbiggin Hall)	19 Newbiggin Hall Centre	Woolsington	NE5 4BR
22	Fairmans Pharmacy (Benton Rd)	379 Benton Road	Dene	NE7 7EE
23	Farah Chemists Limited (Delaval Rd)	189 Delaval Road	Benwell and Scotswood	NE156TR
24	Farah Chemists Limited (Adelaide Terrace)	44 Adelaide Terrace	Elswick	NE4 8BL
25	Fawdon Park Pharmacy	21-23 Fawdon Park Shopping Centre	Fawdon	NE3 2PE
26	J & J Whittaker (Chemists) Limited	32 Wansbeck Road South	West Gosforth	NE3 3HQ
27	Kerr 26 Shields Road Pharmacy	26 Shields Road	South Heaton	NE6 1DR
28	Kerr 99 Shields Road Pharmacy	99 Shields Road	South Heaton	NE6 1DN
29	Kerr Heaton Road Pharmacy	31 Heaton Road	South Heaton	NE6 1SA
30	Lloyds Pharmacy (Walker)	436 Welbeck Road	Walker	NE6 2NY
31	Lloyds Pharmacy (Benton)	335 Benton Road	Dene	NE7 7EE
32	Lloyds Pharmacy (West Rd)	168 West Road	Wingrove	NE4 9QB
33	Lloyds Pharmacy (Prospect House)	Prospect House Medical Group, 501 Westgate Road	Elswick	NE4 8AY
34	Lloyds Pharmacy (Beaconsfield St)	141 Beaconsfield Street	Wingrove	NE4 5JP
35	Lloyds Pharmacy (Chapel House)	Chapel House Healthcare Centre, Hillhead Parkway	Westerhope	NE5 1LJ
36	Lloydspharmacy (Heaton)	Etherstone Avenue	North Heaton	NE7 7JW
37	Meadows Pharmacy	46-50 The Meadows	Fawdon	NE3 3NA
38	Medicentre	41/47 St. George's Terrace	North Jesmond	NE2 2SX
39	Mills Pharmacy	21 Station Road	East Gosforth	NE3 1QD
40	Molineux Pharmacy	Molineux Primary Care Centre, Molineux Street	South Heaton	NE6 1SG
41	Newburn Pharmacy	1 Newburn Road	Newburn	NE158LX

42	Nunsmoor Pharmacy	33 Nunsmoor Road	Wingrove	NE4 9AU
43	Ponteland Road Pharmacy	163-167 Ponteland Road	Blakelaw	NE5 3AE
44	Quayside	Crawhall Road, Quayside	Ouseburn	NE1 2BL
45	Shieldfield Pharmacy	Harrogate House, Gosforth Street	Ouseburn	NE2 1XT
46	St Anthony's Pharmacy	St Anthony's Road	Walker	NE6 2NN
47	St Stevens Pharmacy	23 Heaton Road	South Heaton	NE6 1SA
48	Superdrug Pharmacy	46-52 Northumberland Street	Westgate	NE1 7DF
49	Tesco Instore Pharmacy	Brunton Lane, Kingston Park	Castle	NE3 2FP
50	Throckley Chemists	Throckley Primary Care Centre, 2 Tillmouth Road	Newburn	NE159PA
51	Walker Pharmacy	495a Back Welbeck Road	Byker	NE6 2PB
52	Walkergate Pharmacy	Benfield Park Health Centre, Benfield Road	Walkergate	NE6 4QD
53	Well (Gosforth)	41 High Street	West Gosforth	NE3 4AA
54	Well (Kenton)	29 Arlington Avenue	Kenton	NE3 4TS
55	Whitworth Chemists	132-136 Elswick Road	Elswick	NE4 6SL
56	Your Local Boots Pharmacy (208 Stamfordham Rd)	208 Stamfordham Road	Blakelaw	NE5 3JE
57	Your Local Boots Pharmacy (3 The Crossway)	3 The Crossway	Lemington	NE157LA
58	Your Local Boots Pharmacy (3 Tyne View)	3 Tyne View	Lemington	NE158DE
59	Your Local Boots Pharmacy (Heaton)	293/295 Chillingham Road	North Heaton	NE6 5LL
60	Your Local Boots Pharmacy (Kenton)	41 Halewood Avenue	Kenton	NE3 3RX
61	Your Local Boots Pharmacy (Osborne Rd)	18a Osborne Road	South Jesmond	NE2 2AD
62	Your Local Boots Pharmacy (Two Ball Lonnen)	295 Two Ball Lonnen	Blakelaw	NE4 9RX
63	Your Local Boots Pharmacy (Walker)	11 Church Walk	Walker	NE6 3DP
64	Your Local Boots Pharmacy (West Denton Way)	New Health Centre, West Denton Way	Denton	NE5 2QZ
65	Your Local Boots Pharmacy (Westerhope)	381 Stamfordham Road	Westerhope	NE5 2LH

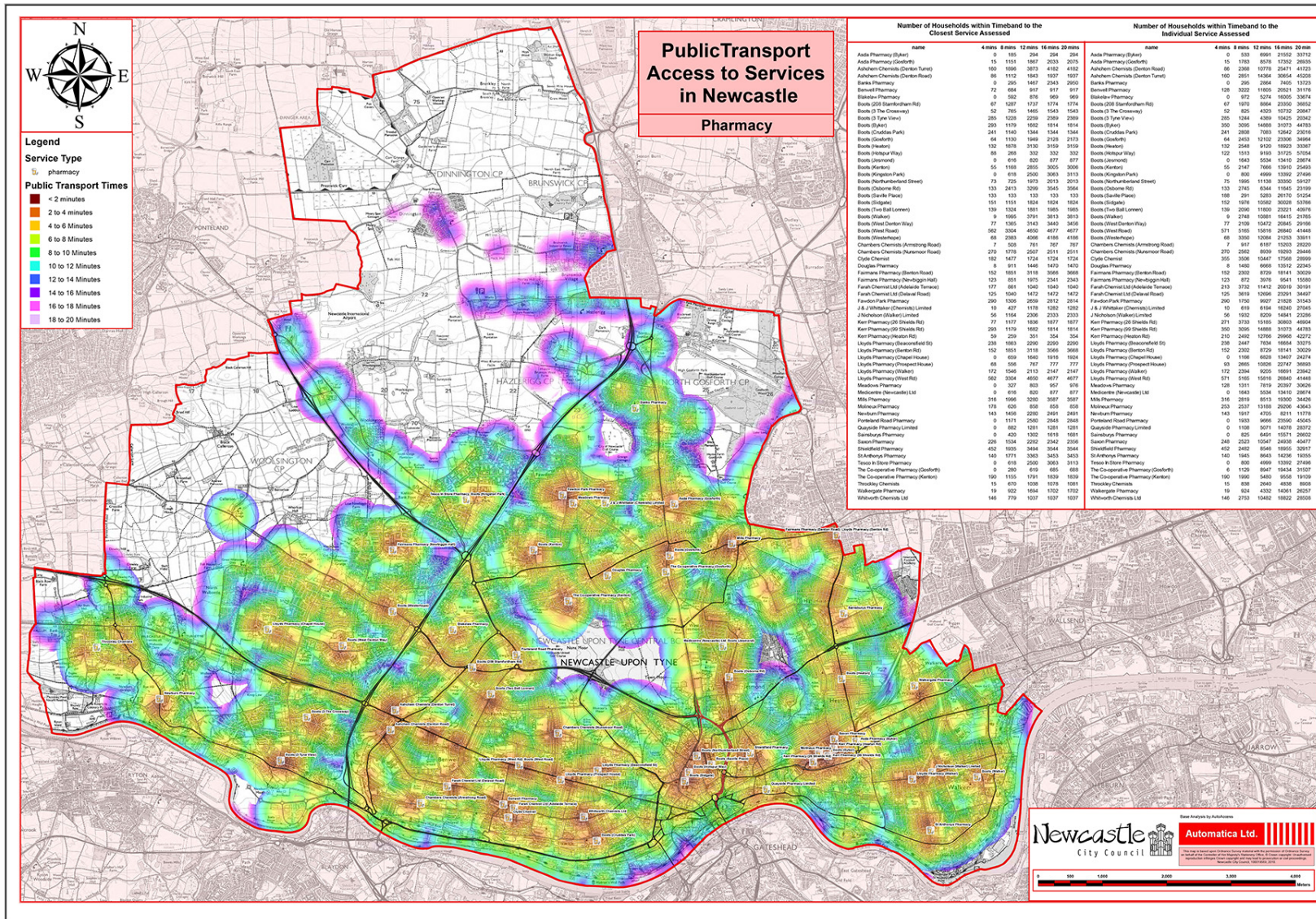
Dispensing Practices

ID	Type	Practice Name 1	Practice Name 2	Address 1	Address 2	Postcode
D2	Branch	DM Adams and Partners	Ponteland Medical Group	Main Road	Dinnington	NE13 7JW

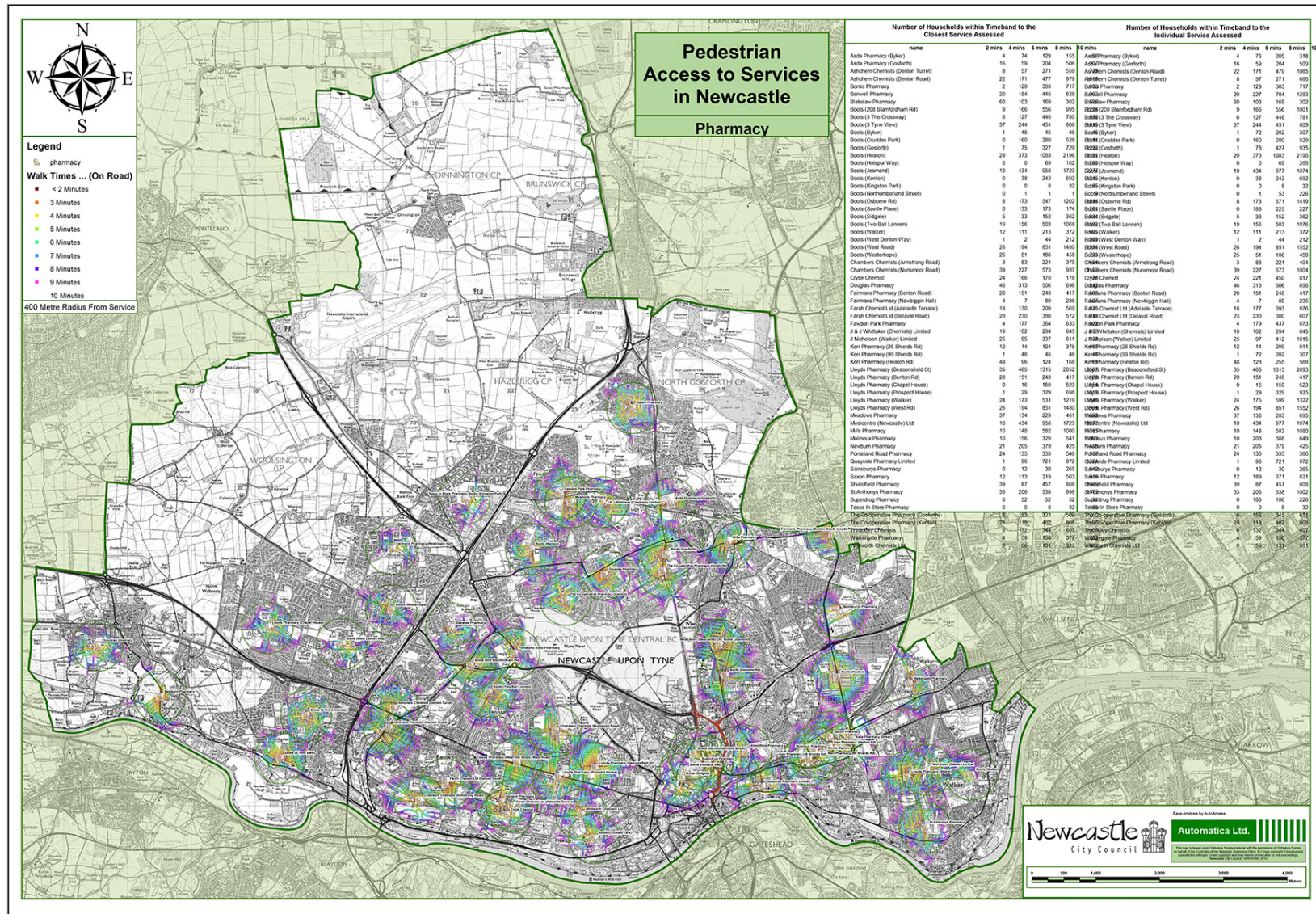
Map A1: GP Practices & Pharmacies in Newcastle, September 2017



Map A3: Public Transport Access to Service in Newcastle



Map A4: 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)

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Appendix 4 – PNA questionnaire

Provision Details

Provision Date	
Pharmacy code (ODS or F code)	Answer to <i>Pharmacy code (ODS or F code)</i> single line input
Name of contractor	Answer to <i>Name of contractor</i> single line input
Trading Name	Answer to <i>Trading Name</i> single line input
Post Code	Answer to <i>Post Code</i> single line input
Pharmacy NHS Mail email address	Answer to <i>Pharmacy NHS Mail email address</i> single line input
Additional email addresses	Answer to <i>Additional email addresses</i> text box
Pharmacy telephone	Answer to <i>Pharmacy telephone</i> single line input
Pharmacy website address	Answer to <i>Pharmacy website address</i> single line input
Consent to store	<i>Consent to store: One of: Yes No</i>
Those requiring wheelchair access	<i>Those requiring wheelchair access: One of: Yes No</i>
Those with hearing or visual impairment	<i>Those with hearing or visual impairment: One of: Yes No</i>
Contact name	Answer to <i>Contact name</i> single line input
Position / job title	Answer to <i>Position / job title</i> single line input

Consultation Facilities

Is there a consultation area?	<i>Is there a consultation area?: One of: Available (including wheelchair access) on the premises Available (without wheelchair access) on premises No consultation room available</i>
Is there IT access in the consultation room?	<i>Is there IT access in the consultation room?: One of: Yes No</i>

Is there a panic alarm?	<i>Is there a panic alarm?:</i> One of: Yes No
Are handwashing facilities available within consultation area?	<i>Are handwashing facilities available within consultation area?:</i> One of: Yes No

Information Technology

Is the pharmacy processing EPS?	<i>Is the pharmacy processing EPS?:</i> One of: Yes No
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Community Pharmacy Quality Payments Scheme

Select the one that applies:	<i>Select the one that applies::</i> One of: The pharmacy has achieved a previous HLP Award prior to April 2017 The pharmacy is working towards the national level 1 HLP Award, or has achieved the Award The pharmacy is not working towards the national Level 1 HLP Award
Select the one that applies:	<i>Select the one that applies::</i> One of: The pharmacy is working towards this quality payment or 80% of staff in patient facing roles are now dementia friends The pharmacy is not working towards this quality payment
Select the one that applies:	<i>Select the one that applies::</i> One of: The pharmacy has achieved or is working towards this quality payment The pharmacy is not working towards this quality payment
Select the one that applies:	<i>Select the one that applies::</i> One of: The pharmacy has achieved or is working towards this quality payment The pharmacy is not working towards this quality payment

Essential Services

Does the pharmacy dispense appliances?	<i>Does the pharmacy dispense appliances?:</i> One of: Yes No
Roughly what % of Rx are repeat dispensing?	<i>Roughly what % of Rx are repeat dispensing?:</i> One of: 0-10 11-20 21-30 31-40

	41-50% 51-60% over 61%
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Advanced Services

Do you provide MURs?	<i>Do you provide MURs?: One of: Yes No</i>
MUR	MUR value
Do you provide NMS?	<i>Do you provide NMS?: One of: Yes No</i>
NMS	NMS value
Do you provide NUMSAS?	<i>Do you provide NUMSAS?: One of: Yes No</i>
NUMSAS	NUMSAS value
Do you provide Flu jabs?	<i>Do you provide Flu jabs?: One of: Yes No</i>
Flu Vaccination	Flu Vaccination value
Do you provide Appliance Use Reviews?	<i>Do you provide Appliance Use Reviews?: One of: Yes No</i>
Appliance Use Reviews	Appliance Use Reviews value
Do you provide Stoma customisation?	<i>Do you provide Stoma customisation?: One of: Yes No</i>
Stoma customisation	Stoma customisation value
If you are not providing advanced services, why not, e.g. no consultation room, no trained pharmacist.	<i>Answer to If you are not providing advanced services, why not, e.g. no consultation room, no trained pharmacist. text box</i>

Acute Trust commissioned services

Emergency Hormonal Contraception	<i>Emergency Hormonal Contraception: None or more of: Yes No</i>
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Long Acting Reversible Contraception (LARC)	<i>Long Acting Reversible Contraception (LARC):</i> One or more of: Yes No
Chlamydia Treatment	<i>Chlamydia Treatment:</i> One or more of: Yes No
C-Card	<i>C-Card:</i> One or more of: Yes No

Local authority commissioned services

Needle and Syringe Exchange	<i>Needle and Syringe Exchange:</i> One or more of: Yes No
Health Checks	<i>Health Checks:</i> One or more of: Yes No
Supervised Administration	<i>Supervised Administration:</i> One or more of: Yes No
Stop Smoking Service	<i>Stop Smoking Service:</i> One or more of: Yes - Behavioural Support, NRT supply and Varenicline Supply Yes, Behavioural Support and NRT supply only Yes, NRT supply only No

CCG commissioned services

Minor Ailments Scheme - Think Pharmacy First	<i>Minor Ailments Scheme - Think Pharmacy First:</i> One or more of: Yes No
INR Testing Service	<i>INR Testing Service:</i> One or more of: Yes No
Palliative Care/Specialist drug scheme	<i>Palliative Care/Specialist drug scheme:</i> One or more of: Yes No

Non-commissioned services

Pregnancy testing	<i>Pregnancy testing:</i> One or more of: Yes No
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Blood pressure checks	<i>Blood pressure checks: One or more of: Yes No</i>
Blood glucose checks	<i>Blood glucose checks: One or more of: Yes No</i>
Blood cholesterol checks	<i>Blood cholesterol checks: One or more of: Yes No</i>
Weight management service	<i>Weight management service: One or more of: Yes No</i>
Travel clinic	<i>Travel clinic: One or more of: Yes No</i>
Erectile dysfunction service	<i>Erectile dysfunction service: One or more of: Yes No</i>
Melanoma screening	<i>Melanoma screening: One or more of: Yes No</i>
Hair loss service	<i>Hair loss service: One or more of: Yes No</i>
Advice / support to care homes	<i>Advice / support to care homes: One or more of: Yes No</i>
Other	Answer to <i>Other</i> text box

Collection and Delivery services

Collection of prescriptions from surgeries	<i>Collection of prescriptions from surgeries: One of: Yes No</i>
Delivery of dispensed medicines - Free of charge on request	<i>Delivery of dispensed medicines - Free of charge on request: One of: Yes No</i>
Delivery of dispensed medicines - chargeable	<i>Delivery of dispensed medicines - chargeable: One of: Yes No</i>

Monitored dosage systems

Do you fill MCAs (or dosette boxes)?	<i>Do you fill MCAs (or dosette boxes)?: One of: Yes No</i>
---	---

If yes, how many each week?	If yes, how many each week? value
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Languages

What languages other than English are spoken in the pharmacy	Answer to <i>What languages other than English are spoken in the pharmacy</i> text box
What languages other than English are spoken by the community your pharmacy serves	Answer to <i>What languages other than English are spoken by the community your pharmacy serves</i> text box

Do you have any other comments?	Answer to <i>Do you have any other comments?</i> text box
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Appendix 5 - Stakeholders Consulted

To be completed following the period of consultation.

- Full Public Engagement Process (see section 2.3)
- Dementia Group via Silverline Memories
- Public engagement via Healthwatch Newcastle
- Public engagement via Newcastle Council for Voluntary Service
- Public engagement via Health and Race Equality Forum
- Newcastle Health Scrutiny Committee
- Newcastle Wellbeing for Life Board
- North of Tyne Local Pharmaceutical Committee
- Newcastle and North Tyneside Local Medical Committee
- Newcastle Gateshead Clinical Commissioning Group
- NHS England Local Area Team
- Newcastle Hospitals
- Mental Health Trust
- Dinnington Parish Council (specific request)

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

1 - Pharmacy Locations – “Control of Entry”

The below has been adapted from “the Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013” (NHS England).

The Health Act 2009 replaces the ‘control of entry’ test for granting new pharmacy contracts with a new test requiring PCOs (NHS England sub region team NHS England sub region 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

The below adapted from: "The community pharmacy offer for improving the public's health - A briefing for local government and health and wellbeing boards" (Local Government Association, March 2016):

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 service – 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.

Appendix 7 – Newcastle Stop Smoking Pharmacies

Red = Dispensing NRT vouchers ONLY White = Behavioural Support + NRT

ASDA PHARMACY Unit 5 Newcastle Shopping Centre, Foss Way, Byker NE6 2XP, 0191 2106990	BOOTS (Northumberland St), 150 Northumberland St NE1 7DQ 0191 2305211	KERR PHARMACY 99 Shields Rd, Byker NE6 1DN 0191 265 0128	NUNSMOOR PHARM 33 Nunsmoor Rd, Fenham NE4 9AU 0191 2734078
ASHCHEM PHARM LTD 293 Denton Rd, Denton Pk NE15 7HJ, 0191 2741970	BOOTS (Saville Pl) 19 Saville Row, NuT, NE1 8JE 0191 232 8664	KERRS CHEMIST 31 Heaton Rd, Heaton NE6 1SA, 01912650131	PONTYLAND RD PHARM 163-167 Ponteland Rd, Covgate, NE5 3AE 0191 2146022
BENWELL Pharm (Medicine Line) 59 Adelaide Terrace, Benwell, NE4 8BN 0191 447 1723	BOOTS (Two Ball Lonnen) 295 Two Ball Lonnen, Fenham NE4 9RX 0191 274 6137	LLOYDS Pharmacy 141 Beaconsfield St, NE4 5JP 0191 273 3030	QUAYSIDE PHARM Crawhall Rd, Quayside NE1 2BL, 0191 2330210
BOOTS Heaton 293/295 Chillingham Rd, Heaton NE6 5LL 0191 265 0553	BOOTS (Gosforth) 13 Gosforth Centre, High St NE3 1JZ, 0191 2851141	LLOYDS Pharmacy 335 Benton Rd, NE7 7EE 0191 266 6549	SHIELDFIELD Pharm Horrogate Hse, Gosforth St, NE2 1XT, 0191 2610658
BOOTS (Cruddas Pk) 5 Cruddas Pk, Westmorland Rd, NE4 7QY 0191 2260658	Boots Kenton 41 Harewood Avenue, NE3 3RX 0191 286 0216	LLOYDS PHARM (Chapel Hse) Chapel Hse Health Centre, Hillhead Pkway NE5 1LU 01912676705	Sainsburvs pharmacy Etherstone Ave, High Heaton, NE7 7JW 0191 220 1128/1120
Boots 53 St Georges Terrace, Jesmond NE2 2SX 0191 281 3579	BOOTS (Stamfordham Rd) 208 Stamfordham Rd, Westerhope NE5 3JE 0191 2869161	LLOYDS PHARM (Walker) 436 Welbeck Rd, Walker NE6 2NY, 01912659048	ST ANTHONYS PHARM St Anthonys Rd, Walker NE6 2NN, 0191 2196109
BOOTS (KINGSTON PK) Unit 1 Kingston Pk Shopping Centre, Brunton Lane, NE3 2FP 0191 271 5073	BOOTS (West Rd) 140 West Rd, NuT NE4 9QB 0191 2733304	LLOYDS PHARM (Prospect Hse) 501 Westgate Rd, NE4 8AY 0191 2733450	ST STEVENS PHARM 23 Heaton Rd, NE6 1SA 0191 276 6626
BOOTS Pharm 3 The Crossway, NE15 7LA 0191 229 0033	BOOTS (18a Osborne Rd) PHARMACY (PGD PHARMACIST CURRENTLY ON MATERNITY) Jesmond, NE2 2AD 0191 281 6798	MEADOWS Pharm 46-50 The Meadows, Fawdon, NE3 3NA 0191 284 4970	SUPERDRUG PHARM 46-52 Northumberland St, NE1 7DF 0191 233 1257
BOOTS (3 Tyne View) 3 TyneView Centre, Lemington 0191 267 4319	DOUGLAS 17 Ashburton Rd, Gosforth NE3 4XN 0191 2852911	WALKERGATE PHARM Walkergate Health Centre, Benfield Rd Byker NE6 4QD 01912765625	Tesco In Store Pharmacy Brunton Lane, Kingston Park NE3 2FP 0191 693 4447
The CO-OP (WELL Pharm) 41 High St, Gosforth NE3 4AA, 0191 2853829		WELL Pharmacy 29 Arlington Avenue, NE3 4TS 0191 285 4334	WHITWORTH CHEMIST 132 Elswick Rd, NE4 6SL 0191 273 8070

Blue = Behavioural Support, NRT and Varenicline

BANKS PHARMACY 13 Princes Rd, Brunton Pk NE3 5TT, 0191 2362776	FAIRMANS PHARM 379 Benton Rd, NuT NE7 7EE 0191 266 2016	MEDICENTRE CHEM 41/47 St, Jesmond NE2 2SX 0191 281 6835	THROCKLEY CHEM Tillemouth Pk Rd, Throckley NE15 9PA 01912106750
BLAKELAW Pharm 8 Moulton Pl, Blakelaw, NE5 3RL, 0191 2861793	FAIRMANS CHEM 19 Newbiggin Hall Centre, Newbiggin Hall Est, NE5 4BR 0191 286 9721	MILLS Pharmacy 21 Station Rd, South Gosforth, NE3 1QD 0191 285 2520	WALKER PHARM 495a Back Welbeck Rd, Walker NE15 9PA 0191 2659344
BOOTS (BYKER) 121-125 Shields Rd, Byker NE6 1DN, 0191 2656505	FARAH CHEMIST 44 Adelaide Tce, Benwell, NE4 8BL 0191 273 8415	MOLINEUX PHARM Molineux St, Byker, NE6 1SG, 0191 2196097	BOOTS, 2-4 Sidgate, Eldon Sq NE1 7XF 0191 232 4423
BOOTS (Hotspur Way) Hotspur Way, Eldon Sq NE1 7XE 0191 232 9844	FARAH CHEMIST (Clyde Chemist) 136 Armstrong Rd, NE4 8PR 0191 273 5065	FARAH CHEMIST 189 Delaval Rd, NE15 6NP 0191 274 1636	BOOTS (WALKER) 11 Church Walk, Walker NE6 3DP 0191 262 3822
BOOTS (West Denton Way) Health Centre, West Denton, NE5 2QZ 0191 2679508	KERR CHEMIST 26 Shields Rd, Byker NE6 1DR, 0191 2659318	FAWDON PARK PHARM 21-23 Fawdon Pk Shopping Centre, Fawdon Pk Rd, NE3 2P, 0191 2852089	BOOTS (Westerhope) 381 Stamfordham Rd, NE5 2LH 0191 286 0587
NEWBURN PHARM 1 Newburn Rd, Newburn, NE15 8LX 0191 267 4393	CHAMBERS CHEMIST 464 Armstrong Rd, NE15 6BY 0191 274 7790	J and J Whittaker Ltd 32 Wansbeck Rd South NE3 3HQ 0191 285 5576	LLOYDS Pharm 168 West Road, NE4 9QB 0191 273 5589

Abbreviations

ACS	Accountable Care Systems
A&E	Accident and Emergency department
AUR	Appliance Use Review
BME	Black and Minority Ethnic Groups
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CIAMS	Commissioners Investment and Asset Management Strategy
CPCF	Community Pharmacy Contractual Framework
CPFV	Community Pharmacy Forward View
COPD	Chronic Obstructive Pulmonary Disease
CPRS	Community Pharmacy Referral Service
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
EPS	Electronic Transfer of Prescriptions
FT	Foundation Trust
GMS	General Medical Services (services provided by GPs and their staff)
GP	General Practitioner
HLE	Healthy Life Expectancy
HLP	Healthy Living Pharmacy
HRBQ	Health Related Behaviour Questionnaire
HWB	Health and Wellbeing Board
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
LSOA	Lower Super Output Area
MP	Member of Parliament
MSOA	Middle Super Output Area
MUR	Medication Use Review
NCMP	National Child Measurement Programme
NDUC	Northern Doctors Urgent Care - out of hours provider for the North of Tyne area
NFNA	Newcastle Future Needs Assessment
NICE	National Institute for Health and Clinical Excellence
NMS	New Medicine Service
NPS	Novel Psychoactive Substance or so called "legal highs"
NRT	Nicotine Replacement Therapy
NUMAS	NHS Urgent Medicine Supply Advanced Service
NUTHFT	Newcastle Upon Tyne Hospitals Foundation Trust
ONS	Office for National Statistics
OTC	Over the Counter Medication
PAS	Pharmacy Access Scheme
PBC	Practice Based Commissioning
PEC	Professional Executive Committee
PCO	Primary Care Organisation

PCT	Primary Care Trust
PGD	Patient Group Directive
PMR	Patient Medication Record
PNA	Pharmaceutical Needs Assessment
POM	Prescription Only Medicine
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral Vascular Disease
QP	Quality Payment
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SHA	Strategic Health Authority
SLA	Service Level Agreement
SOA	Super Output Area
SRE	Sex and Relationships Education
SSS	Stop Smoking Services
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnerships
ToC	Transfer of Care
TPF	Think Pharmacy First (minor ailments)

DRAFT