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# Executive summary

## Chapter 1 Introduction:

This purpose of this document is twofold:

- To determine if there are sufficient community pharmacies to meet the needs of the population of Newcastle
- To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments (PNA) to Health and Wellbeing Boards, who were obliged to produce an updated PNA by 1<sup>st</sup> April 2015 and refresh it every three years. The City Futures Board is Newcastle's statutory Health and Wellbeing Board.

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) in order to reduce unnecessary extra pressure on local authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic.

Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022.

Therefore, considering the announcement and following on from the publication of the Newcastle Pharmaceutical Needs Assessment 2018 the City Futures Board has now produced an updated PNA for publication on 1<sup>st</sup> October 2022.

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.

City Futures Board partners will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population.

## Chapter 2 Pharmaceutical needs assessment process:

A brief overview of the methodology adopted in bringing together the information contained within the 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:

- A survey of public views of community pharmacy (conducted on behalf of the City Futures Board in early 2022)
- Newcastle PNA pharmacy survey (a questionnaire sent to all practicing pharmacies in the city)
- Existing commissioning data held by the Local Authority and NHS England
- Know Newcastle ([www.knownewcastle.org.uk](http://www.knownewcastle.org.uk)), the city information source which supports the Newcastle Future Needs Assessment approach

This section also describes the formal consultation on the draft PNA and the relevant stakeholders with which the draft was shared. The consultation sets out to determine:

- Whether the PNA provides a good reflection of the current pharmacy provision in Newcastle
- Whether there are sufficient community pharmacies to meet the needs of the population
- Whether other services could be delivered by community pharmacies

### **Chapter 3 Identified health needs:**

This chapter identifies an overview of the broad health needs of Newcastle's population. 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 within 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 20.4 pharmacies per 100,000 population nationally. In comparison Newcastle has a slightly lower number, with an overall 19.6 pharmacies per 100,000 population.

Access and availability of existing provision are described to demonstrate the range of local provision to include opening hours, proximity to General Practices in the city, and physical accessibility. 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 6 localities. 9 out of 62 pharmacies are open on Sundays.

### **Chapter 5 Pharmaceutical services:**

This section describes the three tiers of pharmaceutical services which have been identified in regulations. These are:

- Essential Services: services all community pharmacies are required to provide
- Advanced Services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions
- Enhanced Services: services that can be commissioned locally by NHS England.

## **Chapter 6 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 CCG, 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, and Stop Smoking 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 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 Conclusions and recommendations:**

A summary of the identified health needs, provision and gaps in provision are provided for consideration with commissioners and partners. This concludes the main document and describes some of the anticipated developments over the next three years 2022-25.

The City Futures Board considers that, with exception to the ongoing application to open a new pharmacy in Dinnington, the current number and location of pharmacies and the overall number of hours is adequate to meet the needs of people accessing pharmacy services. After considering all the elements of the PNA, the City Futures Board concludes that there is adequate provision of NHS pharmaceutical services across Newcastle.

## **Chapter 8 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 LA the opportunity to highlight ways to enhance available services to a wide range of target groups including those covered by the Equality Act.

# Section 1:

## Introduction

The White Paper: Pharmacy in England: Building on Strengths<sup>1</sup> - Delivering the Future was published by the Department of Health in April 2008 and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the future.

These personalised services would be in addition to the services associated with the dispensing and safe use of medicines and as such, need to be commissioned specifically to meet the health needs of the local population. These services cannot be commissioned in isolation, and therefore form an integral part of the joint strategic needs assessment and the strategic commissioning plan, focusing on local priorities.

The Health Act 2009<sup>2</sup> introduced a legal requirement for all primary care organisations (PCOs) to publish an updated pharmaceutical needs assessment (PNA) by 1<sup>st</sup> February 2011. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs were required to produce a PNA by 1<sup>st</sup> April 2015 and every subsequent 3 years.

The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet that need.

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) to reduce unnecessary extra pressure on local authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic. Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022.

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<sup>1</sup> <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

<sup>2</sup> <https://www.legislation.gov.uk/ukpga/2009/21/contents>



## 1.1 What is the Pharmaceutical Needs Assessment?

A pharmaceutical needs assessment (PNA) describes the health needs of the population, current pharmaceutical services provision, and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the strategic plan, while taking account of financial constraints.

The PNA will be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need
- Support commissioning of high quality pharmaceutical services
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the joint strategic needs assessment
- Facilitate opportunity for pharmacists to make a significant contribution to the health of the population of Newcastle

This is not a stand-alone document and is aligned with the Newcastle Joint Strategic Needs Assessment (JSNA), known in Newcastle as the Newcastle Future Needs Assessment (NFNA)<sup>3</sup>. It will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan e.g. delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

## 1.2 Overview of NHS services provided by pharmacies

There are more than 11,600 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for 85-95% of their total turnover.

Community pharmacies in England provide a range of services including:

- Dispensing and repeat dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (to promote healthy lifestyles)

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<sup>3</sup> <https://www.newcastle.gov.uk/sites/default/files/your-council-and-democracy/2021%2004%20NFNA%20City%20Profile.pdf>

- Disposal of unwanted medicines

Key findings of General Pharmaceutical Services in England 2015/16 - 2020/21<sup>4</sup> indicated that:

- There were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened during 2020/21, while 451 closed. This is the lowest number of active contractors since 2015/16.
- 1.03 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2020/21. This is a 1.79% decrease from the number of items dispensed in 2019/20 but still a 2.35% increase in items dispensed since 2015/16.
- 964 million prescription items were dispensed via the Electronic Prescription Service (EPS) in 2020/21, 93.9% of all items dispensed in the year by community pharmacies and appliance contractors. This is an increase of 58.6 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £8.97 billion in 2020/21. This was an increase of 3.72% from £8.65 billion in 2019/20 and a six year high despite the reduction in dispensed items in 2020/21.
- 2.77 million seasonal influenza vaccines were administered by community pharmacies in 2020/21. This was a 60.9% increase from the 1.72 million vaccines administered in 2019/2020 and a 365% increase on the 595 thousand vaccines administered in 2015/16.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by Local Authorities and the NHS.

### 1.3 Community Pharmacy Contractual Framework

Community pharmacies in England are contracted and commissioned under the national Community Pharmacy Contractual Framework (CPCF)<sup>5</sup>.

The CPCF is agreed between NHS England and NHS Improvement (NHSE&I), the Department of Health and Social Care and the Pharmaceutical Services Negotiating Committee (PSNC) – the representative body for community pharmacy. Historically

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<sup>4</sup> <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819601/cpcf-2019-to-2024.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf)

the agreement was done on an annual basis, however, there has been a recent move to a multi-year agreement to align with and support the delivery of the NHS Long Term Plan. The current CPCF came into force in 2019 and is a five-year deal covering the period from 2019/20 to 2023/24.

The CPCF has three tiers of services:

- Essential services – these are the mandatory services that all community pharmacies are required to provide
- Advanced services – these are the optional services that pharmacies may choose to provide, provided they meet certain accreditation requirements
- Enhanced services – these are optional services that can be commissioned locally by NHS England

The CPCF describes how community pharmacy services would be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

The Pharmacy Quality Scheme (PQS)<sup>6</sup> has replaced the Quality Payments Scheme, with the gateway and quality criteria changed on an annual basis, with some becoming CPCF Terms of Service requirements during 2020/21. For the 2021/22 scheme, there was a focus on priorities supporting recovery from COVID-19 which officially began on 1<sup>st</sup> September 2021.

By 2023/24, as outlined in the CPFT, the NHS and PSNC's vision that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions
- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities
- Provide diagnostic testing on-site related to minor illness
- Support key NHS targets such as tackling antimicrobial resistance; and
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety.

## 1.4 Market Entry

Community pharmacies are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public. If a person (a pharmacist, dispenser of appliances or in some areas a GP) wants to provide NHS pharmaceutical services they

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<sup>6</sup> <https://www.nhsbsa.nhs.uk/pharmacy-quality-scheme-pqs-202122>

are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*<sup>7</sup> a person i.e., a pharmacist, a dispenser of appliances or, in some rural areas, a GP, who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis.

The regulations allow an automatic exemption for distance selling/internet-based pharmacies to the regulatory test, provided that they provide:

- The uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services;
- The safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else’s behalf, and the applicant or the applicant’s staff.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need identified in the PNA
- To meet a future need identified in the PNA
- To improve current access
- To improve future access
- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published.

In December 2016, following the consultation on community pharmacy 2016/17, amendments to the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>8</sup> came into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

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<sup>7</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:  
<https://www.legislation.gov.uk/uksi/2013/349/contents>

<sup>8</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:  
<https://www.legislation.gov.uk/uksi/2013/349/contents>

It is essential that HWBs are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned to support more effective patient care.

## 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.

#### 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 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 available<sup>9</sup>.

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.

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

A steering group consisting of Newcastle City Council's public health team, Newcastle Gateshead CCG, Healthwatch and the Local Pharmaceutical Committee was established to oversee the process. For full membership of the group see Appendix 6.

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA building on expertise from across the local healthcare community.

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<sup>9</sup> <http://www.knownewcastle.org.uk/>



pharmacy advisor was posted on Facebook and Twitter, encouraging the public to take part in the consultation. The video reached 1,600 people across the two platforms.

The responses help to inform this PNA for the next 3 years. They aid understanding of the health needs of Newcastle's population, the level and accessibility of pharmacy services in Newcastle, and how these services can be maintained and developed in future to meet the people's needs.

A total of 41 participants completed the survey (39% female, 6% male, 46% no response), with an age range from below 18 years to 75+ years. The most common age group of participants was 45-54 years. Most participants did not have a disability and were of a White (English/Welsh/Scottish/Northern Irish/British) ethnic background.

Analysis of survey results highlighted that most participants visited a pharmacy to collect a prescription for themselves or someone else. On average, pharmacies were used approximately once every 2 weeks to once per month. Participants were likely to use the same pharmacy each time, with 78% rating their overall satisfaction with the service 'very good' or 'good'. Walking or car were the most common methods of transport used to get to the pharmacy, with an average journey time of 0-15 minutes. For those participants who collected regular prescriptions, the most common method of ordering was via an online request to their GP practise.

Given the small number of respondents, and their age profile, we cannot be confident that this survey is fully representative of the views of the wider population of Newcastle about community pharmacy. Nevertheless, it is the only such intelligence we have about people's views.

Appendix 2 of this document provides a summary of the analysis and outcomes of the public engagement.

## **2.4.2 Provider engagement**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline. Initially this was based on information provided by the NHS England Sub Region, Newcastle Gateshead CCG and Newcastle City Council's public health team.

The information was then validated using a questionnaire made available to all community pharmacies. The questionnaire was not sent to the sole appliance contractor based in Newcastle. The survey was undertaken between 4<sup>th</sup> February and 12<sup>th</sup> June 2022. A total of 37 out of 60 community pharmacy contractors responded, giving a response rate of 62%. A summary of the findings of the survey are described in appendix 3.



Response rate per locality varied from 90% of pharmacies in the North locality, to 25% in the Central locality, as shown in table 1. Analysis of the pharmacy survey results at locality level therefore needs a degree of caution.

Table 1: PNA pharmacy survey response rate per locality

Locality	Pharmacy survey responses received per locality	Number of pharmacies in locality	Response rate per locality
Central	2	8	25%
Inner East	4	8	50%
Inner West	6	13	46%
North	9	10	90%
Outer East	9	12	75%
Outer West	7	9	78%

In relation to the contractors who did not respond, information held by the local authority, based on information provided by the service commissioners (NHSE&I, Newcastle Gateshead CCG and Newcastle Council) was used to inform PNA.

### 2.4.3 Pharmaceutical Needs Assessment Formal consultation

The formal consultation on the draft PNA for Newcastle ran from 13<sup>th</sup> July to 10<sup>th</sup> September 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012<sup>10</sup>, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)<sup>11</sup>, in addition to the Health and Wellbeing Board members, the following stakeholders were consulted during this time:

- North of Tyne Local Pharmaceutical Committee
- Newcastle and North Tyneside Local Medical Committee
- All persons on the pharmaceutical lists, including dispensing appliance contractors
- Newcastle Gateshead Clinical Commissioning Group
- Newcastle Healthwatch
- Newcastle-Upon-Tyne Hospitals NHS Foundation Trust, and CNTW Mental Health NHS Foundation Trust
- NHS England

<sup>10</sup> <https://www.legislation.gov.uk/ukpga/2006/41/contents>

<sup>11</sup> <https://www.legislation.gov.uk/uksi/2013/349/contents>

- Neighbouring HWBs in Gateshead, Sout Tyneside, Northumberland and North Tyneside
- General Practitioners
- General public via the council website and Healthwatch
- North East and North Cumbria Integrated Care Board

Notice was sent to all consultees informing them of the web site address (<https://www.letstalknewcastle.co.uk>) which contained the draft PNA document. The DHSC PNA guidance states that “a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation”.

The consultation sets out to determine:

- Whether the PNA adequately and accurately describes the services delivered by pharmacies within Newcastle
- Whether there any gaps in service provision that have not been identified in the PNA, i.e. when, where and which services are available
- Any additional information which should be included in the PNA
- Whether the PNA has provided enough information to inform future pharmaceutical services provision and plans for pharmacies/dispensing appliance contractors
- Whether stakeholders agree or disagree with the key considerations, recommendations and conclusions of the draft PNA

**Appendix 5 summarises the findings of the formal consultation and responses made by the Health and Wellbeing board.**

## 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. Further information can be found within the Newcastle Future Needs Assessment<sup>12</sup>.

#### 3.1 Population profile

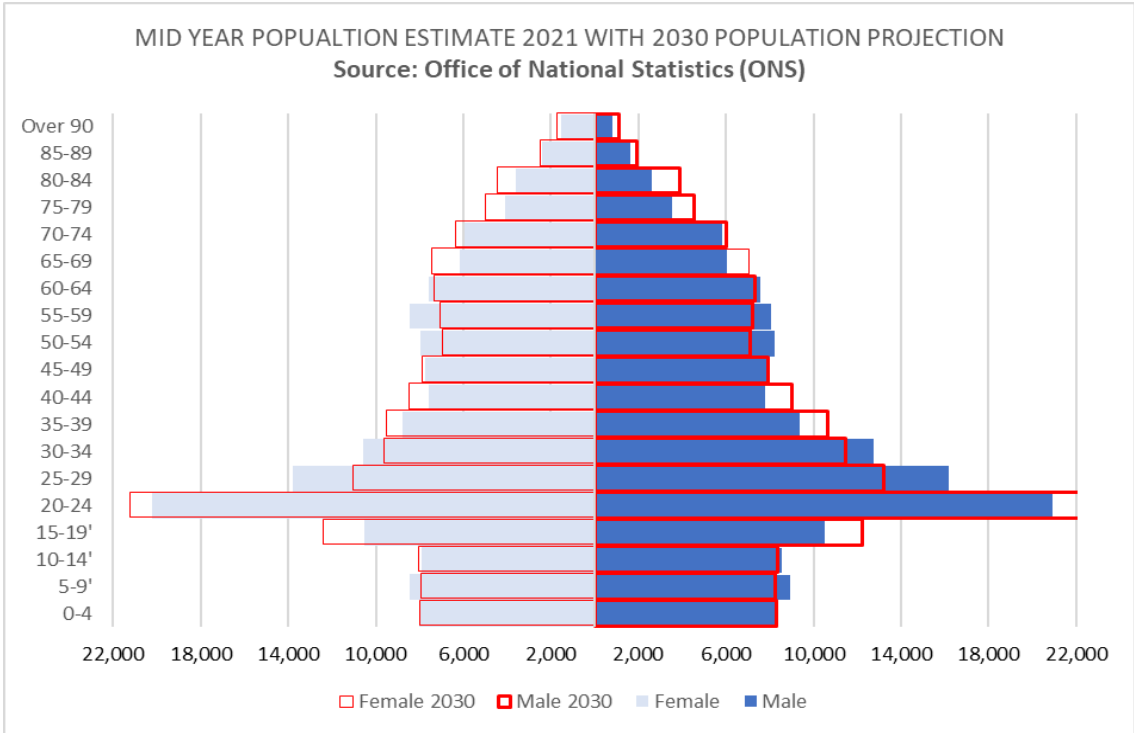
Over the past 20 years, the population of Newcastle upon Tyne grew by 18.2% in between 2001 (259,536) and 2021 (306,824). Furthermore, Newcastle upon Tyne is the second most populated city in the North East Region.

- The most recent mid-year 2021 population estimates show Newcastle has an estimated population of 306,824 and, if pre coronavirus trend continues, the population of Newcastle upon Tyne is projected to increase to 310,909 by 2030 (Source: ONS Mid-2021 population estimates & ONS 2018 population projection).
- Based on the 2021 population estimates, the working age population (16-64 years) makes up 68.3% of Newcastle Upon Tyne population.
- Newcastle has the lowest proportion of people aged 65 years and over in the North East region (14.3%) (Source: ONS Census 2011)
- The general fertility rate continues to decrease in Newcastle. There was a 15% decrease in live births in 2020 compared to 2010 (the equates to approximately 500 fewer live births).
- There has also been a decline in the conception rate from 70.3 per 1,000 women in 2009 to 55.9 per 1,000 in 2020

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<sup>12</sup>[www.knownewcastle.org.uk](http://www.knownewcastle.org.uk)

**Figure 1: Population Pyramid of Newcastle with future population 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; an increase from 6.9% in 2001
- 9.8% of the Newcastle population are Asian<sup>13</sup>, which equates to 27,017 people, and 1.9% which equates to 5,160 of the population are Black<sup>14</sup>
- In 2011, 86.6% the Newcastle population were born in the UK compared to 93.2% in 2001
- 89.7% of households in Newcastle have English as a main language; however, 5.9% of households have no people who have English as their main language (6,927 households) in 2011
- Around 59% of Newcastle’s Asian population and 47% of Newcastle’s Black population reside in the Newcastle West Area. In the 2021 School Census, BME children accounted for 34.6% of the school population compared to 31% in 2017.

<sup>13</sup>(including Indian, Pakistani, Bangladeshi, Chinese and Other Asian),

<sup>14</sup>(Black, African, Caribbean and Black British)

### 3.1.2 People with long term health problems or disability

- 18.8% of the population reported that their day-to-day activities were limited by a long-term health problem or disability. 9.5% felt that their day-to-day activities were limited a lot.
- There are an estimated 13,760 adults aged 18-64 years 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 than the North East (3.0%)

## 3.2 Deprivation

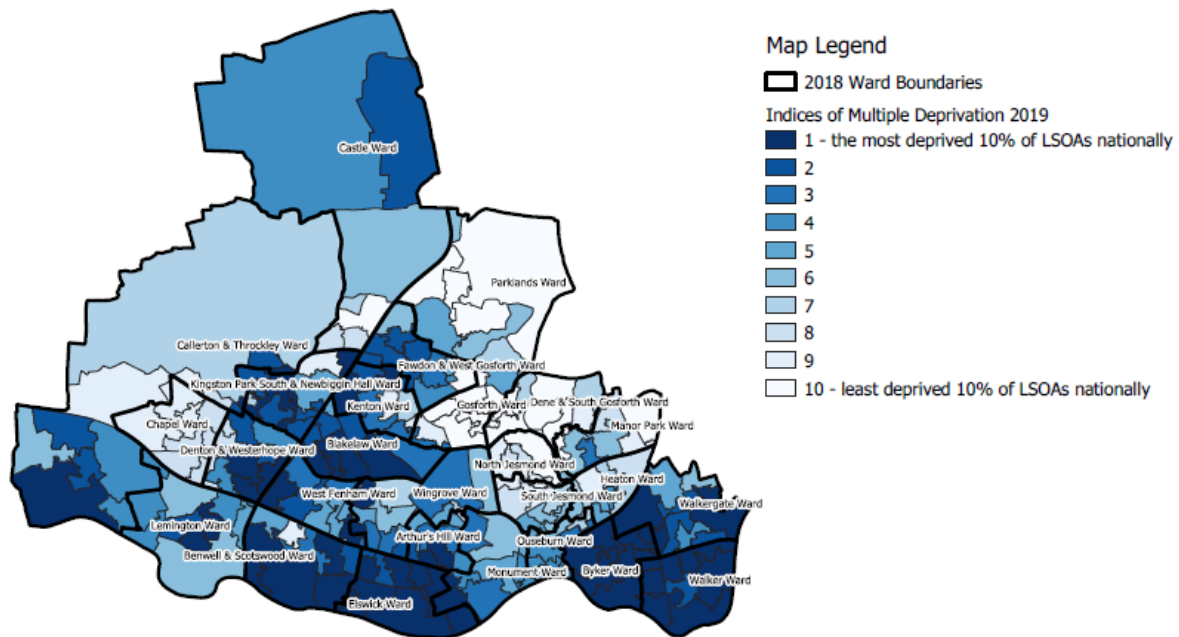
The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. The Index of Multiple Deprivation (IMD) 2015<sup>15</sup> provides an overall deprivation score for small areas known as ‘lower layer super output areas’ (LSOAs) (see Map 2).

Newcastle is the 41<sup>st</sup> most deprived authority out of 326 in the country (IMD 2019) but this hides significant differences across the city. Almost 25% of people in Newcastle live in the 10% most deprived areas nationally and 9.7% live in the least deprived areas nationally.

#### Map 2: Index of Multiple Deprivation 2019 in Newcastle

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<sup>15</sup> 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/>



Data Sources:  
 IMD 2019 (Ministry of Housing, Communities and Local Government, 2019)  
 LSOA to IMD 2019 lookup (Ministry of Housing, Communities and Local Government, 2019)  
 Ward Boundaries (Office for National Statistics Open Geography Portal, 2019)  
 Map (created using QGIS Desktop 3.4.5)

Map Author: Public Health Intelligence, PH Health

### 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 77.3 years and for females 81.6 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 8.6 years and males 10.6 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:

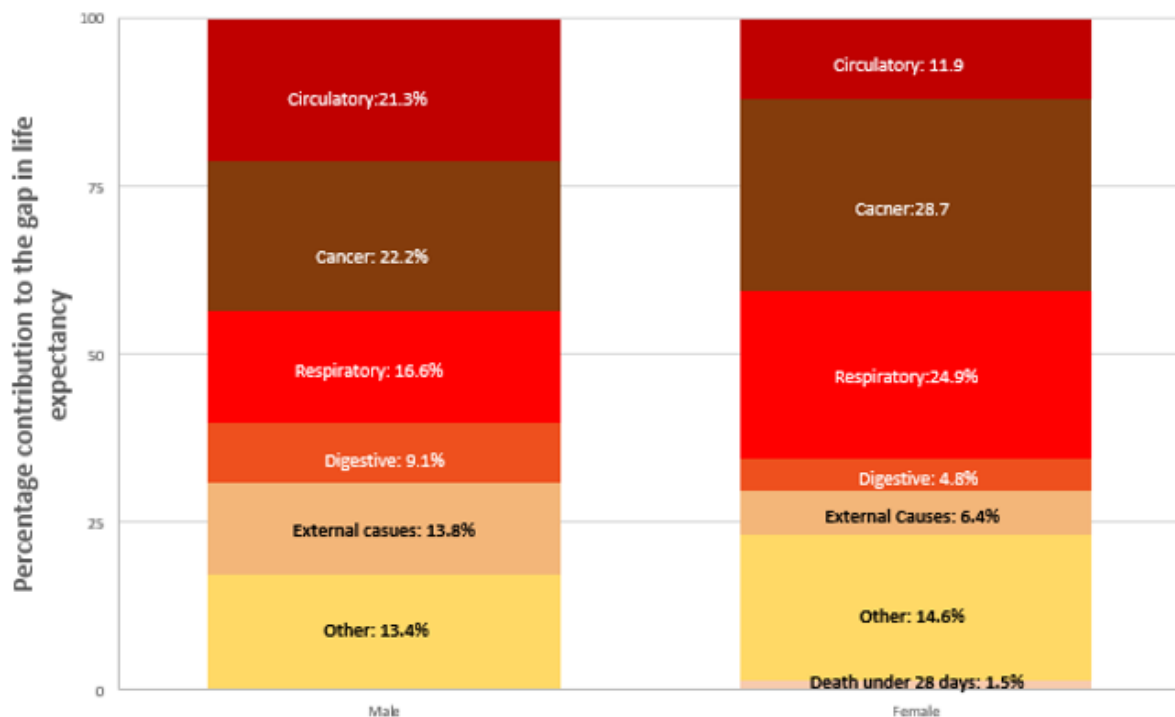
- The HLE at birth for males in Newcastle is 61 years and for females 58.7 years. This is significantly worse than the England average.

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:

- Overall premature mortality of 423.7 deaths per 100,000 in Newcastle in 2018/20, this is amongst the worst in the country. (127th worst out of 150 local authorities).

- In between 2017 to 2019, the 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 of 26.8 per 100,000 in 2013/15 and 28.7 per 100,000 in 2017/19.
- 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 2015/17



The incidence of cancer in Newcastle is higher than the England average for both sexes. In 2019, the rate of cancer incidents in Newcastle Gateshead CCG was 669.4 per 100,000. Newcastle is ranked 134th out of 150 LA's for premature cancer mortality, a rate of 157.6 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 2017/19 were significantly worse than the England average at 87.9 per 100,000. Coronary heart disease prevalence (2.8%) is below the national average (3.2%)
- Hypertension prevalence (12%) is lower than the national average (13.9%)
- Stroke and transient ischaemic attack prevalence (1.7%) is slightly below the national average (1.8%)
- The prevalence of chronic obstructive pulmonary disease (COPD) (2.4%) is higher than the national average (1.9%)
- Diabetes prevalence (6.5%) is lower in Newcastle than nationally (7.1%), 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 Gateshead CCG. Around 12.0% of the GP registered population in Newcastle Gateshead CCG are recorded on the Depression register which slightly lower than the national average (12.3%).

**Table 2: Diagnosed Coronary Heart Disease, Hypertension, Stroke, COPD and Diabetes 2020/21 compared to estimated prevalence 2011**

	No. on disease register (QOF 20/21)	Estimated prevalence	Difference	% of estimated on disease register
<b>Coronary Heart Disease (CHD)</b>				
<b>Newcastle</b>	10,144	13,325 (2011)	3,181	<b>76%</b>
<b>Hypertension</b>				
<b>Newcastle</b>	44,803	62,655 (2014)	17,852	<b>72%</b>
<b>Stroke &amp; Transient Ischaemic Attack</b>				
<b>Newcastle</b>	6,471	5,848 (2011)	623	<b>111%</b>
<b>COPD</b>				
<b>Newcastle</b>	8,053	10,377 (Newcastle & GH CCG 2011)	2,324	<b>78%</b>
<b>Newcastle &amp; Gateshead</b>	14,011		-	-
<b>Diabetes</b>				
<b>Newcastle</b>	19,621	17,522 (2016)	2,099	<b>112%</b>
<b>SOURCE: 2020/21 QOF data for Newcastle GP Practices. National General Practice Profiles, Public Health England</b>				

### 3.4 Lifestyle risk factors

#### 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 2017-19, there were around 1,096 deaths in Newcastle attributable to smoking, which is a rate of 266.5 per 100,000, significantly worse than the England average at 202.2 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 2019/20 there were 2,914 smoking attributable hospital admissions, a rate of 2,121 per 100,000, which is significantly worse than the England average of 1,398 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 years and over is 13% (n= 31,804), Routine and manual occupations is higher at 21.6%, and mothers who are smoking at the time of delivering their baby at 11.7%

### 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 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.

- It is estimated 8% of the population are affected by a friend or family member's drinking, equating to 20,000 adults in Newcastle. These figures are based on the adult population (18+ years) and weighted using Adfam's methodology from the 'Overlooked' report.
- Local survey data shows that the prevalence of secondary school pupils in Newcastle who reported never having had an alcoholic drink rose from 41% in 2015 to 47% in 2019. 11% of secondary school pupils reported having an alcoholic drink within the last 7 days, whilst 3% reported drinking alcohol 'regularly'.
- In 2019/20, 429 adults were in treatment for alcohol misuse in Newcastle, equating to 1.8 per 1000 people. This figure falls lower than the North East average of 2.5 per 1000 people and slightly higher than the national average of 1.7 per 1000. The number of adults in treatment services for alcohol misuse has declined each year since 2016/17.
- 2% of the population receiving treatment for alcohol misuse were considered to have an urgent housing problem, whilst 6% had a housing problem.

### 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.

- In 2016/17, the estimated rate of opiate and/or crack cocaine use in Newcastle was 10.7 per 1000, which is lower than the regional average (11.2 per 1000) and higher than the national average (8.9 per 1000).

- In 2020/21, 1,647 adults were in treatment for opiate, non-opiate or non-opiate and alcohol combined misuse, with 73% of this population being opiate users.
- 70% of the adults in structured drug and alcohol treatment were male and the most common age group was 30-45 years. In 2020/21, the rate of successful completions in Newcastle was 37%, which is lower than both the regional and national averages at 44% and 50% respectively.
- Of those in structured drug and alcohol treatment in 2020/21, 68% were unemployed or economically inactive, whilst 13% were on long-term sick leave or disabled. 6% had an urgent housing problem and a further 9% had a housing problem. 18% of referrals were from the criminal justice system.
- 35% of the adult treatment population in 2020/21 reported illicit use of prescription only medication/over the counter medicine (POM/OTC).
- 72% of adults entered drug treatment in 2020/21 received care from a mental health service where a recognised need was flagged.

### 3.4.4 Substance Misuse - Young People

Most young people do not use drugs, and are not dependent on drugs 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 in children has declined steadily from 2003 to 2014, however, has increased from 2014 to 2016. According to NHS Digital, 44% of pupils aged 11-15 years said they had drunk an alcoholic drink, which is 6% higher than 2014 figures. Newcastle carries out its own survey on children and young people in schools; the 2019 findings include:

- 11% of secondary school pupils surveyed reported having an alcoholic drink in the last 7 days, a fall from 21% in 2011.
- 47% of secondary school pupils surveyed reported that they had never had an alcoholic drink at all, which is an increase from 26% in 2011.
- 3% of secondary school pupils surveyed reported that they drink alcohol 'regularly' (at least once a week).
- For some young people 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.
- In 2019/20, 45 children and young people were engaged in treatment services within Newcastle. This figure is a 36% decrease from 2018/19.
- 89% of children and young people were in treatment for cannabis, whilst 36% were for alcohol and 20% for cocaine (clients may report multiple substances).
- In previous years, another key substance for those in treatment services has been New Psychoactive Substances (NPS). In 2019/20, 4% of children and young people in treatment were being treated from NPS misuse, which is a decrease from 9% in 2018/19.
- 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 2007<sup>16</sup> 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 upwards<sup>17</sup>.

- For Newcastle, 66.6% of adults were estimated in 2020/21 to be overweight or obese<sup>18</sup> compared to 63.5% nationally.
- The National Child Measurement Programme (NCMP) shows within Newcastle that the prevalence of excess weight amongst children in Reception and Year 6 is significantly worse than the national average.
- 26.0 % of Reception Year and 39.6 % of Year 6 children were overweight or obese in 2019/20

### 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. In 2020:

- From the period 2015 to 2019, there were an average of 1,994 new STI diagnoses (excluding Chlamydia in those under 25) in Newcastle. In 2020, this fell to 1,175 new diagnoses. This reduction was also seen nationally and is likely a combination of the impact of covid lockdowns in terms of socialising and access to testing/ services.
- Chlamydia is the most commonly diagnosed STI in Newcastle, with a detection rate of 1,382 per 100,000 in the 15- 24 age group in 2020 (most at risk), which is below the recommended thresholds of 2,300–3,000 per 100,000. This has been decreasing since 2017.
- The diagnostic rate of Gonorrhoea has been increasing in Newcastle which follows the national trend, Newcastle's rates from 2012 to 2019 were statistically worse than England. As with other diagnoses in 2020, there was a decrease to 83 per 100,000 but as stated before this is likely an impact of covid lockdowns reducing spread than a true reduction in the population.
- The diagnosed prevalence of HIV has remained steady with no significant change to the recent trend. The diagnosed prevalence in those aged 15 to 59 in Newcastle was 1.98 per 1,000 in 2020 (n=391).

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

<sup>17</sup> National Obesity Observatory, UK and Ireland Prevalence and Trends, [http://www.noo.org.uk/NOO\\_about\\_obesity/adult\\_obesity/UK\\_prevalence\\_and\\_trends](http://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends)

<sup>18</sup> Public Health England, Public Health Outcomes Framework, [www.phoutcomes.info](http://www.phoutcomes.info)

### 3.4.7 Teenage conceptions

Work to reduce unplanned teenage conceptions is focussed on three key areas: sex and relationship education (SRE), 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 and improving access to contraceptive services, particularly increased use of long acting reversible contraception (LARC).

- Rates of teenage conception amongst under-18s in Newcastle have decreased over the past two decades. Currently the crude rate is 18.5 per 1,000 in 2020, which is significantly worse than the rate for England (13 per 1,000).
- 42.3% of under 18 conceptions led to an abortion in 2020; this proportion has remained similar as a recent trend (for comparison 53% led to an abortion in England in the same year).
- The crude rate of under 16 conceptions is 3.8 per 1,000 compared to 2 per 1,000 nationally.

## 3.5 Immunisation and Vaccinations

Vaccinations are one of the most effective public health interventions against certain infectious diseases by providing protection not only to those who are vaccinated but also to the population at large (herd immunity). Screening programmes can improve life quality or even save lives through early detection of serious illness. Throughout the life course a person will be invited to take up several vaccinations or screening programmes and it is imperative that the population have equitable access and knowledge to inform their decision. This was demonstrated most recently through the Covid 19 vaccination programme. Screening and immunisations programmes include:

- Screening programmes such as Diabetic eye screening and Abdominal Aortic Aneurysm (AAA)
- Newborn screening; bloodspot, hearing and infant physical examination
- Cancer screening programmes, e.g. cervical, breast and bowel cancer
- Influenza vaccination uptake
- Childhood immunisations programme delivered to infants at 12 months, 24 months and 5 years
- School aged immunisations programme delivered to secondary school aged children
- The Covid-19 vaccination programme

Newcastle provisional data on influenza vaccination coverage in 2021 shows:

- 2-3 year olds: 49.1% of all two year olds received the vaccine, similar to the England uptake (48.7%). 51.5% of three year olds received a vaccine, again similar to the overall England uptake (51.4%).
- At-risk population: 53.6% of those aged under 65 years and considered at risk received their vaccine, similar to 52.9% nationally.

- Pregnant women: 43.9% of pregnant women received a vaccine locally, compared to 37.9% nationally.
- Aged 65+: 84.1% of over 65s in Newcastle took up the vaccine, compared to 82.3% nationally.
- Front line health workers: 73.2% of healthcare workers with direct patient care were vaccinated in the Newcastle Upon Tyne Hospitals NHS Trust, similar to last year's uptake (76.7%). Nationally 72.4% frontline healthcare workers with direct patient care received a vaccine.

## **Covid Vaccination**

Newcastle has lower vaccination uptake across all doses when compared to our regional neighbours. Compared to other Core Cities, uptake is similar. A substantial programme of work in partnership between the Local Authority, Newcastle Clinical Commissioning Group and other key partners has been undertaken to improve access to vaccination and reduce inequalities. This has included working with local pharmacies to boost provision in the area.

As of the 30<sup>th</sup> June 2022, just under 600,000 doses of covid vaccine had been administered to Newcastle residents. Broken down by dose this equates to:

- 224,622 1<sup>st</sup> doses
- 210,203 2<sup>nd</sup> doses
- 160,826 3<sup>rd</sup> doses/boosters

## **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**

The Local Plan is a collection of documents that guide future development including housing need up to 2030 and can be accessed through Newcastle City Council's website. The Core Strategy and Urban Core Plan (CSUCP) identifies current households and future projected households in Newcastle. It states there are 128,107 households in Newcastle in 2020; this is projected to increase to 137,471 in 2030 (9,364 total growth or 936 a year). For Newcastle, the local housing need figure is greater than the annualised CSUCP housing requirement of 880 dwellings per annum, and only slightly below the annualised housing requirement for the

remaining plan period. In 2020/21 as part of the Local Authority Housing Statistics (LAHS), Newcastle recorded 25,083 local authority owned dwellings, with 24,562 as Social Rent.

Appendix 1 includes a map demonstrating planned developments as part of the Core Strategy (Strategic Land Release Sites). Many of these are situated towards the Outer West.

## Section 4:

# Current Provision of Baseline Pharmacy Services

## 4.1 Definition of Pharmaceutical Services

NHSE&I is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The requirements for the commissioning of pharmaceutical services are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*<sup>19</sup> and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*<sup>20</sup>.

### 4.1.1 Core hours

Community pharmacy contractors provide Essential Services as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100-hour pharmacy service, and some may offer less than 40 hours. Core opening hours can only be changed by first applying to NHSE&I and as with all applications, these may be granted or refused.

### 4.1.2 100-hour pharmacies

Previous regulation provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100-hour pharmacies provide extended and out of hours cover for pharmaceutical services across the borough. The new control of entry system came into force on 1<sup>st</sup> September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This removed the 100-hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres.

### 4.1.3 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days notice of the intended change but would not be expected to fall unless there had been prior reduction in demand.

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<sup>19</sup> <https://www.legislation.gov.uk/uksi/2013/349/contents>

<sup>20</sup> <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>



#### **4.1.4 Pharmacy services during the Pandemic**

NHSE&I recognised that, during the pandemic, there were occasions when temporary adjustments were needed to pharmacy opening hours as workload and other pressures on community pharmacy increased. It was recognised as important that pharmacy staff stay well and rested appropriately and contractors were supported to consider steps to temporarily shorten the working day or have periods of time for staff to recover and catch up with any backlog of work.

All pharmacies, both those providing 40-hour and 100-hour services were required to be open at specific times during the day as defined by NHSE&I and patients provided with information about how to contact the pharmacy if urgent help was required. This flexible approach to opening hours was no longer applicable by the time this PNA was carried out.

Subsequently, there have been some changes in hours of service, specifically regarding supplementary services rather than changes in core service delivery, with formal notification to NHSE&I as required by the NHS Regulations.

#### **4.1.5 Pharmacy Access Scheme**

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.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by NHSE&I in January 2022 indicated that 2 pharmacies in Newcastle were identified as being eligible for the Pharmacy Access Scheme for 2022, these are:

- Brunton Park Pharmacy
- Great Park Pharmacy

#### **4.1.6 Dispensing Appliance Contractors**

Dispensing Appliance Contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors (DAC) are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely, receiving prescriptions



either via the post or EPS, and arranging for dispensed items to be delivered to the patient.

Some patients may choose to have appliances supplied by appliance contractors. Although there is one dispensing appliance contractors located within Newcastle, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. However, this may limit the ability of residents to access Appliance Use Review services to ensure that they get the most out of the appliances supplied.

#### **4.1.7 Distance Selling Pharmacies**

Distance Selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations<sup>21</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via EPS or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential or advanced services whilst the patient is at the pharmacy premises.

As of 30<sup>th</sup> June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

In the NHSE&I North-East and Yorkshire, in January 2022, there were 19 distance selling pharmacies. At the time of the PNA review, a new distance selling pharmacy based in Newcastle was in the process of opening on the 15<sup>th</sup> June 2022.

#### **4.1.8 Dispensing Doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

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<sup>21</sup> <https://www.legislation.gov.uk/uksi/2013/349/contents>

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.

At the time of the previous PNA in 2018, there was one dispensing practice situated in the Newcastle area, in Dinnington village but which was a branch of a Northumberland practice. This dispensing facility closed in summer 2021 so there are currently no dispensing doctor practices in Newcastle.

## 4.2 Access to pharmacies in Newcastle

### 4.2.1 Number and type of pharmacies

In Newcastle, there are currently 62 dispensing contractors providing pharmaceutical services made up of:

- 60 community pharmacies, of which
  - 59 standard 40-hour contract pharmacies
  - 1 100-hour contract pharmacy
- 1 distance selling pharmacy (opened 15<sup>th</sup> June 2022)
- 1 dispensing appliance contractor
- No dispensing doctors' service

There has been closures of five 40-hour pharmacies and one 100-hour pharmacy in Newcastle since the last PNA was published in 2018. There was also one dispensing doctor's service, located in Dinnington village (a branch site of a Northumberland GP practice based in Ponteland) at the time of the previous PNA which has now ceased dispensing from this site in summer 2021.

A new pharmacy opened in Great Park in August 2018, and a distance-selling pharmacy has recently opened in the city centre in June 2022.

One pharmacy, located in Dinnington has received approval to open within 12 months (from May 2022) although NHSE had not yet received notice of commencement regarding the confirmed opening date at the time of the PNA 2022 review.

The changes in community pharmacy services since the 2018 PNA are as follows:

- Closures:
  - UK Pharmacia Ltd, Airport Industrial Estate, Kingston Park: closed 29.6.2019
  - Farah Chemists (trading as Benwell Pharmacy), Adelaide Terrace, Benwell providing 100 hours pharmacy services: closed 31.7.2019
  - Norchem Healthcare Limited (trading as Kerr Pharmacy) Shields Road, Byker: closed 7.2.2020
  - Boots UK Ltd, The Crossway, Lemington: closed 11.4.2020
  - Boots UK Ltd, Stamfordham Road: closed 1.7.2020
  - Boots UK Ltd, Osborne Road, Jesmond: closed 13.11.2020
- New pharmacy opening:
  - Pharmicare4U Ltd (trading as Great Park Pharmacy), Wagonway Drive, Great Park: opened 3.8.2018
  - North East Care Solution Ltd (trading as North East Pharmacy), Forth Banks off Forth Street, Newcastle-upon-Tyne: opened 15.6.2022

There have also been some changes of trading names, relocation of existing pharmacy services to alternative locations within the City area, generally close to previous sites with little change to service provision.

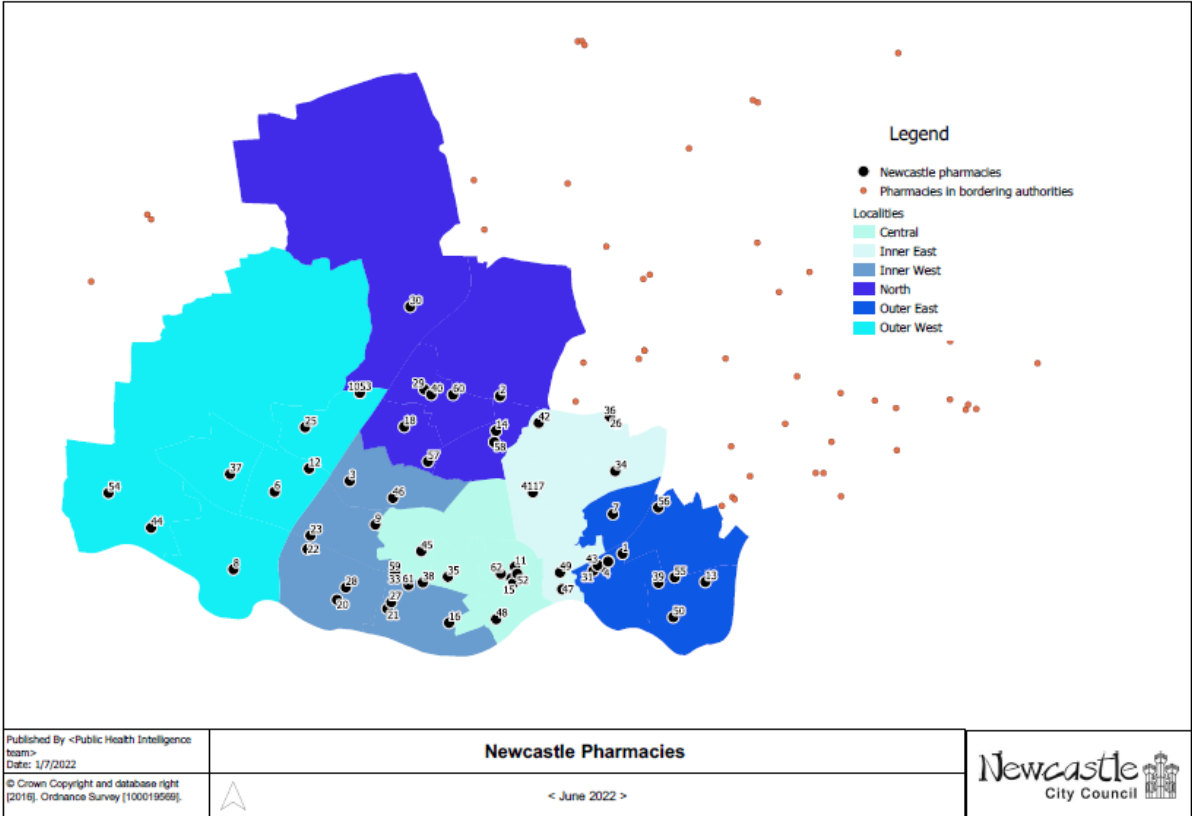
### 4.2.2 Geographical location of pharmacies

Map 3 identifies the locations of the pharmacies within the Newcastle HWB area boundary currently providing 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.

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.

A full list of the pharmacies and their opening hours is detailed in appendix 4.

Map 3: GP Practices and Pharmacies in Newcastle, June 2022



As seen in table 3, with 60 “high street” community pharmacies (i.e. excluding distance selling pharmacies) providing services in the Newcastle area to a population of 306,824 (based on ONS 2020 mid-year population estimates) the average number of community pharmacies is 19.6 per 100,000 people. This equates to one pharmacy

per 5,113 population. This compares to a national figure of 20.4 community pharmacies per 100,000 people, or one pharmacy per 4,901 population. There are 31 GP Practices, which is a reduction of 2 practices 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.

Table 3 demonstrates that Newcastle, as a whole, is well served by community pharmacies. Although the Inner East and Outer West localities are shown to have less pharmacies per 100,000 population, the majority of residents live within a less than 30 minute journey to a pharmacy (see Appendix 1).

There have been no comments during consultation to suggest patients do not have ready access to community pharmacy services.

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

Locality	No. of pharmacies	Population (mid-2020 resident population)*	Pharmacies per 100,000 population
North	10	55,410	18
Inner East	8	54,810	14.6
Outer West	9	52,032	17.3
Central	8	47,248	16.9
Outer East	12	46,747	25.7
Inner West	13	50,577	25.7
Newcastle TOTAL	60	306,824	19.6
ENGLAND (2018/19) **	11,539	56,550,138	20.4

**SOURCE: \* Office for National Statistics (ONS)**  
**SOURCE: \*\*NHS Digital General Pharmaceutical Services 2018/19** Copyright © 2016, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre.

### 4.2.3 Access to pharmacies by foot and by public transport

Maps A3 and A4 in Appendix 1 demonstrate access to community pharmacies by public transport and by foot in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

In terms of accessibility, 96% lived within a 20-minute walk of a Newcastle pharmacy and 81% lived within a 15-minute journey by public transport.

The public survey that was conducted for this PNA included questions about access to pharmacies. Most respondents to the survey were regular pharmacy users, and 82% indicated that they tend to visit the same pharmacy. Being close to the person's

home was the most common (45%) answer to what factors are important when choosing which pharmacy to use.

The most common ways of accessing a pharmacy were by walking (45%), by car (39%) or public transport (12%). 80% of respondents stated that their travel time to a pharmacy was between 0-15 minutes, 20% answered between 16-30 minutes and no responses reported travel times over 30 minutes.

Section 3.7 describes the planned housing developments for Newcastle and further details are shown in map A5 in appendix 1. Many of the planned developments are situated towards the outer west locality. These areas are currently adequately served by the 9 pharmacies in this locality. The HWB will continue to monitor the increasing demands on pharmaceutical services in the future as a result of these developments.

The previous PNA identified that there were gaps in essential pharmaceutical service provision in both Dinnington and Great Park.<sup>22</sup>

For Great Park, the previous PNA noted that a new pharmacy was initially refused by the NHS Commissioning Board but then overturned at appeal in November 2017. The application was granted mainly on the basis that there was 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. The PNA therefore agreed that there was a gap in essential pharmaceutical service provision, and subsequently a new 40-hour pharmacy opened on 3<sup>rd</sup> August 2018 in the Great Park area.

For Dinnington, the previous PNA identified that there was a gap in provision of essential pharmaceutical services. At the time of the PNA review, the only route to access medicines in the village was through the local dispensing practice, or by travelling to the nearest pharmacies in Kingston Park, Wideopen and Ponteland.

More recently in Summer 2021, the dispensing doctor's service located in Dinnington (a branch site of a Northumberland GP practice based in Ponteland) has ceased dispensing from this site in Summer 2021.

NHS England has confirmed that a pharmacy application, located in Dinnington has received approval to open within 12 months (from May 2022), although NHSE had not yet received notice of commencement regarding the confirmed opening date at the time of the PNA 2022 review.

**Therefore, with the exception of Dinnington where a previously identified gap has been granted approval for a pharmacy yet to open, the findings regarding access to services by foot and public transport demonstrate that there is adequate access to services in terms of travel time for all the population of Newcastle.**

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<sup>22</sup> Newcastle Pharmaceutical Needs Assessment 2018-2021

[https://www.newcastle.gov.uk/sites/default/files/Public%20Health/PDFs/PNA%202018-21%20FINAL%20-%202019th%20Feb%20\(002\).pdf](https://www.newcastle.gov.uk/sites/default/files/Public%20Health/PDFs/PNA%202018-21%20FINAL%20-%202019th%20Feb%20(002).pdf)

**The HWB will continue to monitor the increasing demands on pharmaceutical services in the future as a result of the ongoing housing developments.**

#### 4.2.4 Dispensing activity

To assess the average dispensing activity levels of Newcastle community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity<sup>23</sup> was mapped to Newcastle localities using pharmacy codes and addresses.

Prescribing and data reports (ePACT2) published by NHS Business Services Authority in January 2022 indicated that a total of 7,450,434 items were prescribed by GPs in the Newcastle HWB area in 2020/21.

Table 4 shows the number of prescriptions that were issued by GP practices and dispensed by pharmacies for each locality. These figures do not take into account prescriptions issued by dentists or GP practices outside the Newcastle locality. This information also does not reflect the GP dispensing activity.

The information shows that, on average, community pharmacies (excluding distance selling pharmacies) in Newcastle dispensed around 124,174 prescription items during 2020/21 compared to an average of 88,793 for England<sup>24</sup>.

Table 4: Average number of prescription items dispensed

Locality	No. of community pharmacies	Number of prescriptions dispensed	Average per annum items dispensed per pharmacy
Newcastle	60	7,450,434	124,174
England	11,600	1,030,000,000	88,793
<b>SOURCE: NHS Business Services Authority</b>			
<b>(Note: these items are prescribed in Newcastle and dispensed in Newcastle and do not represent the total number of dispensed items by pharmacies which may process prescriptions from other areas)</b>			

Although the majority of the prescriptions issued by Newcastle prescribers are dispensed by pharmacies within the HWB boundary ("in area"), a small proportion are dispensed by pharmacies "out of area". On average, over the 2018/19, 2019/20 and

<sup>23</sup> Prescribing data from NHSBSA ePACT2 <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

<sup>24</sup> General Pharmaceutical Services in England 2015/16 - 2020/21: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>



2020/21 financial years, 5.0% of items prescribed from a Newcastle practice were dispensed "out of area".

In addition to this, it is important to note that equally, prescriptions dispensed by community pharmacies within Newcastle are prescribed by GP practices outside of the Newcastle area, again demonstrating the cross-boundary activity.

The HWB recognise that community pharmacies in Newcastle dispense significantly higher numbers of prescriptions than the national average but that services are able to meet this current need.

### 4.3 Pharmacy opening hours

NHS England is responsible for administering opening hours for all 61 pharmacies in Newcastle via the NHS England sub region team (NHS England).

**Core hours:** All pharmacies expect one 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 60 Newcastle pharmacies there is only one 100 hour pharmacy in Newcastle (Location – Kingston Park South & Newbiggin Hall ward), 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, 97% 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 community pharmaceutical services available per week

Number of hours	Pharmacies	
	Number	%
Less than 40 hrs	1	2
Exactly 40 hrs	0	0
More than 40 and up to 45 hrs	10	17
More than 45 and up to 50 hrs	24	40
More than 50 and up to 55 hrs	11	18
More than 55 and up to 60 hrs	5	8



<b>More than 60 but less than 100 hrs</b>	<b>8</b>	<b>13</b>
<b>100 hrs or more</b>	<b>1</b>	<b>2</b>
<b>TOTAL</b>	<b>60</b>	<b>100</b>
<b>SOURCE: NHS England</b>		

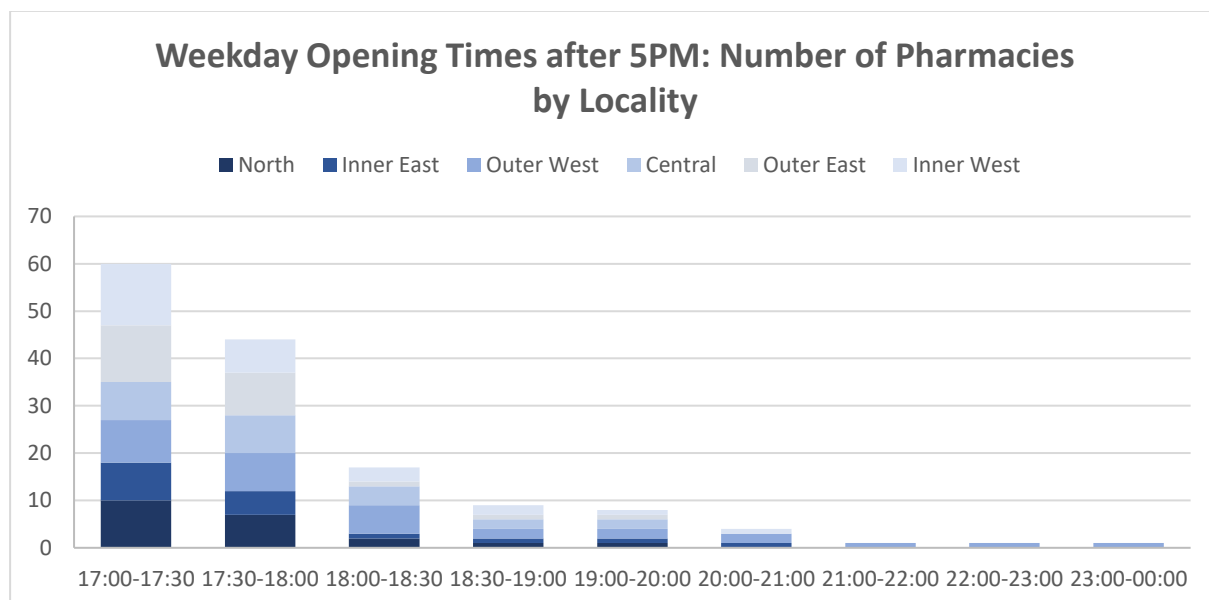
## Newcastle pharmacy availability

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 4). 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.

### 4.3.1 Weekday opening

Whilst Newcastle has excellent weekday coverage of opening hours between 9am and 5pm, evenings provide reduced access. 73% 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

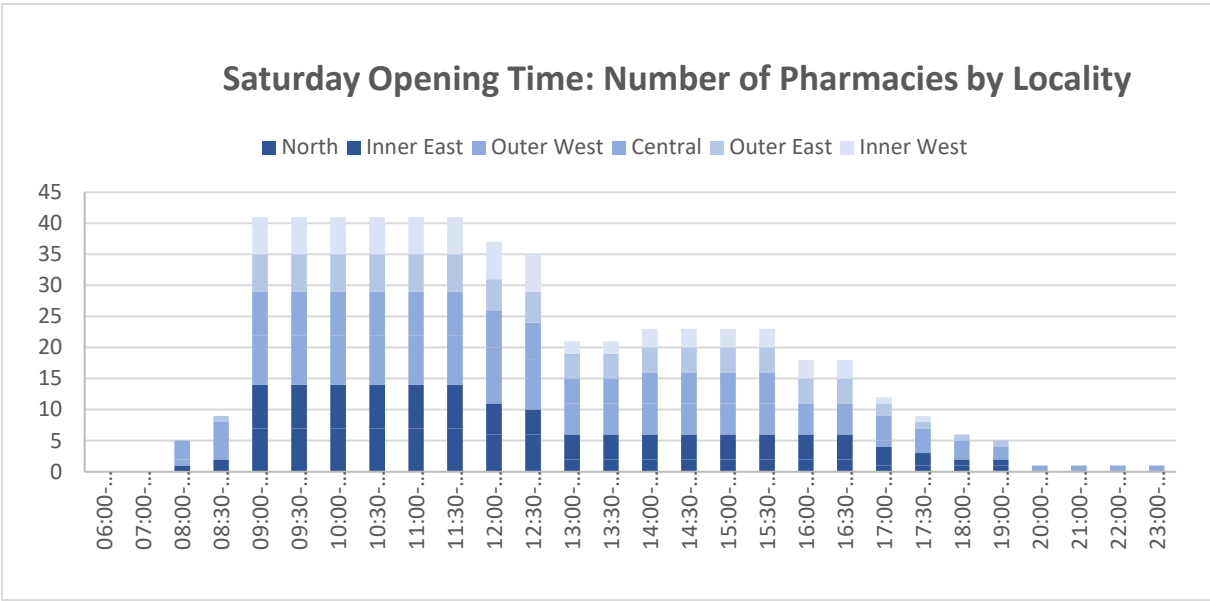


### 4.3.2 Weekend opening

There are 37 pharmacies in Newcastle open on a Saturday, shown in figure 3b. The main availability is between 9-12pm, thereafter availability declines, however there is coverage in all localities until 6pm. In the North, Central, Inner East and Outer East, localities there is coverage until 7pm and the Outer West locality also has a

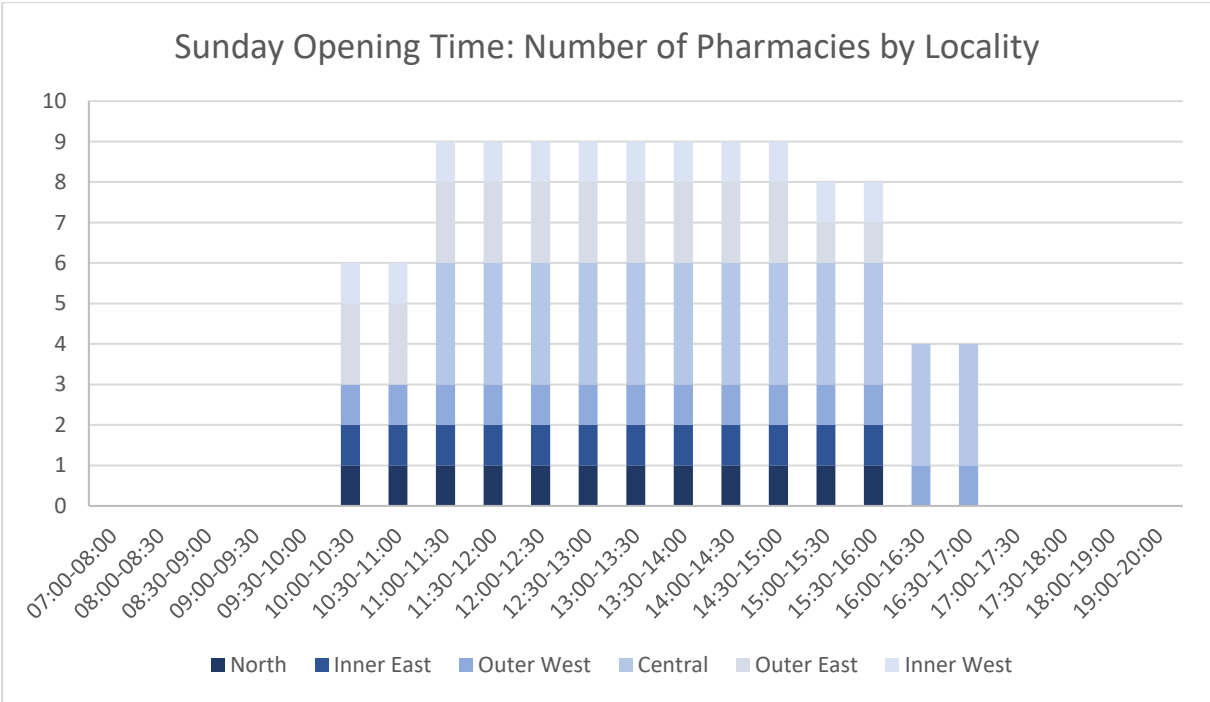
pharmacy open until midnight. Some Saturday afternoon coverage does rely on the supplementary hours provided by pharmacies.

**3b: Pharmacies open on Saturdays**



Newcastle has 9 pharmacies that are open on a Sunday, with at least 1 pharmacy open in all localities. The majority close between 4 and 5pm. There is one pharmacy in the Outer West and 3 pharmacies in the Central locality open until 5pm. The limited opening times on a Sunday may be in part due to restrictions on Sunday trading hours.

**Figure 3c: Pharmacies open on Sunday**



Newcastle has a single 100 hour contract pharmacy; 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.

The PNA public survey asked what people would do if their normal pharmacy was closed. 61% of respondents indicated that they would wait until the pharmacy was open, 33% stated that they would go to another pharmacy, and the remaining 6% would contact the GP out-of-hours service. None of the respondents would choose the option of calling the NHS 111 service or their GP practice.

**Although there has been a reduction in pharmacy provision in Newcastle since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends, although this is more limited in the evenings and on Sundays.**

There are also pharmacies with extended opening hours in neighbouring areas such as Gateshead, North Tyneside and Northumberland which patients in Newcastle may choose to access.

## 4.4 Improving access

### 4.4.1 Disability access

To comply with the Equality Act 2010<sup>25</sup> community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day-to-day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Reminder charts, showing which times of day medicines are to be taken;
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

In the PNA pharmacy survey, 32 (86.5%) respondents indicated that there was unaided wheelchair access to their premises. Of the 5 respondents where unaided wheelchair access was not available, 2 indicated that there were plans to address this

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<sup>25</sup> Equality Act 2010 <https://www.legislation.gov.uk/ukpga/2010/15/contents>  
Newcastle Pharmaceutical Needs Assessment 2022-2025

in the next 12 months. Table 6 shows the pharmacy accessibility as reported via the PNA pharmacy survey per locality.

**Table 6: Pharmacy Accessibility**

Locality <i>(Number in brackets indicates the total number of pharmacies per locality)</i>	Pharmacy survey responses received per locality	Number of pharmacies offering unaided wheelchair access	Response rate per locality
<b>Central (8)</b>	2	2	100%
<b>Inner East (8)</b>	4	3	75%
<b>Inner West (13)</b>	6	6	100%
<b>North (10)</b>	9	9	100%
<b>Outer East (12)</b>	9	6	66.7%
<b>Outer West (9)</b>	7	6	85.7%
<b>NEWCASTLE (60)</b>	<b>37</b>	<b>32</b>	<b>86.5%</b>

*Source: PNA pharmacy survey, 2022. Valid responses: 37/60 pharmacies*

**4.4.2 Consultation rooms**

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE&I regulations and guidance<sup>26</sup> almost all pharmacies comply with the need to have a consultation room as specified in order to deliver advanced services.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients<sup>27</sup>.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying "Consultation Room";
- Distinct from the general public areas of the pharmacy premises;
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

The PNA pharmacy questionnaire assumed that the pharmacy has a closed room consultation area, with wheelchair access, which meets the requirements for advanced services (as stated on form PREM1) and has a table or workbench and access to IT. When asked to describe any differences, none of the 37 respondents noted any differences. 33 pharmacies (89.2%) had handwashing facilities either in or close to the consultation area, although 4 (10.8%) had no provision. 5 pharmacies (13.5%)

<sup>26</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <https://www.legislation.gov.uk/ukxi/2013/349/contents>

<sup>27</sup> [General Pharmaceutical Services in England 2015/16 - 2020/21 | NHSBSA](#)

offered patients access to toilet facilities. 11 respondents (29.7%) indicated that they would be willing to undertake consultations in patients' homes.

#### 4.4.3 Information technology and digital solutions

In the previous PNA, digital solutions were in the process of being introduced and implemented to provide connectivity across healthcare settings.

Under the terms of service community pharmacies are now required to have digital solutions in place including:

- Premises specific NHS mail account which their staff can access and can send and receive NHS mail from thereby ensuring safe and secure transfer of information across healthcare settings. Pharmacy contractors should ensure that NHS mail accounts are regularly checked throughout the opening hours of the pharmacy.
- Pharmacy staff have access to EPS at their pharmacy premises which must be constant and reliable throughout core and supplementary opening hours, in so far as that is within the control of the contractor. In addition, where a contractor is unable to access EPS to dispense an EPS prescription, they must take all reasonable steps to ensure that the item is supplied within a reasonable timescale.
- There is a comprehensive and accurate profile for their pharmacy on the NHS website ([www.nhs.uk](http://www.nhs.uk)).
- Staff working at the pharmacy can access NHS Summary Care Records (SCR) and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example, prescription queries, advising patients on suitable medication, providing emergency supplies.

The EPS allows prescribers, such as GPs, practice nurses and other NHS prescribers, 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. In 2020/21, 97.2% of prescriptions issued by GP practices were electronically generated via EPS.<sup>28</sup>

#### 4.4.4 Language services

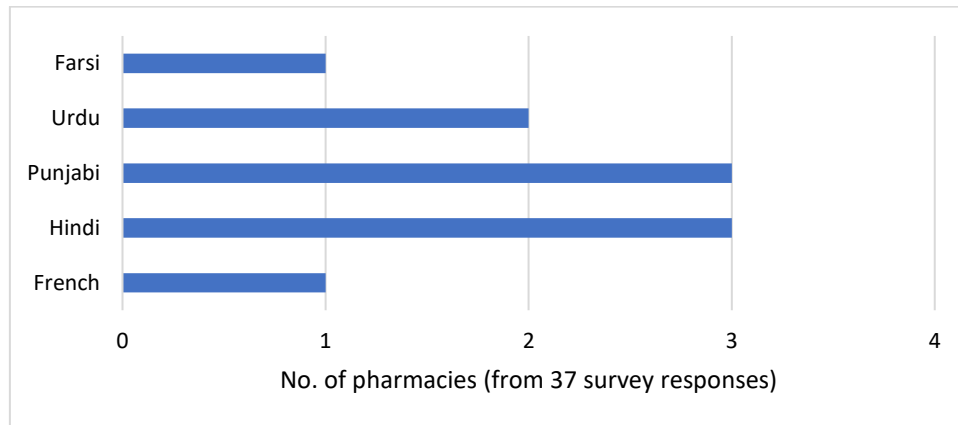
As described in section 3.1.1, Newcastle has an increasing ethnic diversity including 5.9% of households where English is not considered the main language. This may have implications in terms of support required for different communities to support access and understanding of their medicines.

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<sup>28</sup> Prescribing data from NHSBSA ePACT2 (<https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>)

16.2% pharmacies responding to the survey said they were able to converse in languages other than English, with some speaking more than one additional language as demonstrated by the chart below.

Figure 4: Additional languages spoken in some pharmacies as reported in PNA 2022 pharmacy questionnaire



NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

NHS England contracts with Language Empire to provide various linguistic services and all pharmacies were contacted in March 2021 by NHS England's public health team about the new arrangements from 1<sup>st</sup> April 2021 for Interpretation and Translation Services which they are able to access.

#### **4.4.5 Collection and delivery services**

Two further services which improve access to medicines are prescription collection from the GP surgery and home delivery services. Patients are often surprised to find that these are not services that are commissioned by the NHS and are, in the majority of cases, provided free of charge.

The public survey that was conducted for this PNA included a question about the prescription collection service offered by some pharmacies. Of the methods for ordering prescriptions, the most popular choice was through an online request to the GP practice (54%) with some respondents using the NHS App (19%).

In the pharmacy survey conducted as part of this PNA, 89% of pharmacies responded that they offer a prescriptions collection service. 92% of pharmacies provide delivery of dispensed medicines, of whom 70% offer this service free of charge.

It is also important to recognise that in response to COVID-19 the pandemic delivery service by community pharmacies was commissioned by NHSE&I. The service

remained active until 31<sup>st</sup> March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

## Section 5:

### Pharmaceutical Services

NHSE&I commissions pharmaceutical services via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential Services: services all community pharmacies are required to provide
- Advanced Services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions
- Enhanced Services: services that can be commissioned locally by NHS England

In addition, a Local Pharmaceutical Services (LPS) contract allows NHSE&I to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs) and local NHS England teams.

#### 5.1 Essential services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract') describes the essential services that all pharmacies, including distance selling pharmacies, are required to provide.

As of October 2021, the essential services are:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them
- Disposal of unwanted medicines returned to the pharmacy
- Promotion of healthy lifestyles, which includes providing advice and participating in health campaigns where requested to do so by NHSE&I
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information
- Support for self-care which may include advising on over-the-counter medicines or changes to the person's lifestyle
- Discharge medicines service (a new service was introduced in 2021)
- Dispensing of appliances (in the "normal course of business")

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions

- Dispensing of repeat prescriptions
- For certain appliances, offer to deliver to the patient and provide access to expert clinical advice
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can

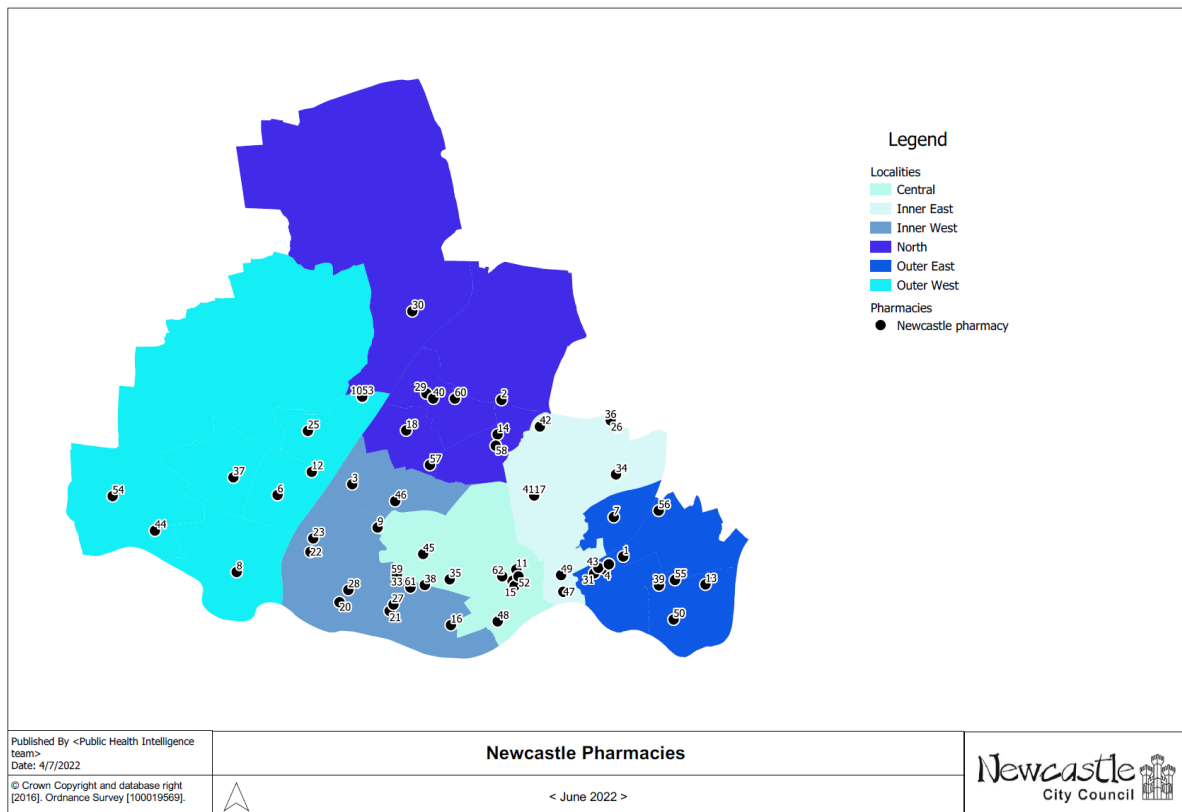
In the previous PNA, all pharmacies were required to participate in the Health Living Pharmacy Scheme in recognition of the role that community pharmacy can play to help reduce health inequalities. The principle of community pharmacy being proactive in supporting the Public Health agenda has now been incorporated into the essential services as the promotion of healthy lifestyles.

In addition, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). PQS is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

### 5.1.1 Current Provision of Essential Pharmacy Services in Newcastle

Map 4 identifies the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. This map is duplicated and enlarged as Map A1 in Appendix 1.

Map 4: Pharmacy Services in Newcastle Numbered





## 5.2 Advanced services

In addition to the essential services, the NHS Community Pharmacy Contractual Framework (CPCF) allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Appliance Use Review (AUR)
- Community Pharmacist Consultation Service (CPCS)
- Hepatitis C testing Service
- Hypertension case-finding service (from October 2021)
- New Medicine Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Flu vaccination service
- Smoking Cessation Advanced Service (from 10.3.22).

Additional advanced services were also established in response to the COVID-19 pandemic including:

- C19 Lateral Flow device distribution service
- Pandemic Delivery service

In April 2021, the Medicines Use Review (MUR) and Prescription Intervention Service were both decommissioned. Until 31<sup>st</sup> December 2020, 70% of MURs had to be targeted at high-risk medicines or patients who had recently been discharged from hospital.

The NHS Discharge Medicines Service was introduced as an essential service on 1<sup>st</sup> January 2021.

Table 7 shows the distribution of pharmacies across the localities of Newcastle that deliver the Advanced Services, taken from information supplied by the NHSE sub region team. At the time of production of the PNA, uptake of some of the more recently introduced services such as the hypertension case finding service was expected to increase as providers register their intent to provide.

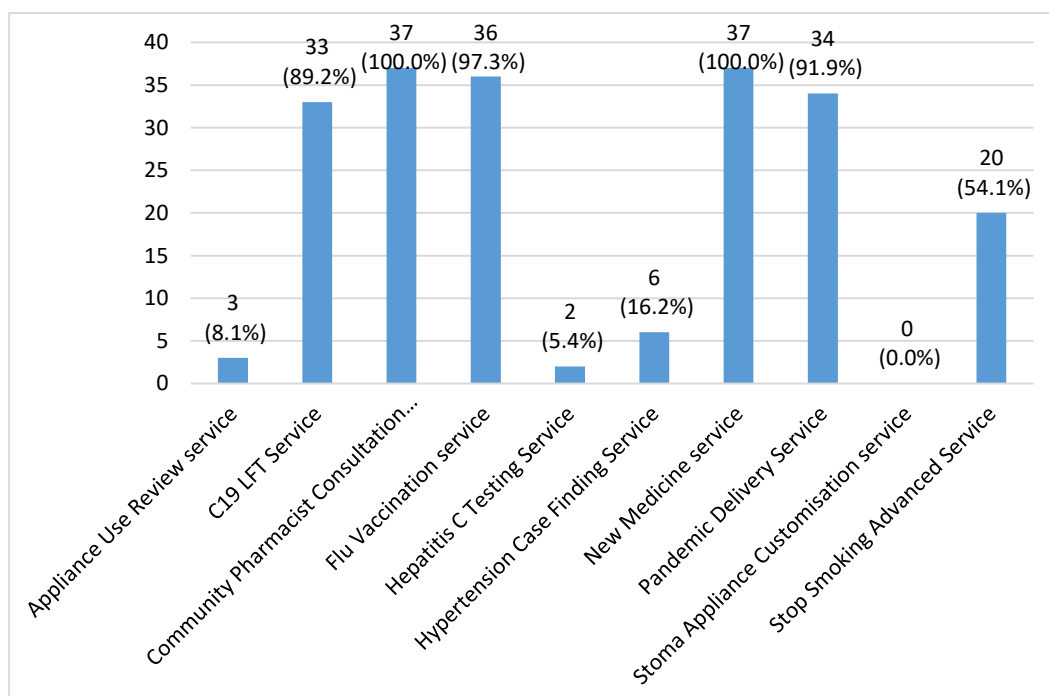
Table 7: Distribution of Community Pharmacies delivering Advanced Services in Newcastle Localities

Pharmacies in Newcastle localities providing Advanced Services	Community Pharmacist Consultation Service (CPCS)	Hepatitis C testing Service	New Medicines Service	Hypertension case-finding service*
Central (8)	7	0	8	0
Inner East (8)	8	0	8	1
Inner West (13)	13	2	13	1
North (10)	10	0	10	2
Outer East (12)	12	0	12	1
Outer West (9)	9	0	9	3
Newcastle total (60)	59	2	60	8
% of pharmacies providing services	98%	3%	100%	13%

Source: NHSE information February 2022<sup>29</sup>

This information is also largely reflected in the responses to the PNA pharmacy survey regarding provision of Advanced Services, as summarised in figure 5 below.

Figure 5: Number of pharmacies offering Advanced Services as reported in PNA 2022 pharmacy survey



<sup>29</sup> Information on commissioned community pharmacy services for Newcastle provided by NHS England and NHS Improvement North East and Yorkshire, February 2022.

### **5.2.1 Appliance Use Reviews**

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

Very few (2) of the pharmacies responding to the PNA pharmacy survey indicated that they provided appliance use review. However, this service is also provided by the dispensing appliance contractors as a specialism of their services. Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or EPS, and arranging for dispensed items to be delivered to the patient. Consequently, not every health and wellbeing board will have a dispensing appliance contractor operating in their area, however residents will be accessing their services elsewhere in the country.

### **5.2.2 Community Pharmacist Consultation Service**

The NHS Community Pharmacist Consultation Service launched on 29<sup>th</sup> October 2019 as an Advanced Service. Since 1<sup>st</sup> November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NHS Urgent Medicine Supply (NUMSAS) connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

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

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Thus, providing the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.<sup>30</sup>

In January 2022, NHSE&I announced that community pharmacy contractors could expect to receive more referrals from NHS 111 for the CPCS following a review of the NHS Pathway algorithms.

As indicated previously, information from NHSE&I indicated that in January 2022, 98% of community pharmacies in Newcastle were signed up to CPCS delivery. This was further supported in the PNA pharmacy survey all 37 responses (100%) indicating that they participated in the CPCS service.

However, there was no data available regarding number of or type of referrals at the time of producing this PNA.

### **5.2.3 Hepatitis C Service**

The Hepatitis C (Hep C) testing service was launched in September 2020 and focused on provision of point of care testing (POCT) for Hepatitis C antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who have not yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment as appropriate.

This service is currently being provided by 2 pharmacies in Newcastle (Douglas Pharmacy in Gosforth and Whitworth Chemist in Elswick).

### **5.2.4 Hypertension Case Finding Service**

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

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an advanced service was commenced in October 2021 to support the programme of identification of undiagnosed cardiovascular disease.

The service aims to:

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<sup>30</sup> Information from Pharmaceutical Services Negotiating Committee: <https://psnc.org.uk/psncs-work/website/>

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements;
- Provide another opportunity to promote healthy behaviours to patients.

Information from NHSE in January 2022<sup>31</sup> indicated that 8 (13%) pharmacies were signed up to delivery of the Hypertension Case Finding service in Newcastle, with coverage in all localities with the exception of Central locality.

Responses in the PNA pharmacy survey indicated that 6 of the 37 pharmacies responding to the survey (16.2%) were providing the Hypertension Case finding service, though a further 12 respondents indicated that they would be providing the service if it were commissioned.

### **5.2.5 New Medicines Service**

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

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

From 1<sup>st</sup> September 2021, a broad range of following conditions were covered by the service including respiratory conditions, diabetes (Type 2); hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, and many cardiac related conditions such as heart failure, atrial fibrillation, coronary heart disease, strokes, and long-term risks of venous thromboembolism/embolism.

All 37 respondents to the pharmacy questionnaire (100%) indicated that they were active participants in the New Medicines Service. This is supported by information from NHSE&I which indicated that in January 2022 all pharmacies signed up to

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<sup>31</sup> Information on commissioned community pharmacy services for Newcastle provided by NHS England and NHS Improvement North East and Yorkshire, February 2022.

provide NMS. However, during to the pandemic, submissions to NHSE&I reflecting service activity were temporarily ceased and due to recommence in April 2022.

### **5.2.6 Stoma Appliance Customisation Service**

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

None of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service, but one pharmacy signalled their intent to provide those services within 12 months. As with Appliance Use Reviews, this service is also provided by the dispensing appliance contractors as a specialism of their services.

### **5.2.7 Flu Vaccination Service**

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

97.3% of the pharmacies responding to the PNA pharmacy survey indicated that they have been involved in the delivery of the 2021/22 Flu Vaccination Service.

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.

### **5.2.8 Smoking Cessation Service**

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

As this service has only recently begun, there was no further data in terms of pharmacist sign up or activity regarding its implementation.

## 5.2.9 Additional services set up in response to the COVID-19 Pandemic

### COVID-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it was described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission. The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes.

In response to the pandemic, the majority of providers were involved in the distribution of Lateral Flow Device (LFD) tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

### Pandemic Delivery of Medicines Service

Delivery of medicines by pharmacies has not previously been a commissioned service although many pharmacies have offered this service, sometimes at a small cost to the customer.

The Pandemic Delivery of Medicines Service was initiated in response to the pandemic with the service requirements applied to clinically extremely vulnerable (CEV) patients self-isolating at home (also referred to as shielded patients). From 16<sup>th</sup> March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support during their isolation period for the delivery of their prescriptions from contractors. This service remained active until 31<sup>st</sup> March 2022.

It is important to note that currently, many pharmacies provide a delivery service to their customers even though this is not a commissioned service.

In the PNA pharmacy survey, 34 of pharmacies who responded (91.9%) indicated they delivered medicines as part of the enhanced service. In addition, the majority of pharmacies indicated that they currently deliver dispensed medicines as a non-commissioned service, some of whom charge a fee for delivery (35%) and others do not.

**The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Newcastle. All pharmacies provide NMS and 98% provide CPCS and many indicated their intention to commence the hypertension case finding service. Provision of support for people requiring appliances and stoma care is more limited in the area but this may be a reflection of the required needs of the local community. Pharmacies in Newcastle were also seen to respond to the challenges during the COVID-19 pandemic to support the local population in accessing medicines as well as engaging with**



**the additional services initiated in response to the pandemic. In addition, all pharmacies have electronic prescription transfer capability, NHSmail accounts and online connectivity in line with the contract requirements therefore enabling increased access to services.**

## **5.3 Enhanced services**

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHSE&I.

### **5.3.1 COVID-19 Vaccine Administration (Local Enhanced Service)**

Alongside vaccination centres and hospitals, Primary Care Networks (PCNs), over 600 community pharmacy sites in England supported the vaccination of patients and health and care workers against coronavirus. Through their strong relationships in local places and neighbourhoods, community pharmacies helped to tackle vaccine inequalities and improve vaccination take-up.

Delivery of this service was as a local enhanced service and required the pharmacists to submit an expression of interest application in order to become a designated site for this service delivery.

In Newcastle, 20 community pharmacies were awarded the contract to deliver COVID-19 vaccine administration services.

## Section 6:

### Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by local authorities and CCGs and local NHS England teams. As noted in the definition of enhanced services, they are not classified as enhanced services because they are not commissioned by NHSE&I.

It is anticipated that from April 2022 CCGs will be replaced by integrated care boards. These will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHSE&I expects all integrated care boards to have done so. Health and Wellbeing Boards should therefore be aware that some services that are commissioned from pharmacies by CCGs (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

It is important to note that during the time of this PNA, commissioning of new services by the Integrated Care System (ICS) have commenced and are included in this report.

In Newcastle, pharmacy services are currently commissioned locally by the Council's Public Health Team, Newcastle Gateshead CCG, the ICS and the local NHSE&I team.

#### 6.1 Services Commissioned by Newcastle Gateshead Clinical Commissioning Group

At the time of preparing this PNA, Newcastle Gateshead CCG commissioned the following services from community pharmacies in Newcastle:

- Think Pharmacy First Minor Ailments Scheme
- Specialist Drug Service
- Reimbursement of Prescription Charges for Asylum Seekers

##### 6.1.1 Think Pharmacy First (minor ailments)

The Think Pharmacy First Minor Ailment Scheme has been in place for a number of years in Newcastle with the majority of pharmacies in Newcastle participating in the scheme. All 37 responses from pharmacies to the PNA pharmacy survey indicated that they provided this service.

From activity data provided by Newcastle Gateshead CCG<sup>32</sup>, the total number of contacts increased from 20,483 in 2020/21, to 22,509 during April 2021 to January 2022, which may reflect the service having become more prominent as people

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<sup>32</sup> Information on service activity provided by Newcastle Gateshead CCG, April 2022

struggled to access GP and other services during the pandemic. Future plans for the scheme include extending the scope of treatments available to include some prescription-only medicines for conditions that could be managed in community pharmacy e.g. urinary tract infections.

Data collected from patients during the contacts suggests that the majority would have attended their GP practice for advice/treatment had the minor ailment service not been in place.

As this service is available across all pharmacies in Newcastle further public awareness raising may be required to ensure it is fully utilised.

Following the success of this scheme, the ICS has plans to use Winter Access Fund monies to replicate the Newcastle Gateshead CCG minor ailments service across the region to relieve pressures on GP practices and urgent treatment centres.

### **6.1.2 Specialist Drug Service**

This service ensures that a small number of pharmacies across Newcastle keep a permanent stock of medicines that require access without any delays in dispensing. The agreed list of medicines held in participating pharmacy stores includes palliative care medicines and some less-commonly stocked antibiotics and antivirals and is routinely reviewed every 6 months.

8 pharmacies participate in the scheme in Newcastle, which were selected based on their geographical location and opening hours to ensure that all areas of the city have adequate coverage:

- Asda Pharmacy, Newcastle Shopping Park, Byker
- Boots, Hotspur Way, Eldon Square
- Lloyds Pharmacy, 168 West Road, Fenham
- Asda Pharmacy, Hollywood Avenue, Gosforth
- J&J Whittakers, 32 Wansbeck Road South, Gosforth
- Boots, 293-295 Chillingham Road, Heaton
- Boots, 53 St Georges Terrace, Jesmond
- Boots, Kingston Park Retail Park, Kingston Park

### **6.1.3 Reimbursement of Prescription Charges for Asylum Seekers**

This is a prescription charge reimbursement scheme for asylum seekers in the Newcastle area. The scheme allows for free prescriptions for asylum seekers who had not yet received their HC2 certificates whereby the CCG pays for the prescription charges rather than the person for whom the medicines are prescribed.

Two pharmacies participate in the scheme in Newcastle, which were selected based on their proximity to the designated accommodation for asylum seekers and opening hours:

- Boots, Kingston Park Retail Park, Kingston Park
- Molineux Pharmacy, Molineux Street, Byker

**There is adequate provision of the locally commissioned services by the CCG across Newcastle with many other pharmacies willing to provide the services if commissioned.**

## **6.2 Services Commissioned by Newcastle City Council Public Health Team**

As part of its range of public health interventions Newcastle City Council currently commissions the following services from community pharmacies:

- Substance misuse
  - Harm Reduction; needle exchange
  - Supervised consumption of opiate substitutes
- Sexual Health Services
  - Emergency hormonal contraception
  - Dual Screening and free condom distribution scheme
- Stop Smoking Services
  - Dispensing services for smoking cessation products such as nicotine replacement

### **6.2.1 Alcohol and drug misuse services**

The aim of pharmaceutical alcohol and drug misuse services is primarily treatment with harm reduction being a major component:

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

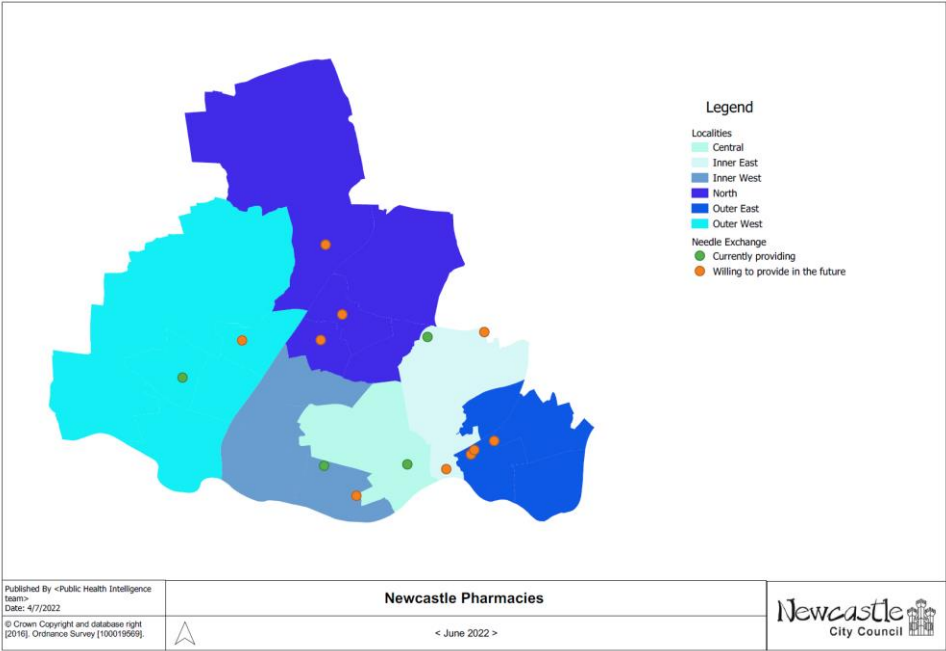
### **6.2.2 Needle exchange**

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 through signposting and direct referral activity within the pharmacy

In the provider survey 4 of the 37 respondents (10.8%) indicated that they provide the needle exchange service and a further 11 pharmacies expressed an interest in providing this service if commissioned. Map 5 details these pharmacies geographically.

Map 5: Pharmacies providing needle exchange (survey results)

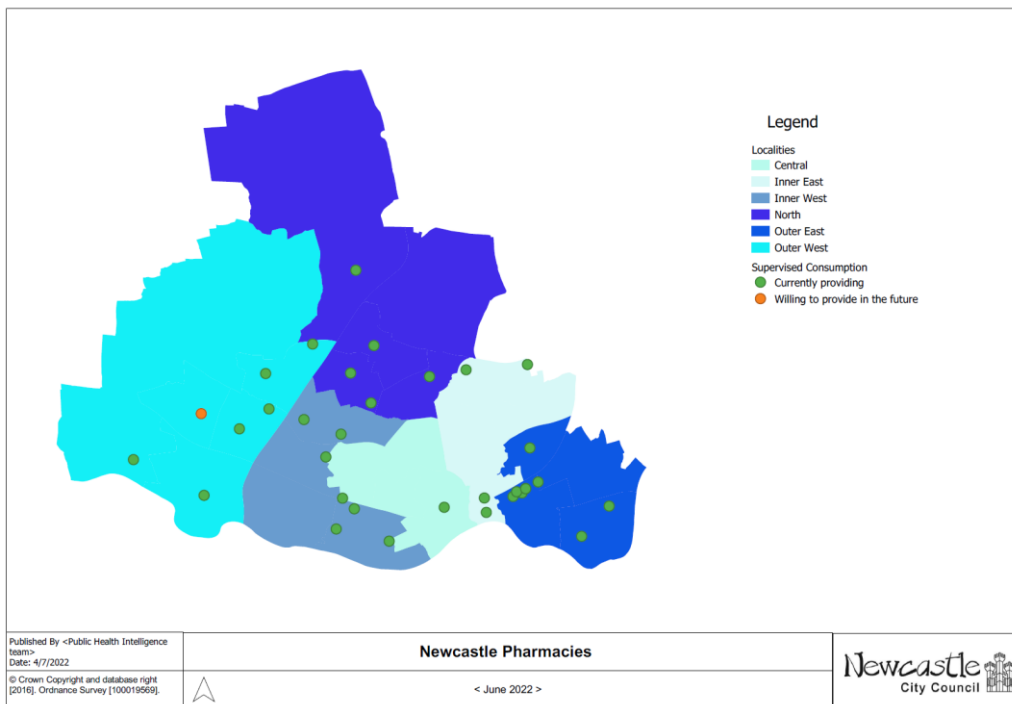


### 6.2.3 Supervised Consumption

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, who is a key partner in the treatment plan, then supervises the patient’s consumption to ensure that supplies are not diverted. They are also important for monitoring, reviewing risk and sharing information within the service for the benefit of patients.

The majority of pharmacies provide a daily contact which allows the pharmacy staff to get to know their clients and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client’s health status, signposting to other relevant services. It is important that pharmacies providing supervised consumption services are linked into the support services offered by the public health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all customers’ health needs.

Map 6: Pharmacies providing supervised consumption (survey results)



## 6.2.4 Sexual Health Services

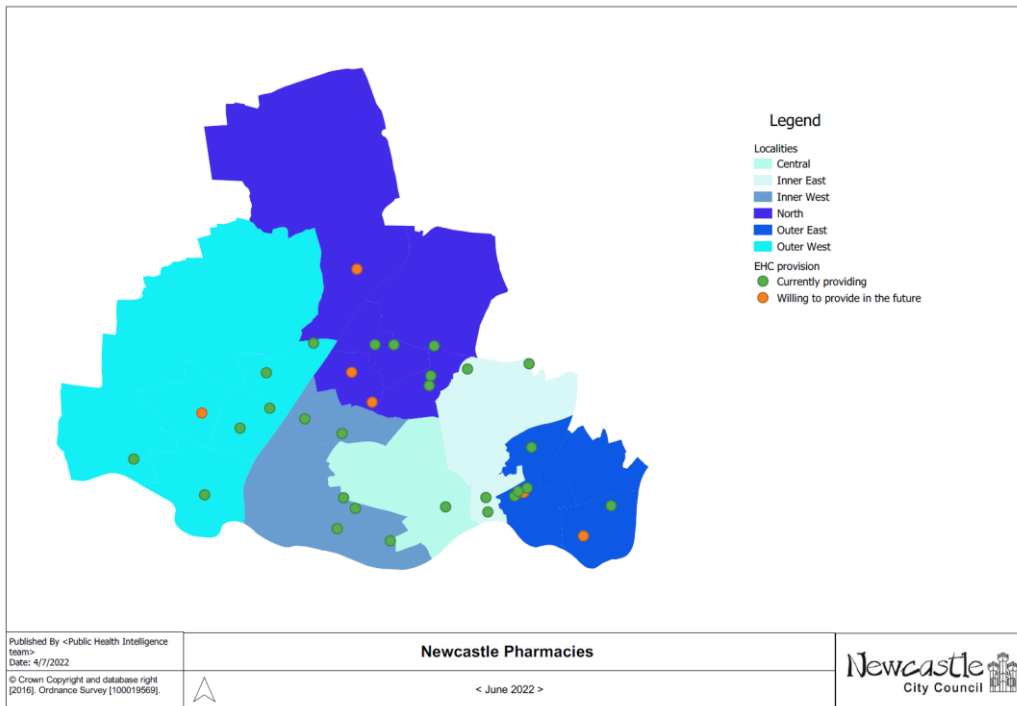
Sexual health services are a common provision in most pharmacies all around England. The services provided include emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia and gonorrhoea screening and treatment; contraception advice and supply (including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

## 6.2.5 Emergency Hormonal Contraception

In Quarter 4 2019/20 (January to March 2020) there were 2,008 instances of EHC recorded as being supplied by pharmacies in Newcastle. 71% were offered Chlamydia screening. After the effects of the pandemic, EHC provision in pharmacies has risen to similar levels pre-pandemic. In Quarter 4 2021/22 (January to March 2022) 1,769 instances of EHC being provided by a Newcastle pharmacy were recorded with 75% offered Chlamydia screen. Pharmacists contact the specialist sexual health service (New Croft) if an emergency LARC is required

Map 7: Pharmacies providing EHC (survey results)



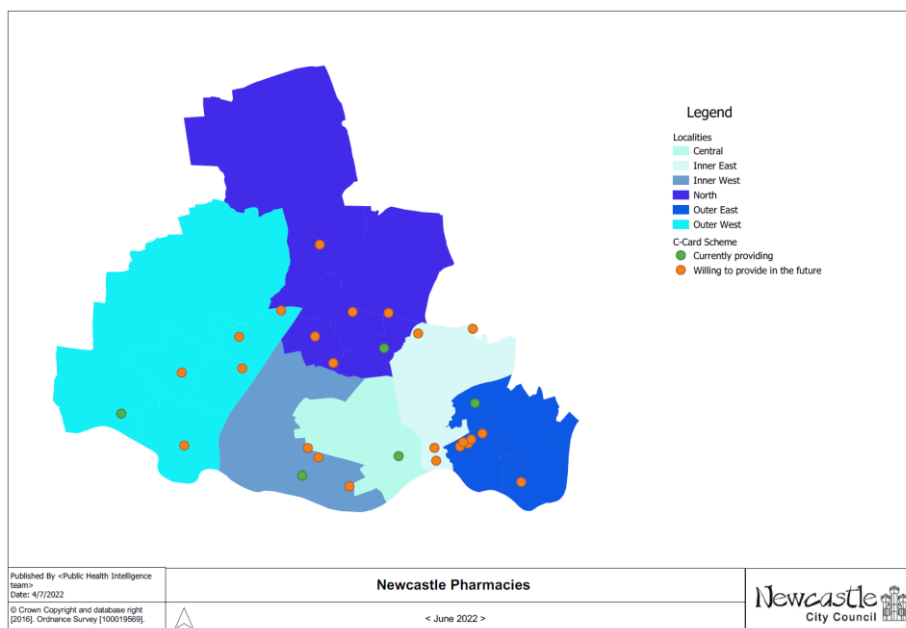
### 6.2.6 Dual Screening and Free Condom Distribution Service

Newcastle Sexual Health service currently delivers clinic based at New Croft Centre Sexual Health Clinic in the city centre. Patients access the service by requesting a triage phone call and will be allocated a timely appointment slot if required. This service is complemented by online access to a range of postal sample kits and free condoms. Offering dual screen kits as part of an EHC consultation helps support the aims of the National Chlamydia Screening Programme (NCSP), where focus is on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries, and in 2021 the Government made changes to the NCSP that opportunistic screening should focus on women only.

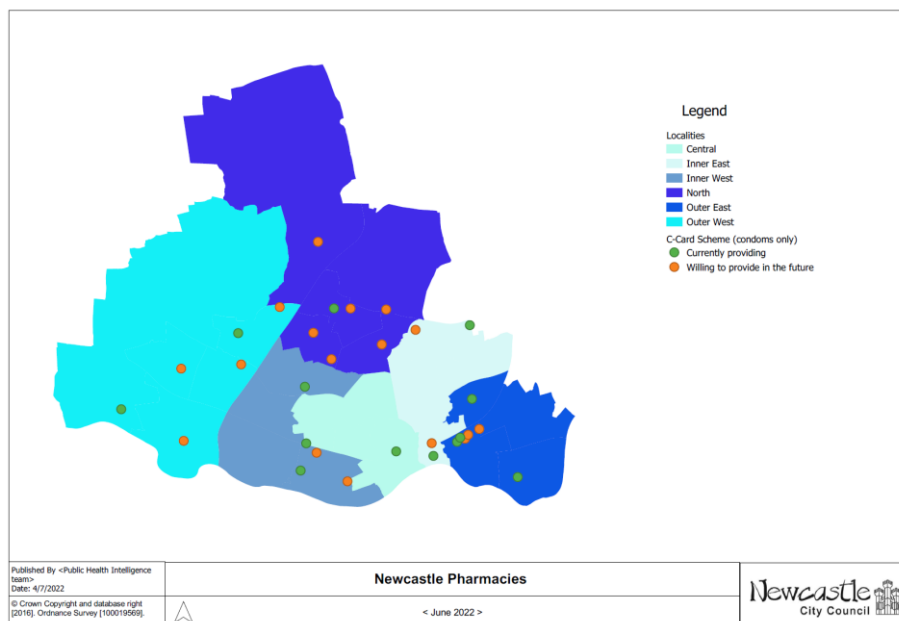
The Newcastle Sexual Health: Free Condom Scheme was set up in April 2017 following the rebranding of the C-Card scheme following NICE recommendations. This scheme provides free condoms to pharmacies and other community settings to distribute among young people. Among pharmacies, some can register clients up for the scheme and distribute condoms, whilst other just distribute. Maps 8 and 9 show pharmacies currently providing this service alongside those who expressed an interest in delivering in future.

Map 8: Pharmacies providing C-card scheme (survey results)





**Map 9: Pharmacies providing C-card scheme (condoms only)**



### 6.2.7 Long Acting Reversible Contraception (LARC)

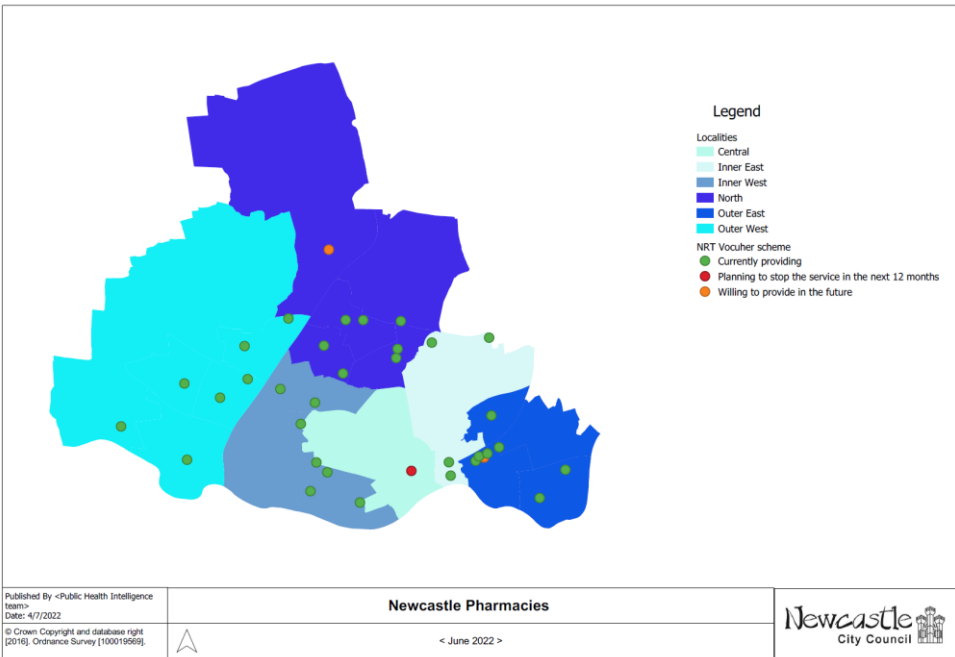
There are currently no pharmacies that report the ability to provide the service however it is important to note that most are unable to deliver LARC for a variety of reasons. The majority of LARC provision in the city is currently delivered by General Practices, alongside the Sexual Health Service. Newcastle Public Health team in collaboration with key stakeholders are currently undertaking a piece of work to look at provision of LARC within the City to ensure equitable access for all, including the role of pharmacies going forward.

### 6.2.8 Stop Smoking Services

Pharmacies in Newcastle are currently commissioned to provide smoking cessation behavioural support services in Newcastle as part of a wider Stop Smoking Service facilitated by several stakeholders. The service enables anyone who wishes to quit to receive 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 (Champix®) for a period of 12 weeks. This replaces the need for a prescription. Unfortunately, since July 2021, varenicline has been unavailable due to manufacturing problems.

NHS Digital statistics show that in Newcastle from March 2020 to April 2021, 61% of those setting a quit date self-reported quitting (59% in England). As the level of offer for stop smoking services vary throughout the country it is not accurate to compare Newcastle’s quit rate with regional neighbours

Map 10: Pharmacies providing NRT voucher scheme (survey results)



### 6.2.9 NHS Health Checks

The NHS Health Check programme aims to improve health and wellbeing of eligible adults aged 40-74 years. The NHS Health Check is a national risk assessment and prevention programme that systematically targets the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity, and alcohol consumption. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or

dementia. A national review of Health Checks<sup>33</sup> was undertaken last year by Public Health England (now known as Office for Health Improvement and Disparities OHID). It found that the Health Check Programme had achieved its aims, reaching 2 in 5 eligible people, including those at higher risk of disease, and delivering better outcomes for attendees. It makes recommendations to ministers on how the programme could go further in preventing non-communicable disease and stresses the importance of restoring the existing programme following the disruption caused by the pandemic.

During the pandemic, pharmacies paused delivery of NHS Health Checks to focus on the pandemic response, but it is hoped that this service will resume in due course.

### **6.3 North-East and North Cumbria Integrated Care System (NENC ICS) Commissioned Services**

In addition to the commissioned services described in this and previous PNAs, Community pharmacy services have recently been funded by the North-East and North Cumbria Integrated Care System (NENC ICS) to support patients and the NHS over the winter period (2021/22). The local NHS England team and CCGs have supported commissioning of the services and has used Winter Access Funding (WAF) to support these services.

The services are:

- Walk-in CPCS emergency medicine supply
- Region-wide Think Pharmacy First Minor Ailment Service
- Urinary Tract infection (UTI) PGD service

The first two services commenced in December 2021 with the expectation that the UTI PGD service likely to follow later in 2022.

#### **6.3.1 Walk-in CPCS Emergency Medicine Supply**

This service is identical to the advanced service already in operation, but patients do not require a referral from NHS 111, thus reducing pressure on NHS 111. Any patient presenting at the pharmacy for an emergency supply of repeat medicines who is unable to obtain a prescription in a timely manner, in line with the service specification, can be provided with their medication at NHS expenses.

#### **6.3.2 Think Pharmacy First Minor Ailment Service**

Pharmacies in Newcastle will continue to use their current CCG commissioned Think Pharmacy First Service and customers will see no difference in this service.

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<sup>33</sup> NHS Health Check programme review: December 2021  
<https://www.gov.uk/government/publications/nhs-health-check-programme-review>

### **6.3.3 Urinary Tract Infection (UTI) PGD service**

This service will allow pharmacists to provide a three-day course of a specific antibiotic (nitrofurantoin) used to treat UTIs to women who meet specific inclusion criteria defined in the Patient Group Direction (PGD – used to enable a prescription only medicine to be supplied by specific, trained staff [pharmacists in this case] without a prescription), thus enabling more women to be treated without having to refer them to their GP for treatment.

At the time of the PNA review this service was inviting pharmacists to register to deliver this service.

## 6.4 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 may not be aligned with the strategic priorities of the CCG or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for special patient groups, for example the housebound or elderly. As these services are not reimbursed by the NHS, the decision to provide the service is at the discretion of the pharmacy owner and may or may not incur an additional fee.

It is worth noting that patients are often surprised to find that these are not NHS services.

Non-commissioned services identified in the PNA pharmacy survey included:

- Prescription collection service
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

In the previous PNA 2018, "Transfer of Care" described the importance of the role of community pharmacy in the interface between these care settings with particular reference to the significant number of patients who experience medication related problems after being discharged from hospital. In Newcastle, community pharmacies and Newcastle Upon Tyne Hospitals (NUTH) were identified to be working together to ensure better clinical handovers can take place between hospital teams and pharmacists in the community. This important role has now, been recognised and incorporated into the NHS contracted essential services provide by community pharmacies.

### 6.4.1 Collection and Delivery Services

In the PNA pharmacy survey, the majority (33/37; 89.2%) of the respondents indicated that they collect prescriptions from surgeries although generally this activity will be significantly less than in previous PNAs with the implementation of electronic prescribing across primary care.

With the recent exception of the Pandemic Delivery Service (as described in section 5.2.9), delivery of medicines is not currently an NHS commissioned service provided by pharmacies. However, 91.9% of pharmacies responding to the survey indicated that they delivered dispensed medicines, of whom 70.3% provide the service free of charge.

## 6.4.2 Monitored Dosage Systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens these are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67<sup>34</sup> published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

All of the 37 pharmacies responding in the survey (100%) were found to provide medicines in MDS. Details of when pharmacies may apply a charge for this service was not included in the survey.

At the time of renewing the PNA, work is ongoing to establish the use of a Reasonable Adjustment Flag (RAF) feature in the NHS electronic prescribing system to enable information to be input to help enable health and care professionals to record, share and view patients’ key potential reasonable adjustments or more often related considerations across the NHS; enabling staff and services to carry out their duty to provide assessments or adjustments when relevant criteria may be fulfilled.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

**The Health and Wellbeing Board recognises the appetite by community pharmacists in the area for further utilisation of pharmacy services as part of community healthcare provision.**

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<sup>34</sup> NICE NG67: Managing medicines for adults receiving social care in the community  
<https://www.nice.org.uk/guidance/ng67>

## Section 7:

# Conclusions and Recommendations

## 7.1 Current and future pharmacist role

Newcastle HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advanced services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case Finding service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

Newcastle City Council's public health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and drug misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Newcastle health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Newcastle and that the people of Newcastle are aware of and fully utilise the services available from their Community Pharmacy services.

## 7.2 Recommendations

The key considerations emerging from the PNA are discussed below.

There are now 60 pharmacies in Newcastle, located primarily in areas of higher population density. In addition there is 1 distance selling pharmacy and 1 appliance contractor located in Newcastle. There is more than one pharmacy in most towns and urban areas, allowing patient choice and access to enhanced services. In addition, there is one 100-hour pharmacy, one distance selling pharmacy, and one dispensing appliance contractor.

There is adequate provision of pharmacies across Newcastle Monday to Friday 9am to 5pm. 73% 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.

However, services continue to be more limited in weekday evenings and over weekends. There are 37 pharmacies in Newcastle open on a Saturday, mainly between 9am-12pm, after which availability declines however there is coverage in all



localities until at least 6pm. There are 9 pharmacies that are open on a Sunday, with at least 1 pharmacy open in all localities.

Although there has been a reduction in pharmacy provision in Newcastle since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends, although this is more limited in the evenings and on Sundays.

Longer hours of access to pharmacy services are provided by the one 100-hour pharmacy provider and a number of community pharmacies provide extended hours, including 8 community pharmacies that provide services for between 60-100 hours per week and 5 that provide services between 55-60 hours per week.

There are planned and ongoing developments mainly situated towards the outer west locality, but these areas are currently adequately served by the 9 pharmacies in this locality.

The HWB recognise that community pharmacies in Newcastle dispense significantly higher numbers of prescriptions than the national average, however these pharmacies are able to meet the current need.

Although the previously identified gap for essential pharmaceutical services is still present (pending the opening of a new pharmacy), the findings regarding access to services by foot and public transport demonstrate that there is adequate access to services in terms of travel time for all the population of Newcastle.

The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Newcastle. All pharmacies provide the NMS service and 98% provide the CPCS service and many indicated their intention to commence the hypertension case finding service. Provision of support for people requiring appliances and stoma care is more limited in the area but this may reflect the required needs of the local community.

Services currently commissioned by the local authority from pharmacies in Newcastle include emergency contraception, smoking cessation, needle exchange and supervised consumption of methadone. There is adequate provision of all these services across Newcastle.

There is also adequate provision of the locally commissioned services by the CCG across Newcastle, including the Think Pharmacy First minor ailments scheme, the specialist drugs service and the reimbursement of prescription charges for asylum seekers, with many other pharmacies willing to provide these services if commissioned.

Newcastle HWB wish to acknowledge the contribution that community pharmacy services have made to the recent COVID-19 Pandemic response. The majority of pharmacies in Newcastle provided support to the local community both in terms of maintaining essential medicine services and also in the delivery of medicines to those unable to leave their homes, supplying lateral flow device testing kits and in the support and administration of the COVID vaccination programme.

The HWB considers that, with exception of Dinnington where a previously identified gap has been granted approval for a pharmacy yet to open, the current number and location of pharmacies and the overall number of hours is adequate to meet the needs of people accessing pharmacy services.

After considering all the elements of the PNA, the Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Newcastle.

The HWB will continue to monitor the increasing demands on pharmaceutical services in the future as a result of the ongoing housing developments.

## 7.3 Conclusions

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 60 pharmacies across the city (plus 1 distance selling pharmacy and 1 dispensing appliance contractor), 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 a recent pharmacy application was granted following appeal to NHS Resolution. On that basis, until the new pharmacy opens, we conclude that there remains a gap in provision in this area.

If any further gaps are identified between now and the next version of the PNA being produced in 2025 then the City Futures 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 enhancing, this value over the next 3 years.

## Section 8

### 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

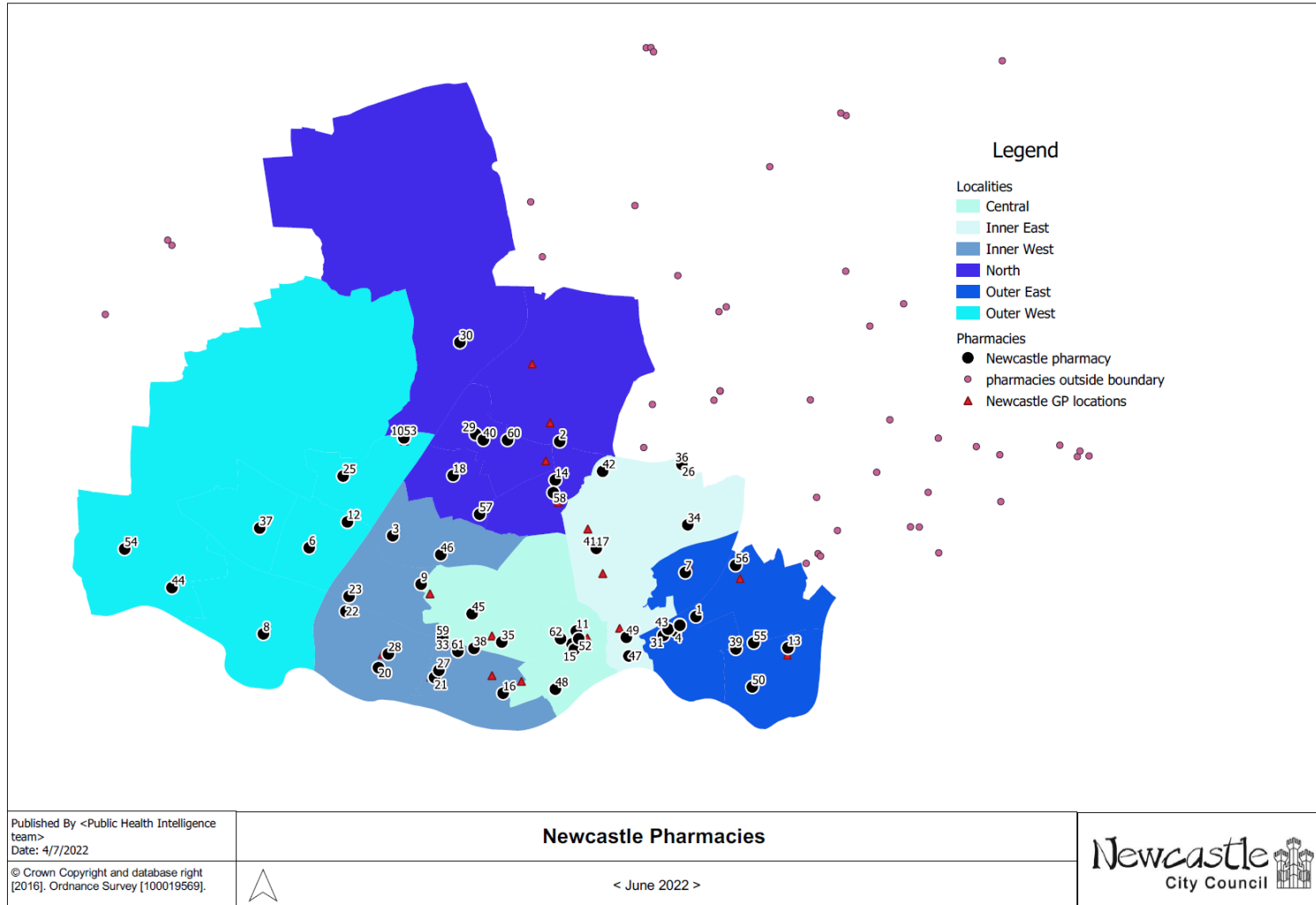
# Appendices

## Appendix 1 - Location maps

Map ID	Code	Name	Postcode
1	FFH18	Asda Pharmacy	NE6 2XP
2	FVA24	Asda Pharmacy	NE3 5BU
3	FGD00	Blakelaw Pharmacy	NE5 3RL
4	FDC09	Boots	NE6 1DN
5	FDF09	Boots	NE1 7XE
6	FEF85	Boots	NE5 2QZ
7	FEV63	Boots	NE6 5LL
8	FF749	Boots	NE15 8DE
9	FGA35	Boots	NE4 9RX
10	FGX03	Boots	NE3 2FP
11	FHM40	Boots	NE1 7DQ
12	FHM58	Boots	NE5 2LH
13	FK990	Boots	NE6 3DP
14	FKM31	Boots	NE3 1JZ
15	FQF93	Boots	NE1 7AN
16	FRV65	Boots	NE4 7RW
17	FX276	Boots	NE2 2SX
18	FX474	Boots	NE3 3RX
19	FJR84	Brunton Park Pharmacy	NE3 5TT
20	FM820	Chambers Chemist	NE15 6BY
21	FRX06	Clyde Chemist	NE4 8PR
22	FRT38	Denton Road Pharmacy	NE15 7HJ
23	FWM52	Denton Turret Pharmacy	NE5 2UY
24	FL531	Douglas Pharmacy	NE3 4XN
25	FKA12	Fairmans Pharmacy	NE5 4FB
26	FHK43	Fairmans Pharmacy, Benton	NE7 7EE
27	FHV54	Farah Chemist	NE4 8BL
28	FKV92	Farah Chemists Limited	NE15 6TR
29	FCA87	Fawdon Park Pharmacy	NE3 2PE
30	FTL04	Great Park Pharmacy	NE13 9BH
31	FCF26	Kerr 26 Shields Road Pharmacy	NE6 1DR
32	FCL77	Kerr Heaton Road Pharmacy	NE6 1SA
33	FRL39	LloydsPharmacy	NE4 9QB
34	FRX90	LloydsPharmacy	NE7 7JW
35	FVK14	LloydsPharmacy	NE4 5JP
36	FWK47	LloydsPharmacy	NE7 7EE
37	FT002	LloydsPharmacy, Hillhead Parkway	NE5 1LJ
38	FTF46	LloydsPharmacy, Prospect House Medical Group	NE4 8AY
39	FQP85	LloydsPharmacy, Walker	NE6 2NY
40	FCL06	Meadows Pharmacy	NE3 3NA
41	FNK82	Medicentre (Newcastle) Ltd	NE2 2SX
42	FC015	Mills Pharmacy	NE3 1QD

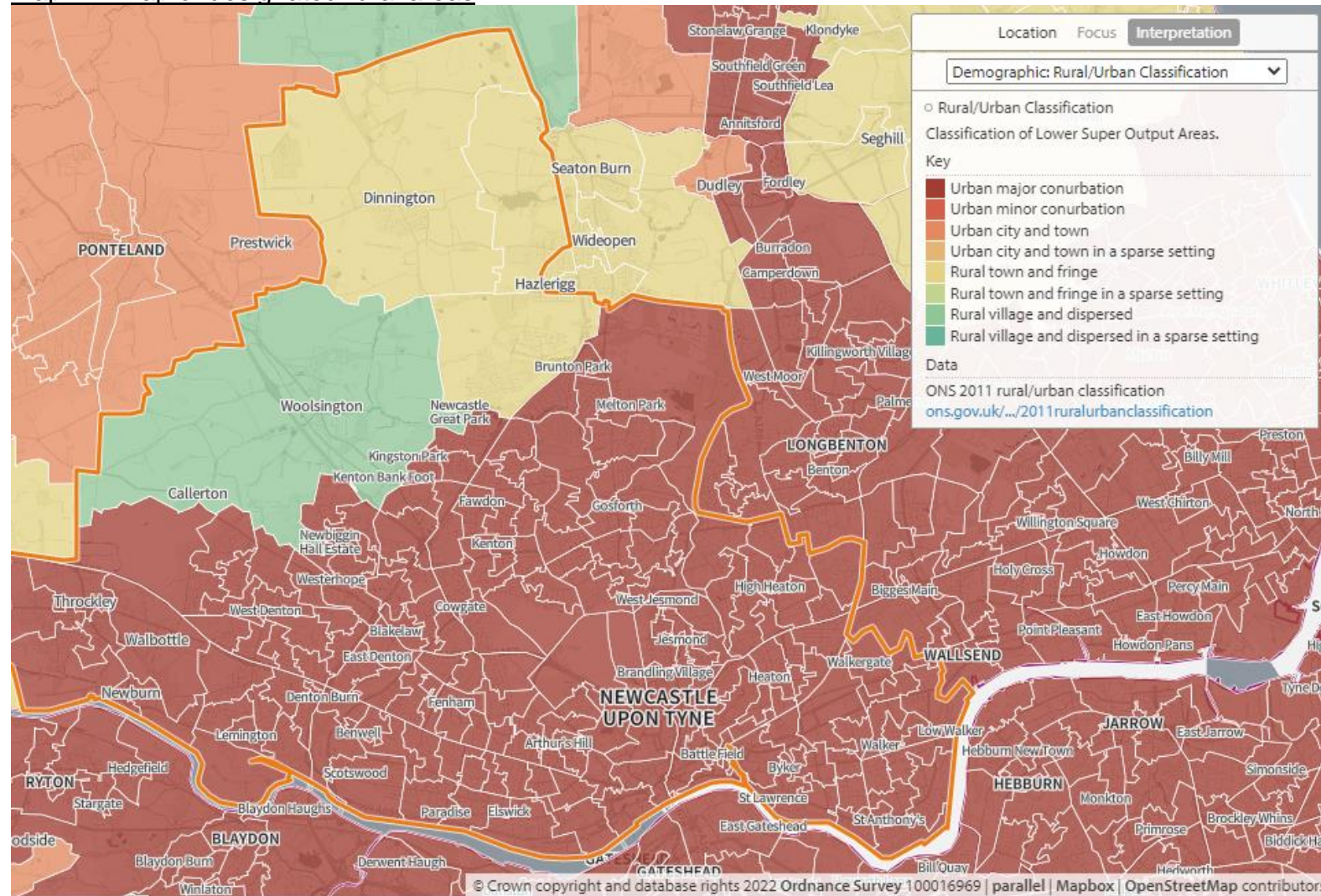
43	FT417	Molineux Pharmacy	NE6 1SG
44	FV856	Newburn Pharmacy	NE15 8LX
45	FCF54	Nuns Moor Pharmacy	NE4 9AU
46	FH466	Ponteland Road Pharmacy	NE5 3AE
47	FNE33	Quayside Pharmacy Ltd	NE1 2BL
48	FPF27	North East Pharmacy	NE1 3PG
49	FVH30	Shieldfield Pharmacy	NE2 1AN
50	FE802	St Anthonys Pharmacy	NE6 2NN
51	FLF74	St Stevens Pharmacy	NE6 1SA
52	FET99	Superdrug Pharmacy	NE1 7DF
53	FL985	Tesco Instore Pharmacy	NE3 2FP
54	FEJ20	Throckley Chemists	NE15 9PA
55	FVR13	Walker Pharmacy Limited	NE6 2PB
56	FKV74	Walkergate Pharmacy	NE6 4QD
57	FVQ79	Well	NE3 4TS
58	FWG10	Well	NE3 4AA
59	FXK64	West Road Pharmacy	NE4 9QB
60	FXP48	Whittaker J & J (Chemists) Ltd	NE3 3HQ
61	FLQ83	Whitworth Chemist	NE4 8SL
62	FLJ41	Salts Medilink	NE1 4PG

Map A1: GP Practices & Pharmacies in Newcastle, June 2022



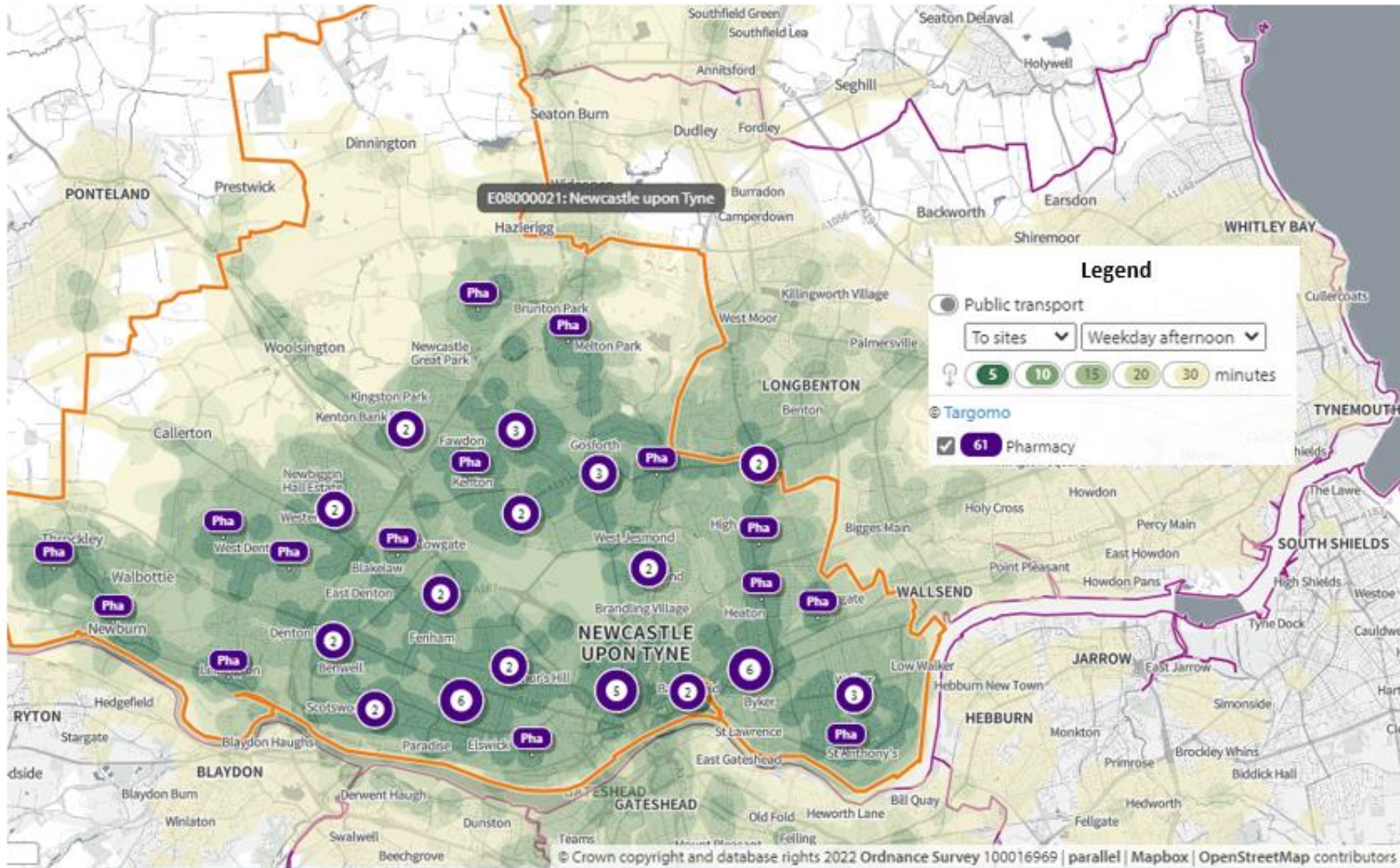


Map A2: Map of designated rural areas



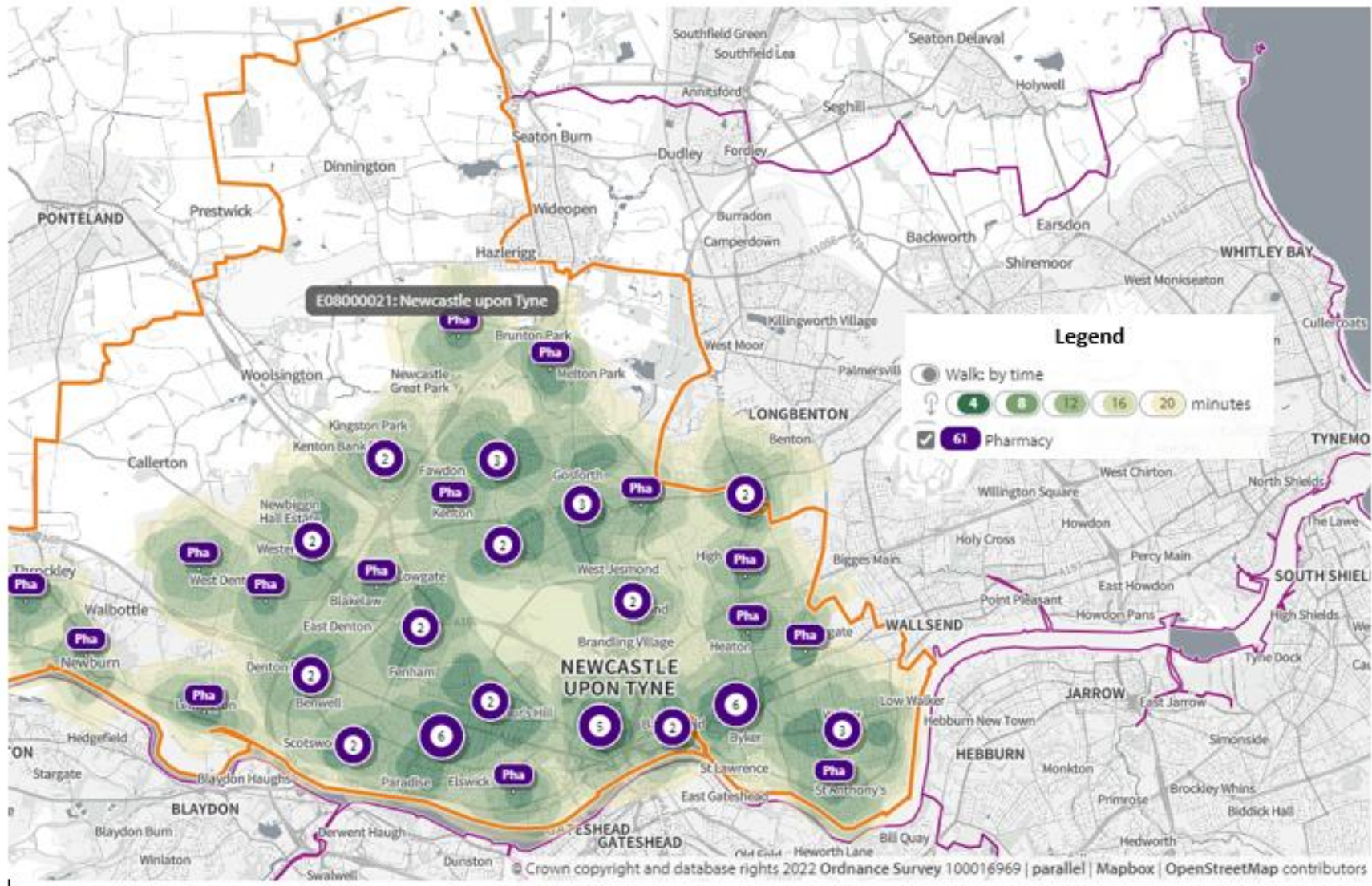


Map A3: Public Transport Access to Service in Newcastle (81% live within a 15 minute journey to a Newcastle Pharmacy)



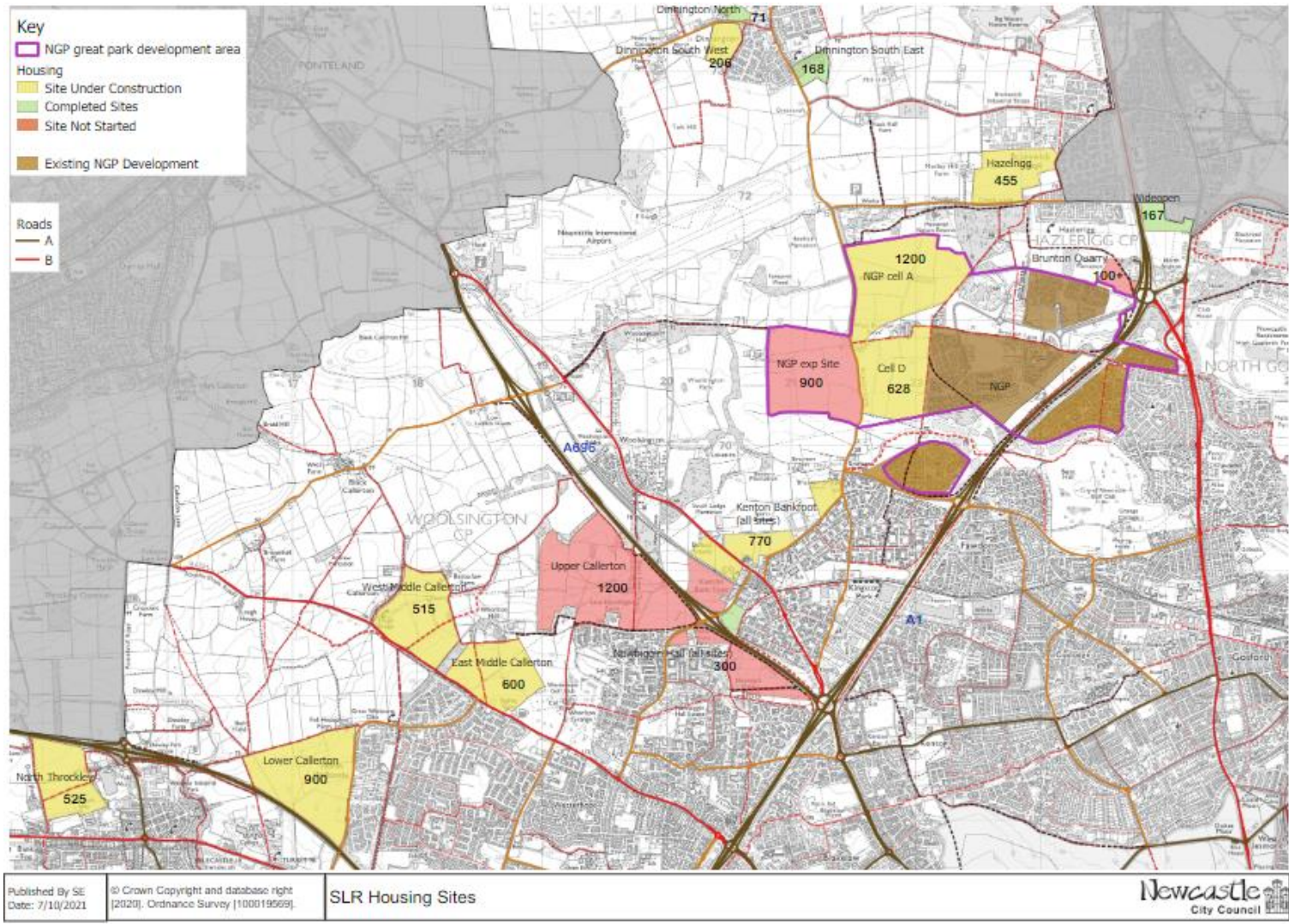


Map A4: Pedestrian Access to service in Newcastle (96% live within 20 minutes walk of a Newcastle pharmacy)





Map A5: Core Strategy SLR Sites



# Appendix 2 - Public Survey and Analysis of Results

## When We Consulted

9<sup>th</sup> February 2022 – 9<sup>th</sup> April 2022

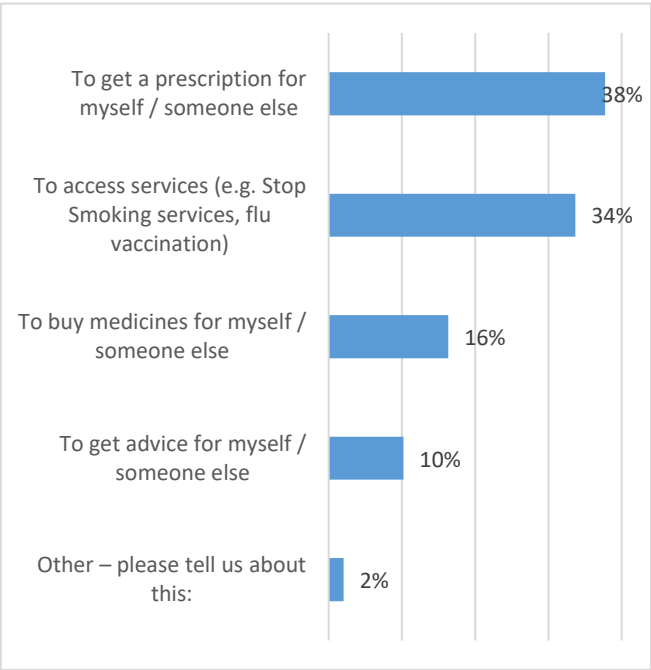
## How We Consulted and Who Responded

All registered members of Let’s Talk Newcastle Online (approximately 3400 people) were invited to take part in the survey. Within the consultation description, information regarding completing the consultation in a paper format was provided, however no requests were received. Connected Voice, a Newcastle-based organisation offering advice and support to the voluntary sector, publicised the consultation to their members through their email bulletin in April 2022. Additionally, a video of Newcastle City Council’s specialist pharmacy advisor was posted on Facebook and Twitter, encouraging the public to take part in the consultation. The video reached 1600 people across the two platforms. A total of 41 participants completed the survey.

## Survey Results

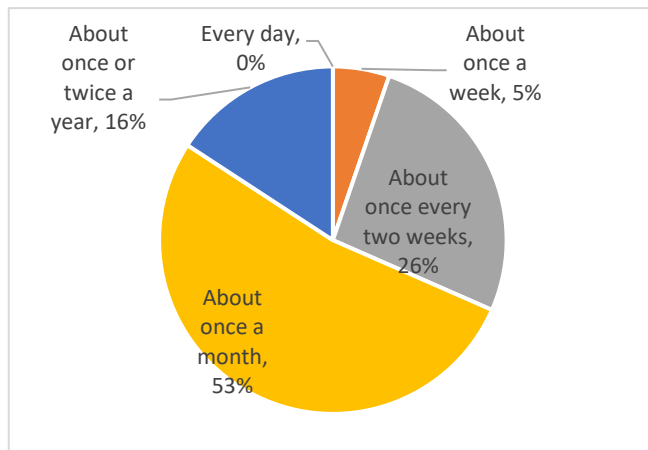
### Q1. Why do you usually visit a pharmacy at the moment?

Of the 39 responses to this question, 51% selected one reason and 47% selected multiple reasons for visiting a pharmacy at the moment. The remaining 3% responded that they did not visit a pharmacy at the moment. The most common reasons those who do visit a pharmacy (n=38) was to get a prescription for themselves or others (35%), to access services such as smoking cessation or flu vaccination (34%), to buy medicines for themselves or others (16%) or to get advice (10%). 2% responded with 'other reasons' which were all were related to shopping for toiletries.



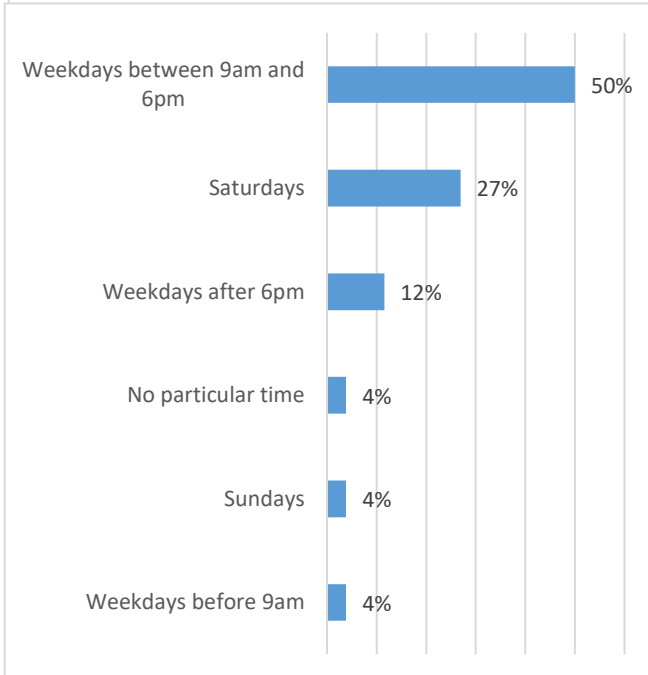
**Q2. How often do you use a pharmacy?**

Of the 19 responses to this question, most were either regular pharmacy users who used a pharmacy monthly (53%), about once every two weeks (26%) or about once a week (5%). The remaining respondents used a pharmacy less often (16%).



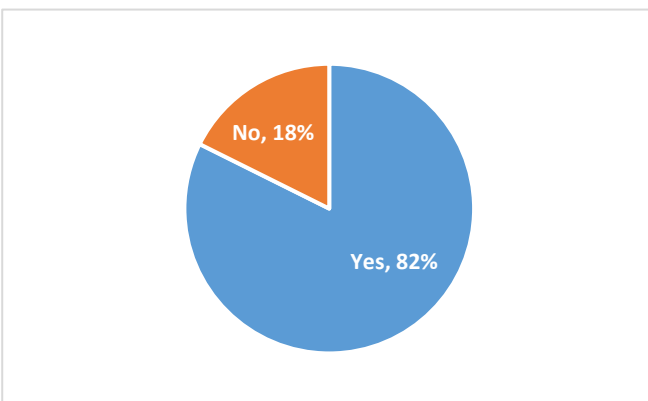
**Q3. When you visit a pharmacy, what times and days of the week do you prefer to visit on?**

18 responses were received to this question, and the majority (61%) stated only one of the options as their preferred times and days of the week to visit a pharmacy on, with 39% opting for multiple times and days of the week as their preferences. The most popular options for visiting a pharmacy were on weekdays between 9am and 6pm (50%), on Saturdays (27%) and on weekdays after 6pm (12%). A smaller number of responses indicated a preference for visiting on weekdays before 9am (4%), on Sundays (4%) and at no particular time (4%).



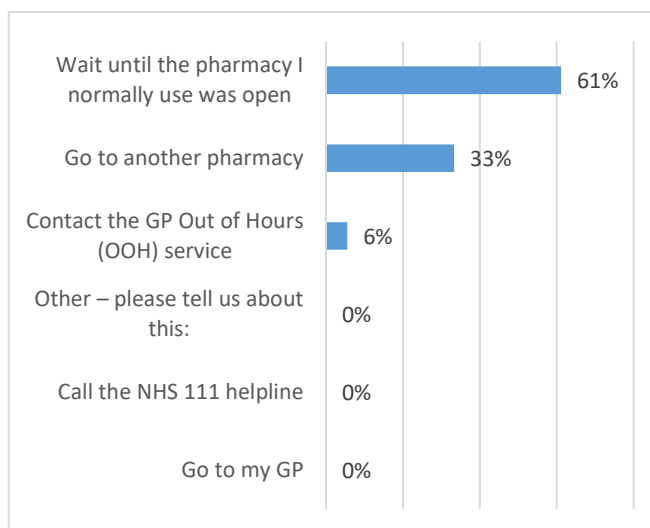
**Q4. Do you tend to use the same pharmacy each time you visit?**

17 responses were received for this question, with 82% of respondents indicating that they tend to use the same pharmacy each time they visit.



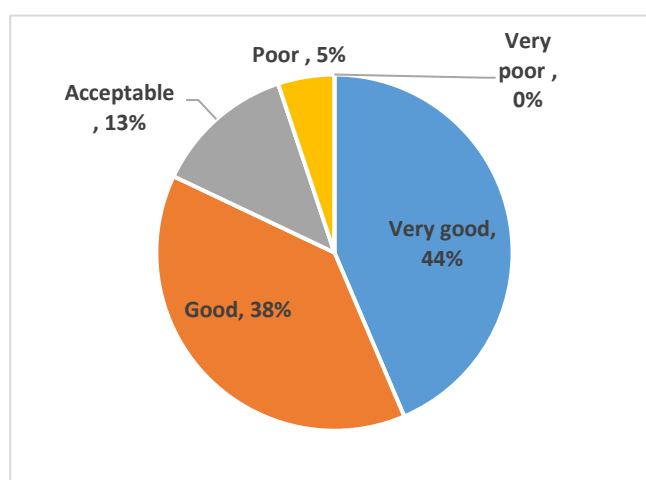
**Q5. If the pharmacy you normally use wasn't open, what would you do?**

Of the 16 responses to this question, the majority (94%) selected one alternative option if their normal pharmacy wasn't open, with 6% considering more than one alternative option. Most responses indicated that they would either wait until the pharmacy they normally use was open (61%) or go to another pharmacy (33%).



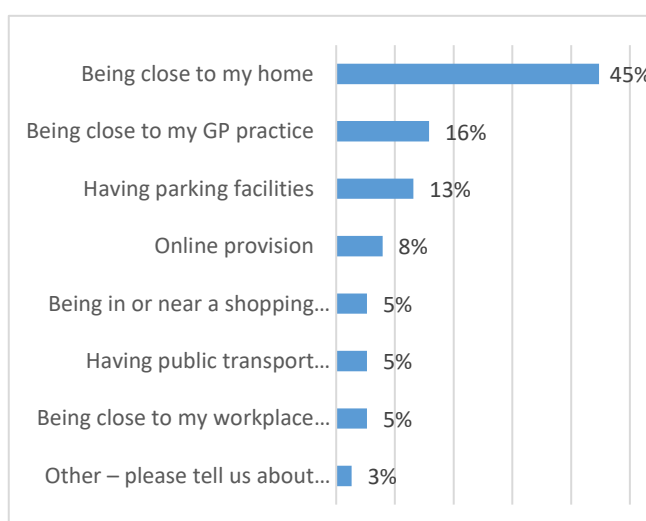
**Q6. How would you rate your overall satisfaction or dissatisfaction with the pharmacy you normally use?**

39 responses were received about overall satisfaction with their normal pharmacy, with the majority indicating either very good (44%) or good (38%) satisfaction.



**Q7. What is important to you about the location of a pharmacy when you are choosing which one to use?**

17 responses were received to this question, with 44% stating only one factor as being important about the location of a pharmacy, with 56% opting for multiple options. The most popular factor about location when choosing which pharmacy to use was being close to the person's home (45%).



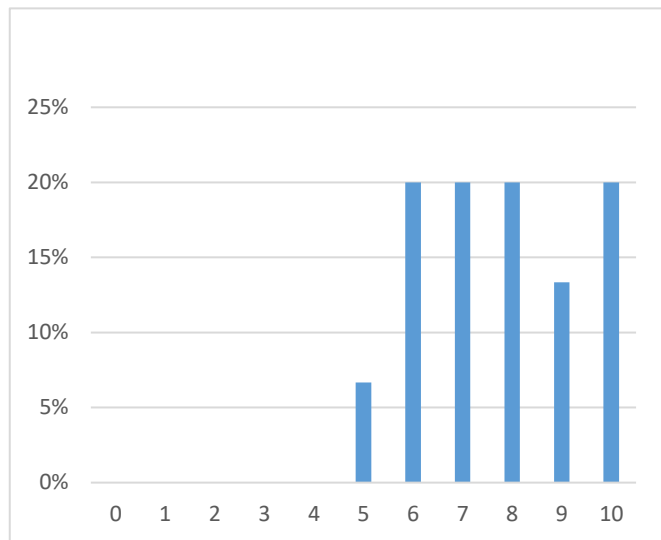
**Q8. Have you needed to speak to a pharmacist directly over the past year?**

Of the 15 responses received to this question, 80% indicated that they had needed to speak to a pharmacist directly over the past year.



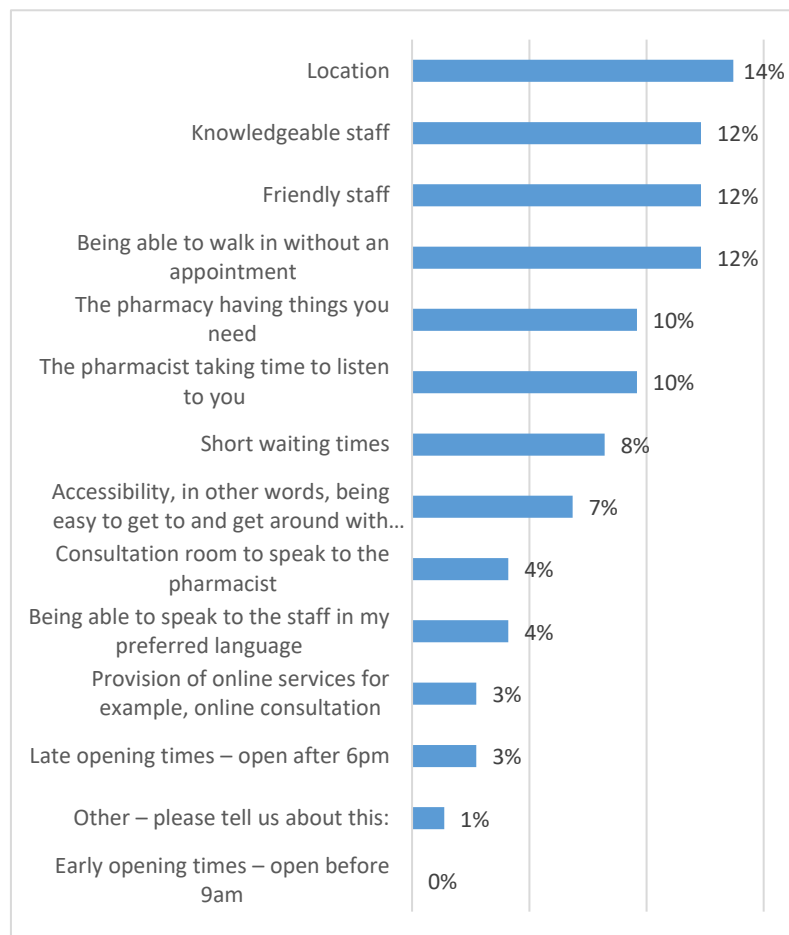
**Q9. On the scale from 0 to 10, where '0' is 'extremely dissatisfied' and '10' is 'extremely satisfied' how well, or not, does your local community pharmacy meet your particular needs?**

15 responses were received to this question, with all responses rated between 5 and 10 on the scale.



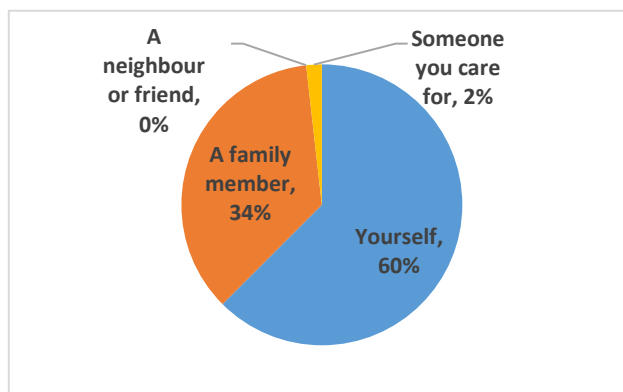
**Q10. How important are the following things in influencing your choice of pharmacy?**

13 responses were received to this question, with the majority of respondents choosing multiple options which influence their choice of pharmacy. The most popular factors when choosing which pharmacy was location (14%), knowledgeable and friendly staff (both 12%) and being able to walk in without an appointment (12%). However, a wide range of other reasons were also stated.



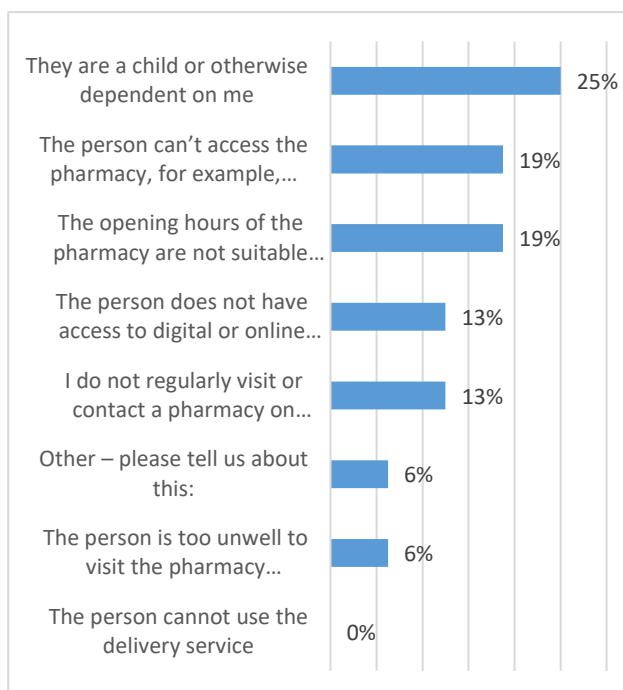
**Q11. Who do you normally visit or contact a pharmacy for?**

38 responses were received to this question, with some respondents indicating that they visit only for themselves, but others responding that they visit on behalf of others as well as themselves. Overall, 60% of responses were for people visiting for themselves, 34% were for a family member and 2% were for someone the person cares for.



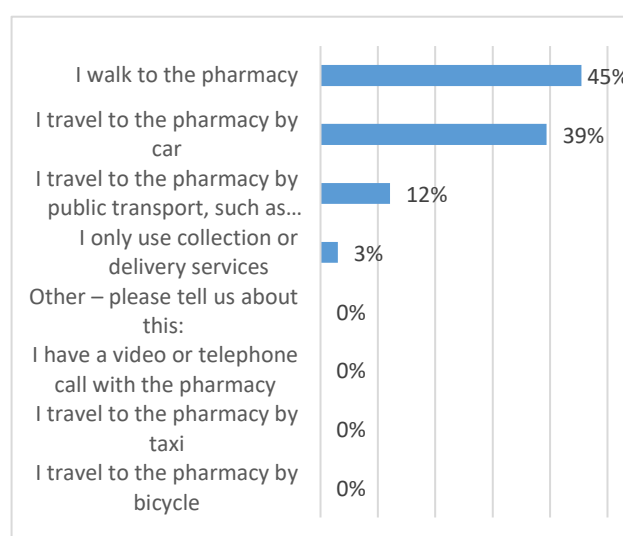
**Q12. If you visit or contact a pharmacy regularly on behalf of someone else, please give a reason why?**

11 responses were received to this question, with 9 respondents selecting only one option for why they regularly visit a pharmacy on behalf of someone else, with the remaining two respondents selecting multiple reasons. The most common reason for visiting on behalf of someone else was where the other person is a child or dependent (25%).



**Q13. When you use pharmacy services, how do you normally access them?**

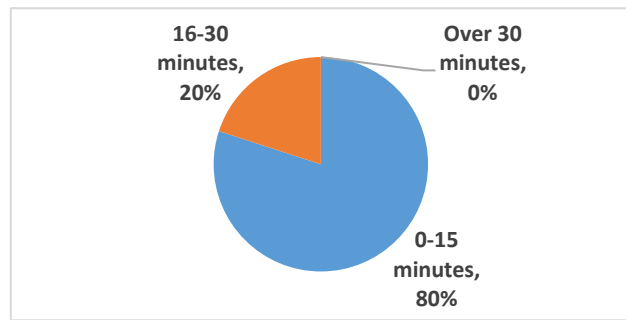
23 responses were received to this question, with 14 respondents (61%) indicating only one option for their method of accessing a pharmacy, 8 respondents (35%) selecting two options and 1 respondent selecting three options. The most common ways of accessing a pharmacy were by walking (45%), by car (39%) or public transport (12%).





**Q14. If you travel to a pharmacy in person, on average, how long does it take you to get there?**

20 responses were received to this question, with the majority (80%) of respondents stating that their travel time to a pharmacy was between 0-15 minutes.

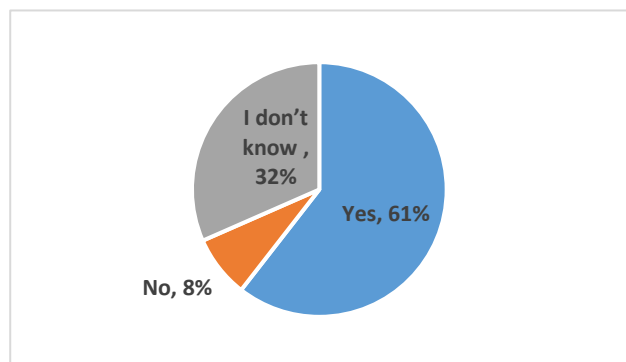


**Q15. Do you feel able to talk about something private / sensitive with a pharmacist?**

20 responses were received to this question, with 55% stating that they felt able to talk about something private or sensitive with a pharmacist, and 45% responding that they did not.

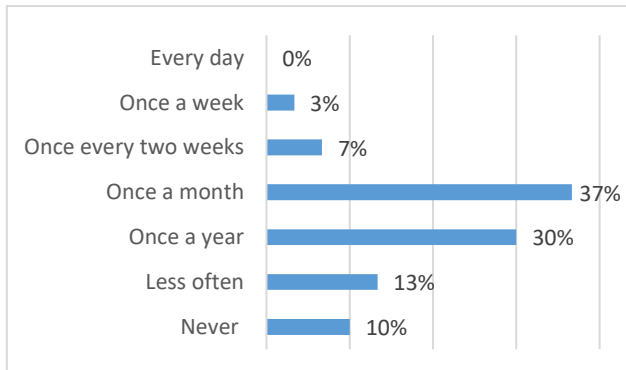
**Q16. Does the pharmacy you usually use have a separate consultation room, where you can't be overheard?**

Of the 38 responses received to this question, 61% stated that the pharmacy they normally use had a consultation room, 8% responded that their pharmacy did not have a consultation room and 32% did not know.



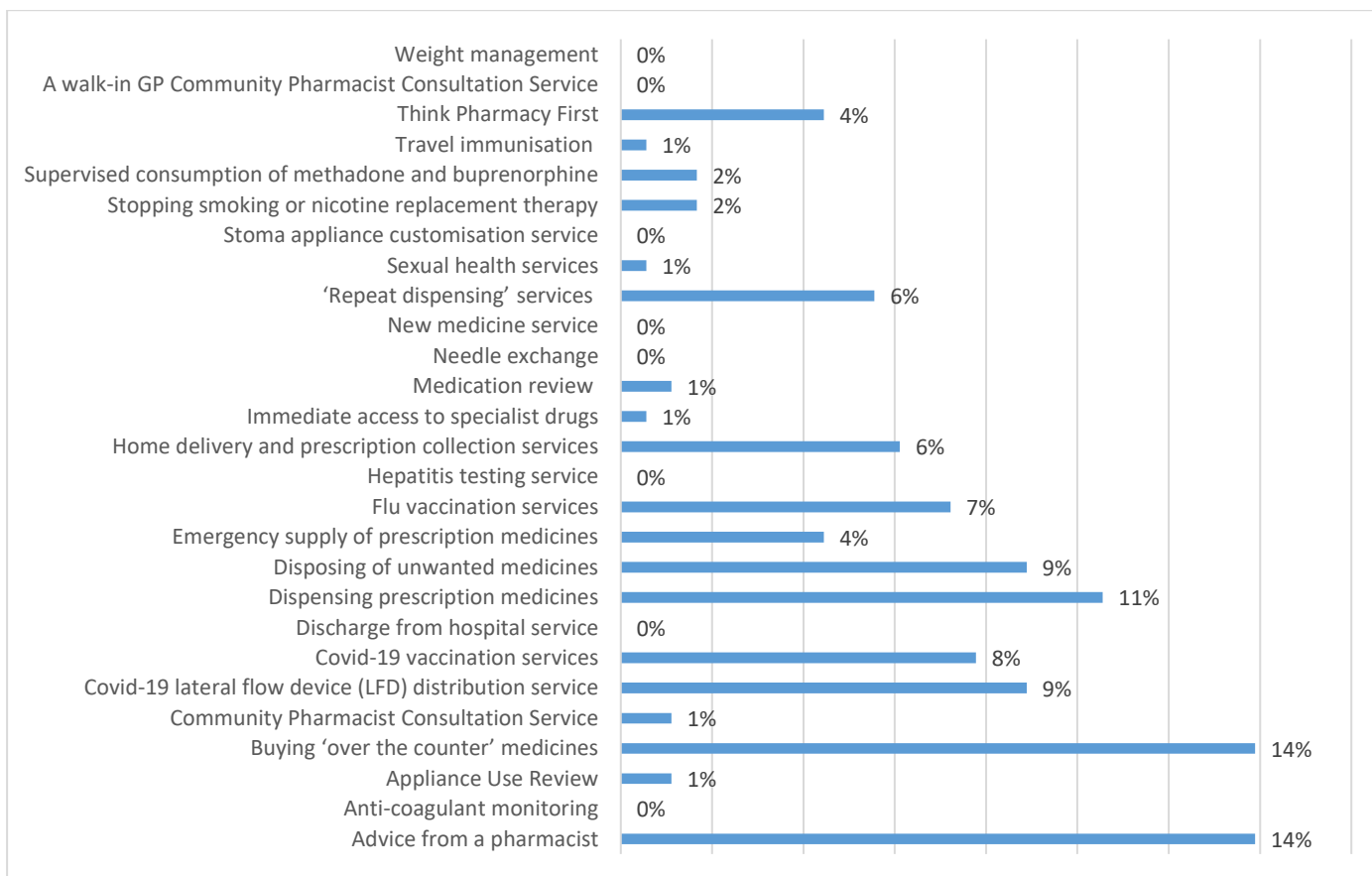
**Q17. How frequently do you buy 'over the counter' medicine from a pharmacy?**

30 responses were received to this question, with most respondents (37%) stating that they buy over the counter medicines once a month.



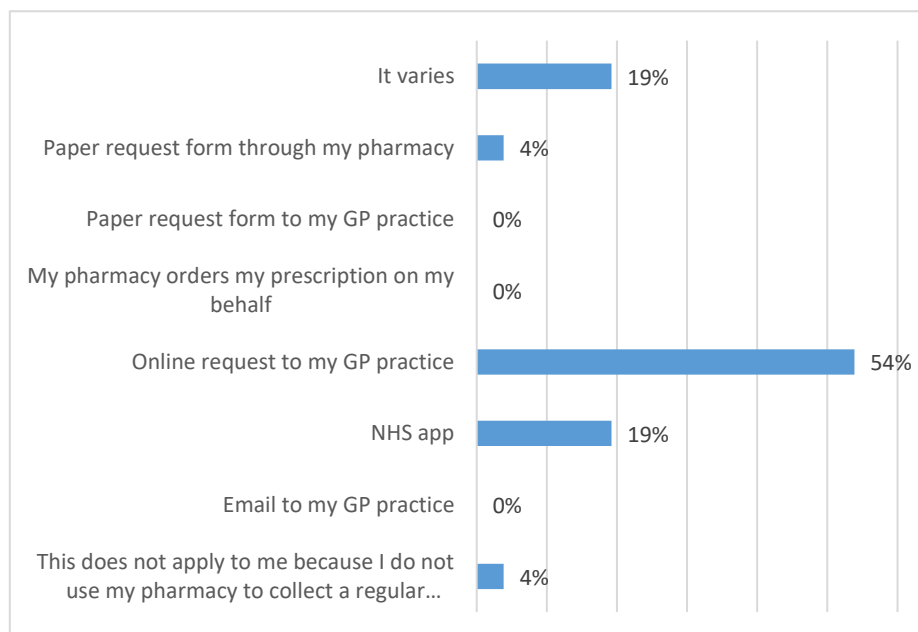
**Q18. Pharmacies can provide a range of different services, although not every pharmacy provides all of them. Did you know that you could access these services from a pharmacy?**

25 responses were received to this question, with most respondents choosing multiple options for their knowledge of which services that pharmacies provide. The most commonly known services were advice from a pharmacist (14%), buying over the counter medicines (14%) and dispensing prescription medicines (11%). For some services, no respondents were aware that they could be offered by pharmacies.



**Q19. If you use your pharmacy to collect regular prescription, how do you order your prescriptions?**

22 responses were received to this question, with most respondents (86%) choosing only one option for how they order their prescriptions, and the remaining respondents (14%) choosing multiple options. Of the methods for ordering prescriptions, the most popular choice was through an online request to the GP practice (54%).



**Q20. Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from pharmacies so they can better serve your needs?**

8 responses were received to this question, which allowed respondents to enter suggestions or comments for types of treatment or advice that they would like to receive from pharmacies. Some respondents stated that there were no additional services that were required. Other suggestions that were received included have

appointment times to speak to a pharmacist, ear wax removal and advice on dermatological conditions, pain relief.

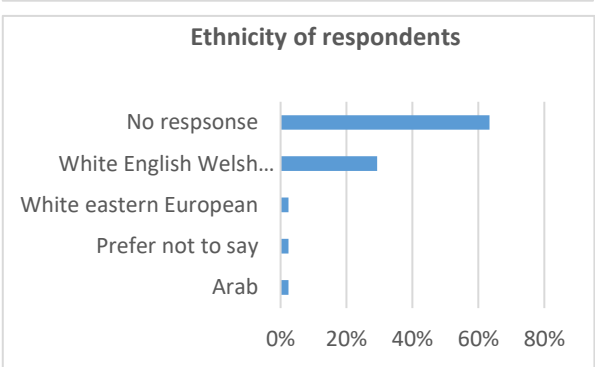
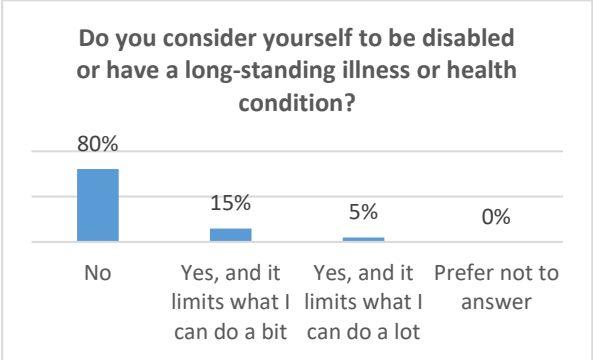
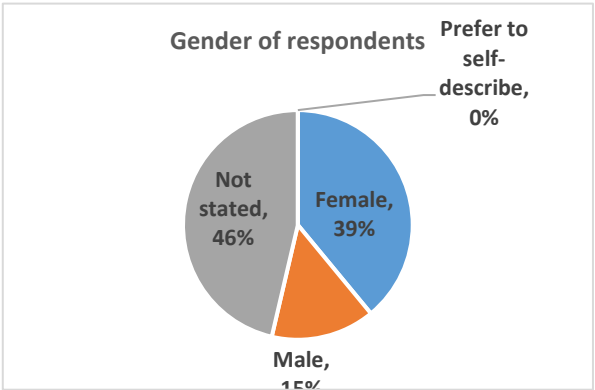
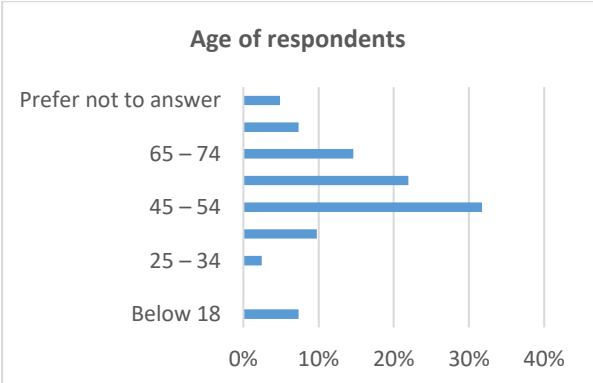
**Q21. Do you have any other comments you would like to make about your pharmacy services, including any improvements or new services you might like to see?**

12 responses were received to this question, which allowed respondents to add any other comments on improvements or new services. Some of these comments made reference to good levels of satisfaction with the pharmacy they use. Other suggestions included:

- Improvements to communication of when a prescription is ready for collection
- Improvements to privacy for discussing personal information
- Staff to be available more promptly
- Shorter waiting times for prescription collection
- Better communication where only part of a prescription can be dispensed
- Ability for pharmacists to make referral to a GP or specialist

**Characteristics of Respondents**

A total of 41 participants completed the survey (39% female, 15% male, 46% no response), with an age range from below 18 years to 75+ years. The most common age group of participants was 45-54 years. Most participants did not have a disability and were of a White (English/Welsh/Scottish/Northern Irish/British) ethnic background.



# Appendix 3 - Pharmacy Survey and Analysis of Results

## When We Consulted

Dates: 4<sup>th</sup> February 2022 – 12<sup>th</sup> June 2022

## How We Consulted and Who Responded

A survey based on the PSNC template<sup>35</sup> was built on-line using the PharmOutcomes website and circulated to all Newcastle pharmacies with support from the Local Pharmaceutical Committee Members on the PNA Steering Group.

All pharmacies, including the 40-hour and 100-hour pharmacies, were invited to respond to the survey. The one appliance contractor based in Newcastle was not included in the survey.

37 (62%) of the 60 pharmacies in Newcastle responded, all of whom were contracted to provide the core 40-hour pharmacy service.

## Survey Results

### Opening hours:

- 4 (10.8%) of the respondents indicated that there was likely to be changes to the pharmacy opening hours in the near future.
- 4 (10.8%) respondents indicated that they had been changes to their opening hours in response to permanent pharmacy closures and consolidations.
- 3 (8.1%) respondents indicated that they had made changes to their opening hours in response to COVID-19.
- 5 respondents described other changes they had made as a result of COVID-19. These included modifications to make the pharmacy safer for patients and service users, including installation of plastic screens, staff wearing personal protective equipment, social distancing and increased cleaning.

### Service demands:

- 35 (94.6%) respondents indicated that their existing premises were able to manage increasing service demands. Of the 2 respondents who did not feel their existing premises were able to manage demands, 1 responded that they could alter their premises and 1 responded that they were not able to.
- 32 (86.5%) respondents indicated that they had capacity within their current staffing levels to manage increasing service demands. Of the 5 respondents who did not feel their current staffing levels were sufficient, 4 responded that they could increase staffing level and 1 responded that they were not able to.

### Access:

- 32 (86.5%) respondents indicated that there was unaided wheelchair access to the premises. Of the 5 respondents where unaided wheelchair access was not available, 2 indicated that there were plans to address this in the next 12 months.

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<sup>35</sup> <https://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/>

**Consultation facilities:**

- The questionnaire assumed that the pharmacy has a closed room consultation area, with wheelchair access, which meets the requirements for advanced services (as stated on form PREM1) and has a table or workbench and access to IT. When asked to describe any differences, no respondents noted any differences.
- 33 (89.2%) pharmacies had handwashing facilities either in or close to the consultation area although 4 (10.8%) had no provision.
- 5 (13.5%) of pharmacies offered patients access to toilet facilities.
- 11 (29.7%) respondents indicated that they would be willing to undertake consultations in patients' homes.
- 6 (16.2%) pharmacies indicated that they offered services in languages in addition to English, including Hindi, Punjabi, Urdu, Farsi and French.

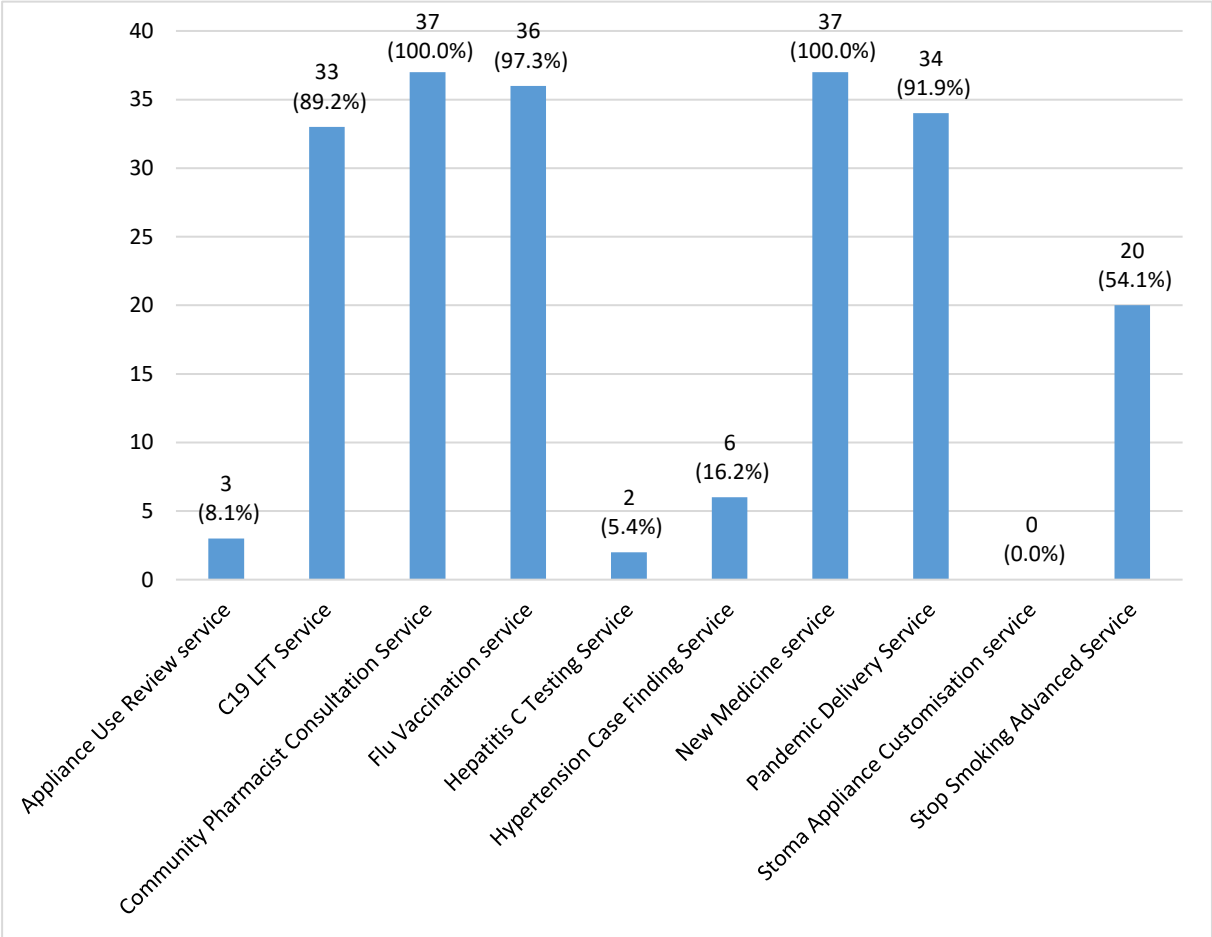
**Independent prescribers**

- 2 (5.4%) respondents indicated that there was a pharmacist with independent prescriber qualifications available at the store
- However, these responses indicated that the independent prescriber role was not being used at the pharmacies

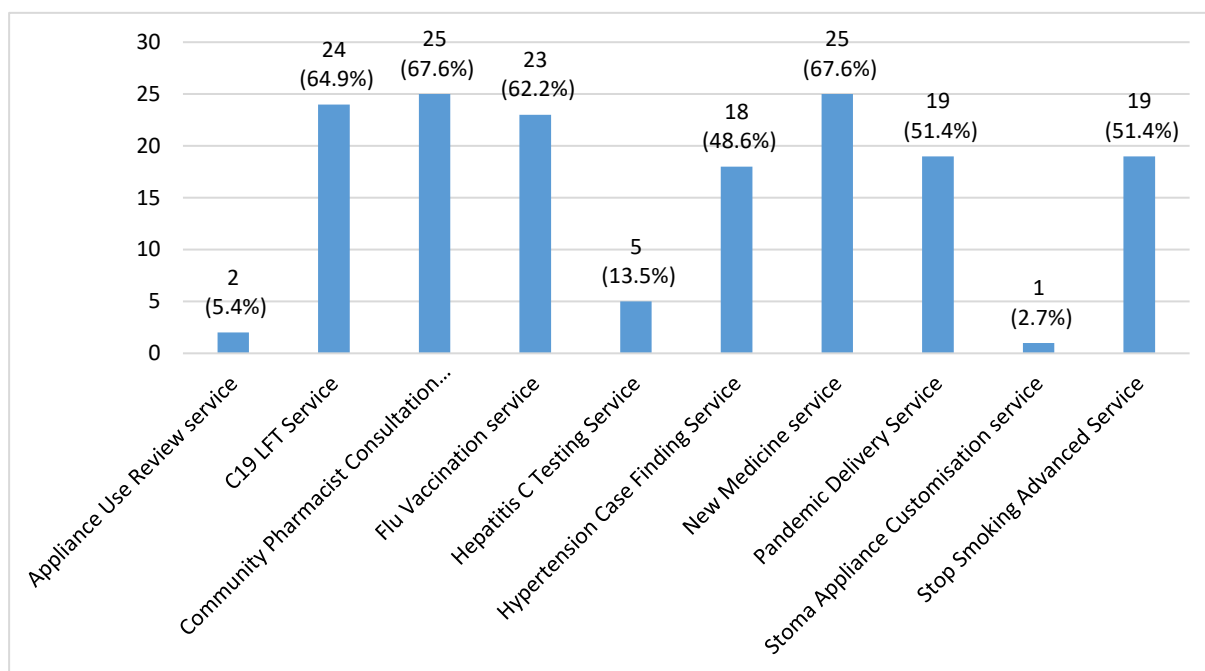
**Service Provision**

**Advanced Services:**

Which Advanced Services does the pharmacy currently provide?



## Which Advanced Services does the pharmacy intend to provide in next 12 months?



### Locally Commissioned services:

An overview of additional locally commissioned service provision by Community pharmacy services in Newcastle is summarised below. It is important to note that only 62% of the community pharmacy contractors completed the questionnaire and that not all responses provided information regarding all sections regarding the additional services. Therefore, although this information provides an overview, it does not reflect the full service delivery across the area.

In addition, it is noted that some pharmacies are current providing services that other pharmacies indicate that they would be willing to provide if the service were commissioned. This suggests some variation in the knowledge of local services available to be provided across the area.

### CCG Commissioned Services:

*Baseline 37 responses*

	Currently provide	Willing to provide if commissioned	Planning to stop the service in next 12 months	None of the above
<b>Think Pharmacy First minor ailments service</b>	37 (100%)	0 (0%)	0 (0%)	0 (0%)
<b>On demand availability of specialist drugs service</b>	15 (40.5%)	16 (43.2%)	0 (0%)	6 (16.2%)

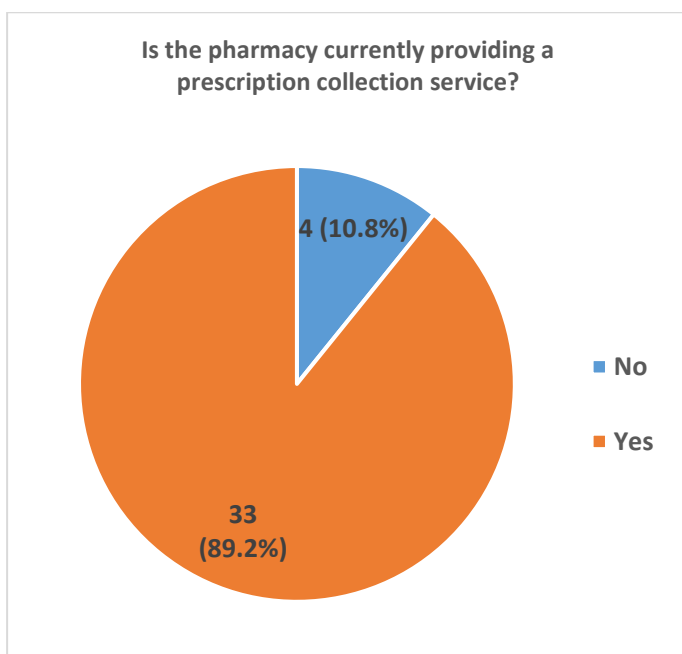
### Local Authority Commissioned Services

*Baseline: 37 responses*

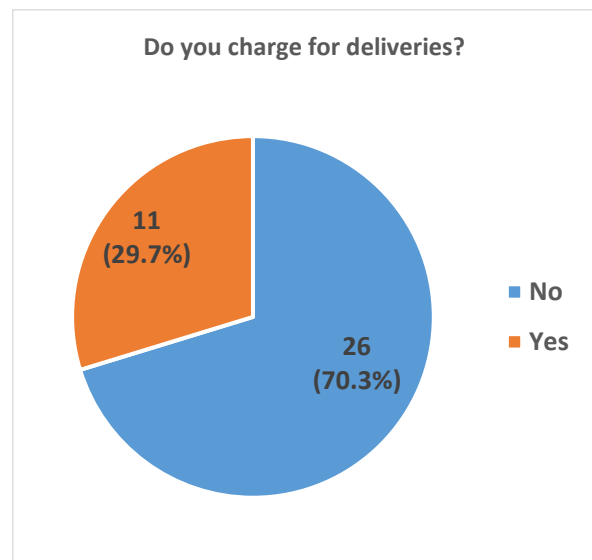
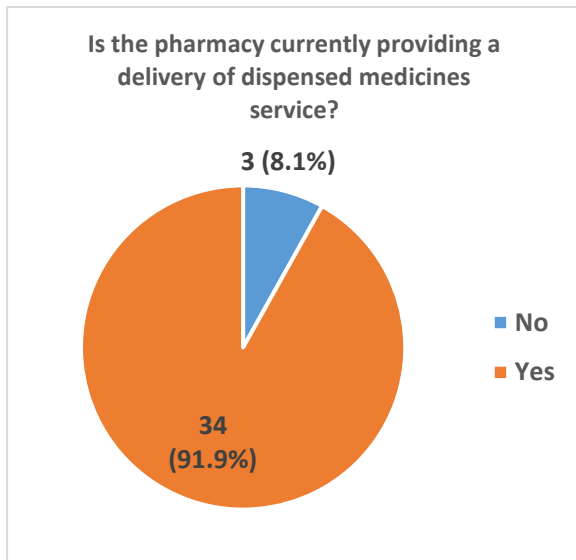
	Currently provide	Willing to provide if commissioned	Planning to stop the service in next 12 months	None of the above
Stop Smoking Service (NRT Voucher)	33 (88.6%)	3 (8.1%)	1 (2.7%)	0 (0%)
Stop Smoking Service (Varenicline)	16 (43.2%)	11 (29.7%)	0 (0%)	10 (27.0%)
Level 2 Stop Smoking Service	22 (59.5%)	7 (18.9%)	0 (0%)	8 (21.6%)
Supervised Consumption Service	33 (89.2%)	1 (2.7%)	0 (0%)	3 (8.1%)
Needle Exchange Service	4 (10.8%)	11 (29.7%)	0 (0%)	22 (59.5%)
Emergency Oral Hormonal Contraception Service (EOHC)	28 (75.7%)	6 (16.2%)	0 (0%)	3 (8.1%)
C Card Scheme (registration of clients)	5 (13.5%)	25 (67.6%)	0 (0%)	7 (18.9%)
C Card Scheme – condom provision only	13 (35.1%)	19 (51.4%)	0 (0%)	5 (13.5%)

### Non-commissioned services:

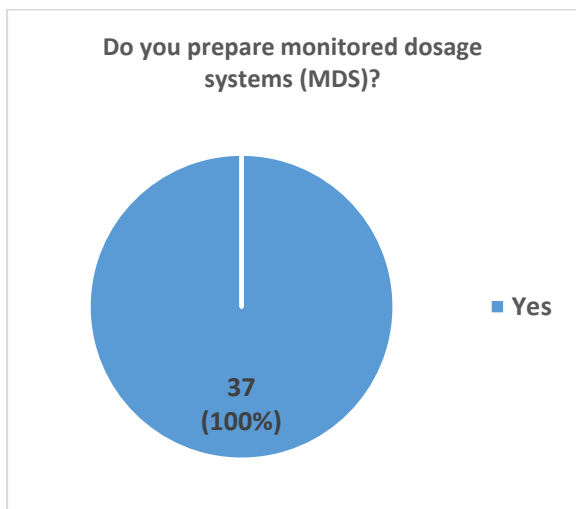
Is the pharmacy currently providing a prescription collection service?



Is the pharmacy currently providing a delivery of dispensed medicines service and does the pharmacy charge for deliveries of medicines?



Does the pharmacy provide medicines in Monitored Dosage Systems (MDS)?

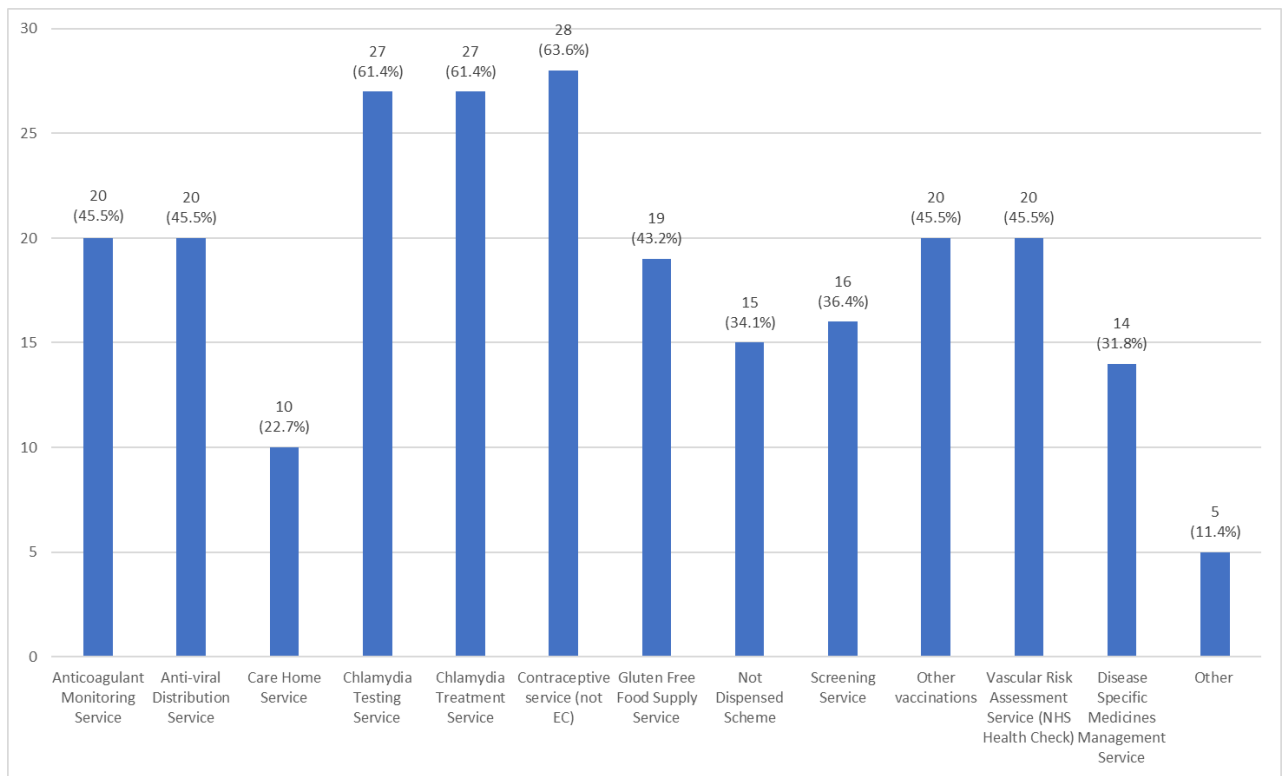


**Future services:**

Are there any other services you would be willing to provide, if they were commissioned??

Baseline: 37 responses











## Appendix 5 - Findings of the Consultation on the Draft Pharmaceutical Needs Assessment

The formal consultation on the draft PNA for Newcastle ran from 13<sup>th</sup> July to 10<sup>th</sup> September 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012 , which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

The comments received during the consultation have been summarised in the below, along with notes on how they have been dealt with in this final version of the PNA.

## Appendix 6 – Steering group membership

Membership of the Group:

- Public Health Pharmacist (Chair) – Andre Yeung
- Public Health Intelligence Specialist – Claire Toas
- Clinical Commissioning Group representative
- NHS England Area Team Representative
- Local Pharmaceutical Committee Representative
- LMC/ dispensing doctor representative
- Healthwatch Representative
- Local Authority Planning Department Representative
- Hospital Representative

A named deputy can attend where a member of the Group is unable to attend. Other members might be co-opted as appropriate.

# Abbreviations

AUR	Appliance Use Review
BME	Black or Minority Ethnic group
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contract Framework
CPCS	Community Pharmacist Consultation Service
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
ePACT2	electronic Prescribing Analysis and Cost Tool
EPS	Electronic Prescription Service
GP	General Practitioner
Hep C	Hepatitis C
HLP	Healthy Living Pharmacies
HWB	Health and Wellbeing Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Health Needs Assessment
LFD	Lateral Flow Device testing kit
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Layer Super Output Area
LTC	Long Term Conditions
MECC	Make Every Contact Count
MDS	Monitored Dosage System
MUR	Medicines Use Review
NENC ICS	North East and North Cumbria Integrated Care System
NHS	National Health Service
NHSE&I	NHS England and NHS Improvements
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply
OHID	Office of Health Improvement and Disparities (formally PHE)
PCN	Primary Care Network
PCO	Primary Care Organisation
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHE	Public Health England (now known as OHID)
PhIF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of Care Testing
POPPI data	Projection Older People Population Information
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People who inject drugs
RAF	Reasonable Adjustment Flag
SCR	Summary Care Records
STI	Sexually Transmitted Infection
SAC	Stoma Appliance Customisation Service
SMR	Structured Medicine Review
UTI	Urinary Tract infection



WAF	Winter Access Funding
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