AUDIT AND GOVERNANCE COMMITTEE

AGENDA

Wednesday 15 November, 2017

at 10.00 am

in Committee Room B
Civic Centre, Hartlepool

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Belcher, Cook, Hall, Hamilton, Harrison, Martin-Wells and Tennant.

Standards Co-opted Members; Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.

Parish Council Representatives: Parish Councillor Roderick Thompson (Elwick) and Parish Councillor Darab Rezai, Dalton Piercy.

Local Police Representative: Chief Superintendent Alastair Simpson.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 25 October, 2017 (*to follow*).

4. **AUDIT ITEMS**

   No items.

5. **STANDARDS ITEMS**

   5.1 Disqualification Criteria for Councillors and Mayors - Consultation – *Chief Solicitor and Monitoring Officer*

6. **STATUTORY SCRUTINY ITEMS**

6.1 North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account Priorities 2018/19:-

(a) Covering Report – *Statutory Scrutiny Officer*
(b) Presentation – *Representatives from NTHFT*

6.2 Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services – *Statutory Scrutiny Officer*

6.3 Health Inequalities in Hartlepool:-

(a) Covering Report – *Statutory Scrutiny Officer*
(b) Presentation – *Representatives from Public Health*

6.4 Pharmaceutical Needs Assessment Review – Consultation – *Interim Director of Public Health*

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

7.1 To receive the minutes of the meeting held on 4 September, 2017.

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items.

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

10.1 To receive the minutes of the meeting held on 15 September, 2017

11. **REGIONAL HEALTH SCRUTINY UPDATE**

12. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

For information: -

Date and time of forthcoming meetings –

Wednesday 6 December, 2017 at 10.00 am
Wednesday 24 January, 2018 at 10.00 am
Wednesday 14 February, 2018 at 10.00 am
Wednesday 14 March, 2018 at 10.00 am
Wednesday 25 April, 2018 at 10.00 am

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

25 OCTOBER 2017

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Councillor Ray Martin-Wells (In the Chair).

Councillors: Gerard Hall, Brenda Harrison and John Tennant.

Co-opted Members: Mr Stan Cronin and Mr Norman Rollo.

Also Present: In accordance with Council Procedure Rule 5.2 (ii), Councillor Carl Richardson was in attendance as substitute for Councillor Lesley Hamilton.

Karen Hawkins and Andrea Jones – Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

Jane Barker, Elaine Gout, Louise Johnson, Lynn Kirby, Janet Mackie, Kevin Moore, Tess Moore and Linda Wildberg – North Tees and Hartlepool NHS Foundation Trust.

David Brown, Tees, Esk and Wear Valleys NHS Foundation Trust

Officers: Dr Paul Edmondson-Jones, Interim Director of Public Health
Esther Mireku, Public Health Registrar
Danielle Swainston, Assistant Director, Children and Families Services
Joan Stevens, Statutory Scrutiny Officer
David Cosgrove, Democratic Services Team

45. Apologies for Absence

Apologies for absence were received from Councillors Sandra Belcher, Rob Cook and Lesley Hamilton.

46. Declarations of Interest

None.

47. Minutes of the meeting held on 20 September, 2017

A Member sought confirmation that Members would still receive a detailed

process plan for the implementation of the Sustainable Transformation Plan (STP) as discussed at the meeting in July. That Chair confirmed this was the case.

The minutes were confirmed.

48. Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services (*Statutory Scrutiny Officer*)

The invited representatives from North Tees and Hartlepool Trust NHS Foundation Trust and the Hartlepool and Stockton on Tees Clinical Commissioning Group gave a presentation to the Committee setting out the elective care provision at University Hospital Hartlepool (UHH).

The presentation outlined the elective care services available –

- Outpatient services; Diagnostic Services; Pre Assessment Services; Day Case Services; Inpatient Services; and Review Services.
- There were outpatient services for Orthopaedics, Dermatology, Urology, ENT, Vascular, Obstetrics, General Surgery, Colorectal, Bariatric Surgery, Upper GI, Breast Services, Gynaecology, Ophthalmology and Paediatrics.
- All shoulder surgery was being moved to UHH while theatre improvements were carried out at North Tees Hospital (NTH).
- There were diagnostic services at UHH including: – Medical Physics, MRI, Endoscopy, CT, Plain Film x-ray, Phlebotomy and Pre operative assessment.
- The day surgery carried out at the UHH site included: - Orthopaedics, General Surgery, Gynaecology, Urology, Vascular, Breast surgery / breast reconstructions, Pain management procedures and some Children's Surgery.
- Inpatient services included -
  Orthopaedics – Primary hip and knee replacements / revision replacement surgery / ACL reconstruction / Foot and Ankle Surgery
  General Surgery e.g. gall bladder surgery / hernia operations
  Breast surgery / breast reconstructions.
- While outcome data was not measured by site or population, there was local and national data on specific conditions outcomes these PROM (Patient Reported Outcome Measures) and the associated Health Gain scores for hip and knee replacement surgery were both shown to be close to the national average.
- Statistics for elective surgery activity and out-patient activity at UHH were also set out for Members' information.

Members welcomed the information that there were still a significant range of elective surgeries that could be accessed at the UHH site and hoped that more services could be returned based on the success of those already in place. There was a short discussion on the reductions recorded in day case and elective surgery numbers at UHH and Members questioned

whether this was due to fewer people choosing UHH and simply not being offered the choice in the first place. There was some anecdotal evidence that patients who knew there was the option of receiving treatment at UHH, still had to ask for that option and were not being offered it straight away. The Trust representatives commented that this may be due to earlier appointments being available at NTH or due to clinical requirements

The CCG representative outlined the process of change to elective services arising from the STP (Sustainable Transformation Plan) proposals. The STP is being directed at the high level of organisations to allow the lower, local level of health delivery to define services that best meet the needs of local people. The STP will not direct how services are delivered locally, but while acknowledging the differences between areas, there should be no 'postcode lottery' of what services people could expect. No decisions had yet been made on the delivery of services across the region from the STP.

The Chair commented that the south of the STP area was already well ahead on this work due to the work being undertaken on the Better Health Programme but questioned when the final STP proposals would be coming forward. The representatives present indicated that there were a number of work streams underway but much work was still being undertaken on how the transformation was to be delivered both regionally and locally. The Chair indicated that there were some issues of public perception of the STP particularly of some of the services that may be reorganised. People were looking for some indication of preferred options coming forward sooner rather than later as too much seemed unknown.

The CCG representative did state that while there was some understandable frustration around the reconfiguration of services but a lot had already been delivered locally on issues such as neighbourhoods and communities, early intervention and prevention and digital and workforce issues. It was hoped that a firmer timetable could be brought to a future meeting. The Chair acknowledged this work but it was the headline issues around A&E and Maternity, those were of greatest concern to residents.

Members questioned how the lead of the STP was selected and who he would be accountable to. The Chair commented that accountability would be through the Regional Scrutiny Joint Committee and each individual local authority had the power of referral. A Trust representative stated that the Lead of the STP was appointed by NHS England and was essentially an overview role; any decision on hospital services would be a CCG decision and not the Trusts.

A Member raised an issue with communication with the public as there were still some that still believed the hospital had closed when A&E had closed. It was acknowledged that all partners needed to ensure the messages to the public were consistent so people know there is a wide range of services including the urgent care centre was available.

The meeting moved on to look at the provision of maternity services.

Trust representatives gave a presentation to the meeting outlining the services provided within UHH. The presentation outlined the following key points: -

- There were Community Midwives based in Children Centres offering full Community Antenatal and Postnatal care including Drop-In clinics and telephone support
- At the University Hospital of Hartlepool there were Antenatal and Postnatal Consultant led clinics, the Midwifery Led Assessment Unit, the Obstetric ultrasound scan service and all other antenatal screening services were available on site.
- October 2017: currently 108 women booked with the Birthing Team
- Since May 2016, the Team undertakes the first contact in early pregnancy with expectant mothers and provided antenatal and postnatal assessments.
- Risk for pregnancy was assessed in line with NICE guidance and women assessed as low risk, were offered a choice for delivery;
  Home Birth - the North East as a region has a very low home birth rate with less than 1% of births at home,
  Delivery at the Birthing Centre in Hartlepool.
- The Team delivered continuity of care and for women who become high risk during the pregnancy and had to have their births at NTH, the same staff would continue with that mother. 41 women had their babies at North Tees with the Team.
- The services specifically based at NTH included: -
  Antenatal and postnatal Consultant clinics
  Community drop-in clinics
  Day Assessment Unit
  Inpatient services
  Consultant led delivery unit for high risk maternity patients
  Low risk maternity patients who choose to deliver at the obstetric unit.
  Low risk women could also have midwifery led care
  Anaesthetic cover and epidural service
  Operating theatre
  Access to other specialties such as Neonatology, radiology, medicine, surgery.
- Nationally, increasing numbers of women were being seen with raised BMI, complex medical conditions, diabetes/gestational diabetes, pre-eclampsia, social deprivation and safeguarding issues.
- Recent years had seen a number of Midwifery Led Units moving to ‘opening as required’ following the model that had been introduced with the Hartlepool Birthing Team
- The model in Hartlepool was being seen as a good example of a high quality, locally delivered services.
- Across the country, stand alone Midwifery Led Units were reporting a reduction in delivery numbers.
- There was very positive feedback on the Hartlepool Team.

The Chair was concerned that low risk mothers were being told all the potential risks and that they would need to be 'blue lighted' through to NTH if there was a problem; then it was no surprise that so few chose Hartlepool. It did raise the question as to why the unit at UHH was kept open. The Trust representatives stated that there was the 'team around the unit' approach did provide the necessary continuity for mothers and ensured the appropriate levels of skill retention. This provided the sustainability required for the unit at UHH as an 'open when required' unit.

Members commented that many Hartlepool mothers wanted their babies to be born in Hartlepool and it was another reason why many thought the hospital was shut because the birth rate there was so low. The Chair questioned if there was a proposal through the STP that the maternity unit at NTH was to be downgraded to a midwife led unit. The Trust representative commented that there were was nationally a shortage of maternity specialist consultants. Units needed to be fully staffed with sufficient consultants to be safe for mothers and babies. There was also something of a cultural change in mothers deciding to go where there was full specialist support rather than a midwife led birth as was the accepted practice in the past. Consultation would be asking those difficult questions.

The Chair was concerned that moving to a midwife led unit was essentially a move towards the unit closing because of what expectant mothers would choose. If NTH was going towards a midwife led basis, then the Trust should be upfront and say it was closing as that is where we would be in a few years time, as we are with Hartlepool. The Trust representative stated that no decisions had been made on maternity services.

A Member referred to some of the earlier statistics outlined earlier in the presentation which highlighted the numbers of 'at risk' births increasing when potential services towards those was reducing. It was clarified that no decisions had been made and any potential options would be subject to consultation. Members did urge the CCG to come forward with potential service solutions from the STP sooner rather than later as too much time seemed to have passed without any clarity being brought forward. Members did not feel that it was not unreasonable for Hartlepool to insist on having a full maternity service. Many of the issues raised seemed to be national issues that needed resolving elsewhere without penalising local communities.

Recommended

That the presentations and discussions be noted.

49. Care Quality Commission – Update (on the Action Plan for North Tees and Hartlepool NHS Foundation Trust following the CQC's inspection) (*Statutory Scrutiny Officer)*

In the absence of any representatives from the Care Quality Committee the Chair deferred the matter to a future meeting.

50. Assisted Reproduction Unit Update (*Statutory Scrutiny Officer)*

A representative from the North Tees and Hartlepool NHS Trust updated the Committee on the progress on the satellite service with Gateshead and Newcastle. A significant amount of work had been undertaken with protocols and guidelines agreed together with work to integrate nursing staff across the units.

The main issues related to the storage of the cryo-tanks as Newcastle and Gateshead and South Tees had indicated they were unable to re-house the tanks. Approaches were being made to private companies to seek a storage solution.

In order to provide the satellite service full collaboration around embryologist cover from other local units was required otherwise service provision would be limited and a potential patient safety risk. Further engagement work was on-going. Embryology cover, therefore, remained the most significant risk to the current service and a barrier to the commencement of the satellite service. Work was ongoing towards a solution to provide a collaborative service to manage sustainable and safe embryology cover for all patents accessing the service.

The Chair asked if all the affected patients been kept up-to-date with the situation with their embryos. The Trust representative indicated that all patients had been written to in the spring and there was continual liaison with the current patients. The Chair urged the Trust to write to all patients again updating them on the current position. The Chair also commented that had the Trust retained the embryologist that had wished to maintain the service; the position would not be as it is.

Recommended

That the update be noted.

51. Urgent Care Update – Presentation (*Scrutiny Support Manager*)

Representatives from North Tees and Hartlepool NHS Trust gave an

update on the integrated Urgent Care Centres at both UHH and NTH. For the UHH site, over 16,000 patients had been seen at the site with significantly lower numbers of patients being referred on to A&E at NTH than in the previous year. There had been some very positive patient and staff feedback. The Chair stated that he had used the service and had found it to be excellent. The Chair requested that the presentation slides be circulated to all Members.

Recommended

That the report be noted.

52. GP Hubs – Presentation (*Statutory Scrutiny Officer*)

The representative from the Hartlepool and Stockton on Tees Clinical Commissioning Group gave a presentation outlining the development of GP Hubs in Hartlepool.

- The vision aimed to reduce confusion through the delivery of care in hubs or where required at a whole locality level.
- The model would be underpinned by proactive and preventative self-care and early intervention at every stage to support the achievement of better health and independence.
- The success of the delivery is dependent on creating a coordinated and integrated system that is focused upon our changing needs.
- The move to the new vision requires a fundamental shift in how everyone thinks, sees and does things.
- The development of the hubs was being seen against a national context and the national policy on Care in England by 2020 and beyond, the new models of care that would be pivotal in the delivery of the forward view, the creation of strong general practice and primary care services essential for a high quality and responsive NHS, responding to the changing requirements of a health and care system and developing services around local population needs.
- Hospital based care had been relied upon much more here than in other parts of the country.
- Patients tell us that the system is difficult to navigate and understanding their options can be confusing.
- Multiple organisations are involved in delivery of the care pathways.
- Increasing need to provide services across traditional boundaries.
- Building on the strengths of each individual organisation will achieve more together than alone.
- How will the new model of care be different?
  There will be extended teams offering more straightforward access to a wider range of health and care closer to people's home.
  The hubs will be centred, where possible, around GP practices and community care hubs.
  They will supports a population based around a natural community of

care.
They will support and promote self-care and prevention.
They will be designed and delivered by a partnership approach.
They will bring together primary, community and adult social care providers with commissioners of health and social care.
They will reflect the system priorities of Sustainability and Transformation Plans.

- There would be four phases leading towards full implementation by 2020 -
  Phase one - Development of GP practices working in hubs and sharing back office functions.
  Phase two - Community Nursing (including District Nursing) is wrapped around GP hubs to support the delivery of a 'teams around patients' model.
  Phase three - Services are identified, for health and social care and specifications are developed to support the delivery of an integrated community model.
  Phase Four - A fully integrated community model is implemented through agreed commissioning, operational and contractual arrangements.
- The purpose of the Community Integrated Services pilot at McKenzie House was to provide more timely access to assessment, treatment and support for the frail elderly by facilitating closer communication and collaboration between health and social care practitioners working in the community.
- This included weekly multi-disciplinary meetings with representatives from health and social care partners and the sharing of information across organisations to identify cohort of patients for MDT discussion and input including; COPD, frailty and other people identified with high complex needs.

The Assistant Director, Children and Families Services gave a presentation outlining the services within the Hartlepool and Stockton on Tees Children's Hub. The hub was a partnership between Hartlepool and Stockton Councils, Cleveland Police, North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Trust. The hub operated on a multi-agency approach dealing with concerns around children and young people. The service also included links into services at CAMHS, Harbour and the Local Authority Designated Officer (LADO) for allegations made against staff.

Concerns would come into the hub through phone calls, e-mails, visitors and the post. They were then triaged and allocated to a social worker with oversight provided by a Manager. Written referrals from workers would come in on a SAFER (Situation, Assessment, Family, Expected response, Recording) referral form which was a Tees-wide approved referral form.

The Children's Hub was responsible for over 90,000 children and young people across the boroughs and received approximately 150 phone calls a day with concerns about children, young people and their families and

around 1200 written referrals a month. The team undertook a large amount of signposting to services for families and providing advice.

Recommended

That the informative presentations be noted.

53. Local Authority Hubs – Presentation *(Interim Director of Public Health)*

The Interim Director of Public Health gave a presentation to the Committee on the new local authority community hubs.

There were three hubs –
Hub South – formerly Owton Manor Community Centre and Library.
Hub Central – formerly Central Library.
Hub North – located in West View Advice and Resource Centre.
They provided a one stop shop of services, meeting the needs of the local community and situated in areas of greatest need. Residents were able to access health, Council, learning and community services, as well as a busy calendar of events, with dedicated Community Hub staff on hand to help.

There had been an initial 'soft launch' in July 2017 and there was now growing momentum around the Hub delivery model with expressions of interest from potential internal/external services. The Community Hub Central was formally opened in September, by Lord-Lieutenant of County Durham, Sue Snowdon. They were now adapting to developing needs with an emphasis on development and usage of the flexible space within the Hub buildings.

Within each hub there is -
- Library services and community activities;
- Welfare benefit information and debt advice;
- Public access computers, with a dedicated computer for access to online Council services. There were 63 computers across the 3 hubs;
- Dedicated telephone access to;
  - Civic Centre Customer Service
  - Adult Education
  - West View Advice and Resource Centre
- Access to smoking cessation support;
- Access to credit unions;
- 3 Community Hub Health Advisors;
- Rooms for hire.

After only 3 months it was too soon to measure outcomes, but going forward success would be determined through:
- Customer feedback surveys and questionnaires.
- Comments and suggestions box/notice boards.
- Customer/ stakeholder focus groups.

- Development of a balanced scorecard.
- Effective use of data systems.

Over the future months there would be ongoing phased adaptations and service development with new Hub-based services by April 2018. This would include Police Community Support Officer (PCSO) and Community Safety teams, Housing Advice, and Lifestyle Intervention Officers. There was also to be a review of the Library Service offer e.g. development of 'Satellite Hubs' through the library branch network, mobile services. Officers would also be exploring of new partner opportunities e.g. a refreshment offer, integration of commercial business etc.

Members welcomed the development of the hubs and questioned how the success of the hubs in terms of footfall etc would be measured and compared with the previous library customer base. The Director commented that it was difficult to measure with great definition the difference the hubs were making. Total numbers visiting were recorded and each of the individual services had detailed numbers of those accessing their services. Details of the previous customer base for the libraries were more difficult with records not being consistent across the libraries.

The Vice-Chair questioned what information had been circulated to communities to highlight the services available at the hubs. The Director stated that Hartbeat and social media had been used extensively and they were built on existing services so were well used previously. Much would rely on word of mouth as the best form of widely getting the word out into communities.

Recommended

That the presentation be noted.

54. Six Monthly Monitoring of Agreed Scrutiny Recommendations (*Statutory Scrutiny Officer*)

The Statutory Scrutiny Officer presented a report updating the Committee on the performance against the previously agreed recommendations of the Committee. It was highlighted that three recommendations were still outstanding and the reasons behind those would be examined and reported back to members.

Recommended

That the report be noted.

55. Roseberry Park Briefing (*Representative from Tees, Esk and Wear Valleys NHS Foundation Trust*)

The representative from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provided Members with a briefing paper which outlined the current situation in relation to the service provision from within Roseberry Park Hospital. It was noted that in June 2016, TEWV were notified of a number of defects to the fire safety systems at Roseberry Park. Immediate action was taken to mitigate those risks through close working with the Fire and Rescue Service to address the safety of service users, staff and visitors while they were at Roseberry Park. However, these measures were not long term solutions and further work was required.

In view of the need to vacate one of the 'blocks' at Roseberry Park, arrangements were in place to transfer services in Westerdale North and South (two wards for older people) to Sandwell Park in Hartlepool temporarily. While this work was ongoing, patients from the Lincoln and Wingfield wards in Sandwell Park will be admitted to the hospital within their locality (either Roseberry Park or Lanchester Road hospital). This would allow one full block within Roseberry Park to have detailed survey work carried out to determine the extent of the remedial work necessary on all blocks and enable a timeline for the works across the whole site to be calculated.

It was noted that meetings had been undertaken with all staff impacted by this change to assess personal circumstances and assess what support was required to facilitate the move. In terms of patients, it was presently anticipated that around 12-15 adults and their families would be inconvenienced in terms of travel initially.

The Chair commented that there were concerns being expressed by some staff at Sandwell Park as to the long term future of the facility. The TEWV representative commented that while he could not predict any long term changes to services, particularly as the works at Roseberry Park were estimated to take a number of years to complete, he did not currently foresee the closure of Sandwell Park.

Recommended

That the report be noted.

56. Minutes of the recent meeting of the Finance and Policy Committee relating to Public Health

The minutes of the meeting held on 18 September, 2017 relating to the Health and Wellbeing Strategy were received.

57. Minutes of the Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 20 July 2017 were received.

58. Minutes of the recent meeting of the Safer Hartlepool Partnership

The minutes of the meeting held on 11 August 2017 were received.

59. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.15 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

15th November 2017

Report of: Chief Solicitor and Monitoring Officer

Subject: DISQUALIFICATION CRITERIA FOR COUNCILLORS AND MAYORS - CONSULTATION

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1. PURPOSE OF REPORT

1.1 The Committee have previously received a report which indicted that representations had been made to the Department of Communities and Local Government by Saddleworth Parish Council who had called for one of their members to resign following a conviction for downloading indecent images. Following this conviction, the Councillor had been made subject to a sexual offenders treatment programme with a 28 day curfew and was to be subject to a sexual harm prevention order for a period of 5 years. However, he would only be disqualified from holding office, if, he had within 5 years either before the day of his election or since his election been convicted and '…. *has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine (Section 80) (1)(d) of the Local Government Act, 1972.*

1.2 The Councillor had insisted that he would not step down despite strong calls for his resignation. A petition with 700 signatories from the community had also been received calling for his resignation. Although, following a Motion that came before the Parish Council which had the effect of removing this Councillor from all Committees of the Parish Council, no further action could be taken. Consequently, a delegation from the Parish Council together with the Local Member of Parliament met the Minister for Local Government to discuss potential changes to the governing legislation. That lobbying, has now led to the publication through the Department for Communities and Local Government a consultation document entitled 'Disqualification Criteria for Councillors and Mayors' (September 2017).

2. CURRENT DISQUALIFACTION CRITERIA

2.1 As mentioned, the position upon disqualification is set out within Section 80 of the Local Government Act, 1972. As can be seen from the attached consultation document (**Appendix 1**) the current criteria is as follows;

- are employed by the Local Authority;
- are employed a company which is under the control of the Local Authority;
- are subject to bankruptcy orders;
- have, within 5 years before being elected or any time since elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than 3 months without the option of a fine;
- are disqualified under Part 3 of the Representation of the People Act, 1983;
- are employed under the direction of various Local Authority Committees, Boards or the Greater London Authority; or
- are a teacher in a school maintained by the Local Authority.

3. THE PROPOSED DISQUALIFICATION CRITERIA

3.1 This consultation looks at 'updating the criteria' in relation to the holding of office either as a Local Authority member or as a directly Elected Mayor or a member of the London Assembly. However, such disqualification would only extend whereby an individual was subject to;

- the notification requirements set out in the Sexual Offences Act, 2003 (commonly referred to as 'being on the sex offender register');
- a civil injunction granted under Section 1 of the Anti-Social Behaviour, Crime and Policing Act, 2014; or
- a Criminal Behaviour Order made under Section 22 of the Anti-Social Behaviour, Crime and Policing Act, 2014.

3.2 As mentioned in the consultation document, such changes to be introduced would require amendment to primary legislation and any proposed change would not have retrospective effect. The consultation begins on Monday 18th September, 2017 and therefore closes on Friday 8th December, 2017.

3.3 It will be noted that this consultation confines itself to looking at the disqualification criteria and does not go any further, namely, to look at issues surrounding the Code of Conduct provisions and the rather contentious issue of sanctions. It had been indicated by the Department for Communities and Local Government that although there would be consultation on the so called 'disqualification criteria' they would also raise the issue as to sanctions which should be applicable for any breaches of a Council's Code of Conduct. Therefore it needs to be seen, whether or not at some future date consultation will extend to this particular area of governance of public bodies

Presently, members are asked to consider the attached consultation document and provide such responses as they deem appropriate.

4. RECOMMENDATIONS

1. That the Committee considers this report and attached consultation document.
2. That delegated authority be given to the Chief Solicitor and Monitoring Officer (in consultation with the Chair and Vice Chair of the Audit and Governance Committee) to provide a response on or before 8th December, 2017.

5. CONTACT OFFICER

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Disqualification criteria for Councillors and Mayors

Consultation on updating disqualification criteria for local authority members

September 2017
Department for Communities and Local Government

This document/publication is also available on our website at www.gov.uk/dclg

If you have any enquiries regarding this document/publication, complete the form at http://forms.communities.gov.uk/ or write to us at:
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Scope of the consultation

A consultation paper issued by the Department for Communities and Local Government on behalf of the Secretary of State

Topic of this consultation:	This consultation paper sets out the government's proposals for updating the criteria disqualifying individuals from standing for, or holding office as, a local authority member, directly-elected mayor or member of the London Assembly.
Scope of this consultation:	The Department for Communities and Local Government is consulting on proposals to update the criteria disqualifying individuals from standing for, or holding office as, a local authority member, directly-elected mayor or member of the London Assembly, if they are subject to: • the notification requirements set out in the Sexual Offences Act 2003 (commonly referred to as 'being on the sex offenders register'); • a civil injunction granted under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014; or • a Criminal Behaviour Order made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014. Any changes to the disqualification criteria would require changes to primary legislation, in particular the Local Government Act 1972, the Local Democracy, Economic Development and Construction Act 2009, and the Greater London Authority Act 1999. The proposed changes would not act retrospectively.
Geographical scope:	The proposals in this consultation paper apply to certain authorities in England, including local authorities, combined authorities and the Greater London Authority. They do not apply to authorities in Wales, Scotland or Northern Ireland.
Impact Assessment:	No impact assessment has been produced for this consultation.

Basic Information

To:	This consultation is open to everyone. We particularly seek the views of individual members of the public, prospective and current councillors and those bodies that represent the interests of local authorities and councillors at all levels.
Body responsible for the consultation:	The Local Government Stewardship Division in the Department for Communities and Local Government is responsible for conducting the consultation.
Duration:	The consultation will begin on Monday 18 September 2017. The consultation will run for 12 weeks and will close on Friday 8 December 2017. All responses should be received by no later than 5pm on Friday 8 December 2017.
Enquiries:	If you have any enquiries, please contact: Stuart Young email: stuart.young@communities.gsi.gov.uk DCLG Tel: 0303 44 40000 How to respond: Please respond by email to: Section80consultation@communities.gsi.gov.uk Alternatively, please send postal responses to: Stuart Young Department for Communities and Local Government 2nd Floor, NE, Fry Building 2 Marsham Street London SW1P 4DF Responses should be received by 5pm on Friday 8 December 2017.
How to respond:	You can respond by email or by post. When responding, please make it clear which questions you are responding to. When you reply it would be very useful if you could confirm whether you are replying as an individual or submitting an

	official response on behalf of an organisation, and include: - your name - your position (if applicable) - the name and address of your organisation (if applicable) - an address, and - an email address (if you have one)

Introduction

1. Local authority members (i.e. councillors), mayors of combined authorities, members of the Greater London Assembly and the London Mayor take strategic decisions that affect all our lives. They decide how best to use taxpayers' money and manage local authority resources, including property, land and assets. They also have a leading role to play in building and preserving a society where the rights and freedoms of individuals are respected. They should be community champions. It is vital, therefore, that they have the trust of the electorate.

2. The Government considers that there should be consequences where councillors, mayors and London Assembly members fall short of the behaviour expected of anyone in a free, inclusive and tolerant society that respects individuals and society generally, and where this has led to enforcement action against an individual.

3. Existing legislation prevents individuals standing, or holding office, as a local authority member, London Assembly member or directly-elected mayor if they have, within five years of the day of the election, or since their election, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment, suspended or not, for a period of not less than three months without the option of a fine.

4. The Government considers that the law should be updated to reflect new options which exist to protect the public and address unlawful and unacceptable behaviour.

5. This consultation proposes updating the disqualification criteria in section 80 of the Local Government Act 1972, paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009, and section 21 of the Greater London Authority Act 1999 to prohibit those subject to the notification requirements (commonly referred to as 'being on the sex offenders register') and those subject to certain anti-social behaviour sanctions from being local authority members, London Assembly members or directly-elected mayors.

6. This consultation does not propose changing the disqualification criteria for Police and Crime Commissioners (PCCs). For the purposes of this consultation, 'local authority member' also extends to directly-elected mayors and co-opted members of authorities, and 'local authority' means:

    - a county council
    - a district council
    - a London Borough council
    - a parish council

    The disqualification criteria in section 80 of the Local Government Act 1972, paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009, and section 21 of the Greater London Authority Act 1999 do not cover the Council of the Isles of Scilly or the Common Council of the City of

London. Therefore, the proposals in this consultation do not extend to these councils.

The Current Disqualification Criteria

7. Under section 80 of the Local Government Act 1972, a person is disqualified from standing as a candidate or being a member of a local authority, if they:

    - are employed by the local authority;
    - are employed by a company which is under the control of the local authority;
    - are subject to bankruptcy orders;
    - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine;
    - are disqualified under Part III of the Representation of the People Act 1983;
    - are employed under the direction of various local authority committees, boards or the Greater London Authority; or
    - are a teacher in a school maintained by the local authority.

8. Paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009 sets out the criteria on disqualification from standing as, or being, a directly-elected mayor of a combined authority. A person is disqualified from being elected or holding office as the mayor of a combined authority if they:

    - hold any paid office or employment (other than the office of mayor or deputy mayor), including any appointments or elections made by or on behalf of the combined authority or any of the constituent councils of the combined authority;
    - are subject to bankruptcy orders;
    - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine; or
    - is disqualified for being elected or for being a member of a constituent council under Part 3 of the Representation of the People Act 1983.

9. Section 21 of the Greater London Authority Act 1999 disqualifies someone from being the Mayor or an Assembly member if they:

    - are a member of staff of the Authority;
    - hold an office that disqualifies the holder from being Mayor or an Assembly member;
    - are subject to bankruptcy orders are bankrupt or have made a composition agreement with creditors;
    - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine;
    - are disqualified under section 85A or Part III of the Representation of the People Act 1983 from being the Mayor or an Assembly member; or

- are a paid officer of a London borough council who is employed under the direction of:
  - a council committee or sub-committee whose membership includes the Mayor or someone appointed on the nomination of the Authority;
  - a joint committee whose membership includes a member appointed on the nomination of the council and a member appointed on the nomination of the Authority;
  - the council executive, or one of its committees, whose membership includes the Mayor or someone appointed on the nomination of the Authority;
  - a member of the council's executive who is the Mayor or someone appointed on the nomination of the Authority.

Sexual Offences

10. The Government considers that anyone who is subject to sex offender notification requirements, commonly referred to as 'being on the sex offenders register', should be barred from standing for election, or holding office, as a local authority member, directly-elected mayor or member of the London Assembly. The period of time for which they would be barred would end once they were no longer subject to these notification requirements.

11. An individual can become subject to notification requirements by committing certain criminal acts or being issued with certain types of civil order:

    - Being subject to sex offender notification requirements is an automatic consequence of being cautioned or convicted of a sexual offence listed in Schedule 3 of the Sexual Offences Act 2003 (see: http://www.legislation.gov.uk/ukpga/2003/42/schedule/3).

    - Sexual Harm Prevention Orders are civil orders intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. Offenders who are subject to Sexual Harm Prevention Orders become subject to notification requirements.

    - Notification Orders are civil orders intended to protect the public in the UK from the risks posed by sex offenders who have been convicted, cautioned, warned or reprimanded for sexual offences committed overseas. Such offenders may be British or foreign nationals convicted, cautioned etc. abroad of a relevant offence. Offenders who are subject to Notification Orders become subject to notification requirements.

12. The duration of the notification requirement period (i.e. how long a person is on the sex offenders register) is set out in the Sexual Offences Act 2003 and in the table below. The courts have no discretion over this.

Where the (adult) offender is:	**The notification period is:**
Sentenced to imprisonment for life or to a term of 30 months or more	An indefinite period
Detained in a hospital subject to a restriction order	An indefinite period
Sentenced to imprisonment for more than 6 months but less than 30 months imprisonment	10 years
Sentenced to imprisonment for 6 months or less	7 years
Detained in a hospital without being subject to a restriction order	7 years
Cautioned	2 years

Conditional discharge	The period of the conditional discharge
Any other description (i.e. community sentence, fine)	5 years

These periods are halved for offenders who are under 18 on the date of the caution, conviction or finding, as defined within the 2003 Act.

13. Offenders who are subject to the notification requirements must notify the police of (amongst other things) their: name, date of birth, national insurance number, home address, passport number, bank account and credit card details. They must do this annually, any time the details change or when they travel abroad. They must also notify the police when they stay or reside with a child for more than 12 hours.

14. Further information on the Sexual Offences Act 2003 can be found at: https://www.gov.uk/government/publications/guidance-on-part-2-of-the-sexual-offences-act-2003.

15. The Government does not propose including another type of civil order, the Sexual Risk Order, as this person would not have been convicted or cautioned of a sexual offence under the Sexual Offences Act 2003 and are not subject to notification requirements for registered sex offenders. A Sexual Risk Order does require the individual to notify to the police their name and their home address. A Sexual Risk Order can be sought by the police against an individual who has not been convicted, cautioned etc. of an offence under Schedule 3 or Schedule 5 of the 2003 Act but who is nevertheless thought to pose a risk of harm to the public in the UK and/or children or vulnerable adults abroad.

Q1. Do you agree that an individual who is subject to the notification requirements set out in the Sexual Offences Act 2003 (i.e. who is on the sex offenders register) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q2. Do you agree that an individual who is subject to a Sexual Risk Order should not be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Anti-Social Behaviour

16. Anti-social behaviour blights people's lives and can leave victims feeling powerless. These are a range of powers to the courts, police and local authorities to tackle the problems in the table below.

17. The Government considers that an individual who is subject to an anti-social behaviour sanction that has been issued by the court, i.e. a Civil Injunction or a Criminal Behaviour Order, should be barred from standing for election, or holding office, as a local authority member, directly-elected mayor or member of the London Assembly. The period of time for which they would be barred would end once they were no longer subject to the injunction or Order.

Anti-Social Behaviour (ASB) Powers

Type	Power	Description
Issued by the court to deal with individuals	**Civil Injunction**	A civil order with a civil burden of proof. The injunction can include both prohibitions and positive requirements to tackle the underlying causes of the behaviour. Applications can be made by police, councils, social landlords, Transport for London, Environment Agency, Natural Resources Wales and NHS Protect.
	Criminal Behaviour Order	A court order available on conviction. The order can be issued by any criminal court against a person who has been convicted of an offence. It is aimed at tackling the most persistently anti-social individuals who are also engaged in criminal activity. The order can include both prohibitions and positive requirements. Applications are made by the prosecution, in most cases by the Crown Prosecution Service, either at its own initiative or following a request from the police or council.
Used by the police to move problem groups or individuals on	**Dispersal Power**	A flexible power which the police can use in a range of situations to disperse anti-social individuals and provide immediate short-term respite to a local community. It allows the police to deal instantly with someone's behaviour and prevent it escalating. The use of the power must be authorised by an officer of at least inspector rank, to be used in a specific locality for up to 48 hours or on a case by case basis. This is to ensure that the power is used fairly and proportionately and only in circumstances in which it is necessary.

Issued by councils, the police and social landlords to deal with problem places	**Community Protection Notice**	A notice designed to deal with particular problems which negatively affect the community's quality of life. The Notice can be issued to anyone aged 16 or over, businesses or organisations. This is a two-stage power and a written warning has to be issued first. Failure to stop the behaviour or take action to rectify the problem would lead to the notice being issued. The power can be used by councils, police and social landlords (if designated by the council).
	Public Spaces Protection Order	Designed to deal with anti-social behaviour in a public place and apply restrictions to how that public space can be used to stop or prevent anti-social behaviour. The order is issued by the council. Before the order can be made, the council must consult with the police and whatever community representatives they think appropriate, including regular users of the public space. Before the order is made the council must also publish the draft order.
	Closure Power	A fast and flexible two-stage power. Can be used to quickly close premises which are being used, or likely to be used, to commit nuisance or disorder, including residential, business and licensed premises. The police and councils are able to issue Closure Notices for up to 48 hours and the courts are able to issue Closure Orders for up to six months if satisfied that the legal tests have been met. Following the issue of a Closure Notice, an application must be made to the magistrates' court for a closure order.

Q3. Do you agree that an individual who has been issued with a Civil Injunction (made under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014) or a Criminal Behaviour Order (made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q4. Do you agree that being subject to a Civil Injunction or a Criminal Behaviour Order should be the only anti-social behaviour-related reasons why an individual should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Retrospection

18. Legislation does not generally apply retrospectively, the principle being that the law should operate in a clear and certain manner and the public is entitled to know the state of the law at a particular time.

19. The proposals in this consultation would not apply retrospectively, i.e. any incumbent local authority member, directly-elected mayor or member of the London Assembly, who is on the sex offenders register or subject to a Civil Injunction or Criminal Behaviour Order at the time the changes come into force would not be affected.

20. Such individuals would of course be prevented from standing for re-election after the changes came into force.

Questions

Q1. Do you agree that an individual who is subject to the notification requirements set out in the Sexual Offences Act 2003 (i.e. is on the sex offenders register) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q2. Do you agree that an individual who is subject to a Sexual Risk Order should not be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or the London Mayor?

Q3. Do you agree that an individual who has been issued with a Civil Injunction (made under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014) or a Criminal Behaviour Order (made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q4. Do you agree that being subject to a Civil Injunction or a Criminal Behaviour Order should be the only anti-social behaviour-related reasons why an individual should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q5. Do you consider that the proposals set out in this consultation paper will have an effect on local authorities discharging their Public Sector Equality Duties under the Equality Act 2010?

Q6. Do you have any further views about the proposals set out in this consultation paper?

About this consultation

This consultation document and consultation process have been planned to adhere to the Consultation Principles issued by the Cabinet Office.

Representative groups are asked to give a summary of the people and organisations they represent, and where relevant who else they have consulted in reaching their conclusions when they respond.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004.

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department for Communities and Local Government will process your personal data in accordance with DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.
Individual responses will not be acknowledged unless specifically requested.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Are you satisfied that this consultation has followed the Consultation Principles? If not or you have any other observations about how we can improve the process please contact us via the complaints procedure.

AUDIT AND GOVERNANCE COMMITTEE

15 November 2017

Report of: Statutory Scrutiny Officer

Subject: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST – QUALITY ACCOUNT PRIORITIES 2018/19 – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) who will be in attendance at today's meeting to engage with Members in respect of NTHFT's Quality Account priorities for 2018/19.

2. BACKGROUND INFORMATION

2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.

2.2 Subsequently, representatives from NTHFT will be present at today's meeting to engage with Members of the Committee regarding the Quality Account priorities for 2018/19.

2.3 Members may wish to identify **three** priorities to forward onto NTHFT for consideration as part of NTHFT's Quality Account for 2018/19. Members are advised that any suggestion should be measurable.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee:-

(a) note the content of this report and the information provided, seeking clarification on any issues from the representatives present at today's meeting; and

(b) Suggest three quality priorities for consideration as part of the 2018/19 Quality Account.

Contact Officer:- Joan Stevens – Statutory Scrutiny Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
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BACKGROUND PAPERS

No background papers were used in preparation of this report.

Audit and Governance Committee

15 November 2017

Report of: Statutory Scrutiny Officer

Subject: INVESTIGATION INTO ELECTIVE SURGERY AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL SITE AND HIGH QUALITY MATERNITY SERVICES

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1. PURPOSE OF REPORT

1.1 To inform Members that written information will be provided at today's meeting in relation to the Committee's investigation into 'Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Committee on 20 September 2017, Members agreed the Scope and Terms of Reference for their forthcoming investigation.

2.2 Subsequently, representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust attended the previous Committee meeting held on 25 October 2017 to provide a setting the scene presentation, which included usage figures for both elective surgery and maternity services.

2.3 The Committee, at its meeting held on 25 October 2017, requested additional information regarding elective surgery and day cases at the University Hospital of Hartlepool. The following information was requested and written responses will be available at today's meeting:-

(a) Why is there a decrease in day cases at Hartlepool?
(b) How many people from Hartlepool (that could have used the Hartlepool day case services) went to North Tees hospital for the procedure and reasons for this

2.4 Regarding maternity services, a two year study, conducted by the University of Nottingham has been carried out and has recently concluded, into midwifery led units, a summary of the study is attached as **Appendix A** for the

Committee's information. The Committee may wish to invite the author of the report, to a future meeting of the Committee to discuss the study.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider:-

(a) the written evidence presented and seek clarification on any relevant issues where required; and

(b) whether to invite the author of the report, as referenced in 2.4, to a future meeting of the Committee

Contact Officer:- Joan Stevens – Statutory Scrutiny Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Statutory Scrutiny Officer entitled 'Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services' Presented to the Audit and Governance Committee on 20 September 2017

(ii) Report of the Statutory Scrutiny Officer entitled 'Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services – Setting the Scene Presentation' Presented to the Audit and Governance Committee on 25 October 2017

Major increase in midwifery unit births since 2010

Date: 15 February 2017

Births in midwifery units in England have trebled, up from five per cent to 14 per cent over the last six years, a new study by researchers at The University of Nottingham has shown.

The research, funded by the NIHR HS&DR Programme, revealed that the number of midwifery units alongside hospital obstetric units almost doubled from 53 to 97 during the period 2010 to 2016.

However, despite this increase, 25 per cent of all NHS trusts in England still have no midwifery units, denying women the opportunity to access this type of care, which has been shown to provide personalised care to women, to decrease caesarean birth rates and costs per birthing.

Dr Denis Walsh, Associate Professor of Midwifery, who led the study, said: "Midwifery units are better for mothers, safe for babies and cheaper for the NHS."

The new study charts the change in birth trend since a 2010 survey which was carried out by Oxford University as part of the Birthplace in England programme.

The increase in provision of midwifery unit care is a response to a national policy, in place since 2007, that all women should be able to choose their place of birth. A woman's right to book into a midwifery unit for their care has been reinforced by the Government's Five Year Forward View for maternity, and recommendations by NICE, the National Institute for health and Clinical Excellence.

The latest research also found a marked difference between the prospects for 'alongside' midwifery units and those which are 'freestanding' in the community, involving a journey by ambulance should the woman need medical care in addition to midwifery care.

There has been stagnation in numbers of freestanding midwifery units (FMU), up just four from 58 to 61, despite robust research showing they offered equally good and, in some respects, better outcomes than alongside midwifery units.

FMUs have been prone to opening and closing cycles and were put under strain by small numbers and financial pressures. FMUs varied widely in terms of their numbers of births each year. Five freestanding units had more than 400 births each year, with the largest providing care in labour to 650 women and babies. However, many had much smaller numbers; more than half of FMUs (58 per cent) had fewer than 200 births a year and 37 per cent had fewer than 100.

Over the period studied, the number of hospital obstetric units reduced by 10 per cent from 177 to 159. Three of the five largest freestanding midwifery units replaced obstetrics units.

Cathy Warwick, Chief Executive of the Royal College of Midwives, said: "This is very valuable research. It is very encouraging that more women are making the choice to give birth in this type of midwife-led unit. It suggests that when women have real choice about where they want to give birth, that midwife-led care is a choice they want to make.

"It is disappointing to see that a quarter of trusts do not have midwifery units. It is also disappointing that there has been such a small increase in the number of freestanding midwife-led units. I hope this will begin to change as a result of the Government's National Maternity Review in England. This promises much more maternity care right in the heart of our communities. I think there is also an onus on trusts and the Government to raise awareness of freestanding midwifery led units, and of midwife-led care in general, so that women are aware that this choice exists and can make that choice."

The results were launched at a Royal College of Midwives-accredited conference, Implementing the National Maternity Review in Rural Areas, on Monday February 13.

Wendy Cutchie, Lead Midwife for Midwifery Led Units and Community Midwifery Services at The Shrewsbury and Telford Hospital NHS Trust, said: “Midwifery units provide women and their families with more personalised care, possibly because of their small scale, possibly because of the particular philosophy of care, which is sometimes called a 'social model of care'. We deliberately focus on responding to social and emotional needs and helping women to feel confident to give birth and become a mother.”

Audit and Governance Committee

15 November 2017

Report of: Statutory Scrutiny Officer

Subject: HEALTH INEQUALITIES IN HARTLEPOOL – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To introduce representatives from the Public Health Department, who will be present at today's meeting to provide an update in terms of health inequalities in Hartlepool including Female Life Expectancy.

2. BACKGROUND INFORMATION

2.1 The publication of the Health Profile for Hartlepool in 2009 highlighted that female life expectancy in the Town equated to the worst in England, this generated significant media interest; nationally through the Radio 4 programme 'Woman's Hour' and locally via the Evening Gazette and Hartlepool Mail newspapers.

2.2 On the 6 October 2009, the former Health Scrutiny Forum received a report by the Acting Director of Health Improvement into Female Life Expectancy in Hartlepool, Members agreed:-

"That the Forum [will continue] to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women."

2.3 Subsequently, representatives from the Public Health Department will be in attendance today to provide a presentation to Members in relation to:

(a) Female Life Expectancy in Hartlepool;
(b) Life expectancy in each Ward;
(c) Major causes of early deaths in each Ward; and
(d) Provision of services across Wards

3. RECOMMENDATIONS

3.1 That Members note the content of this report and the presentation by the representatives, seeking clarification on any relevant issues where felt appropriate.

Contact Officer: - Joan Stevens – Statutory Scrutiny Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(a) Minutes of the Health Scrutiny Forum held on 6 October 2009.

AUDIT AND GOVERNANCE COMMITTEE

15 November 2017

Report of: Interim Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT REVIEW - CONSULTATION

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1. PURPOSE OF REPORT

1.1 To update the Committee on the responsibilities and actions related to the Pharmaceutical Needs Assessment (PNA) for Hartlepool; and

1.2 Seek the Committee's views on the updated draft PNA for Hartlepool, as part of the formal consultation period.

2. BACKGROUND

2.1 The National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations"), as amended, set out the minimum requirements for the Hartlepool Health and Wellbeing Board PNA, produced under this duty, and these include such things as data on the health needs of the population, current provision of pharmaceutical services, and gaps in current provision. The PNA also:

- Considers the potential need for future provision of pharmaceutical services.
- Is used by NHS England to guide the commissioning of pharmaceutical services in the area. (i.e. consideration of applications for new pharmacies, changes to opening hours of existing pharmacies and arrangements for pharmacies to open on Bank Holidays).
- Is used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council and NHS Hartlepool and Stockton on Tees Clinical Commissioning Group.

2.2 The HWB is required to keep the PNA up to date by:

- Maintaining the map of pharmaceutical services,
- Assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement, and

- Publishing a full revised assessment before the 25 March 2018.
- Consider 'Supplementary Statements' when changes take place to provide updates to the Pharmaceutical Needs Assessment (only in relation to changes in the availability of pharmaceutical services and.
- Review the Pharmaceutical Needs Assessment where there are updates in pharmaceutical need.

2.3 Details of actions required to maintain the current PNA and the planning process for the publication of a fully reviewed PNA are outlined **Appendix A** of this report:

3. HARTLEPOOL'S PNA

3.1 Hartlepool HWB published its first PNA on the 25 March 2015, in accordance with statutory requirements. The 2013 Regulations also set out the basis for the updating of PNA's, including the duty of HWB's to 'publish a statement of its revised assessment within 3 years of its previous publication of a PNA'[1].

3.2 The timetable for revision of the PNA is outlined below in **Table 1.**

Table 1

Date	Action
Jun – Jul 2017	Engage with and gather data and evidence from a wide range of stakeholders, including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment.
23 Aug 2017 - 18 Sep 2017	Consultation 1 - Public / Patients / Stakeholders - To gain an understanding of patient experience and public views of pharmacy services. Details of results are outlined in PNA (In summary 19 stakeholders and 338 on the patients)
26 Jun 2017	Health and Wellbeing Board
Aug - Sep 2017	Produce a draft PNA 2018
Nov - Dec 2017	Consultation including Statutory consultees for a minimum of 60 days* Full consultation on the draft Pharmaceutical Needs Assessment. *A&G included as a consultee on the basis of its health scrutiny responsibilities.
Jan 2018	Revise and update following consultation.
12 Feb 2018	Finance and Policy Committee
19 Mar 2018	HWB for approval
Publication before the due date of the 25 March 2018.	

[1] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Regulation 6(1))

3.3 In accordance with the agreed process, the Committee is asked to consider the draft revised PNA. The Committees views and comments will then be fed in to preparation of the finalised PNA for consideration / approval by the Health and Wellbeing Board on the 19 March 2018.

3.4 The results of the earlier consultation process, and other necessary data updates, are currently being incorporated in to the draft revised PNA. In order to comply with Access to Information requirements and complete the required timetable / process to enable publication by the required date, the draft revised PNA will be circulated 'to follow' this report. The document will be made available at the earliest possible opportunity, prior of the meeting on the 15 November 2017, to ensure that the Committee is given appropriate time to consider its content.

4. RECOMMENDATIONS

4.1 That the Committee:

i) Considers the draft revised PNA as part of the formal consultation process; and

ii) Identifies any views / comments that it wishes to be incorporated in to its consultation response.

5. BACKGROUND PAPERS

National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

The Hartlepool Pharmaceutical Needs Assessment published 25 March 2015

The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

6. CONTACT OFFICER

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Dr P Walters,
Adviser on Pharmaceutical Public Health
Via. Joan.Stevens@hartlepool.gov.uk

Appendix A

ACTIONS REQUIRED TO MAINTAIN AND MONITOR THE CURRENT PNA

The requirement to assess any change which might impact on pharmaceutical need and the assessment thereof is acknowledged. If the Hartlepool HWB identifies changes to the need for pharmaceutical services which are of a significant extent then it must publish a revised assessment (PNA) as soon as reasonably practicable after identifying these changes, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

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

- Number of people in its area who require pharmaceutical services;
- Demography of its area; and
- Risks to the health or well-being of people in its area.

On 1st June 2017, under delegated authority, the Interim DPH in conjunction with the Chair, authorised publication of a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA by 25th March 2018.

In accordance with the Regulations, as the HWB is now in the course of making its revised assessment for 2018, it will need to continue to monitor any changes to availability of pharmaceutical services. The HWB will publish a Supplementary Statement on the changes (to availability) where it is satisfied that immediate modification of its PNA is essential in order to prevent significant detriment to the pharmaceutical services in its area.

In support of on-going maintenance and use of the PNA, it is noted that authority should continue to be delegated to the current Interim Director of Public Health, in conjunction with the Chair of the HWB, to approve as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours or locally commissioned services that would impact neither market entry nor pharmaceutical need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Where required, any consequent Supplementary Statements to be ratified for publication by the HWB on a periodic basis, not less than annual; and

- Approval for publication of the Consultation Draft version of the PNA for Hartlepool 2018 (a new delegation).

National funding for community pharmacy was recently reduced by 6% and it is anticipated that some pharmacies might close as a result. To encourage mergers or **consolidations** of closely located, "surplus" pharmacies, some new amendments to the Regulations[2] were introduced in December 2016. This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

HWB's have now been given two new statutory duties:

- When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.

- Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then:

  - Publish a supplementary statement[3] reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then

  - Update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2018

Planning for publication of a full review of the PNA should be in good time ahead of the statutory due date, which is 3 years since the publication of the current PNA (i.e. by 25 March 2018). It is widely acknowledged that the process towards a revised assessment will usually take no less than 12 months to complete, not least because there are statutory requirements for extensive consultation on a draft assessment, at least once and for a minimum of 60 days.

It is therefore recommended that the HWB now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NHS England), in accordance with delegations agreed at the HWB meeting on the 2 March 2015, a Statement of Intent reporting this, has been published on the Hartlepool Borough Council website as follows:

"Hartlepool Health and Wellbeing Board understands its statutory duties in relation to the Pharmaceutical Needs Assessment (PNA) and intends to publish its full review of the current PNA within the required timeframe. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first

[2] The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

publication and without prejudice to the assessment of needs described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment for 2015 is under review. Hartlepool HWB has commenced its process leading to publication of a revised assessment / second PNA, with a publication date before 25 March 2018."

A provisional plan for this substantial re-assessment is shown in Table 1 (over the page).

In the intervening period, the HWB is still required to:

- Respond to any consultation request from NHS England for representations in respect of pharmacy applications;

- Undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and maintain and publish an up to date map as required; and

- Respond, when consulted by a neighbouring HWB on a draft of their PNA. In doing this, the HWB is required to consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

RISK IMPLICATIONS / LEGAL CONSIDERATIONS.

PNAs are used by NHS England for the purpose of determining applications for new premises. It is anticipated that many decisions made will continue to be appealed and that eventually there will be judicial reviews of decisions made by the NHS Litigation Authority's Family Health Services Appeal Unit. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

Hartlepool
Health and Wellbeing Board

Pharmaceutical Needs Assessment

Version control

HWB	Version	Date of this version
Hartlepool	Draft for consultation C19	13.11.17

Final publication date: by 25th March 2018 (Statutory)
Latest date of publication of subsequent full review; 3 years from March 2018 publication date
(Statutory; unless superseded)

Welcome and Introduction

Pharmacies have a major role to play in improving health and wellbeing, and reducing health inequalities, among the population of Hartlepool and are a key partner in the delivery of plans to address the prevention of ill health. All of which can only be achieved through integrated working.

Pharmacies are often placed in the very heart of communities close to where Hartlepool people live, work, shop and provide easy access to services. They increasingly support people in making healthier lifestyle choices and in doing so provide advice and a range of treatments, whilst also signposting to other available services.

This Pharmaceutical Needs Assessment (PNA) provides the basis on which NHS England decisions can be made regarding the location and shape of local pharmaceutical services. It outlines the varying needs of our population across Hartlepool both in terms of pharmacy services currently available and considers needs for the future.

The PNA has been developed through a wide consultation and engagement process, involving a range of professionals, service users, public and stakeholders. With a clear understanding of views in terms of current availability of pharmaceutical services locally, the PNA makes recommendations to inform decision-making.

It is vital that the planning of pharmaceutical services provision should be considered alongside other available health and social services. The Health and Wellbeing Board has an overview of this, based on the Joint Strategic Needs Assessment, and is therefore publishing its second PNA document, in accordance to our statutory duty under the Health and Social Care Act 2012. It is hoped that you find it a useful basis for planning, development and commissioning of pharmaceutical services according to the needs of the people of Hartlepool.

Christopher Akers-Belcher
Chair, Health and Wellbeing Board

Dr Paul Edmondson-Jones MBE
Interim Director of Public Health, Hartlepool Borough Council

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1.0 Executive Summary

1.1 Background

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

This consultation draft of the third PNA for Hartlepool follows previous assessments. The first was completed in 2011 by the NHS Primary Care Trust (PCT) followed by the current HWB PNA in 2015. The Board's statutory duty (Department of Health, 2012) to publish and maintain a PNA includes a full assessment at least every three years.

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

It may be helpful to know that the PNA has a very specific application; NHS England must use it when responding to applications either to join the 'Pharmaceutical List' or to amend conditions or characteristics of being included in it (such as location or opening hours). This purpose, and the legislative framework that covers both what must be included in the PNA, and how NHS England will use it, greatly influences the content and some of the language used, which reflects that used in the legislation and decision-making processes.

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

1.2 Process

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

The 2015 PNA was developed via a co-operative approach between the five relatively small unitary authority areas in the Tees Valley,[1] led by the former Tees Valley Public Health Shared Service (TVPHSS) on behalf of the five Health and Wellbeing Boards. Co-operation continued into this PNA, particularly across Tees, but also in the NHS England North East area.

Consultation and engagement. Engagement with patients, the public and health professionals during the development of the PNA, generated valuable insight into the current and future provision of pharmaceutical services. This included a patient survey which returned 338 responses and a stakeholder questionnaire seeking the opinions of clinical and other professionals on behalf of the 'client group' they represented. The purpose of these surveys was for people to contribute their views on pharmaceutical services and not to provide a representative sample of the population.

Following the communication and engagement activity this draft PNA is published for consultation. It will be available from mid-November 2017 to mid-January 2018 and for at least the statutory minimum 60-day consultation period.

Pharmaceutical services. For the avoidance of doubt, the "pharmaceutical services" to which this PNA must relate are defined in PART 2 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (hereafter referred to as the 2013 Regulations). A description of what this Regulation means in terms of pharmaceutical services is included in section 2.2 of the PNA but for simplicity, this includes services provided by *pharmacy contractors*[2]*, dispensing appliance contractors* and *dispensing doctors.* This definition of pharmaceutical services does not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups or others, but these must be included in the assessment as they affect the determination of any gaps in provision in pharmaceutical services as defined.

Access and choice. In making this assessment of current and anticipated future pharmaceutical needs, the HWB has had regard, so far as it is practicable to do so, to all regulatory requirements included in regulation 3-9 of Part 2 of the 2013 Regulations including the additional matters for consideration included in regulation 9. It has considered the responses to patient, professional and other stakeholder engagement and other information available about current pharmaceutical services. It has paid particular regard to the issues of access and choice of both provider and services available, including the times that those services are provided and the contribution made by service providers outside of the HWB area. Factual information regarding existing pharmaceutical services providers, such as premises information and contracted hours, was obtained from the holder of the Pharmaceutical List, NHS England[3].

Localities. The PNA Regulations require HWBs to consider, and justify, sub-division of their geographic area into localities for the purposes of this

[1] Hartlepool, Stockton on Tees, Middlesbrough, Redcar and Cleveland, Darlington
[2] including any with an LPS contract – see section 2.2
[3] Correct at 3 August 2017

assessment, and then for determining 'market entry' for new pharmacies in the future. The Hartlepool HWB area is sub-divided into three localities based on electoral ward-level mapping of Indices of Multiple Deprivation (IMD 2010; reviewed against IMD 2015), as explained in sections 4.1.2 and 6.1. Two of the 11 wards of Hartlepool are therefore grouped together into Locality H1: Hart and Rural West, another two wards form Locality H2: Wider Seaton and the remaining 7 wards make up Locality H3: Hartlepool Central and Coast.

Pharmaceutical need. Applying a systematic process of identifying needs, and seeking to address them, the PNA describes pharmaceutical services that are currently delivered, options for improvement within existing pharmaceutical services, and supports consideration of the need for new pharmacies or services. The PNA considers the full range of pharmaceutical services provided by community pharmacies and dispensing appliance contractors (who deal with dressings, catheter and other appliances but not medicines). It also considers relevant locally contracted services where provision impacts on the need for pharmaceutical services. This includes other locally commissioned services provided by pharmacy contractors, other pharmacy services providers and some services available from other providers such as GP practices (including dispensing in rural areas where applicable), sexual health clinics or stop smoking services.

PNA. The draft PNA is approved for consultation by the Director of Public Health and Chair of the Health and Wellbeing Board under delegated authority from the Board. Responses to the consultation will inform the new Hartlepool PNA to be published by 25th March 2018.

Acknowlegements. We are very grateful to all those who contributed local knowledge, data and information to support the development of the PNA including colleagues at NHS England, local CCGs and Commissioning Support, the Tees LPC and other commissioned service providers such as the Stop Smoking Service and Sexual Health Teesside. With thanks also to our public health intelligence colleagues from Stockton borough council for facilitating updates to a range of local data.

1.3 Conclusions

There has been virtually no change in the Pharmaceutical List in the Hartlepool HWB area since the last PNA. This may, in part, support the view that the current PNA remains fit for purpose and the draft PNA 2018 may start from that premise. Pharmaceutical services are provided by **19 pharmacies** in the Hartlepool HWB area, there are no dispensing doctors and no appliance contractors.

There was a good response of 338 to the patient / public engagement activity processes and a further 19 responses from local stakeholders. These responses confirmed that community pharmacy services were valued by those who access them, well located, generally easy to access and opening times were generally suitable. Patients and health professionals were not always aware of the full range of services available, but there are indications that this has improved in recent years. Suggestions made by patients/ public in the

engagement exercise about how to find out about pharmacy services will be considered and shared.

In contrast to the stability in the Pharmaceutical List, there has been a rapidly changing policy environment providing context, and some uncertainty, to the consideration of future needs. Some key current policy documents of relevance include:

- NHS England's publication of the *Five Year Forward View* in October 2014 and the *General Practice Forward View* in April 2016, both of which set out proposals for the future of the NHS based around the new models of care
- the Five Year Forward View (FYFV) Next Steps including the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Urgent Care
- the General Practice Forward View (GPFV) including £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21
- the community pharmacy funding settlement of 2016 'Community Pharmacy 2016 and Beyond' which included substantially reduced remuneration for essential services but introduced the Pharmacy Integration Fund (PhiF) within the same funding envelope and with it the Pharmacy Access Scheme (PhAS) and the first community pharmacy Quality Payments Scheme supporting
    - increased uptake of advanced services MUR, NMS and NUMSAS
    - increased access to secure 'nhsmail' and the Summary Care Record (SCR)
    - improved accuracy of NHS Choices information for pharmacy
    - a range of further enablers and quality standards including access to the Summary Care Record and national Assessment of Compliance and Registration for Healthy Living Pharmacy (HLP).

- The Pharmacy Integration fund would support commissioning of the urgent medicines supply pilot (NUMSAS) as an advanced service and also the feasibility testing of a further advanced service to support urgent minor illness care by community pharmacy.

In this context and of specific note locally

- Hartlepool, and other Tees HWB areas were early adopters of the HLP initiative, commencing in 2012, and the Tees model for HLP supported by public health and the Local Pharmaceutical Committee (LPC) has received national recognition. Sixteen of the 19 pharmacies in the borough are now active at least to HLP level 1.
- The Local Professional Networks for pharmacy in the north east, working with NHS 111 have developed a test service for urgent minor illness care by electronic referral to community pharmacy (such as established through NUMSAS). Implementation is planned for December 2017 across the north east (up to 618 community pharmacies). This is a pharmacist-led service involving face to face consultation in a private consultation room. The intention is to develop an evidence-based, clinical and cost effective

approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust.

- One pharmacy qualifies for a PhAS payment.

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

Following this assessment, the HWB considers that:

- the range of services provided and access to them is good; there are pharmacies within a few miles of the areas where people live, work or shop; there are some differences between localities which reflect the nature of their populations and environment.
- this good provision of essential pharmaceutical services is available seven days a week.
- the number of current providers of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services are necessary to meet the current and likely future pharmaceutical needs for essential pharmaceutical services in all localities of the Hartlepool HWB area. The dimensions of the existing service provision described above are also considered to meet the need in all localities, other than where described below.
- the pattern of opening hours are necessary and the HWB does not seek to change the pattern. In particular, for pharmaceutical needs to continue to be met, the range of core hours currently provided before 9 am and after 6pm on week days and all core hours on Saturday and Sunday must be maintained; the two pharmacies that open for 100 hours per week are necessary providers of core hours, particularly at evenings and weekends. They provide a substantial contribution to opening hours stability, and provision of locally contracted services; the HWB would not wish to see any of their opening times altered or reduced.
- the HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of all localities of Hartlepool including the days on which, and times at which, these services are provided
- having regard to all the relevant factors there are no current gaps in provision of necessary pharmaceutical services or other relevant services that could not be addressed through the existing contractors; no likely future needs have been identified that could not also be similarly addressed. There is therefore **no current or known future need for any new pharmacy contractor or appliance contractor** provider of pharmaceutical services in Hartlepool.

The HWB further considers that:

- some few providers of pharmaceutical services outside the HWB area provide improvement and or better access in terms of choice of services, but these are not necessary services i.e. there is **no gap** in service that could not be met from pharmacies located within the HWB area.

With regards to advanced services commissioned by NHS England:

- an advanced pharmaceutical service for NHS seasonal flu vaccination is commissioned by NHS England. This service provides improvement or better access and additional choice for NHS patients who elect to attend a pharmacy for this service
- the advanced services for Medicines Use Review (MUR), New Medicines Service (NMS), Appliance Use Reviews/ Stoma Customization (AUR) and pilot NHS Urgent Medicine Supply Advanced Service (NUMSAS; subject to national evaluation) all provide improvement or better access to these pharmaceutical services

No gaps are identified in the provision of these advanced services.

With regards to other enhanced or locally commissioned services:

- extended hours for bank holidays are commissioned locally by NHS England and are currently **necessary**; **no gaps** are identified. Their on-going availability should be secured with regular and timely review to ensure the hours and services needed are commissioned, by direction if necessary
- antiviral distribution systems must be available in the event of a pandemic. NHS England may choose to use pharmacy or non-pharmacy providers but some planned service availability is **necessary** to meet the needs of the population of Hartlepool; **no gaps** are identified as current pharmacy contractors are willing to provide
- emergency hormonal contraception through pharmacies is a **necessary** pharmaceutical service; current and anticipated future population **needs are met** by the existing provision of a locally commissioned service (commissioned by Public Health via a sub-contracted arrangement)
- supervised self-administration of medicines for the treatment of drug mis-users, provided in pharmacies), is a **necessary** pharmaceutical service; current and anticipated future population **needs are met** by the existing provision of a locally commissioned service (commissioned by Public Health)
- with the configuration of the existing commissioned services to support individuals with their attempts to quit, the ‘one stop’ stop smoking service through pharmacies is a **necessary** pharmaceutical service providing choice alongside the specialist hub service; current population **needs are met** by existing provision of a locally commissioned service (commissioned by Public Health); **improvement or better access** is also achieved via established dispensing voucher pathways in pharmacies
- given the volume of activity in 2016-17, needle exchange via pharmacies is a **necessary** pharmaceutical service; current population **needs** are

considered to be **met** by the existing provision of a locally commissioned service (commissioned by Public Health). Commissioners should monitor and evaluate capacity and service-user experience to ensure sufficient access and choice to accommodate future needs

- the locally commissioned Healthy Start Vitamin Service (commissioned by Public Health) is a **necessary** service which meets a statutory requirement and pharmaceutical need to make these vitamins available to eligible pregnant women and children aged 6 months to four years; current population **needs are met** and existing pharmacy contractors will be able to meet future demand
- the current locally commissioned pharmacy-based chlamydia testing service is considered to currently provide a **necessary** service for the population of Hartlepool. However, performance is currently low. Improvement or better access to this service could be afforded in the future by adding pharmacological 'treatment' in a pharmacy setting to the 'test only' current provision
- there are opportunities for improvement or better access to the pharmaceutical services or other relevant locally contracted services that are offered, or could be offered, by existing community pharmacy providers. Such services could be locally commissioned as enhanced services by NHS England on behalf of other commissioning agencies, or they may be directly commissioned as locally contracted services should any commissioner elect to do so having identified a suitable resource allocation.
- the current locally commissioned C-Card condom distribution service re-launched with new formal sub-contracting arrangements following a recommendation in PNA 2015 has delivered **improvement or better access** to this service. Activity could be increased with additional promotion and service support.
- the CCG commissioned service which provides 'on demand' availability of specialist drugs (largely for palliative care) **provides improvement or better access** for patients; current population **needs are met** by existing provision but resilience should be assesses since the loss of contractor providers
- the Healthy Living Pharmacy (HLPs) initiative on Tees has enabled participating pharmacies to more actively engage with the public health agenda and provide improvement or better access to the essential pharmaceutical services that relate to this i.e. public health (via brief interventions, sometimes known as MECC, Making Every Contact Count) and support for self-care in a preventative context. The culture of HLP in supporting health improvement and developing health communities suggests further **improvement or better access** to a range of pharmaceutical services (commissioned locally) could be provided via pharmacies as HLP is now embedded and accredited at a national level.
- several other pharmaceutical services have been identified in section 11.6 as having the potential to provide improvement or better access to pharmaceutical services in response to current or likely future needs should

a commissioner elect to commission them in the evolving climate of the FYFV and service integration under STPs.

A partially deferred assessment:

- there is considerable potential to provide improvement or better access to the support provided to patients in the borough to manage low acuity conditions or minor illnesses. This is particularly true in Hartlepool where levels of deprivation impact significantly on individuals' ability to look after their own health and well-being. Where there is no service to support this, a current gap in provision in this 'other relevant service'[4] is identified. Meeting this potential gap would not require any new pharmacy premises, but some form of commissioned service whose scope may be determined for at least some conditions, on some days or times and at some locations in Hartlepool, particularly for those of the population whose needs are greatest or most urgent and where those needs could be justifiably managed by community pharmacy. The assessment is deferred on the basis that
    - in 2016, NHS England stated that "minor ailments services are already commissioned by clinical commissioning groups (CCGs) across many parts of the country and ultimately NHS England will encourage all CCGs to adopt this joined-up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale" (NHS England, 2016).
    - HAST CCG Operational Plan 2016 includes a statement to "review current service provision for minor ailments". This overlapped in time with NHS England reported intent to "test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy" (NHS England, 2016).
    - testing will commence in the north east (commissioned by NHS England) in December 2018 so the future availability of this particular 'other relevant service' will depend on commissioning decisions made once the outcome of the service test is known; evaluation may support further understanding of local issues involved in the implementation of such a scheme. Any new information which may affect the assessment of need in the PNA will need to be considered at that point.

Additionally, to maximize the potential for pharmacy to impact on reducing the substantial health inequalities of the people of Hartlepool, commissioners should seek to be assured of the highest standards of quality and performance from all pharmacies providing, or intending to provide, existing pharmaceutical services or locally contracted services. To do this requires all local partners, commissioning organisations and other agencies to:

[4] **other relevant services:** although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless would secure **improvement to, or better access** to such provision

- improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including the widespread availability of confidential consultation facilities
- continue to seek opportunities to promote underused essential services including NHS repeat dispensing, support for self-care and brief advice, signposting and public health campaigns
- seek to work more closely with all providers of pharmaceutical services to improve or provide better access to such services via new or improved service pathways e.g., hospital referral to pharmacy schemes (Transfer of Care) and opportunities arising from Sustainability and Transformation Plans
- continue to seek to maximize benefit from all the advanced services, including those at the pilot or testing stage
- make best use of opportunities to commission enhanced, or other locally commissioned services from 100-hour pharmacies, where they provide a suitable geographic location and meet service standards, without prejudice to other pharmacy providers
- continue to review and maintain accreditation processes for locally contracted services to ensure flexibility and fitness for purpose
- make best use of opportunities for quality improvement, audit and evaluation, contract management and performance monitoring including the national Contractual Framework; sharing both best practice and lessons learned from patient safety incidents across all pharmaceutical services and locally commissioned equivalents
- maintain opportunities to incorporate the Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy into public health services, kitemarks and contracts to support public confidence in service provision.

Realising the benefits of community pharmacy services to meet the needs of the population will depend on the availability of sound evidence, service evaluation, fair cost-effectiveness comparisons and close working between all local commissioners i.e. NHS England, CCGs, local authority public health teams and ultimately Sustainability and Transformation Partnerships (STPs) as Accountable Care Systems (ACS). There is an opportunity to more closely integrate this needs assessment with the work of the JSNA, and to develop a rolling programme of engagement and evaluation of the potential contribution of pharmaceutical services to supplement the statutory processes and support commissioning decisions.

It may be helpful to produce an easy read guide to the PNA in due course to better enable the content of the PNA to be used by anyone (including LA or NHS officers, any healthcare or other professional, other stakeholders, patients or members of the general public) that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Hartlepool.

Finally, Hartlepool Health and Wellbeing Board recognizes the requirement to maintain processes to manage

- the response to requests from NHS England for representation on applications to provide new pharmaceutical services, or amend existing provision, including the potential application for consolidation of pharmacy contractors[5]
- the activity that supports on-going maintenance of the PNA, including the publication of Supplementary Statements and subsequent timely reviews, including, where necessary, in response to identified changes in need.

The draft PNA is now open to the formal 60-day minimum consultation process which will conclude mid-January 2018.

2.0 Introduction

2.1 What is a Pharmaceutical Needs Assessment?

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

http://www.legislation.gov.uk/uksi/2010/914/contents/made

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

2.2 What are Pharmaceutical Services?

The NHS (Pharmaceutical Services) Regulations 2005 (as amended) (Department of Health, 2005) - hereafter referred to as the 2005 Regulations - defined at Regulation 2 “pharmaceutical services” as “those pharmaceutical services other than directed services” i.e. essential services as set out in Schedule 1 of the 2005 Regulations. However, a wider definition of pharmaceutical services is provided for in the NHS Act 2006 and as a result, those Regulations that refer to PNAs, i.e. the new PART 2 Regulation 3(2) defines pharmaceutical services as all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

(a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

[5] See section 2.7

To explain:

- NHSCB (which abbreviates NHS Commissioning Board, now known as NHS England) is that part of the NHS which holds the national contracts for all primary care contractors i.e. dentists, optometrists, general practices and in this case pharmacy contractors
- NHS England therefore hold, and are required to publish, the pharmaceutical list. 'Persons' on the pharmaceutical list includes community pharmacies and dispensing appliance contractors;
    - *pharmacy contractors* (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use)
    - *dispensing appliance contractors* (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.
- pharmaceutical services provided by those on a pharmaceutical list would mean all the 'core' contracted services under the national (PhS) contract and known as essential services for pharmacy contractors and also the essential services for DACs (sees section 3.5)
- including directed services means this also includes the advanced and enhanced services of PhS for pharmacy contractors and advanced services for dispensing appliance contractors (see section 3.5); noting that 'enhanced' services can only be commissioned by NHS England as they hold the national contract
- this definition of pharmaceutical services does not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups or others, but these must be included in the assessment as they affect the determination of any gaps in provision; these services could be commissioned by NHS England on behalf of the other local commissioners should contracting arrangements change;
- there are two other types of pharmaceutical contractor - d*ispensing doctors,* who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities" (see section and *local pharmaceutical services (LPS) contractors*[6] who provide a level of pharmaceutical services in some HWB areas.
- with the statement 'may be provided by NHSCB' there is some implication to include in the PNA reference to services that are provided by providers other than those on the pharmaceutical list but that NHSCB

[6] A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing

'may' i.e. could provide (or commission) if they were minded to do so, or invited to do so on behalf of other local commissioners.

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

- **essential services** provided by PhS pharmacy contractors and those services currently set out in Directions, namely **advanced and enhanced services**, including any provision by **local pharmaceutical services** (LPS) contractors
- **essential services** provided by DACs and those **advanced services**
  currently set out in Directions
- the **dispensing** of drugs and appliances by a person on a **dispensing doctors** list as included in their pharmaceutical terms of service but **not** the other NHS services that may be provided under arrangements made by NHSCB with a dispensing doctor i.e., Dispensing Reviews of Use of Medicines (DRUMs) are outside the definition of pharmaceutical services

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

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

- The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 (Department of Health, 2010) introduced a statutory requirement for PCTs to publish a PNA.
- The Health and Social Care Act 2012 (Department of Health, 2012) established HWBs.
- The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England from 1 April 2013.

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

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

The Joint Strategic Needs Assessment (JSNA) is the means by which local partners including CCGs and local authorities describe the heath, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

Overall commissioning priorities are driven by the JSNA and the associated priorities for the commissioning of pharmaceutical services should be driven by the PNA. The PNA will therefore become an intrinsic part of the overall strategic needs assessment and commissioning process, though as a as a separate

statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them (Department of Health, May 2013).

2.4 Who has produced it?

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

The 2015 PNA was developed via a co-operative approach between the five relatively small unitary authority areas in the Tees Valley,[7] led by the former Tees Valley Public Health Shared Service (TVPHSS) on behalf of the five Health and Wellbeing Boards. Co-operation continued into this PNA, particularly across Tees, but also in the NHS England North East area.

The preparation of the 2018 PNA for Hartlepool has been led by a small steering group drawn together by the public health team of Hartlepool Borough Council under the Director of Public Health and on behalf of the Health and Wellbeing Board. Working closely alongside the corresponding PNA development process for Stockton-on-Tees, with some shared approaches across all four Tees boroughs and in part, also wider involvement with public health pharmacist leads developing PNAs across the north east of England.

Working collaboratively in this way promotes mutual understanding of pharmaceutical services in neighbouring HWB areas, and their impact on meeting local pharmaceutical needs.

2.5 How will it be made available?

The PNA will be published on the Hartlepool Borough Council website. Hard copies of the PNA will be made available on request and for viewing at a location to be confirmed.

2.6 How often will it be completed?

This PNA is not a 'once and for all' statement of pharmaceutical need since the 2013 Regulations, as amended, require a fundamental review of the PNA at least every three years, including full public consultation. The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement and by publishing a full revised assessment before the 25 March 2021.

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

- number of people in its area who require pharmaceutical services;
- demography of its area; and
- risks to the health or well-being of people in its area.

[7] Hartlepool, Stockton on Tees, Middlesbrough, Redcar and Cleveland, Darlington

Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.

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

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

2.6.1 Supplementary statements

When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment. Part 2 regulation 6 (3) of the 2013 Regulations makes provision for HWBs to issue a supplementary statement. These would be issued where:

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

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

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

2.7 How will it be used?

Once published, this PNA will be used by NHS England in their decision-making process when applying the Regulations to the process of application to, and management of, the Pharmaceutical List. The first PNAs served simply as a reference document for PCTs to use in the decision-making process. However,

with Regulations in 2012 and 2013 (Department of Health, 2012), PNAs became the basis for determining market entry to NHS pharmaceutical services provision. The Cumbria and North East Sub Region of NHS England undertake these statutory processes and the HWB must make the PNA and associated Supplementary Statements available to them.

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

There are also new duties introduced since the 2015 PNA. National funding for community pharmacy was recently reduced by 6% (NHS England, 2016) and it is anticipated that some pharmacies might close as a result. To encourage mergers or consolidations of closely located pharmacies, some new amendments to the Regulations were introduced in December 2016 (Department of Health, 2016). This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

As a result, HWB's have also now been given two new statutory duties:

1. When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision. NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.

2. Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then
   (a) publish a supplementary statement reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then
   (b) update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

3.0 Background and Policy Context

3.1 National policy

This section describes the context of the PNA from a Regulatory standpoint with respect to the PNA. Reference to the recent wider policy context, such as the plans of the Five Year Forward View, are included at section.

The White Paper, *Pharmacy in England: building on strengths – delivering the future* (Department of Health, 2008), set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country. The response was a series of Regulatory changes

such that a system of commissioning based on PNAs would help PCTs target specific local needs and focus subsequent commissioning on local priorities. A series of steps followed towards this intent and leading to the current development of the 2018 PNA:

1. Regulatory changes in 2009 (SI2010/914), introduced the plans by which the Department of Health (DH) would

- require Primary Care Trusts to develop and publish PNAs and then
- use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

2. In May 2010, the timeline was established and PCTs were required to produce their first PNA by 1st February 2011.
3. A PNA was produced by NHS Hartlepool (PCT), was in place and inherited by the Health and Wellbeing Board on 1st April 2013 with the to reformed structures of the NHS (The Health and Social Care Act 2012), and transfer of some commissioning responsibilities to local authorities.
4. The regulations implementing the second clause of SI2010/914, the PNA-based 'market entry' test came into force on 1 September 2012.
5. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England from 1 April 2013 with amended market entry regulations[8].
6. Publication of the first Hartlepool HWB PNA on 25th March 2015 replaced the 2011 PCT document within the statutory timescale in place at the time.
7. Regulations require the HWB to publish a new PNA within 3 years.

3.2 Regulations- Control of Entry

The NHS Act 2006 required PCTs to "approve an application from a chemist (for entry onto the Pharmaceutical List) only where it was necessary or expedient in order to secure the adequate provision of NHS pharmaceutical services in the 'neighbourhood'". This was known as the 'Control of Entry test' which had been a feature of the NHS (Pharmaceutical Services) Regulations since the late 1980s. The Regulations apply to "chemists" which included both pharmacies and appliance contractors.

Four exemptions to this test (listed below) were introduced in 2005. Applications of this type were exempt from the 'Control of Entry' requirements, a PCT was effectively required to admit new pharmacies to the list and there was a corresponding substantial increase in new pharmacies. Exemptions were

(1) pharmacies in approved retail areas (shopping developments) of more than 15000 square metres gross floor space, away from town

[8] Whilst amending primary legislation of HASCA 2012, it was recognised that a PNA prepared by a Health and Wellbeing Board, against which NHS England would assess applications, must not inappropriately create an obligation on NHS England to grant all applications (because NHS England would be responsible for funding the pharmacy).

centres (e.g., in Stockton-on-Tees had an approved retail area at Teesside Park).

(2) pharmacies that intend to open for more than 100 hours per week

(3) pharmacies located in one-stop primary care centres under the control or management of a consortium (the centre not the pharmacy)

(4) pharmacies that will operate wholly by internet or mail order.

3.3 Regulations- Market Entry

As noted above, the 2012 Regulations that governed pharmaceutical lists and applications to join the list (Department of Health, 2012) changed the basis of PCT decision-making. This ended the application of the 'control of entry test' based on neighbourhoods and the 'adequacy test' of the 'necessary or desirable' criteria. PNAs were now to form the basis for decision-making under new Market Entry condition. A considerable element of the basis for decisions using the previous Regulations had become based on case-law arising from the large number of Appeals to the NHS Litigation Authority (NHSLA) that this process generated.

The 2012 Regulations also removed 3 of the 4 exemptions to Control of Entry introduced in 2005, retaining only the 'distance selling' option. Nevertheless, the exempt categories had stimulated the market and a substantial number of pharmacies joined the Pharmaceutical List in this period. Many of the pharmacies that opened with the '100 hour' exemption now secure the core hours required to provide the suitable access and choice described in current PNAs.

The categories of routine application to join the pharmaceutical list (i.e. open a new pharmacy under these Regulations) are:

- to meet current needs identified in PNA
- to meet future needs identified in PNA
- to provide for improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
- to provide for future improvements or better access to pharmaceutical services as identified in the pharmaceutical needs assessment
  or
- 'unforeseen benefits' applications seeking to provide for improvements or better access to pharmaceutical services that were not identified in the pharmaceutical needs assessment.

Since 1st April 2013, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list remains with NHS England.

3.4 Recent national policy drivers

In contrast to the stability in the Pharmaceutical List, there has been a rapidly changing policy environment providing context, and some uncertainty, to the consideration of future needs. Some key current policy documents of relevance include:

- NHS England's publication of the *Five Year Forward View* in October 2014 and the *General Practice Forward View* in April 2016, both of which set out proposals for the future of the NHS based around the new models of care:
    - Five Year Forward View (FYFV) Next Steps included the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Urgent Care
    - the General Practice Forward View (GPFV) included £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21 – this has significant implications for channel shifting of workload within healthcare but also within pharmacy and pharmaceutical services

- the community pharmacy funding settlement of 2016 'Community Pharmacy 2016 and Beyond' which included substantially reduced remuneration for essential services but introduced the Pharmacy Integration Fund (PhiF) within the same funding envelope and with it the
    - Pharmacy Access Scheme (PhAS) to 'cushion' the impact of the finding cuts in 'necessary' pharmacies and
    - the first community pharmacy Quality Payments Scheme for the Community Pharmacy Contractual Framework.

3.5 Community Pharmacy Contractual Framework

The Contractual Framework for Community Pharmacy (CPCF) was introduced in April 2005. NHS England commissions services from community pharmacies under this regulatory framework. This national contract (PhS) provides for three levels of pharmaceutical service - essential, advanced and enhanced.

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

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

The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the 2013 Regulations as the Terms of Service for NHS 'Chemists'. More accessible details of the requirements for each of the essential and advanced services can be found on the website of the Pharmaceutical Services Negotiating Committee (PSNC):
http://psnc.org.uk/contract-it/the-pharmacy-contract/
http://psnc.org.uk/services-commissioning/essential-services/ and
http://psnc.org.uk/services-commissioning/advanced-services/ and in the 2015 briefing "NHS Community Pharmacy services – a summary" available at summary at http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

3.5.1 Changes to CPCF in 2016

In October 2016, a funding settlement was imposed on community pharmacy which affected an overall 4% reduction in funding in-year for 2016/17 and a further 3.4% reduction in 2017/18. The package included substantial changes to the structure of fees and allowances such that each pharmacy would be affected to a varying extent. It was suggested that efficiencies could be made within community pharmacy without compromising the quality of services or public access to them. The policy document *Community Pharmacy 2016/17 and beyond: final package* describes the changes as being introduced to build on the Five Year Forward View and develop a more clinically focused community pharmacy service that is better integrated with other parts of primary care.

3.5.1.1 Pharmacy Access Scheme

The changes made to CPCF suggested that efficiencies could be made within community pharmacy without compromising the quality of services or public access to them. However, the financial impact of the changes takes effect over a relatively short time period. To support access where pharmacies may be more scarcely spread such that patients depend on them the most, a Pharmacy Access Scheme (PhAS) was also introduced. To be eligible, a pharmacy must be

- more than a mile away from its nearest pharmacy by road;
- on the pharmaceutical list as at 1 September 2016; and
- not be in the top quartile by dispensing volume.

The PhAS is intended to protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

3.5.1.2 Quality Payments Scheme

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

Gateway criteria to the payments of the scheme will promote

- increased uptake of advanced services MUR, NMS and NUMSAS
- increased access and use of secure ‘nhsmail’ and the electronic prescription service EPS
- improved accuracy of NHS Choices information for pharmacy.

Pharmacies passing the gateway will receive a quality payment if they meet one or more further quality criteria which include

- accessing the Summary Care Record (SCR
- maintaining NHS 111 directory of service
- national Assessment of Compliance and Registration for Healthy Living Pharmacy (HLP) and
- staff training as Dementia Friends and Safeguarding training
- patient safety reports
- referrals after asthma review.

3.5.1.3 Pharmacy Integration Fund

To support the transformation outlined in the NHS' Five Year Forward View, a new Pharmacy Integration Fund (PhIF) was announced in the December 2015. The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway.

In particular, the PhIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models. NHS England will be working to embed pharmacy into the NHS urgent care pathway by expanding the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions. This enabled

- commissioning of the urgent medicines supply pilot (NUMSAS) as an advanced service
- feasibility testing of a further advanced service to support urgent minor illness care by community pharmacy.

3.5.2 Core and supplementary hours

Since the start of the national PhS contract of 2005, all pharmacies must specify their 'core' and 'supplementary' hours. A standard contract requires a pharmacy to agree 40 core contracted hours per week. Any number of additional hours may be specified as supplementary hours. Pharmacies admitted to the pharmaceutical list by virtue of a so-called '100-hour' exemption to the Control of Entry test must provide a full pharmaceutical service for at least 100 core hours per week. Pharmacies may *only* change their core hours following a formal application and the subsequent *agreement* of NHS England. However, supplementary hours may be changed by simply *giving notice* of a (usual) minimum of 90 days.

3.5.3 Essential services

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

3.5.4 Community Pharmacy Advanced Services

Community pharmacy advanced and enhanced services are collectively 'directed services' as their specifications are included in 'Directions' to the Regulations'. The Pharmaceutical Services (Advanced and Enhanced

Services) (England) Directions 2005 (Department of Health, 2005) first established the framework for some advanced services. Contractors[9] may choose to provide them, but can only do so if they meet the standards required for accreditation. Accreditation may include both premises (a private consultation area that meets the required standards) and personal (provider professional) standards. In 2015 there were four advanced services; Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which are also for dispensing appliance contractors. In September 2016 Seasonal flu vaccination was added as a fifth advanced service (Department of Health, 2016) and now there is a sixth advanced service operating as a pilot from December 2016 which is the NHS Urgent Medicine Supply Advanced Service (NUMSAS) (Department of Health, 2016).

Following several changes and updates, these services are now specified in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) (Department of Health, March 2013), (Department of Health, December, 2013).

3.5.4.1 Medicines Use Review and Prescription Intervention Service

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

A quality MUR could support patients' better understanding of their medicines, improve adherence and decrease waste medicines. There is a maximum allowance of 400 MURs per pharmacy per annum (reduced in certain circumstances) and from 1st April 2015 at least 70% (currently half) of these must be carried out with patients whose medicine(s), or circumstances, are listed in one or more of the national target groups set out in Schedule 1 to the Directions. From 1st January 2015 these groups are

- those prescribed certain 'high risk' medicines (non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants (including low molecular weight heparin), antiplatelets, diuretics)
- patients with respiratory disease
- patient's recently discharged from hospital whose medicines were changes while they were in hospital
  and the newest target group agreed in September 2014
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

[9] community pharmacy contractors and dispensing appliance contractors

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

Two advanced services **(**Appliance Use Review Service and Stoma Appliance Customisation Service) began in April 2010 as part of revised arrangements for the supply of appliances. These services are also now specified in the 2013 Directions (Department of Health, December, 2013)

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

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

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

3.5.4.3 New Medicine Service

The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract on 1st October 2011. The underlying purpose of the 'New Medicine Service' (NMS) advanced service is to promote the health and wellbeing of patients prescribed with new medicines for long term conditions, in order to help reduce symptoms and long term complications, and (in particular by intervention post dispensing) to help identification of problems with management of the condition and the need for further information or support. Furthermore, the NMS is intended to help the patients with long term conditions
(i) make informed choices about their care,
(ii) self-manage their long term conditions,
(iii) adhere to agreed treatment programmes, and
(iv) make appropriate life style changes.
The service is split into three stages of patient engagement, intervention and follow up. There are specific conditions/therapies included in the NMS which are:

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

For each therapy area/condition, a list of medicines has been published; a patient must be prescribed one of these medicines for one of these conditions for an NMS intervention to be applicable according to the specification (Precsription Services Negotiating Committee, 2014).

3.5.4.4 Seasonal Flu Vaccination

Added in September 2013, Seasonal flu vaccination was the fifth advanced service (Department of Health, 2016)

3.5.4.5 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

In October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 national community pharmacy funding settlement, the Pharmacy Integration Fund (PhIF) (NHS England, 2017) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is commissioned by NHS England as an Advanced Service running from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. (NHS England, 2016). This is the sixth advanced service, though now operating as a pilot. (Department of Health, 2016).
The aims of the service are to direct people to community pharmacy via referral from NHS 111, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

3.5.5 Community Pharmacy Enhanced Services

As well as the nationally specified and nationally funded essential and advanced services which persons on a pharmaceutical list provide, some services may be developed, commissioned and funded locally. Prior to the changes to NHS architecture in England in April 2013, all of these local services were known as community pharmacy enhanced services. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (as amended) authorized PCTs to arrange for the provision of several enhanced services (should it wish to commission them); i.e. they were commissioned by the NHS Trust who held and managed the main PhS contract (PCT) from a community pharmacy contractor on the pharmaceutical list. Pharmacies could be commissioned from either within, or outside, the NHS Hartlepool area to provide these services to the PCT's population.

These Directions are now replaced by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (Department of Health, March 2013) (as amended). Locally contracted services may now only be known as enhanced services if they are commissioned by NHS England (as they hold the national PhS contract with a pharmacy contractor) and "*in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by health and wellbeing boards (HWBs) thereafter*".

The following list shows the enhanced services included these Directions, and it is for this reason that these specific services are considered later in the context of local pharmaceutical need.

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

3.5.5.1 Locally Commissioned Community Pharmacy Services (not enhanced services)

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

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

Just as the Terms of Service for community pharmacy contractors are included in Schedule 4 of the 2013 Regulations, so are the Terms of Service for the

Essential and Advanced Services for DACs and Dispensing doctors described in Schedules 5 and 6 respectively.

4.1 Process

The Hartlepool Health and Wellbeing Board commenced development work for the PNA in January 2017 under the direction of the Director of Public Health. A small steering group was established led by public health in the local authority on behalf of the HWB and the process launched with a HWB paper in June 2017. The aim was to produce an assessment in accordance with statutory requirements, taking into account the variation in pharmaceutical needs between and within different localities and different groups by completing a systematic assessment of

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

Patient/ public/ stakeholder primary engagement surveys were undertaken in August / September 2017. The statutory 60-day consultation period on this draft document will run from mid-November to mid-January 2018 ensuring that the consultation is open for at least at least 60 days.

4.1 Data Sources, Collection and Validation

Having regard to the PNA Regulations, Guidance to the Regulations and the NHS Employer's guide from the previous PNA (NHS Employers, 2009), the following sources of data and collection / validation activities were undertaken.

4.1.1 Demographic Information and Strategic Health Needs Information

A critical source of demographic information and strategic health needs information to support any pharmaceutical needs assessment is the Joint Strategic Needs Assessment. The Hartlepool JSNA is available on-line at http://www.teesjsna.org.uk/hartlepool/. The pharmaceutical needs assessment should present sufficient demographic and strategic health needs information to function as a stand-alone document, but each should be considered as a partner to the other.

4.1.2 Defining localities

Regulations require that the PNA explains how the localities for Hartlepool HWB area have been determined. The localities used in this draft assessment for 2018 are based on those defined previously and in use currently. The process for defining them was as follows:

4.1.2.1 PNA 2011 (PCT)

Three options were first considered for the Hartlepool PNA in 2011:

(a) **Neighbourhoods.** Under the previous Control of Entry arrangements, PCTs determined applications based on "neighbourhoods".
Neighbourhoods were often not defined for the whole of a PCT area and were of variable size and demographic. This term was removed from the NHS Act 2008 by the Health Act 2009, does not therefore feature in the current Regulations for market entry and are no longer used when using the PNA to determine pharmacy applications. It is nevertheless helpful to understand the historical context that might leave behind associations with the use of this word in this context.

(b) **Electoral wards or super output areas (SOAs)**. Electoral wards are the key building block of United Kingdom administrative geography, being the spatial units used to elect local government councillors in England (Office for National Statistics (ONS)). SOAs are used to collect and publish small area statistics which build on the existing availability of data for census output areas. They are a more consistent size than electoral wards so may sometimes enable better assessment of population needs at the small-area level. They may also be more suitable than electoral wards for comparison over time as SOAs will not be subject to frequent boundary change.

The JSNA for Hartlepool may use both electoral wards and super output areas (SOAs) to reflect the particular needs of our local population. Description of need may sometimes be constrained by the availability of data in a given format specific to that geographic location.

(c) **PCT and local authority area.** The boundaries of the four former PCTs were co-terminus with the current unitary authorities in Teesside. These areas are relatively small so in 2011, commissioning requirements could often be determined at PCT level and sometimes even aggregated for economy of scale to the NHS Tees cluster.

To understand pharmaceutical needs for commissioning purposes at a local level, and having regard to the (then) probability that the PNA would be used in the future for determining market entry, it was considered that sub-division of the geography / demographics below PCT level was required. Mindful of the potential constraints of obtaining all the required information at SOA level, this process was used to define localities in 2010/11:

(a) the IMD 2007 (Communities and Local Government, 2010) Overall Score Borough Quintiles were displayed by electoral ward on maps for each of the four Tees PCTs.
(b) the maps were reviewed by PCT Senior Pharmacists, members of the PNA 2011 Working Group and Cleveland LPC.
(c) wards that would be aggregated to 'localities' for the purposes of the PNAs were agreed.

4.1.2.2 PNA 2015 (first for the Hartlepool HWB)

At the beginning of the development process for the first **HWB** PNA, NHS England were asked to indicate their experience of using the existing localities for decision-making regarding market entry and the population data-sets available for potential use at sub local authority level were again reviewed. Other potential localities in use in the borough were also considered by the steering group.

Still mindful of the potential constraints of obtaining all the required information at SOA level, the process of mapping IMD (now 2010) overall score borough quintiles by electoral ward was repeated. For Hartlepool, this was more complicated as the electoral ward boundaries had been reviewed since both the previous PNA and the IMD 2010 scores were published (coming into force at the local elections on 3 May 2012 (Local Government, England, 2012).

However, reviewing the outcome of the mapping process and all of the above, the process of using deprivation score at ward level still had value for Hartlepool. It was determined that only small adjustments were required such that the broad scope of existing locality areas were fit for purpose and suitable to be retained, updated where necessary for any ward boundary changes.

4.1.2.3 PNA 2018

Reviewing justification for locality definition again in 2017, it was noted that

- for some Health and Wellbeing board areas, their localities will approach, or even exceed the size of the borough of Hartlepool in their geography or population
- healthcare commissioning by the local Clinical Commissioning Group is organised on the geographical footprint of Hartlepool and Stockton-on-Tees, i.e., larger than these individual local authority / HWB areas
- Sustainability and Transformation Plans for this area are organised over an even larger geography.

Within this context, the methodology used for defining localities in 2011, updated in 2015, was still considered suitable for sub-division of the Hartlepool HWB area for the PNA of 2018. As no ward boundary changes have been affected since 2015, major stakeholders, including NHS England, agreed there was no reason to suggest the resulting three localities are any less suited now for the purposes of understanding pharmaceutical need and any subsequent determination of market entry.

The Hartlepool localities, renamed in 2015 to reflect the ward areas making up the localities, are described in section 6.0.

4.1.3 Demographic information at locality level

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

making by NHS England with an understanding of the demographic detail of the borough when assessing pharmacy applications.

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

4.1.4 Data collection for Community Pharmacies

Understanding the existing community pharmacy resource is a fundamental requirement of the PNA. In addition to information available from the Pharmaceutical List held by NHS England and other commissioners, some information in current service provision, and engagement on the potential future provisoin of pharmaceutical services, was collated from contractors themselves.

PharmOutcomes is an electronic platform and data-entry portal that all pharmacies in the Tees LPC area have access to for a range of contract management, training support and monitoring activities. For ease of contractor access and data handling, arrangements were made with the LPC (as host of the PharmOutcomes platform locally) to use this platform for PNA data collection.

An electronic data collection template, based on a PSNC data template, was developed for this purpose in 2014 by the Tees Valley Public Health Shared Service (TVPHSS). This template was updated for 2017-18. The LPC were able to view the template prior to going live and supported the process of encouraging contractors to respond.

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

A copy of the electronic data collection document in paper format is included as Appendix 1. It was considered that a 100% return was required from contractors to ensure that the most complete picture of pharmaceutical services provision was available However, at the time of finalizing the draft for consultation, an incomplete response (16; 84%) has been achieved; we will seek to improve this by the time of the final publication.

4.1.5 Dispensing Appliance Contractors (DACs)

NHS England provided information on DACs. There are none of the above located within Hartlepool or in the Durham Darlington Tees (DDT) Area of NHS England. CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided appliance prescribing and dispensing information from ePACT, the electronic prescription data produced by the NHS Business Services Authority.

4.1.6 Dispensing practices

There are no dispensing (doctor) practices in Hartlepool.

4.1.7 GP practices

General practice lists were obtained from HAST CCG as well as opening hours information for any practices open before 8.30 am and after 6 pm. This included Directed Enhanced Services provision (for an individual practice's own patients) and the Extended Access population-based service for Hartlepool.
CCG medicines optimization teams in the North East Commissioning Support organisation (NECS) provided prescribing and dispensing information at local authority level as required. Examples include total prescribed items, out of area dispensing and repeat dispensing rates, from ePACT, the electronic prescription data produced by the NHS Business Services Authority.

4.1.8 Rurality definition and maps

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England. There are no 'controlled localities' in Hartlepool.

4.1.9 Designated neighbourhoods for LPS purposes

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

4.2 Consultation and Engagement

The PNA process should include, and have regard to, patient experience data, such as the views of patients, carers, the public and other local stakeholders, on their current experiences of pharmaceutical services and their aspirations for the future. In addition to engagement activity, HWBs are required to consult on a draft of their PNA for a minimum period of 60 days. A summary of the communication, engagement and consultation processes undertaken by Hartlepool HWB is included as Appendix 2. Appendix 3 will specifically cover the formal consultation, including (in the final 2018 document) the HWB response.

4.2.1 Engagement

4.2.1.1 Stakeholder engagement

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

The regional public health pharmacists PNA steer group supported the employment of on-line survey methods for the stakeholder engagement processes. As important stakeholder groups, a separate engagement exercise was undertaken with patients and the general public (see section 4.2.1.2). Similary, engagement with community pharmacy contractors was undertaken as part of the survey via PharmOutcomes (see section 4.1.4).

The scope of the stakeholder survey was:

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

Using the 'Survey Monkey' tool, questions were developed based on regional discussions in 2017 and on the surveys developed by the TVPHSS working groups and used for the PNAs Tees Valley-wide in 2014. For 2017, surveys were co-developed with working group members for PNAs in Middlesbrough and Redcar and Cleveland, and the same patient and stakeholder surveys were therefore used across Tees for consistency. A blank version of the survey is included at Appendix 4.

On 23rd August 2017, links to the electronic stakeholder survey, with the option to access a paper copy, were distributed to those individuals, groups and organisations identified by the working group as suitable representatives of a broad range of professional and/ or 'client groups' as well as those who would later be required by Regulation to be included in the formal consultation on the draft needs assessment. Stakeholders were also notified of the option for individuals to complete the patient/ public survey as a user of pharmaceutical services themselves before the closing date of 18th September. The list of key stakeholders to whom the survey was distributed is included in Appendix 2.

4.2.1.2 Patient / Public engagement

An on-line survey using the Survey Monkey' tool was also used for the patient/ public engagement process. The scope of the survey was to evaluate public opinion, personal experiences and feelings about their local pharmacy services and thereby improve our understanding of:

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

For 2017, working again in collaboration with colleagues across Tees, the questions for this survey were updated and adapted from those developed by

the TVPHSS and members of the PNA working group in 2014. This could enable some comparison in time where appropriate.

The survey was launched on 23rd August 2017 with information in the local press and distributed via well-established existing local authority consultation/ engagement processes to a wide range of partner organizations and other groups to support appropriate patient/ public involvement. Employees of local authorities and partner organisations were also encouraged to complete the survey via email or internal electronic newsletters. The option to access a paper copy was offered and the survey closed on 18th September. A blank copy of the patient survey is included as Appendix 5.

4.2.1.3 Existing patient experience data

The potential value of the community pharmacy returns from their annual Community Pharmacy Patient Questionnaire (CPPQ) questionnaire and the annual Complaints Report were considered by the working group. For the CPPQ, although contractors are contractually required to complete this comprehensive patient experience exercise, they are only required to submit a limited summary to NHS England so the value of this resource may be limited.

4.2.2 Consultation

The 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development (PART 2 regulation 8) and this consultation must last for a minimum of 60 days. The minimum 60 day consultation starts on the day that the list of consultees are served with a draft. For the purposes of paragraph 4 of regulation 8, a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation. Regulation 8 lists those persons who must receive a copy of the draft PNA and be consulted on it – for a list of these local stakeholders and organisations please see Appendix 3.

Hartlepool HWB will carry out formal consultation on the draft PNA commencing mid-November 2017. Existing LA processes, plus circulation of the notification of the consultation to pharmacies via PharmOutcomes®, will be used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form. To guide consultation responses, a standard set of questions will be used based on those developed in 2014 by the TVPHSS, again adapted for Hartlepool in 2017.

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

5.0 Approval

The PNA for Hartlepool HWB 2018 will be approved by the Health and Wellbeing Board on 5th March 2015 prior to publication online on or before 25th March 2018.

6.0 Localities - definition and description

6.1 Localities – definition

NHS Hartlepool was one of a cluster of four Primary Care Trusts that worked together in the local health economy operating under various shared management arrangements as 'NHS Tees'. From April 2013, two NHS Clinical Commissioning Groups (CCGs) now cover the same 'footprint' as the four former PCTs; NHS Hartlepool and Stockton CCG (HAST) and NHS South Tees CCG. The four Health and Wellbeing Boards of Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland work with these CCGs and other partners such as NHS Trusts, Mental Health Trusts and Healthwatch organisations in the area. Working alongside Darlington (LA, HWB and CCG) they create a 'Tees Valley' footprint working in partnership on several levels which previously included the former Tees Valley Public Health Shared Service resource.

Bigger still, NHS England adopted a Durham Darlington Tees (DDT) footprint and now a wider NHS North East arrangement in the holding of the NHS national contracts for primary care providers such as GPs, dentists, optometrists and, of course, community pharmacies. The Five Year Forward View has introduced Sustainability and Transformation Partnerships between NHS organisations and local councils working on a place-based 'North' footprint to collaborate in improving care.

Whilst considerable similarities in demographics and associated health care needs are observed across the five Tees Valley HWBs, substantial inequalities in health may also be identified across the larger and smaller geography so it is important to identify how best to look at the commissioning of pharmaceutical services in the area.

Figure 1 shows the wards of each HWB area in the Tees Valley overlaid on a map to illustrate how Hartlepool is positioned geographically in relation to the other areas. The Hartlepool HWB area is bordered to the east by the north east coast, and to the south almost entirely bordered by the Borough of Stockton-on-Tees (a small part of the southern boundary is technically with Redcar and Cleveland at the mouth of the river Tees).

A significant proportion of the Hartlepool boundary to the west and north-west is bordered by County Durham. Figure 2 illustrates the scale of the County Durham boundary with Hartlepool, Stockton and Darlington unitary authorities which is important when considering cross-boundary patient flow for pharmaceutical services.

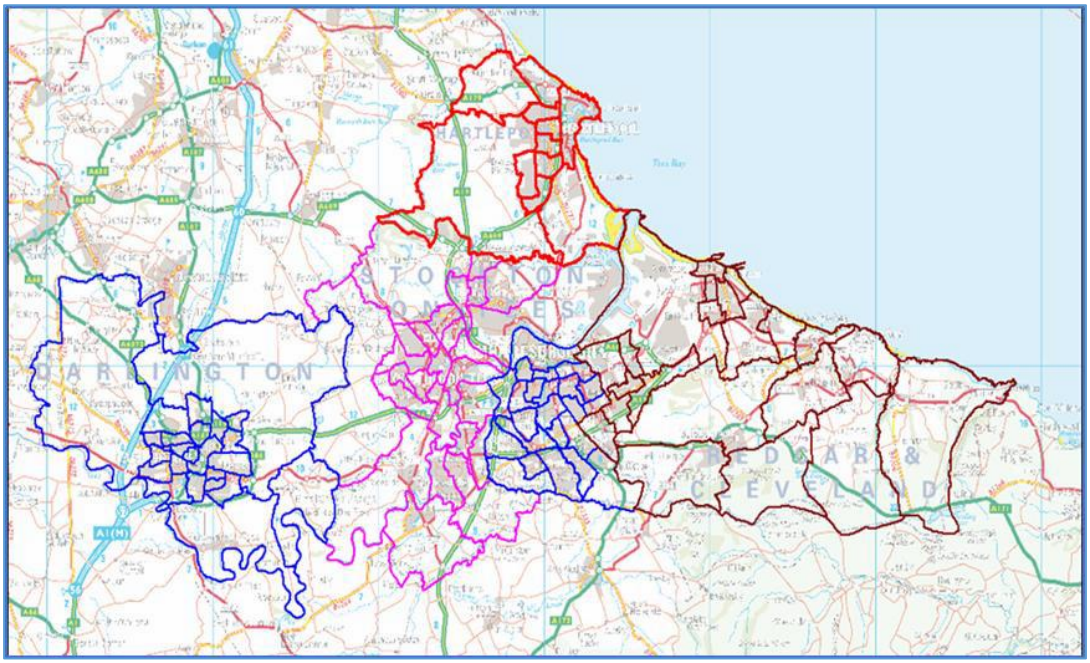

Figure 1. Map from PNA 2015 showing the five HWB areas in the Tees Valley area.

KEY: Red lines to the North of the map outline wards comprising Hartlepool HWB area.
Blue lines to the West of the map outline wards comprising Darlington HWB area.
Pink lines in the central area outline wards comprising Stockton-on-Tees HWB area.
Blue lines in the central area outline wards comprising Middlesbrough HWB area.
Brown lines to the East of the map outline wards comprising Redcar and Cleveland HWB area.

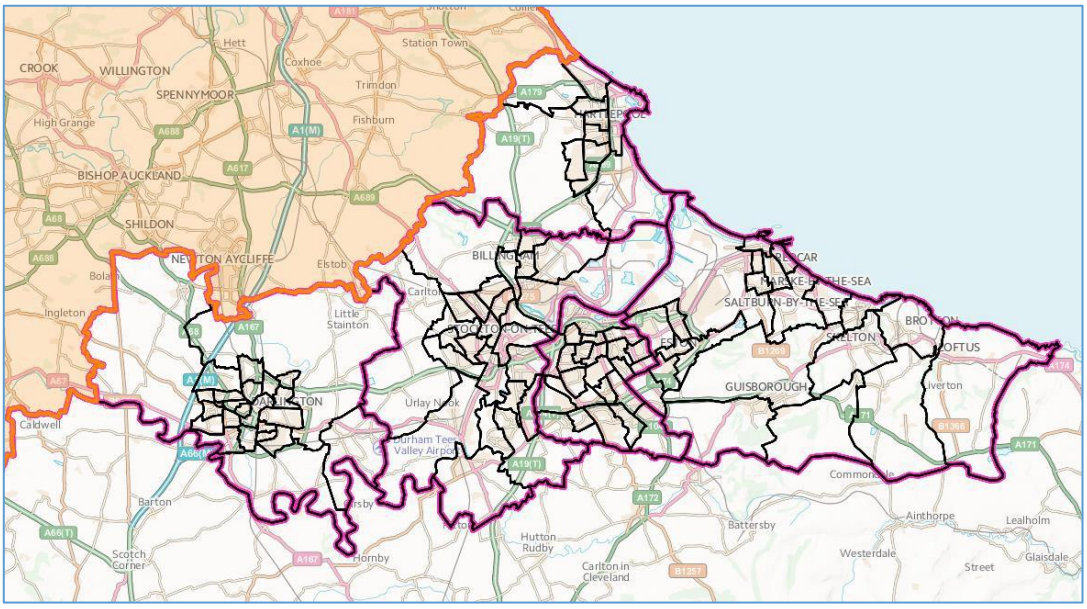

Figure 2. Map showing Tees Valley local authority electoral wards and boundaries with County Durham.

With five unitary authorities it may be reasonable to view each of these as a 'locality' when considering population health and wellbeing needs across the the Tees Valley. However, for the purposes of understanding pharmaceutical needs at a more local level, further sub-division of the geography and associated demographics is required. The process undertaken to define localities for the PNA was described in section 4.1.2.

Why use deprivation to define localities? The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. The association of increasingly poor health with increasing deprivation is well established; all-cause mortality, smoking prevalence and self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also. As needs in relation to pharmaceutical services might also reasonably be related to deprivation, it seemed acceptable to use IMD 2010, being readily available at ward level, to begin to understand our localities for the purpose of the PNA in 2011.

Seventeen localities were identified by aggregating groups of the 106 electoral wards (2010 data) of the five HWB areas in the Tees Valley. Three localities were identified for Hartlepool, four localities in Darlington, Stockton on Tees and Redcar and Cleveland and two localities in Middlesbrough.

When the IMD2010 data was published there were 17 wards in Hartlepool and for the PNA 2011 these were arranged into three localities as shown on Figure 3. Whilst establishing localities in 2011, considerable discussion took place regarding the placement of the old [Rossmere] and [Foggy Furze] wards. It was concluded via general agreement and local knowledge that the overall population needs for these wards identified more closely with that of Locality H3 as a whole.

The 3 localities were used satisfactorily by NHS processes for over three years and would have been left unchanged for the 2015 PNA. However, an electoral ward boundary review reduced the number of wards in Hartlepool to eleven; they came into use in May 2012 (see Figure 4). With these boundary changes, a new ward [Fens and Rossmere] was created and the former [Seaton] ward was extended to include parts of these old ward areas. Consequently, this again created debate as to whether this new ward [Fens and Rossmere] should be included in locality H2 or H3 as they were newly defined.

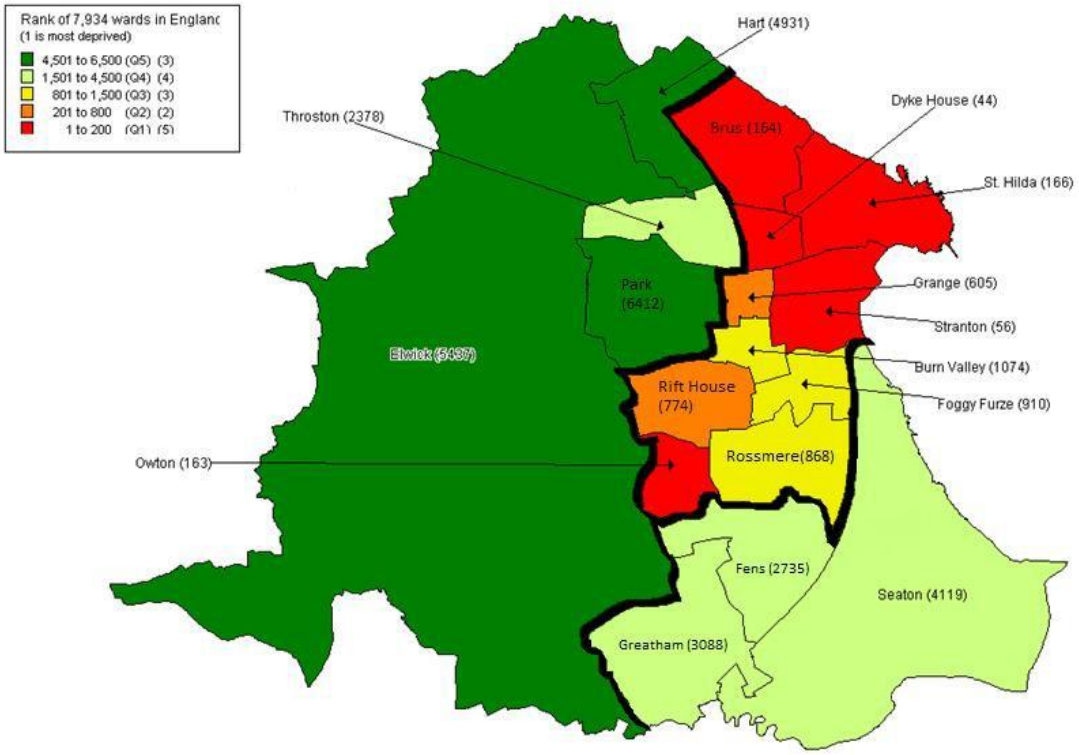

Figure 3. Map showing defined localities in Hartlepool HWB area based on ward boundaries at 2010

KEY: IMD 2010 Overall Domain Borough Quintiles displayed by electoral ward (at 2010) with locality boundaries overlaid, as used in PNA 2011.

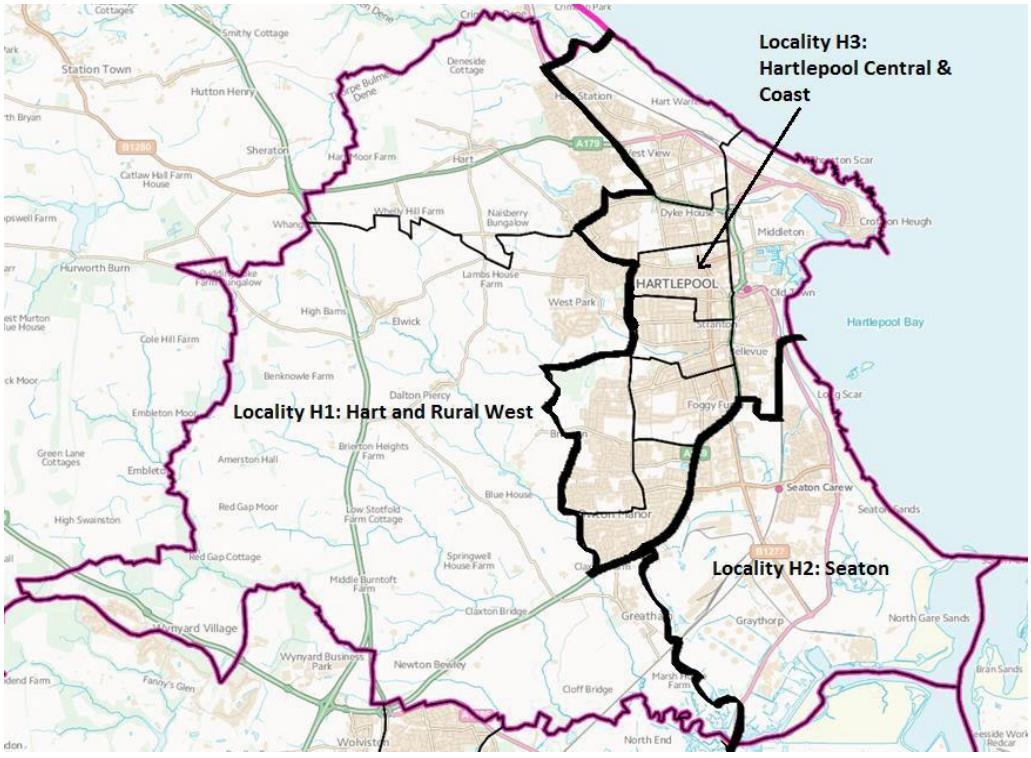

Figure 4. New electoral ward boundaries for Hartlepool, introduced in 2012 (fine black lines), with first proposed potential locality boundaries for PNA2015 overlaid (thicker black lines).

Initially, based on ward boundaries it seemed that inclusion with locality H2 would be likely as shown by the overlaid locality boundaries on Figure 4.

However, when IMD 2010 overall score was estimated for the new wards, and Borough Quintiles again plotted on a map as shown in Figure 5, the population needs for the new ward of [Fens and Rossmere] appeared to be more similar to the new [Seaton] ward. A new H2 locality, re-named to reflect these changes as 'Wider Seaton' is therefore shown on Figure 5 with the other new locality boundaries overlaid on the IMD2010 map for the new wards.

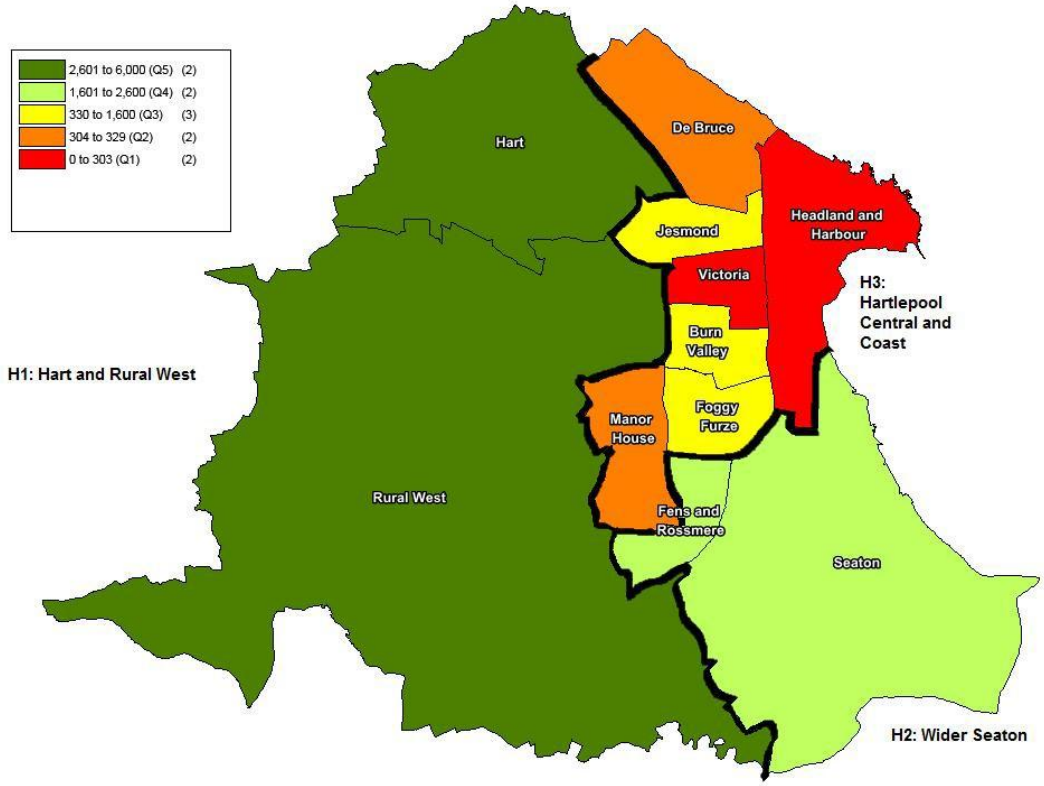

Figure 5. Map showing final defined localities for Hartlepool HWB area for PNA 2015 area based on ward boundaries at 2012

KEY: IMD 2010 Overall Domain Borough Quintiles displayed by electoral ward (at 2012) with new locality boundaries overlaid, for PNA 2015

In summary therefore, the Hartlepool localities for the PNA 2015 were identified with numbers and names for convenience as locality H1: Hart and Rural West (2 wards), locality H2: Wider Seaton (2 wards) and locality H3: Hartlepool Central and Coast (7 wards). The (2012) wards that are aggregated to define each of the Hartlepool localities are shown in Table 1.

H1: Hart and Rural West	H2: Wider Seaton	H3: Hartlepool Central and Coast
Hart	Fens & Rossmere	Burn Valley
Rural west	Seaton	De Bruce
		Foggy Furze
		Headland and Harbour
		Jesmond
		Manor House
		Victoria
2 wards	**2 wards**	**7 wards**
Locality Colour Code for PNA 2015	Locality Colour Code for PNA 2015	Locality Colour Code for PNA 2015

Table 1. Showing wards in each of the three localities in Hartlepool HWB area for PNA 2015.

The Borough quintiles enable us to be a little more discerning within the Borough or **within** localities but it is important to remember that these Borough Quintiles may give a false impression of the true level of deprivation of wards when compared to England. All the wards in H3: Hartlepool Central and Coast locality fall in Quintile 1 for National IMD (2010 and 2105) overall ward score, and both wards in H2: Wider Seaton are also in Quintile 2 nationally. For clarity, this is shown on the ward map in Figure 6, which also validates further the appropriateness of aggregating these particular wards into the 3 new localities.

In reviewing the localities for the PNA of 2018 and acknowledging the 2015 update to IMD scores, overall the results of the IMD do not indicate significant changes in the Tees Valley relative to elsewhere. The general pattern of deprivation locally and at borough level has changed little (Tees Valley Unlimited, 2016). The Tees Valley Unlimited report referenced here shows an updated version of Figure 6 for IMD(2015) whose only change is the slight improvement in overall score for Foggy Furze ward.

Of greater significance, is that review with NHS England showed that the localities have again remained fit for purpose for the PNA and associated functions of NHS England. There was no justification to change so the localities for 2018 remain as defined in 2015.

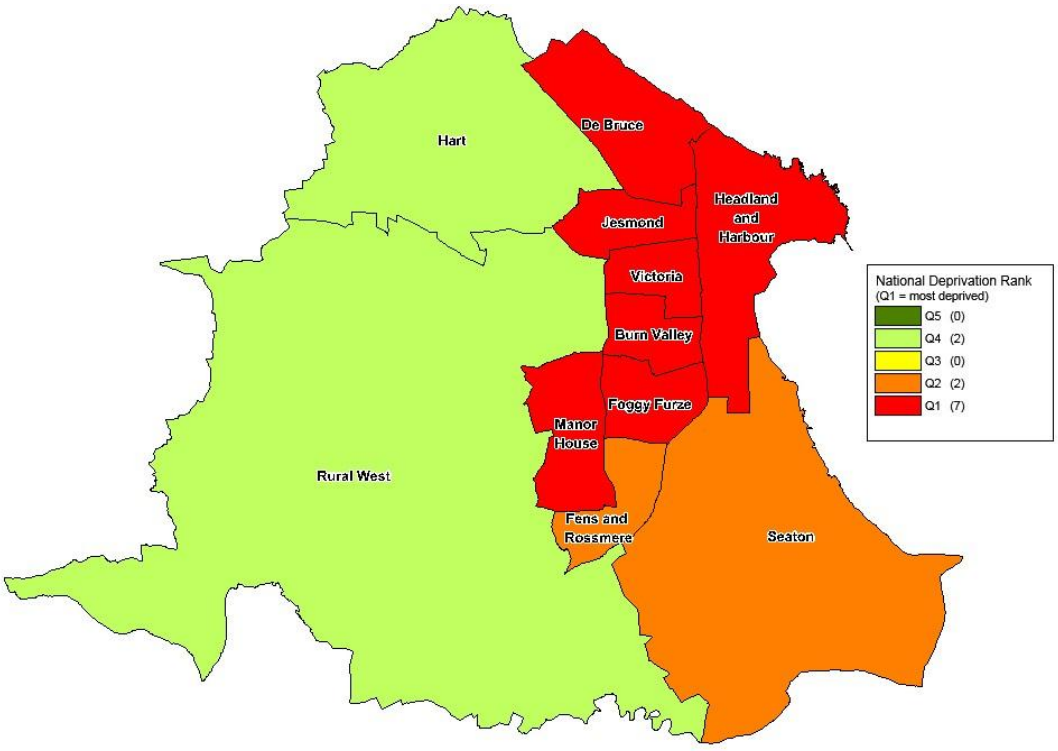

Figure 6. IMD 2010 Overall Domain National Quintiles; estimated ward ranks (2012 boundaries) for Hartlepool (from PNA 2015)

6.2 Localities - population

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

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

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

6.2.1 Population and age/sex breakdown

Table 2 shows estimated population breakdown by broad age (ONS mid-year 2015 estimates) for the Hartlepool HWB area, by ward in each locality. The all-age population of Hartlepool was estimated to be 92,665 (mid 2013 estimate) decreasing slightly to 92,493 by the mid 2015 estimate also used in Figure 7.

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

			ONS mid-year estimates 2015						
Ward Code	**PNA Locality**	**Ward Name**	**Total Popn**	**0-15 Years**	**16-64 Years**	**65+ Years**	**0-15**	**16-64**	**65+**
			Numbers				**Percent**		
E05008946	H1	Hart	8,978	1,890	5,825	1,263	21.1	64.9	14.1
E05008950	H1	Rural West	7,061	1,056	4,158	1,847	15.0	58.9	26.2
		Locality H1	**16,039**	**2,946**	**9,983**	**3,110**	**18.4**	**62.2**	**19.4**
E05008944	H2	Fens and Rossmere	8,527	1,238	5,012	2,277	14.5	58.8	26.7
E05008951	H2	Seaton	8,806	1,604	5,391	1,811	18.2	61.2	20.6
		Locality H2	**17,333**	**2,842**	**10,403**	**4,088**	**16.4**	**60.0**	**23.6**
E05008942	H3	Burn Valley	8,432	1,557	5,520	1,355	18.5	65.5	16.1
E05008943	H3	De Bruce	7,997	1,696	4,823	1,478	21.2	60.3	18.5
E05008945	H3	Foggy Furze	8,496	1,538	5,290	1,668	18.1	62.3	19.6
E05008947	H3	Headland and Harbour	7,267	1,269	4,625	1,373	17.5	63.6	18.9
E05008948	H3	Jesmond	8,182	1,721	5,020	1,441	21.0	61.4	17.6
E05008949	H3	Manor House	10,127	2,398	6,207	1,522	23.7	61.3	15.0
E05008952	H3	Victoria	8,620	1,619	5,733	1,268	18.8	66.5	14.7
		Locality H3	**59,121**	**11,798**	**37,218**	**10,105**	**20.0**	**63.0**	**17.1**
Hartlepool			**92,493**	**17,586**	**57,604**	**17,303**	**19.0**	**62.3**	**18.7**

Table 2. Population breakdown (mid-year 2015 estimate) in Hartlepool by ward and locality.

Low population or proportion	High population or proportion

Substantial variation is observed across Hartlepool, both between and within localities. Points of particular note:

- Following the boundary review, the total population by ward is now generally similar at around 8000, the lowest number of people being in [Headland and Harbour] ward (7267) and the highest in [Manor House] at 10127.
- However, when grouped by locality, the total population in H3: Hartlepool Central and Coast is almost double (1.8 times) that of the other 2 localities in Hartlepool combined and represents 64% of the total population for Hartlepool. H1: Hart and Rural West and H2: Wider Seaton represent 17% and 19% respectively.

- There is variability between the wards and localities in the proportion of children and older people. This variation is notable in quite striking within H1: Hart and Rural West. Hart ward shows one of the highest population proportion of children in the Borough at 21%, and the lowest proportion of those aged 65+ (at 14.1% much lower than the Borough average of almost 17.1%). Conversely, the ward of Rural West has the second lowest proportion of children in any ward and the second highest proportion of older people (26.2%). The population of this locality is therefore quite diverse in composition and large in terms of geographical size; looking at previous ward-based populations, there are pockets of more elderly population in the more rural 'villages' of Elwick and Greatham.
- A characteristic of the H2: Wider Seaton locality is a generally lower level of children and higher proportion of older people. In terms of numbers and proportion there are markedly more children in H3 than H2, particularly in Manor House. The proportion of over 65s in H2 is significantly more than that of the Hartlepool average. This may be surprising as areas such as the former Rossmere ward historically had a poorer life expectancy than the Hartlepool average; this may reflect a numbers of warden controlled housing facilities which might drive a later-life relocation of living area.

- Locality H3: Hartlepool Central and Coast has the largest potential daily population influx of workers or visitors due to the location of the 'town centre' area in Victoria ward.

Figure 7 shows that the gender balance across Hartlepool is not skewed sufficiently from the reasonable norms of the north east and England to influence pharmaceutical needs, though there are fewer men in the 20-30 age group than in the north east and England. There is no reliable data on sexual orientation.

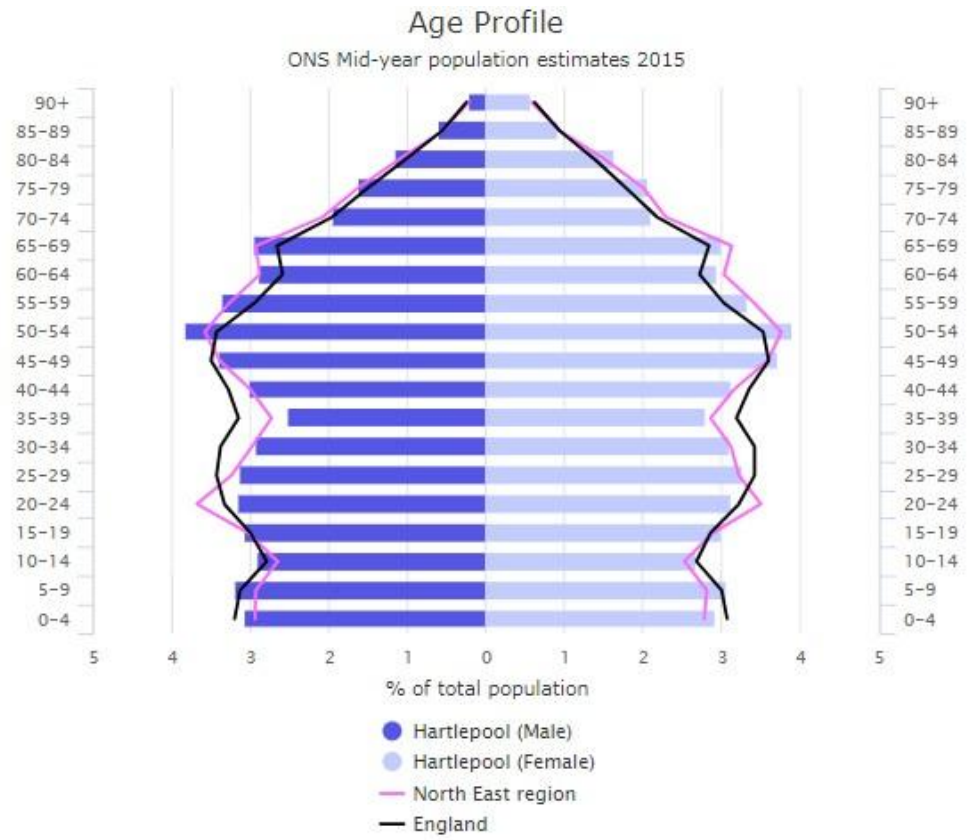

Figure 7. Population pyramid for Hartlepool (mid 2015 estimates) with North East and England comparator.

6.2.2 Deprivation Profile: Index of Multiple Deprivation (IMD) 2010

The English Indices of Deprivation 2015 (ID 2015) are the official measures of dimensions of deprivation at small area level or Lower Super Output Areas (LSOAs). LSOAs have an average population of 1500 people. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation (Department for Communities and Local Goverment, 2015)

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

For IMD (2015), at the borough level and out of 325 districts nationally, Hartlepool has the 10th highest proportion of LSOAs within the national most deprived 10%; neighbouring Middlesbrough is ranked 1st on this basis.

Table 3 shows the national rank for estimated ward scores for IMD(2015) for the eleven Hartlepool wards. The scores are placed in order of rank (where 1 is most deprived) of each ward of the 7522 wards in England. Also shown alongside is the England and borough quintile of ranked score, where quintile 1 (Q1) is most deprived. A ranking in the top 10% nationally, or locally, is coloured red; the proportion of 'red' (see key) visually indicates the degree of deprivation experienced by the Hartlepool population. Though two wards are shown 'green' none of Hartlepool's wards are in the best (least deprived) quintile nationally.

Clearly the population of the H1: locality is in the minority for Hartlepool, but this does demonstrate a key recurring theme of striking and substantial health inequality within such a small geographic area of the borough.

- From 2007 to 2010 and again to 2015, the rank of three or four of the poorest five wards got worse, whereas the rank of both wards in H1: Hart and Rural West locality improved. Hartlepool's inequalities widened, along with other areas in the Tees Valley.
- All seven wards in the H3: Hartlepool Central and Coast locality fall within the most deprived quintile for England and 6 of these (a population 59,121 or 64% of all Hartlepool residents) are placed within the top 10% of deprived wards nationally.

Ward Code	PNA Locality	Ward Name	England Rank 2015	England Quintile 2015	LA Quintile 2015
E05008947	H3	Headland and Harbour	137	Q1	Q1
E05008949	H3	Manor House	147	Q1	Q1
E05008948	H3	Jesmond	303	Q1	Q2
E05008952	H3	Victoria	322	Q1	Q2
E05008943	H3	De Bruce	390	Q1	Q3
E05008942	H3	Burn Valley	486	Q1	Q3
E05008945	H3	Foggy Furze	1,252	Q1	Q3
E05008944	H2	Fens and Rossmere	2,338	Q2	Q4
E05008951	H2	Seaton	2,529	Q2	Q4
E05008946	H1	Hart	4,674	Q4	Q5
E05008950	H1	Rural West	5,935	Q4	Q5
*** Rank of 7522 wards in England, 1 is most deprived**			**** Quintile 1 is most deprived**		

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

Table 3. National and borough ranks of estimated overall scores for IMD2015 – Hartlepool (2012) wards

	H1: Hart and Rural West		H2: Wider Seaton		H3: Hartlepool Central and Coast		LA Total	
	No of wards	*Fraction of locality*	*No of wards*	*Fraction of locality*	*No of wards*	*Fraction of locality*	*No of wards*	*Fraction of LA*
Q1	0	0%	0	0%	7	100%	7	64%
Q2	0	0%	2	100%	0	0%	2	18%
Q3	0	0%	0	0%	0	0%	0	0%
Q4	2	100%	0	0%	0	0%	2	18%
Q5	0	0%	0	0%	0	0%	0	0%

Table 4. Number of wards in each deprivation quintile (IMD2015) by locality for Hartlepool.

*Percent may not add up to 100 due to rounding.

6.2.3 Ethnicity

The HWB must have regard to the needs of the population with protected characteristics when making its assessment of pharmaceutical need. To enable consideration of any specific pharmaceutical needs related to ethnicity, data from the 2011 census has been reviewed. This shows that unlike other areas of the Tees Valley, where there are wards with up to 40% non-white population, the population of Hartlepool are mostly of white ethnic origin (97.7%). This is substantially higher than for both England (86%) and the Tees Valley average (94.8%). Asian individuals make up the greatest proportion of the non-white community; 1.2% of the population of Hartlepool and only one ward has an Asian population over 3% (i.e. still small), that of Victoria in the town centre.

6.2.3.1 Migrants, refugees, asylum seekers and travellers

In neighbouring Middlesbrough and Stockton on Tees there have been sufficient numbers of migrants including those seeking asylum, seeking to develop specialist medical practice services. Hartlepool has not seen the same level of arrivals into the town, but has recently offered a welcome to a proportionately small number. This particular population with a protected characteristic may often have very specific health, social and pharmaceutical care needs.

Migrants also often work below their qualification levels due to poor language skills or issues with UK working regulations. Health issues remain undetected or untreated without support for understanding UK health systems and GP or dental practice registration. Non-attendance at screening and immunisations, perhaps as a consequence of poor English literacy, may lead to longer term health implications.

Transient gypsies and travellers (GT) to the borough may also have a range of health needs and with failure to seek medical advice conditions may remain undetected or untreated. Educational attainment is poor in the GT population as children drop out of education aged between 11 and 13 years old.

6.2.4 Benefits

Table 5 shows recent data for out of work benefits claimants and the rates of households with fuel poverty by ward and locality in Hartlepool. Hartlepool statistics are worse than England or GB rates; even in the 'best' wards in H1: locality. The degree of variation in these measures across the wards is notable, even between wards within the H3 locality.

PNA Locality	Ward Name	Out of work Benefits: Total Claimants, May 2017	Households with Fuel Poverty (%) 2011
H1	Hart	1.8	17.9
H1	Rural West	1.7	22.1
H2	Fens and Rossmere	3.3	31.0
H2	Seaton	2.6	25.7
H3	Burn Valley	7.7	40.4
H3	De Bruce	8.4	21.8
H3	Foggy Furze	5.1	21.2
H3	Headland and Harbour	8.2	29.7
H3	Jesmond	6.9	26.9
H3	Manor House	8.7	22.0
H3	Victoria	10.0	38.6
Hartlepool		**5.9**	**18.5**
England		**-**	**14.6**
Great Britain		**1.9**	

Table 5. Selected data showing income-related benefits and rates of fuel poverty by ward and locality in Hartlepool. Source: Tees Valley Unlimited Ward data file: 2014

- Although not shown here in the table, there was a substantial improvement in the rates of households without central heating in Hartlepool from 5.9% in 2001 to 1.4% in the 2011 Census. The 2001 average masked substantial variation, with rates over 12% of households in some Hartlepool wards. The highest levels in 2011 are now reduced to 3% of households in the wards that show the highest levels of fuel poverty; having central heating does not translate into affordability.
- The more rural populations are not unaffected by fuel poverty either; all wards in H1 and H2 show rates above the England average and mostly higher than the rest of the Tees Valley too. Almost a third of households in Fens and Rossmere are living in fuel poverty, more than in five of the seven wards in the H3: Hartlepool Central and Coast – although Victoria and Burn Valley wards are even worse at 39-40%.
- Wards with 40% of households in fuel poverty in 2011 are likely to now include some of those people who may have to choose between medicines, food or heating.

6.2.5 Employment

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

Table 6 shows, by locality and ward, the estimated proportion of the working age population in employment (March 2017) and as a sub-set, those 18-24 year olds unemployed.

- The proportion of people in employment in Hartlepool is below the North East average and well below the national average. Only two wards in the whole of Hartlepool have employment rates above the national average.
- There are 13 people in long-term unemployment per 1,000 working-age population, considerably above national average of 4.6 per 1000.
- Levels of youth unemployment in Hartlepool are three times the national rate; in 3 years the national rate has dropped when the average rate in Hartlepool has stayed the same. In the H2: Wider Seaton locality rates are closer to those elsewhere in the North East - but nowhere close to rates in virtually all wards in the H3: Hartlepool central and Coast locality which are approaching, or beyond 10%.
- In terms of residents, demand for access to a pharmacy outside of '9-6' hours is likely to be higher in H1: Hart and Rural West, where employment is highest. However, this population are also likely to be more mobile and perhaps therefore more likely to access pharmacy services nearer to where they work.

Ward Code	PNA Locality	Ward Name	Unemployment - % 16-64 year olds, March 2017 (%)	Unemployment - % 18-24 year olds, March 2017 (%)
E05008946	H1	Hart	1.7	4.3
E05008950	H1	Rural West	1.4	4.2
E05008944	H2	Fens and Rossmere	2.9	5.9
E05008951	H2	Seaton	2.4	4.7
E05008947	H3	Burn Valley	6.8	9.9
E05008949	H3	De Bruce	7.3	13.4
E05008948	H3	Foggy Furze	4.6	9.0
E05008952	H3	Headland and Harbour	7.1	12.9
E05008943	H3	Jesmond	5.5	9.7
E05008942	H3	Manor House	8.0	11.3
E05008945	H3	Victoria	8.6	10.1
Hartlepool			**5.2**	**9.1**
North East			**3.2**	**4.8**
England			**2.0**	**2.9**

Table 6. By ward and locality in Hartlepool at March 2017; unemployment rates (2014) for all those of working age and those aged 18-24 yrs.

6.2.6 Car ownership (need for public transport)

Table 7 shows data from the 2011 census. Understanding of public transport and car ownership in a locality is useful in understanding potential pharmaceutical needs from the point of view of (a) a general indicator of prosperity (or otherwise) and (b) from a consideration of access to transport to attend a pharmacy.

- Hartlepool on the whole has more households without access to a car than England or the Tees Valley. The variability and pattern of car ownership is consistent with other variables for example employment rates.
- The population of H3: Hartlepool Central and Coast are significantly more likely to be dependent on public transport (or walking) to access a community pharmacy as **all** wards show the proportion of households without a car to be substantially higher than the Tees Valley and England average.
- There a lower numbers of households without any car (or van) in H1: Hart and Rural West where almost 40% of households have further access, i.e. to two or more cars.

- The availability of public transport across Hartlepool is generally very good. The people of the parish of Greatham are known to have requested public transport improvements, although buses do go to the village frequently. Hart and Elwick villages are more rural still, with small populations, but they are still served by public transport.

Locality	Ward name	Census - 2011 Households with no car (%)	Census – 2011 Households with 1 car or van (%)	Census – 2011 Households with 2 or more cars or vans (%)
H1	Rural West	10.4	40.5	36.5
H1	Hart	13.6	41.0	36.3
H2	Seaton	21.5	44.6	27.2
H2	Fens & Rossmere	23.9	48.5	22.2
H3	Foggy Furze	36.3	42.8	16.4
H3	Jesmond	38.4	42.9	15.8
H3	Burn Valley	39.9	38.3	17.7
H3	De Bruce	43.2	39.7	13.9
H3	Headland & Harbour	47.5	39.2	10.5
H3	Victoria	50.1	36.6	10.9
H3	Manor House	51.4	37.5	9.2
	HARTLEPOOL	**35.3**	41.0	18.9
	TEES VALLEY	**30.5**		**27.7**
	NATIONAL	**25.6**		**32.1**

Table 7. Proportion of households in Hartlepool without a car, with one car and with more than two cars. Source: ONS 2011

6.2.7 Housing and households

Table 8 shows information from the 2011 census. Since 2001, the balance between owner occupancy, LA or housing association tenancy and private rented accommodation has moved with the national trend of a decrease in the former and increase in the latter.

There are further striking contrasts in some of the indicators shown here:

- There are fewer owner occupied homes in Hartlepool than there are across Tees Valley or nationally, but the difference is relatively small in percentage terms.
- The proportion of houses that are owner occupied ranges from just over 30% in [Headland and Harbour] to more than 80% in both wards of the H1 locality in the rural west of Hartlepool. More than three quarters of the properties in Wider Seaton are also owner occupied.
- There are high numbers of rental properties in all the wards in H3: Hartlepool Central and Coast. However, there are some wards where local authority / housing association tenure is dominant ([Headland and Harbour], [De Bruce], [Jesmond] and [Manor House] and others where private rental tenure dominates [Victoria] and [Burn Valley].
- Rates of overcrowding in households are generally lower in Hartlepool than in the Tees Valley or nationally; rates are poorest in the two wards where local authority rental tenure dominates.

Locality	Wardnam e	Census - Tenure - Owner-Occupied (%)	Census - Tenure - Rented from LA/HA (%)	Census - Tenure - Private Rented (%)	Census - Overcrow ded Households (%)	Census - Households with No-one working (%)
		2011	2011	2011	2011	2011
H1	Hart	82.7	9.1	8.1	1.8	11.4
H1	Rural West	84.4	6.8	8.9	1.2	11.8
H2	Seaton	75.5	14.8	9.7	2.9	19.0
H2	Fens & Rossmere	77.4	15.3	7.3	2.2	18.0
H3	Headland & Harbour	33.7	42.5	23.8	7.0	35.1
H3	Manor House	39.6	48.0	12.4	7.1	38.8
H3	Victoria	48.7	17.6	33.7	6.3	37.8
H3	De Bruce	49.4	40.5	10.1	5.7	35.2
H3	Jesmond	55.2	30.5	14.3	4.6	30.0
H3	Burn Valley	60.8	9.6	29.7	4.3	28.8
H3	Foggy Furze	68.8	15.8	15.4	2.8	24.9
	HARTLEPOOL	**60.3**	**23.5**	**16.1**	**4.3**	**21.7**
	TEES VALLEY	**64.4**	**19.6**	**15.9**	**4.9**	**23.2**
	NATIONAL	**64.3**	**17.6**	**18.0**	**8.5**	**9.9**

Table 8. Housing and household information by ward and locality in Hartlepool. Source: Census 2011

6.2.8 Older people

Table 9 shows the proportion of 'all pensioners' and 'lone pensioner' households by ward in localities.

- Most Hartlepool wards have rates of lone pensioner households higher than the England rate; the highest proportion of lone pensioner households is in the [Fens and Rossmere ward in locality H2: Wider Seaton.
- In the H1 wards of [Burn Valley], [Headland and Harbour] and [Victoria] rates of households as "all pensioners" are the highest; more than 50% higher than the rates in the Hart ward in the H1: Hart and Rural West ward.
- Collectively, older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and long term conditions.
- Lone pensioners may have increased need for support in managing both their medicines and their long term conditions and a potentially greater requirement for domiciliary pharmaceutical care which is not currently available.

Ward code	Locality	Ward name	Census - Household Composition - Lone Pensioner (%)	Census - Household Composition - All Pensioners (%)
			2011	2011
00EBNR	H1	Hart	10.2	20.0
00EBNW	H1	Rural West	13.4	23.7
00EBNX	H2	Seaton	13.5	23.7
00EBNP	H2	Fens & Rossmere	17.4	25.9
00EBNM	H3	Burn Valley	11.5	30.2
00EBNY	H3	Victoria	12.4	33.8
00EBNN	H3	De Bruce	13.2	24.6
00EBNT	H3	Jesmond	13.9	26.6
00EBNS	H3	Headland & Harbour	14.8	36.9
00EBNQ	H3	Foggy Furze	14.9	24.5
00EBNU	H3	Manor House	15.0	27.3
		HARTLEPOOL	**13.7**	**27.3**
		TEES VALLEY	**13.1**	**25.9**
		NATIONAL	**12.4**	**26.3**

Table 9. Households with pensioners by ward in Hartlepool (Census 2011)

6.2.9 Children

Table 10 shows some measures relating to children in the Borough. The table is sorted by locality then by the proportion of children in poverty within those

localities so that trends across the measures are easier to identify. Rates for all measures are substantially worse than the England and Tees Valley average. The latest figures from 2014 suggest there are 5470 under 16s living in low-income families in Hartlepool. Rates of 29% are still well above the national average of 18.6%.

Locality	Ward name	Children in Poverty (%)	Children living in Out Of Work Benefit Claimant Households (%)	Pupils Receiving Free School Meals (%)	Census - Household Composition - Single Parent Households (%)
		2011	2012	2012	2011
H1	Rural West	6.6	7.1	5.4	4.3
H1	Hart	8.0	7.6	6.0	6.7
H2	Fens & Rossmere	14.6	23.1	10.5	6.0
H2	Seaton	14.8	20.9	17.4	7.9
H3	Foggy Furze	24.9	32.0	28.5	9.5
H3	Burn Valley	29.6	31.6	26.6	10.8
H3	Jesmond	34.6	39.2	33.8	10.7
H3	Manor House	36.3	42.1	37.9	15.7
H3	Victoria	37.1	35.0	39.7	11.2
H3	De Bruce	37.5	41.2	40.2	12.2
H3	Headland & Harbour	42.5	48.0	41.1	9.2
	HARTLEPOOL	**29.1**	**30.9**	**27.1**	**9.7**
	TEES VALLEY	**26.7**	**27.1**	**25.5**	**9.1**
	NATIONAL	**20.1**	**19.5**	**-**	**7.2**

Table 10. Selected data showing data measures related to children by ward and locality in Hartlepool. Source: Tees Valley Unlimited Ward data file: 2014

- Rates for all measures are substantially poorer than both the Tees Valley and England for all measure in H1: Hart and Rural West. Rates in the H2: Wider Seaton locality are poorer, but still better than the England rates in all but the 'benefit claimant' measure.
- The proportion of children living in 'out of work benefit claimant' households (2012) ranges from 32 to 48% in all wards of the H3: Hartlepool Central and Coast locality. In the worst wards, rates of this measure, pupils receiving free school meals and those counted as living in poverty are all 7 or 8 **times higher** than in the least deprived wards.
- More than 30% of children are entitled to free school meals in five wards in Hartlepool and more than 25% of children are living in poverty in the whole of the H3: locality – more than 4000 children.

- The proportion of single parent households is greater than the national average in all wards in the H3: Hartlepool Central and Coast locality and in the Seaton ward of H2 locality. Whilst the children of single-parent households will not always experience deprivation or poverty, the rates shown here with other measures indicate where this may indeed be the case. This data reveals a significant challenge to the health, well-being and future attainment of these children and helps consider how pharmaceutical services may support this population whose needs may be related to some of these characteristics.

6.2.10 Educational attainment

Table 11 shows some indicators of educational attainment for the wards and localities in Hartlepool with North East and national comparators where appropriate. Clear inequalities in educational achievement and prospective life-chances are demonstrated.

Ward Code	PNA Locality	Ward Name	Qualifications - 5+GCSE A-Cs inc English and Maths, 2015/16 (%)	Postgraduate and Undergraduate Passes, 2015/16 (%)
E05008946	H1	Hart	70.1	12.1
E05008950	H1	Rural West	63.4	15.8
E05008944	H2	Fens and Rossmere	57.9	10.6
E05008951	H2	Seaton	45.2	7.0
E05008947	H3	Burn Valley	53.8	6.9
E05008949	H3	De Bruce	44.7	6.9
E05008948	H3	Foggy Furze	50.5	6.0
E05008952	H3	Headland and Harbour	41.8	5.1
E05008943	H3	Jesmond	33.6	6.4
E05008942	H3	Manor House	30.9	4.0
E05008945	H3	Victoria	40.8	4.2
Hartlepool			**48.0**	**6.9**
North East			**56.5**	**-**
England			**57.8**	**8.5**

Table 11. Educational attainment by ward in Hartlepool (2015-16)

Points of particular note:

- Considering educational attainment based on proportion of school leavers achieving 5 or more GCSEs (including English and Maths) in 2015/6, the overall Hartlepool performance (48%) has dropped by 2 percentage points since the 2013 data shown in the 2015 PNA and is poorer than both the North East (56.5%) and the national average of 57.8%. These averages mask a wide range of attainment across the wards of the Borough. The GSCE attainment for those living in the best achieving wards is more than double that of the lowest achieving ward.

- Both of the more rural localities H1 and H2 have much better achievement rates than H3 and the local and national comparators.
- In contrast, three wards in the H3: Hartlepool Central and Coast locality have previously been shown to be in the worst 10% quintile for England based on ID Education score.

This is reflected in the postgraduate and undergraduate pass rates which will influence future earning capacity. Individuals from Manor House and Victoria wards have 50% of the chance of a degree-level qualification than the average in England and only 25 to 30% of the chance of their neighbours in the H1 locality less than 5 miles away.

A sustained poor level of educational attainment will contribute to low levels of adult literacy and numeracy. The implication for pharmaceutical needs is nevertheless substantial and wide ranging. Levels of literacy and numeracy as low as this must cause difficulty for individuals using and understanding the 'written word' in relation to medicines for example - and this may be a risk to both the individual themselves or to those in their care e.g., children or elderly dependents.

6.2.11 Population density and rurality

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

6.2.11.1 Population density

Population density varies quite markedly across the Tees Valley. Table 12 shows that the population density in each of the two districts north of the Tees is quite similar. However, whilst the numbers of people in Middlesbrough and Redcar and Cleveland are similar, Middlesbrough is geographically much smaller than any of the other districts. The population density of Middlesbrough is therefore five times that of both Darlington and Redcar and Cleveland and two and a half times that of either Hartlepool or Stockton-on-Tees.

2011 (ONS)	Total Population	Area (hectares)	Population Density (persons by hectare)
Darlington	105,564	19,748	**5.3**
Hartlepool	92,028	9,386	**9.8**
Middlesbrough	138,412	5,387	**25.7**
Redcar & Cleveland	135,177	24,490	**5.5**
Stockton-on-Tees	191,610	20,393	**9.4**

Table 12. Population density for Local authorities in the Tees Valley. Source ONS 2011

6.2.11.2 Rurality

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

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

PCTs with rural areas may have had controlled localities i.e. areas which are rural in character, and since April 2005 may have also determined "reserved locations" within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby. Since the determination in 2008, there are no controlled localities in Hartlepool.

7.1 Local Health Needs

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

As we have seen, Hartlepool has both significant levels and great variation in levels of deprivation and in health and wellbeing outcomes across wards. The health of people in Hartlepool is generally worse than the England average and deprivation is higher than average; about 30.6% (5,500) children live in poverty. Life expectancy for both men and women is lower than the England average. Within Hartlepool there are striking inequalities with a man living in the least deprived areas of the borough living 11.1 years longer than a man in the most deprived area; for women that difference is 7.1 years (Public Health England, 2016).

In 2007, the population of [Headland and Harbour] ward ranked 50th (where 1 is poorest) of more than 7000 wards in England for estimated health deprivation score (ID2007) in England, though it improved to 89th in the 2010 dataset this wass still a 'top 100' and unenviable position. In 2015, the rank had improved to 137th. The challenge remains to ensure that services are available to the whole population, but additional targeted work is needed for those at greatest disadvantage.

The Director of Public Health's Annual Reports of 2012 to 2015 identified key priority areas of work as those which cause a significant burden of disease and death and increase inequalities i.e., smoking, obesity, alcohol, with mental health as an underlying thread running through.

The data shows that the key causes of early death and significant causes of illness in Hartlepool are cancer, particularly lung cancer and respiratory disease. Rates of heart disease, stroke and liver disease are also higher than the England average. Disease rates are generally higher in areas of greater deprivation as are the risk factors for these diseases; smoking, poor diet, lack of physical activity and alcohol. Public Health and NHS colleagues are working together to reduce disease rates through screening and early identification of disease and reducing risk factors. Measuring wellbeing is also being developed nationally to enable us locally to capture this.

Table 13 shows data from the Census 2011 for those with 'Limiting Long Term Illness' (LLTI) by ward and in localities in Hartlepool. The rates of people counted as living with a LLTI, including those of working age, are both higher in Hartlepool than for England, though similar to the Tees Valley rates. These figures again mask some variation across wards and within localities, but there are rates over 20% LLTI in all but one of the 11 wards in the Borough.

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

Locality	Wardname	Census - Limiting Long Term Illness and Health - with LLTI (%)	Census - Limiting Long Term Illness and Health - with Working age LLTI (%)	Census - Limiting Long Term Illness and Health - with Good Health (%)	Census - Limiting Long Term Illness and Health - with Fair Health (%)	Census - Limiting Long Term Illness and Health - with Not Good Health (%)
		2011	2011	2011	2011	2011
H1	Hart	14.9	10.5	85.4	10.3	4.3
H1	Rural West	20.0	11.8	81.2	13.8	5.0
H2	Seaton	22.6	16.5	77.8	14.9	7.2
H2	Fens & Rossmere	25.3	17.0	74.7	17.0	8.3
H3	Burn Valley	21.5	17.4	78.0	15.0	7.0
H3	Foggy Furze	23.5	17.8	76.0	16.2	7.8
H3	Victoria	23.7	21.4	74.2	17.0	8.8
H3	Jesmond	24.5	20.7	74.0	16.5	9.6
H3	De Bruce	25.1	21.4	73.3	17.3	9.4
H3	Headland & Harbour	26.3	21.1	70.9	18.6	10.5
H3	Manor House	26.4	22.8	71.6	17.7	10.8
	HARTLEPOOL	**23.2**	**18.2**	**76.0**	**15.9**	**8.1**
	TEES VALLEY	**20.8**	**15.9**	**78.2**	**14.7**	**7.1**
	NATIONAL	**17.9**	**13.0**	**81.2**	**13.2**	**5.6**

Table 13. Census data 2011 for people with Limiting Long Term Illness and indication of health status by ward and locality in Hartlepool. Source ONS 2011

Pharmaceutical needs are often substantial for those living with a LLTI and those considerable numbers who are of working age, who are able to work and actually in work, may need to access pharmaceutical services outside of routine working hours. However, wards with high rates of LLTI in the working age population do also have high rates of unemployment so the need may not be as great outside working hours as is at first apparent. It is also becoming more common for people to have multiple long-term conditions; by 2018 the number of people in England with three or more long-term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million.

It is clear from these figures and projections and the Five Year Forward View that the future sustainability of the NHS will be closely allied with how it manages patients with long-term conditions and that this will be a significant factor for the people of Hartlepool.

The Health Profile 2016 for Hartlepool gives a snapshot of health in the area and compares this local authority with the rest of England. An extract from this, the Health Summary for Hartlepool is reproduced in Figure 8. Here you will see the local results displayed as a circle on a bar for England indicating our relative position. A red dot indicates that the health domain is significantly worse than the England average and this chart provides a simple graphic illustration of our local health and wellbeing status - in lots of red dots.

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Health summary for Hartlepool

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

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

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

Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	33.2	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	5,470	31.0	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	52	1.3	0.9			
	4	GCSEs achieved	2015/16	522	48.5	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	1,822	19.7	17.2	36.7		4.5
	6	Long term unemployment	2016	626	10.9 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	188	18.1	10.6 ^{1}	26.0		1.8
	8	Breastfeeding initiation	2014/15	505	49.6	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	255	24.2	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	17	28.3	37.4	121.3		10.5
	11	Under 18 conceptions	2015	62	35.8	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	19.6	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	50.4	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	73.3	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	207	51.6	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	196	214.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	762	838.8	647	1,163		374
	18	Recorded diabetes	2014/15	4,838	6.3	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	11	4.0	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	323	549.9	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	119	693.6	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	76.8	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	81.3	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	13	4.1	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	82	29.5	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	19	x[2]	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	653	415.9	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	218	92.7	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	435	182.9	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	207	23.0	19.6	36.0		6.9

Indicator notes

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

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts x[2] Value cannot be calculated as number of cases is too small ^{1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed. Please send any enquiries to healthprofiles@phe.gov.uk

Figure 8: Extract from Health Profile 2017

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

In summarizing the scale of the ill-health-related issues in the borough that would influence the need for pharmaceutical services, the following table illustrates the number of deaths in Hartlepool, in a typical year, from a range of illnesses or issues whose prevention or medicines-related management may be supported by pharmaceutical services.

Source:PHE Inequalities segment tool (Accessed via JSNA: Inequalities)		Males	Females	Total 2012-14	**Per year**
Circulatory	Coronary Heart Disease	217	126	343	**114**
	Stroke	75	115	190	**63**
	Other circulatory	79	104	183	**61**
	Circulatory Total	**371**	**345**	**716**	**239**
Cancer	Lung cancer	124	131	255	**85**
	Other cancers	314	279	593	**198**
	Cancer Total	**438**	**410**	**848**	**283**
Respiratory	Pneumonia	83	70	153	**51**
	Chronic obstructive airways disease	75	92	167	**56**
	Other respiratory disease	47	40	87	**29**
	Respiratory Total	**205**	**202**	**407**	**136**
Digestive	Chronic liver disease including cirrhosis	29	10	39	**13**
	Other digestive	53	50	103	**34**
	Digestive Total	**82**	**60**	**142**	**47**
External causes	Suicide	18	6	24	**8**
	Other external	42	32	74	**25**
	External causes Total	**60**	**38**	**98**	**33**
Mental and	Dementia & Alzheimer's disease	84	155	239	**80**
behavioural	Other mental and behavioural disorders	2	2	4	**1**
	Mental and behavioural Total	**86**	**157**	**243**	**81**
Other	Infectious and parasitic diseases	18	17	35	**12**
	Urinary conditions	22	31	53	**18**
	Ill defined conditions	19	81	100	**33**
	Diabetes	13	13	26	**9**
	Other	61	61	122	41
	Other Total	**133**	**203**	**336**	113
	Deaths under 28 days	**4**	**4**	**8**	**3**

Figure 9. Estimated number of deaths in Hartlepool in a typical year (based on 2012-14 data

This indicates the scope of public health issues for promotion of health and wellbeing as well as the scale of potential interventions required annually e.g., to support the people in Hartlepool living with diabetes (5000), cancer (2350), asthma (5,700), COPD (3300), coronary heart disease or stroke (6100), or dementia (1900). The level of long term conditions or life limiting illness is again notable; there is plenty of scope for evidence-based interventions to improve the management of these conditions with pharmaceutical services.

Other key issues for Hartlepool are highlighted as follows:

Smoking.
Despite the substantial success of the stop smoking service in Hartlepool over many years, proportionally more people smoke in Hartlepool than in England (smoking prevalence 19.6% in Hartlepool versus 15.5% England average). There are about 14200 adult smokers in Hartlepool. This is despite significant achievements in stop-smoking interventions in the borough over many years.

The smoking related death rate remains worse than the England average, with 85 deaths a year from lung cancer and smoking a contributory factor in many other cancer-related, circulatory or respiratory diseases this is a heavy burden for the population to carry – 650 deaths a year. Smoking by mothers during pregnancy is a major contributor to low birth weight and smoking rates in pregnancy in Hartlepool are about 18%.

Obesity

Hartlepool has some of the highest rates of obesity in the UK and from 2015/16 now has a new obesity strategy. Adult obesity is 29.7%, higher than the national average of 22.9%; 25% of 4-5 year olds in Hartlepool are overweight or obese and 39.4% of 10-11 year olds in Hartlepool are overweight or obese.

Sexual health

In Hartlepool there has been a 38 per 1,000 reduction in the number of under 18's conceptions since 2010.

The latest Sexual Health Needs Assessment for Teesside in 2013 identified that:

- Teenage pregnancy rates in England have declined significantly over the past ten years. This trend has also been seen in Hartlepool and Redcar and Cleveland but not in Middlesbrough and Stockton.
- Teenage pregnancy rates are higher in more deprived areas. In addition Hartlepool and Middlesbrough seem to have higher teenage pregnancy rates than other local authorities with similar levels of deprivation.
- Population statistics project a decrease in the young population in Teesside over the next few years. It is however unlikely that this will lead to a decrease in demand for sexual health services as STIs in Teesside have been increasing, particularly gonorrhea and chlamydia infections.
- Young people have the highest burden of disease from STIs. STIs rates are higher in more deprived areas and among specific groups such as men having sex with men (MSM).
- Highest teenage pregnancy rates of >65 were found in the [St Hilda], [Brinkburn], [Dyke House], [Jackson] and [Stranton] wards[10].
- Highest numbers of teenage pregnancy in [Stranton], [Dyke House], [Jackson], [St Hilda] and [Brus].

In 2013, Hartlepool had the highest rate of acute STIs (including chlamydia) in Tees, ranked 49 of 326 local authorities in England (where 1 is worst). However, data from the Health Profile in 2016 showed that the rate of diagnosis of new STIs was now better than the England average.

The sexual health needs assessment indicated a local need to ensure accessibility of sexual health services for a higher proportion of the population particularly for those who would not normally use mainstream sexual health

[10] These data were produced using the previous local authority ward areas

services e.g. by strengthening the sexual health service provision through GP practices and community pharmacies. Service development needed to place a particular focus on the needs of young people, people living in deprived areas and vulnerable groups. Chlamydia testing and C-Card (condom distribution services) in pharmacies have been re-initiated.

Children and young people

- As shown above, teenage pregnancy rates remain high though are closer to the national average; there is still a particular concern regarding conception rates in the under 16s and risk taking behavior of young people in relation to sexual health.
- Fifteen percent of pregnant women in Hartlepool continue to smoke during pregnancy and are smoking at the time of delivery. Though improvements have been made this is still substantially worse than the England rate.
- Levels of GCSE attainment and rates of breast feeding are worse than the England average.
- Significant inequalities in oral health are also of concern.
- 36 per 100 000 admissions for alcohol related harm in under 18s

Substance Misuse

There are an estimated 1000 problematic drug users in Hartlepool, many of whom will be in connection with structured treatment services or open access services such as needle exchange. For perspective, there are an estimated 19,000 binge drinking adults in Hartlepool and hospital attendance related to alcohol is significant; stays for alcohol related harm are worse than the England average; representing 838 stays per year.

Learning Disabilities and Physical Disabilities

Hartlepool has a greater prevalence of learning disabilities than nationally. People with learning disabilities are pre-disposed to the development of a number of health-limiting conditions and greater health needs than the rest of the population.

Ensuring the availability of health services that improve access and support for the high numbers of people in Hartlepool with low adult literacy and numeracy levels, and the 580 people over the age of 14 years with a learning disability, as well as those with physical disabilities, is important. Pharmacy should be included in the wider work programme involved in service improvement in this area.

Mental Health

It is easy to overlook the burden of poor mental health. Mental ill-health is a condition that can severely impact on the quality of life of those suffering from it and those immediately around them. It may also lead to other forms of deprivation such as unemployment or homelessness; potentially individuals may find themselves in a downward spiral that may be difficult to break out of. The rate of self-harm hospital stays has improved compared with the average for England but still represents 196 stays per year.

In Hartlepool there is a 40% greater need than the national average in relation mental illness. There is a 14% higher need than the national average in relation to serious mental illness and 1200 people suffer from dementia. This makes it an important component of overall health for Hartlepool as well as the levels of substance misuse and learning disability issues.

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

These measures do so starkly indicate that we must avoid worsening this inequality by virtue of our service provision: unless inequalities in provision of care match inequalities of need then inequity will persist. Developing a consistent, evidence-based approach to early intervention across the life course is a focus of health and wellbeing work in Hartlepool, particularly in delivering the strategic priority of 'giving every child the best start'. However, it is not just about the 'best start in life', but the best health and wellbeing through life to make Hartlepool a healthier, happy and vibrant town. (Hartlepool health and wellbeing Board, 2012).

Older People emphasis DPH annual report

Strong partnerships exist across organisations and sectors in Hartlepool – a significant benefit in addressing the area's health and wellbeing challenges and inequalities. Integrated working, focusing on outcomes and improving efficiency is key in Hartlepool's Health and Wellbeing Strategy, which is currently being updated for 2018, to improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

Pharmacies play an important role in addressing these health and wellbeing issues and health inequality. The impact of the health needs on pharmaceutical needs will be described in section 10.

8.0 Current Pharmaceutical Services Provision

The PNA is required to describe the current provision of pharmaceutical services and consider this in the context of the current need for access to these services of the population of the Hartlepool HWB area.

It is helpful to consider what 'access' to 'pharmaceutical services' might mean; the following aspects all need to be considered:

- the range of pharmaceutical services providers and choice thereof
- their premises, including facilities, capacity, quality, location and distribution across the HWB area and
- the specific pharmaceutical services that they provide.

The type of provider partly determines the range of pharmaceutical services available. For example, a community pharmacy contractor will provide, at the very least, a full and prescribed range of essential pharmaceutical services, whereas dispensing doctors and appliance contractors can only provide a restricted range. Other locally commissioned providers may also provide specific services that impact the need for community pharmacy contracted pharmaceutical services. Examples include stop-smoking services and CCG services (directly-provided or otherwise commissioned) such as full medication review in care homes or prescribing support).

Geographical location of service provider's premises will determine individual access in terms of distance from home or work. The wider location environment will also affect access via public transport, ability to park and access for those with a disability. Co-location with, or proximity to, other services (perhaps with other primary care medical or other services, perhaps with shopping or leisure) may influence overall access experience by reducing travel for repeated visits. However, access is determined by more than just location, for example, provider opening times are also an important aspect of access and service availability.

Pharmaceutical services will, of course, need to be available during 'normal' day-time hours (e.g. weekdays 9 am to 5 and 6pm) when many other professional services might be expected to be available. However the needs of specific socioeconomic or other groups as service users will also need to be considered, for example

- workers after 6 pm or during lunch times
- those who have accessed general practice extended hours outside of the 'routine 9-6' times e.g. up to 8 o clock at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non- routine time e.g. on weekends.

An evaluation of patient experience, such as undertaken during the development of the PNA, may further help to assess capacity, premises and quality in terms of pharmaceutical service provision. When considering access as part of the overall assessment of pharmaceutical need, the HWB is also required to have regard to choice. Many of the above issues might influence

the choice of pharmaceutical services provider, and provision, available to patients and others.

Each of these issues will be considered in the following section.

8.1 Overview of pharmaceutical services providers

The latest information from the NHS Business Services Authority states that there are 12,023 community pharmacies in England (September 2017).
The national report General Pharmaceutical Services in England 2006 to 2015-16 (NHS Digital, 2016) shows there were 11,688 community pharmacies in England as at 31 March 2016 compared to 11, 674 as at March 2015 an increase of 14 (0.1%). There has been an increase of 1,816 (18.4 per cent) since 2005-06.

Pharmaceutical services are provided to the resident population of, and visitors to, the Tees Valley area by a broad range of pharmaceutical service providers which include

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

At September 2017 there are **616** community pharmacy contractors in the north east, excluding Cumbria. (Source: NHS England (CNE)). **Nineteen** of these community pharmacies are located in the Hartlepool HWB area; there are no dispensing doctor practices. In the neighbouring HWB area of Stockton on Tees there are 42 community pharmacies and one dispensing doctor practice.

Table 14 shows the number of pharmacies in each locality across the area covered by HAST CCG; 61 pharmacies in total. It also shows the location of those open for more than 100 hours per week and notes that Stockton HWB area also includes one pharmacy contractor classified as 'distance selling'.

Locality	Number of pharmacies	Number of these open 100 hours per week
Hart and Rural West	0	0
Wider Seaton	2	0
Hartlepool Central and Coast	17	2
Hartlepool HWB	***19***	***2***
Yarm and area	9	1
Stockton Parishes	1	0
Norton and Billingham	10	2
Stockton and Thornaby	21	6
Stockton-on-Tees HWB	***41 +1****	***9***
HAST CCG area	**60+1***	**11**
*includes one pharmacy located in the HWB area that is a 'distance-selling' contractor		

Table 14. Pharmacies in each locality of the HAST CCG area and the number of those pharmacies that open for more than 100 hours per week

Hartlepool has 20.5 pharmacies per 100,000 head of population and so at first glance may seem slightly less well served than the 21.1 per 100,000 in England. As with all averages, this disguises a wide range of pharmacy access - there may be geographically large rural areas with no pharmacies, but perhaps some services provided by dispensing doctors and more densely populated central areas which are very well served. This is just one reason why the number of pharmacies per head of population is not generally considered to be a useful indicator of any aspect of adequacy of pharmaceutical services provision.

There are no Local Pharmaceutical Services[11] (LPS) area designations and no Local Pharmaceutical Services (LPS) providers in the Hartlepool HWB area. Overall, 1356 pharmacies in England will receive funding from the PhAS until March 2018, and one of these is in Hartlepool.

There are no dispensing appliance contractors located in the boroughs of either Hartlepool or Stockton, nor any in the wider Tees Valley area, although the nature of services provided by these contractors suggests that this population might sometimes access the services of an appliance contractor located outside the area. There are five appliance contractors in the Cumbria, Northumberland, Tyne and Wear areas of the north east of England.

Similarly, there are no distance selling (internet) pharmacy providers whose premises are registered within the boundary of the Hartlepool HWB area although there is one such pharmacy in the Stockton on Tees area which was approved under the last remaining exemption category and opened since publication of the last PNA in 2015.
Nevertheless, patients living in the area may access an NHS distance selling pharmacy contracted and registered in any UK location; such is the nature of that pharmacy business. It is important to note that a pharmacy with a 'distance selling' exemption contract is not permitted to provide essential pharmaceutical services face to face on the premises. Conversely, pharmacies with registered premises in Hartlepool may offer distance-selling services to the local population, wider Tees Valley and beyond by advertising or otherwise making available their NHS services, including via the internet.

Finally, locally contracted services that meet a pharmaceutical need are experienced now, by the population of Hartlepool which are provided by various routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing doctors described above. Some of these services, which may be further extended to meet future needs, will be described later.

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

8.1.1 Community pharmacy contractors

Names and addresses of the **19** community pharmacy contractors providing pharmaceutical services to the population of the Hartlepool HWB area by pharmacies, by locality, are shown in Table 15.

Locality	Trading Name	1st line address	2nd line address	Postcode	40 or 100 hr
H2	Seaton Pharmacy	68A Elizabeth Way	Seaton Carew	TS25 2AX	40
H2	Well	416 Catcote Road	Fens Shopping Centre	TS25 2LS	40
H3	Asda Pharmacy	Marina Way		TS24 0XR	40
H3	Boots	Middleton Grange		TS24 7RW	40
H3	Boots	Anchor Retail Park	Marina Way	TS24 0XR	100
H3	Boots	One Life	Park Road	TS24 7PW	100
H3	Headland Pharmacy	1 Grove Street		TS24 0NY	40
H3	Clayfields Pharmacy	76 - 78 Oxford Road		TS25 5SA	40
H3	Healthways Chemist	Middleton Grange		TS24 7RY	40
H3	Lloydspharmacy	The Arches	Park Road	TS24 7PW	40
H3	Lloydspharmacy	Surgery Lane	Winterbottom Avenue	TS24 9DN	40
H3	Lloydspharmacy	15 Kendal Road		TS25 1QU	40
H3	Lloydspharmacy	84 Wiltshire Way		TS26 0TB	40
H3	Lloydspharmacy	29 Wynyard Road		TS25 3LB	40
H3	M Whitfield	30 Victoria Road		TS26 8DD	40
H3	Tesco Instore Pharmacy	Belle Vue Way		TS25 1UP	40
H3	Well	99a York Road		TS26 9DA	40
H3	Victoria Pharmacy	Hartlepool Health Centre	Victoria Road	TS26 8DB	40
H3	West View Pharmacy	7 Brus Corner		TS24 9LA	40

Table 15. Pharmacies in Hartlepool HWB area, by locality

Pharmacies have been included in the description of numbers and locations of pharmacies up to and September 2017. All pharmacies were included in patient/ stakeholder engagement distribution processes. Sixteen provided a response to the pharmacy survey by the closing date. Any changes regarding pharmacies (such as relocations) or relevant data received during the consultation period (Nov '17– Jan '18) will be recorded in the final PNA.

The number of pharmacies located in each ward of each of the three Hartlepool localities is shown in Table 16; there is an uneven distribution of pharmacies across the geography of the borough. This is also shown in the map (Figure 10) which shows the location of pharmacies in each locality, together with locations of general practices. Each ward that has a pharmacy also has at least one general practice. Each locality has a general practice but there are no pharmacies in the H1: Hart and Rural West locality; the other two localities have 2 and 17 pharmacies respectively.

It is unsurprising that in a relatively urban area such as Hartlepool you might find more pharmacies located closer to the town centre (i.e., in H3: Central and Coast locality). The town centre itself, [Victoria] ward, has the highest number of both pharmacies (5) and general practices (4). The ward with 4 pharmacies is an unusual shape taking in a large part of the coast. It has only one GP practice located at the Headland which is geographically distinct from other parts of the ward. One of the pharmacies of this locality is located immediately opposite this practice.

Conversely, it is also important to consider the potential impact of population density in the H1: Hart and Rural West locality, which is geographically large.

Locality	Ward name	Number of pharmacies	Number of 100 hr pharmacies
H1	Hart	0	0
H1	Rural West	0	0
	H1: 2 wards	**0**	**0**
H2	Fens & Rossmere	1	0
H2	Seaton	1	0
	H2: 2 wards	**2**	**0**
H3	Burn Valley	3	1
H3	De Bruce	2	0
H3	Foggy Furze	1	0
H3	Headland & Harbour	4	1
H3	Jesmond	1	0
H3	Manor House	1	0
H3	Victoria	5	0
	H3: 7 wards	**17**	**2**
11 wards	**HARTLEPOOL**	**19**	**2**

Table 16. Showing the distribution of pharmacies by ward and locality in Hartlepool HWB area, including the location of pharmacies open 100 hours per week

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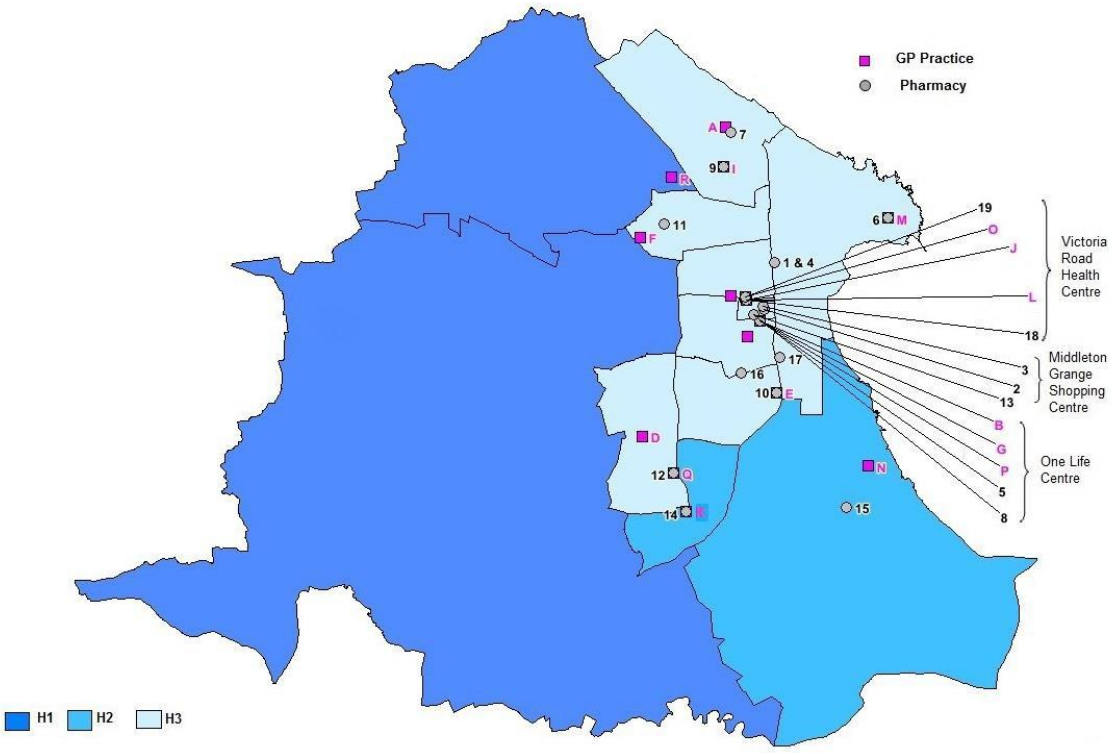

Figure 10. Map of Hartlepool showing location of community pharmacies and GP practices Sept 2017.

Note: Pharmacies open 100 hours per week are indicated on the key to the map.
There are no Dispensing Doctor practices in Hartlepool.

1 Asda Pharmacy, Marina Way	A Westview Millennium Surgery
2 Healthways Chemist, Middleton Grange	B Havelock Grange Practice
3 Boots, Middleton Grange	D *Branch Havelock Grange Practice
4 Boots, Marina Way (100 hour)	E McKenzie Group Practice
5 Boots, One Life (100 hour)	F *Throston Branch McKenzie Group Practice
6 Headland Pharmacy, Grove Street	G Chadwick House
7 West View Pharmacy, Brus Corner	I Hart Medical Practice
8 Lloydspharmacy, Park Road	J *Victoria Branch McKenzie Group Practice
9 Lloydspharmacy, Winterbottom Avenue	K Fens Medical Centre
10 Lloydspharmacy, Kendal Road	L The Health Centre (Drs Koh & Trory)
11 Lloydspharmacy, Wiltshire Way	M Headland Medical Centre
12 Lloydspharmacy, Wynyard Road	N Seaton Surgery
13 Well, York Road	O Gladstone House Surgery
14 Well, Catcote Road	P Bank House Surgery
15 Seaton Pharmacy, Seaton Carew	Q Wynyard Road Primary Care Centre
16 Clayfields Pharmacy, Oxford Road	R Hartfields Medical Practice
17 Whitfields, Victoria Road	
18 Tesco Instore Pharmacy, Belle Vue Way	
19 Victoria Pharmacy, Victoria Road	

Table 17. Key to Figure 10. GP practice and pharmacy contractor locations in Hartlepool HWB area (September 2017)

8.1.1.1 Extant grants

At any point in time, there may be potential pharmaceutical services providers that have applied to NHS England for a community pharmacy contract, whose application may be at one of several stages in the current process. Following

an application, there will be a formal consultation process during which representations are invited from interested parties[12] according to the Pharmaceutical Regulations 2013 (as amended), and 'Fitness to Practice' checks where necessary, before NHS England makes a decision. It may reasonably take up to four months for this process, before the outcome is notified to the applicant. Successful applicants will have from 6 months to a year in which to open the pharmacy. Where a pharmacy contract has been awarded but the pharmacy has not yet opened, an 'extant grant' must be recorded as this may influence the immediate future requirements for pharmaceutical services in a locality.

The HWB is not aware of any extant grants in Hartlepool at 1st October 2017, though applications could commence before the final PNA is published. We are not aware of any other decisions recently notified and within the Appeal period or with an Appeal pending. The outcome of future applications will be published as notices or Supplementary Statements to the final published PNA (2018) as and when necessary.

8.1.1.2 Lloydspharmacy

It is noted for completeness only, that on 26th October 2017, LloydsPharmacy owner Celesio UK announced plans to cease trading in approximately 190 of its LloydsPharmacy stores in England. It is too soon to know where any of these pharmacies might be, but the PNA acknowledges that there are 5 Lloyds branches in this locality of Hartlepool. Should there be any applications to close, or requests to merge or close any potential change in need would be assessed in the usual way.

8.1.2 Dispensing Doctors

As previously stated there are no dispensing doctor practices in Hartlepool.

8.1.3 Dispensing Appliance Contractors (DACs)

There are no DACs located in Hartlepool. Prescriptions for 'appliances' written by a prescriber from the Hartlepool area, are dispensed by

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

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

8.1.4 Other providers

As previously stated, pharmaceutical services are also experienced by the population of Hartlepool (and also in the wider CCG or STP area) by various NHS or locally commissioned routes other than those provided by the community pharmacy contractors, appliance contractors and dispensing

[12] This consultation is different from either a section 244 'formal consultation' (for 13 weeks, with overview and scrutiny) or the 60-day 'consultation' undertaken on the PNA. It is an opportunity for all parties potentially affected by an application to submit comments ahead of the decision.

doctors described above. Services that impact on the need for pharmaceutical services are provided in connection with

- secondary care health provision
- mental health provision
- community services provision
- CCG or local authority public health directly-provided pharmaceutical services
- Lead–provider contracts e.g.', Sexual Health Tees contracted to provide sexual health services including emergency hormonal contraception (EHC).

Not all of these providers include directly provided or commissioned dispensing services but do provide other pharmaceutical services (see section 8.4).

8.2 Detailed description of existing community pharmacy providers of pharmaceutical services

8.2.1 Premises location: distribution in localities and wards of localities

There is at least one pharmacy in 9 (82%) of the 11 wards in Hartlepool. The list below shows how these pharmacies are distributed.

- Wards with no pharmacy = 2
- Wards with a single pharmacy = 5
- Wards with 2 pharmacies = 1
- Wards with 3 pharmacies = 1
- Wards with 4 pharmacies = 1
- Wards with 5 pharmacies = 1

There are only two wards in Hartlepool without pharmacies, both wards of H1: Hart and Rural West locality, which has a total population of 16,039 (18.4% of the Hartlepool population) which is an increase of 549 from 15,490 in 2015. However, in the PNA 2011 there were 8 wards without a pharmacy representing a total population of 39,320 – 43% of the total population of Hartlepool at the time, although each locality, as they were then defined, had at least one pharmacy. However, it is not axiomatic that a ward or neighbourhood or even locality area needs a pharmacy to be located there in order for the population needs for pharmaceutical services in that area to be reasonably met. Pharmacy location must be considered alongside population density and social traffic.

In this case, it is particularly important to note that since the first PNA, when there was a pharmacy in each locality, it is not the pharmacies that have moved, but the ward boundaries, and a very small proportion of the population. The following paragraphs explore in more detail the access to a pharmacy premises and their associated essential services for these particular wards, which may also illustrate how an apparent lack of a pharmacy in a ward can be misleading.

Figure 11 shows the distribution of pharmacies on a map showing population density for the Hartlepool HWB area. This shows a reasonable spread of pharmacies broadly in-line with areas of higher population density.

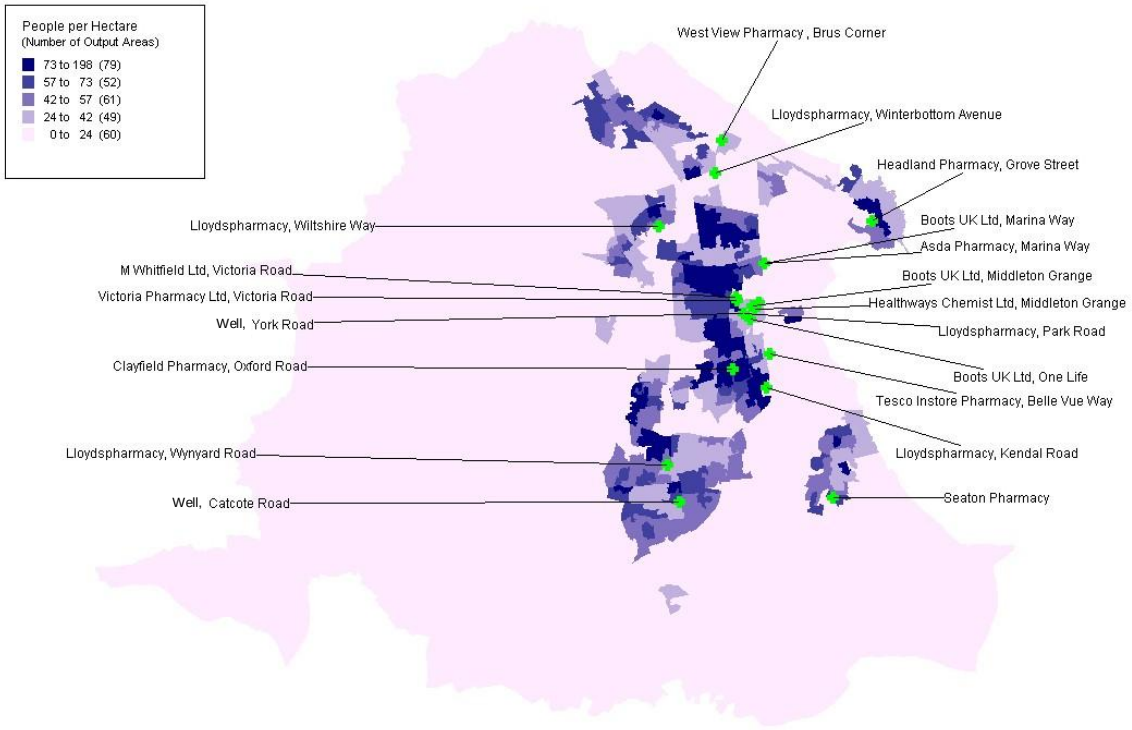

Figure 11. Distribution of pharmacies on a map of population density for the Hartlepool HWB area

It is been suggested that pharmacies per head of population might be a useful indicator of the number of pharmacies that might be required. However, this takes no account of population density or deprivation and consequent need for pharmaceutical services. In fact, the number of pharmacies per head of population is very similar in Middlesbrough, Darlington and Stockton-on Tees (around 1 per 5000 very close to the England average), despite their quite different geography and population distribution. Hartlepool has slightly less and Redcar and Cleveland slightly more, but appropriately located given the population density.

8.2.1.1 H1: Hart and Rural West locality

The population of [Hart] ward is 8978, increased from 8445 when last reported in the PNA based on 2012 estimates. This shows that virtually all of the population influx in the H1: Hart and Rural West locality is here, in this ward. [Hart] ward is geographically larger than its counterpart following boundary changes in 2012. It now encompasses the natural communities of Hart village and a proportion of the former Clavering and Middle Warren wards. An area to the north of the coastal boundary of Hartlepool incorporating the 'King Oswy'

area is now included within the Headland and Harbour ward. The Hart Medical practice is therefore now rather anomalously not located in [Hart] ward.

The closest pharmacy for the population of [Hart] ward will depend on where they live. There is a pharmacy at Wiltshire Way at the ward boundary in the [Jesmond] ward ('Throston' area) which is just over a mile by road from the Hartfields Medical Practice located in the Bishop Cuthbert area; the pharmacy at West View provides choice at 2 miles away from Hart Village and another at Winterbottom Avenue is also close by. It is only 1.5 to 2 miles from the centre of the now more populated Clavering area to the pharmacy at West View. For increased choice it is only 3 or 4 miles to the town centre from the Hart Village, Middle Warren / Bishop Cuthbert areas and on the way to town you would pass at 2.5 to 3 miles the two pharmacies at the Marina open long hours evenings and weekends. There are regular public transport services between these locations. For choice of access on late evenings and weekends it is just 3miles from this area to the pharmacy at the One Life Centre co-located with the Extended Access GP facility. This description does not imply poor access to a pharmacy, nor does it suggest that the increase in population of 500 people, nor planned future increases, cannot be accommodated by the several pharmacies accessible just outside the H1: Hart and Rural West locality, and the others in the town centre area.

There has been, and continues to be considerable housing development on-going in the Bishop Cuthbert/ Middle Warren area of this locality, reflected in that population increase. The transferred or in-coming population, will not have the higher levels of pharmaceutical need related to deprivation that are a feature of the other Hartlepool wards in locality H3: Hartlepool Central and Coast. Car ownership rates are likely to be high and the likely future pharmaceutical needs will therefore be easily met by the range of pharmacies available within accessible walking or, more likely short driving distance. Where necessary, public transport provides the population with additional access and extensive choice being within accessible reach of the town centre pharmacies.

In addition, in this newly developed area, there is a little in the way of public amenity space, or potential sites for such, in areas located at the furthest distance from existing pharmacies.

The total population of [Rural West] ward in the southern half of the locality is 7061 which is a population density of only 2.3 persons per hectare as the ward covers an area of 3,044.6 hectares (Housing Hartlepool, 2013). This compares to the Hartlepool average population density of almost 10 persons per hectare and the Middlesbrough population density of over 25 persons per hectare. This is a large area encompassing the natural communities of the village of Elwick (including a proportion of Wynyard), and those of the previous electoral wards of Greatham and Park. The population are therefore 'pocketed' in these communities whose access to pharmaceutical services may be considered separately, in terms of locations, but collectively as their needs are, in many ways, similar.

The population of the former Park ward was previously recorded as around 5700 and is located in the [Rural West] ward but within approximately 2 miles of Hartlepool town centre. The population of this community is located close to, and is largely bounded to the east by, the current wards of [Jesmond], [Victoria] and [Burn Valley]. There are 9 pharmacies located in these 3 accessible wards and good public transport supports those residents not having access to a private vehicle (which was only 10% at the 2001 census i.e. old Park ward data).

The population of the (separate) communities of Elwick and Greatham may be estimated at around 600 and up to 2000 respectively. Greatham is located in the south of the [Rural West] ward, close to the ward boundary with the H2: Wider Seaton locality. Depending where people live, the closest pharmacy may be at Catcote Road near the Fens Medical Centre (1.4 miles by road from the High Street), which may be the area with which Greatham more likely associates. There is also a pharmacy at Seaton just under 3 miles away by car, but for many, the option of choice would be to access the pharmacies in the town centre (just 3 miles away (including GP Extended Access facility and pharmacy) or on shopping trips to a supermarket or other retailing centre. There is regular public transport for those without a car.

The village of Elwick is rural in nature, located to the west of Hartlepool centre close to the A19 with good north-south access, but less than 4 miles by road to the town centre with all the pharmacy facilities there. There is also a pharmacy in the [Jesmond] ward around 3 miles away providing closer access and more choice for the small community in this rural village.

There are plans submitted, and some approved, for household construction in this large ward of [Rural West]. Some are at very small scale, e.g., 30 more households at Elwick within the next 3-5 years. However, others are likely to have a greater impact on population, social traffic and potential wider service needs within a medium to longer term timescale (up to 2031), e.g., the ‘South West Extension’ on land next to the A689 opposite Greatham, and the ‘High Tunstall Farm area. All known plans (submitted and approved or pending) have been considered in making this assessment.

8.2.1.2 H2: Wider Seaton

Pharmaceutical services are provided by 2 community pharmacy contractors, one located in the [Seaton] ward and one in the [Fens and Rossmere] ward. When these pharmacies are closed on an evening, Saturday afternoon (after 2pm) or Sunday, the nearest open pharmacies and the GP Extended Access facility, are under 3 miles away in the H3: Hartlepool Central and Coast locality with regular public transport services between these locations.

8.2.1.3 H3: Hartlepool Central and Coast

Pharmaceutical services are provided by 17 community pharmacy contractors. Although five of these are in the town centre in [Victoria] ward, the remaining eleven are well distributed throughout the locality. Of these, two pharmacies are open 100 hours a week and the pharmacy in the Tesco supermarket is also

open late evenings and full days at weekends (extended by supplementary hours).

Although 89% of the area's pharmacies are located here in this locality, this is mirrored by the location of the majority of the general amenities for Hartlepool including general practices; around 80% of those are within the same locality. Sixty four percent of the population live in this locality, but during the course of a weekday working day, or during town centre shopping times, the transient population of H3: Hartlepool Central and Coast will most likely be much higher.

Provision of pharmaceutical services within H3 is maintained by core opening hours Monday to Saturday 7.00am-12.00 midnight and Sunday 10.00am-5.00pm. As well as the GP practices in this locality, primary medical services are provided for the town via the new GP Extended Access service 6.30 pm until 8pm on weekdays and from 10 am to 1pm on Saturday, 11 am to 1pm on Sunday. One of the pharmacies open 100 hours per week is located within the Health Centre premises that houses the service; there is a choice of other pharmacies also within a reasonable walking distance, a short distance by car.

H3: Hartlepool Central and Coast locality has good public transport access throughout. Of the 17 pharmacies, those situated at the northern and southern extremes of this locality are the furthest apart, still less than 5 miles between them, such that within any ward, a pharmacy is never likely to be more than 2 miles away and very often much closer than that. This provides access and satisfactory choice for all depending on residential postcode and the direction people choose to travel. The Local Plan (The Housing and Employment Topic Paper) states *'Hartlepool is a highly self-contained housing market area….Regarding travel to work, 67.1% of residents in employment live and work in Hartlepool and 73.5% of residents in employment who work in Hartlepool also live in the Borough.'*

8.2.2 Premises environment

Figure 12 shows the distribution of pharmacies in Hartlepool according to a nominal location descriptor of 'health centre', 'supermarket or large retailing environment' (other than town centre), 'high street/ central town' or 'suburb/ community'. Most pharmacies in Hartlepool are located in 'the community' i.e. close to where people live, distributed across the two localities. Although several of these may be in small shopping parades in residential areas, only those in large retail locations are counted with supermarkets to make the distinction between that and a 'community' location. Several pharmacies are also close to GP practices but only three are considered to be part of a 'Health Centre' type setting.

For Hartlepool, two of the largest health centre facilities with a co-located pharmacy are also in the central town area but these are not counted twice. Nevertheless, the second largest proportion of Hartlepool pharmacies are in those in the central 'high street' locations (or just off the high street in central areas).

Only two pharmacies in Hartlepool are in a supermarket setting and with the removal of the 100-hour exemption to the market entry test, it is unlikely that this sector will grow. Pharmacies located in supermarket, retailing or town centre environments are likely to have reasonable access to public transport and car parking given the association with other facilities. It is not always the case that health centre locations have sufficient access to parking facilities.

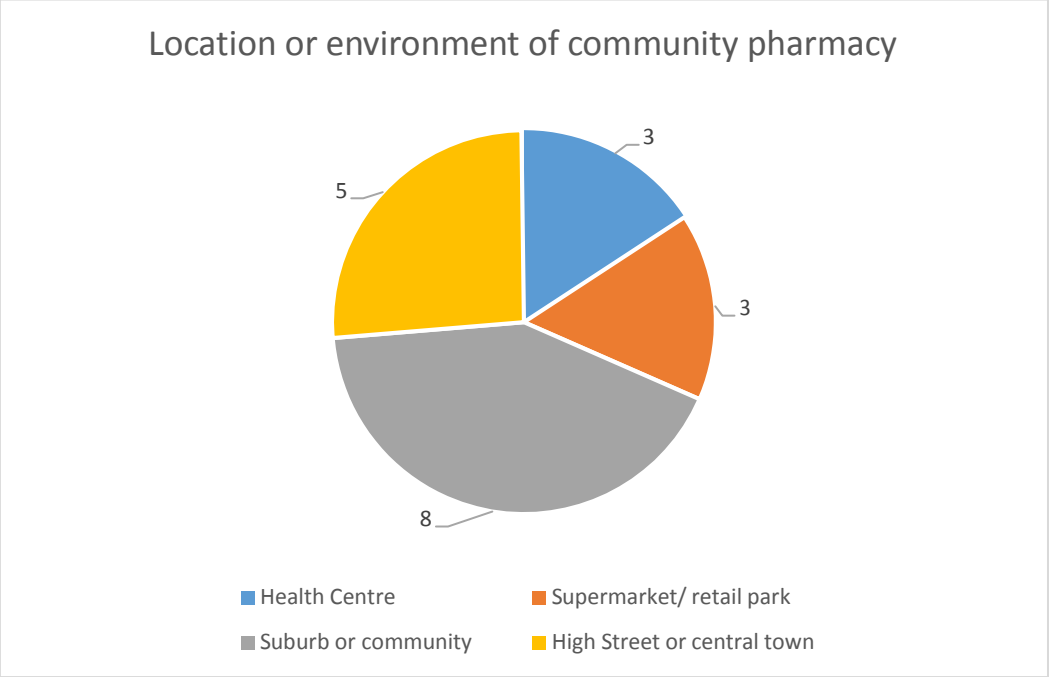

Figure 12. Distribution of pharmacies in Hartlepool (n=19 at 1st September 2017) according to 'location or environment'

Sixteen of the 19 pharmacies in Hartlepool replied to the 2017 pharmacy contractor survey by the extended closing date; a full response will be sought by publication of the final PNA. Fifteen of these pharmacies (94%) have reported the availability of car parking facilities within 50 metres of their premises and 11 (69%) reported the availability of 'disabled parking' close by (within 10 metres of) the pharmacy. All pharmacies indicated that there was also a bus stop near the pharmacy. In summary, very good access to all pharmacies by car or by public transport links.

8.2.3 Premises facilities[13]

For various reasons, not all the detail from the pharmacy contractor survey has been reported in the PNA and information has been presented only at HWB area not at locality level as 17 of the 19 pharmacies are from one locality.

[13] Cautionary note: information obtained about pharmacy premises facilities at a fixed point in time provides a snap-shot of the position. Specific information should always be up-dated if required for service development or commissioning purposes.

8.2.3.1 Support for people with disabilities (premises)

Of the 16 responses to the survey, 13 (81%) pharmacies reported wheelchair access unaided through the main entrance door. Previous surveys in Hartlepool showed that around 50% had a low counter but this information was not collated this time. Seven (44%) pharmacies reported offering specific support for those with sensory loss.

8.2.3.2 Consultation area(s)

The availability of a private consultation that meets NHS pharmacy contract standards is the premises determinant of whether the pharmacy can undertake to deliver the advanced services of the NHS Community Pharmacy Contractual Framework such as Medicines Use Review and the New Medicine Service. Premises also require a suitable private consultation area for enhanced pharmaceutical services, such as flu vaccination, or other locally commissioned services, such as emergency hormonal contraception (EHC), to be provided.

All, those pharmacies who replied to the survey (n=16) reported having at least one private consultation room and it is known that some have access to more than one area. This demonstrates how current community pharmacy contractors are responding to the needs of their population. It also shows their increased commitment to, and emphasis on, the current and future provision of services requiring a private consulting environment.

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

Since 2014, pharmacies in the borough have used a web-based, secure, patient data capture system (PharmOutcomes®) to record services, interventions and other quality monitoring activity. NHS England in the north east, local public health teams and others use the system with community pharmacy, under the hosting and management arrangement of the Tees LPC, for the data capture of patient episodes and contracting information, including the data return for the PNA.

Most pharmacies now access this system in the consultation room. Recording consultation records for services such as EHC, flu vaccination and MURs electronically and in real time provides a better patient experience, a more efficient process and improved governance. Significant self-care, lifestyle or other interventions, such as those initiated in a Healthy Living Pharmacy (HLP) may also be recorded directly onto the patient record as appropriate. It is an essential pre-condition of participation in the new Community Pharmacy Referral (and similar) services.

In line with the rest of England, facilities in community pharmacy have improved over the last 10 or so years since the introduction of a new PhS contract. The existence of suitable private consultation facilities substantially improves the readiness of pharmacies to offer new or improved clinical services in the near future as implementation time and associated establishment costs are reduced.

The improvement in facilities is not just about consultation rooms however. Early adopter commissioners, including those in Tees, who looked to deliver NHS Health Checks via community pharmacy more than 8 years ago, faced an uphill struggle as there were too few pharmacies whose premises were suitable. There were also national issues with secure IT access for community pharmacy record keeping, clinical management, financial management and referral, nor was there any access to patient medical records.

These barriers have now been largely removed and in response, there are a wealth of current policy or guidance documents encouraging commissioners to look again at the options for commissioning from community pharmacy (Smith J P. C., 2013), (Smith J P. C., 2014), (Pharmacy Voice, Pharmaceutical Services Negotiating Committee, Royal Pharmaceutical Society, 2016), (PHE and LGA, 2016).

NHS England has already done this and the increased offer of national advanced services within the last 3 years is testament to that. Opportunities should be reviewed for expansion of locally commissioned services to support new pathways of care and the availability and purpose of such facilities could be better promoted to the general public, as well as commissioners.

8.2.3.3 Premises standards

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

8.2.4 Workforce training and development

Pharmacists are highly trained professionals. Students graduate from University after 4 years with a Masters level foundation qualification in pharmacy. They must take a further 'pre-registration training' year in registered clinical settings as they prepare to sit the GPhC qualifying examination. Passing this exam enables registration and use of the title 'Pharmacist'. Alternatively, pharmacy students may complete a 5-year programme of combined academic study and pharmacy practice (plus the registration exam) such that they graduate and qualify to enter the GPhC register at the same time.

Both hospital and community pharmacies may elect to become a training practice and receive an allowance to support the training of pre-registration pharmacy graduates. Pharmacist trainers must also be committed to the 'trainer role' themselves, maintaining high standards of practice and keeping up to date. Where local pharmacies support pre-registration training, this will encourage new pharmacists into the area supporting recruitment into pharmacist posts.

Pharmacists are increasingly undertaking an additional qualification that enables them to prescribe (i.e. write prescriptions). This is already widely established in the hospital sector and now increasingly and at scale with substantial investment by NHS England as part of the GP Five Year Forward

View, prescribing clinical pharmacists in general practice and supporting care homes will become commonplace. The legislative opportunity for pharmacists to train as a prescriber has not largely been followed up with opportunities to use that training in a community pharmacy setting - which may be a missed opportunity for the profession and for patients.
Pharmacy staff also undertake qualifications to deliver the various aspects of community pharmacy including national stop smoking certification (NCSCT), dispensing qualifications at NVQ III and may join the pharmacy technician Register of the GPhC. With the substantial growth of the Health Living Pharmacy approach, pharmacy staff are increasingly obtaining Level 2 qualifications in 'Understanding Public Health' from the Royal Society of Public Health (RSPH).

8.2.5 Pharmacy IT infrastructure

National progress with IT infrastructure in community pharmacies was slow for many years. In 2011 Secure data transfer and contractor-specific secure email were still not established which contributed in no small part to the decision not to progress the pilot community pharmacy CVD screening service that had begun in 2009.

Just six years later and the electronic prescription service (EPS) is now well established in all pharmacies. The NHS Quality Payment, NUMSAS, CPRS and PharmOutcomes requirements have driven substantial improvements in access to secure e-communication via NHSmail. Long discussed access to the Summary Care Record for pharmacy has now been realised with almost 90% of those pharmacies completing the Hartlepool PNA survey, now reporting access, again driven in part by the NHS Quality Payment. These developments supports a range of opportunities to provide improvement or better access to pharmaceutical services for patients.

8.2.5.1 Nhs.net and secure email communication

The adoption of PharmOutcomes® by public health and other commissioners in the Tees Valley in 2014, transformed the ability to send secure messages to contractors and receive service-level activity and performance information. NHSmail is the secure email and directory service for NHS staff in England and Scotland, approved for exchanging patient data. At the time of the last PNA, NHSmail was poorly adopted in community pharmacy despite great potential for substantial improvement in security, flexibility and efficiency of communication between contractors (including GPs), commissioners and even members of the public. Some pharmacists in Hartlepool have taken up individual nhs.net accounts and more than half of those who responded (n=16) to the contractor survey already had generic (contractor) nhs.net accounts. This is expected to increase by the publication of the final PNA as there is a late November 2017 deadline for sign-up associated with an NHS quality payment.

These significant steps forward with IT initiatives at scale, enable pharmacies to participate securely and in a more integrated way in a competitive market for service provision.

8.2.6 Pharmacy opening hours

Section 3.5.2 explained how community pharmacy contractor opening hours are defined and managed.

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

Opening hours for pharmacies are included in the pharmaceutical list held by NHS England. A copy of this is list is included as Appendix 9 for reference. As part of the PNA contractor surveys of 2014-15 and 2017, pharmacies were asked to confirm that the opening hours held by NHS England were correct. Any pharmacy queries on 'hours' raised during the PNA development process would be reported to NHS England by the contractor, for due process to be followed in confirming them.

Historically, when considering new applications under the 'necessary and expedient test', or applications to change hours, PCTs were advised to base their decisions largely on the **core hours** offered by the applicant. This is because contractors are permitted to change **supplementary hours** simply by notifying (now NHS England), with 90 days notice, of their intention to change. This situation continues for applications under current Regulations i.e., that supplementary hours cannot be relied upon with any (longer term) certainty.

For the PNA it is important to understand any risks to pharmaceutical services provision associated with times of day or days of the week where a pharmacy being open is reliant on supplementary hours. Some security in extended hours provision has been afforded with the advent of pharmacies whose application was approved under the '100 hour' exemption as all of these 100 hours are 'core' hours.

For the purposes of understanding the core opening times and consequent availability of pharmaceutical services from those contractors, the information was summarized in 2011 in a series of tables arranged by locality. In this form it was possible to look across each day of the week and specifically consider services available during in-hours, extended hours and during the 'out of hours' periods. There has been no reduction in core opening hours in Hartlepool since

this time, but there have been some changes, including recent additions, to supplementary hours.

Access to a community pharmacy by definition defines access to all the essential services and to advanced services where these are provided, and in Hartlepool access is generally very good. No pharmacies are more than five miles away from each other across Hartlepool with the majority being located within 3 miles of the next nearest pharmacy, providing choice.

Most of the 19 community pharmacies within Hartlepool hold standard NHS contracts which require them to open for 40 core hours per week. Only two hold 100-hour contracts; one of these is situated within the same building as the practice offering evening extended access appointments to all patients (6.30 to 8pm weekdays; 10 am to 1pm Saturday and 11 am to 1 pm Sunday). The other pharmacy open 100 hours per week is a 14 minute walk (0.7 miles) or 5 minute car journey away from there in a popular retail location. Of the 17 remaining pharmacies with standard 40 hour contracts, two others, both in supermarket locations, currently provide supplementary hours that extend into the late evening on weekdays and Saturdays. Both of these are in Headland and Harbour ward but one is nearer the H2: Wider Seaton locality towards the south of the Borough, and the other is close to the 100 hour pharmacy located in the Headland and Harbour ward to the north of Hartlepool. Between them, these four pharmacies provide very good access to a pharmacy within the Borough from 7 am to midnight 6 days a week.

Some pharmacies in Hartlepool close over a lunchtime, but for most any break in core hours is covered by supplementary hours. Patients sometimes report that routine closures over lunch times may sometimes be inconvenient, but in Hartlepool there are always other pharmacies available.

In assessing whether or not the existing pharmacy opening hours provided for the population of Hartlepool are suitable to meet the needs for pharmaceutical services, one important consideration is the facility to access a general practice prescribing service, particularly since the introduction of previously walk-in, and now Extended Access GP appointment provision.

Table 18 compares the earliest opening time and latest closing time of **any** pharmacy in each locality in Hartlepool, with the earliest opening and latest closing time of any general practice (including extended hours availability). General practice opening times are used as a general indicator of potential need for the pharmaceutical service of dispensing, though this is not the only consideration regarding suitability of pharmacy opening times.

	Monday				Tuesday			
Location	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing
H1	-	-	8 am	6.30 pm	-	-	8 am	6.30 pm
H2 core	9 am	5.30 pm	8 am	8 pm*	9 am	5.30pm	8 am	6.30 pm
H2 supp	8.30am	6.30 pm	8 am	8 pm*	8.30 am	6.30pm	8am	6.30pm
H3 core	7 am	Midnight	7.30 am*	9 pm* 8 pm**	7am	Midnight	7.30 am*	8 pm* &**

	Wednesday				Thursday			
Location	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing
H1	-	-	8 am	6.30 pm	-	-	8 am	6.30 pm
H2 core	9am	5.30pm	8 am	6.30 pm	9am	5.30pm	8 am	6.30 pm
H2 supp	8.30am	6.30pm	8 am	6.30pm	8.30am	6.30pm	8 am	6.30pm
H3 core	7am	Midnight	7.30 am*	8 pm* &**	7am	Midnight	7.30 am*	8 pm* &**

	Friday			
Location	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing
H1	-	-	8 am	6.30 pm
H2 core	9am	5.30pm	8am	6.30 pm
H2 supp	8.30am	6.30pm	8am	6.30pm
H3 core	7am	Midnight	7.30 am*	8 pm**

Times in red indicate longer GP opening times compared to pharmacy in that localiity

Times in blue indicate pharmacy supplementary hours only

Hartlepool

	Saturday				Sunday			
Location	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing	Pharmacy earliest opening	Pharmacy latest closing	GP earliest opening	GP latest closing
H1	-	-	-	-	-	-	-	-
H2 core	9 am	2 pm	-	-	-	-	-	-
H3 core	7 am	Midnight	8 am* 10 am**	12 noon* 1 pm**	10 am	5 pm	11 am**	1 pm**

*a practice open for their own patients only
** Extended Hours access at One Life Centre, Park Road for any patient

Table 18. Earliest opening and latest closing times for pharmacies and general practices in Hartlepool localities (2017)

The table also shows where these pharmacy opening times are secured by core hours, or are currently offered as supplementary hours (abbreviated to supp) in the H2 locality where this is relevant (i.e. longer than core hours available).

It is immediately apparent that locality H1: Hart and Rural West currently has one general practice open routine daytime hours Monday to Friday, but there is no pharmacy in this locality. The practice is very close to the locality boundary of H2 and not distant from it. Consequently, access to, and choice of pharmaceutical services for prescription dispensing and other services is provided by pharmacies located in wards close by, but within other localities as described in section 8.2.1.

In locality H2: Wider Seaton there are some GP opening hours before 9am on Monday to Friday morning and after 5.30pm on a weekday evening where the pharmacy opening hours are not secured by core hours. However there are

supplementary hours which effectively remove the weekday evening gap and cover all other times except for Monday 6.30 pm to 8 pm. However, for this short time there is a pharmacy with supplementary hours longer than the GP practice Monday to Saturday, just 2.5 miles away (6 minutes by car, bus from the practice every ten minutes) at the Tesco supermarket in the H3 locality. There is also the choice of a late-opening pharmacy (core 100 hours) only half a mile further away (3.1 miles, 8 minutes by car, similar regular bus). This means that even if the supplementary hours at Tesco were to be lost, the alternative remains. For the few urgent prescriptions on a weekday evening it would be considered reasonable that these nearby pharmacies open later would meet the population needs.

On Saturdays, only 4 of the 19 pharmacies in Hartlepool are closed all day. Of the 15 pharmacies that open on a Saturday, ten of these must do so as part of their core hours. After 12 noon the number of pharmacies contracted to open via core hours drops to eight pharmacies. After 5.30 pm core provision drops to the two pharmacies open 100 hours per week, but two further (supermarket) pharmacies remain open as part of their supplementary hours to extend the choice of Saturday evening access.

On a Sunday, more than half (11) of the pharmacies in Hartlepool provide some opening hours, which is exceptionally good choice by many standards, particularly in a geographical area as small as the borough of Hartlepool. This is a consequence of commissioners (e.g., HAST CCG) taking account of patient needs for GP access and the current pharmacies having responded to the needs of commissioners, and of course patients, with respect to this and support for substance misuse services. This addressed a gap in opening times identified in the previous PNAs. It is the two ‘100 hour pharmacies’ that secure these hours as ‘core’ with the latest opening until 5pm.

With 17 pharmacies in the H3: Hartlepool Central and Coast locality, core pharmacy opening times more than adequately cover all the general practice and Extended Access opening times seven days a week. Access and choice is very good, including Saturdays and Sundays.

Having regard to all of the issues, it is considered that both of the 100 hour pharmacies are necessary to assure core hour provision of pharmaceutical services to the population of Hartlepool. Their central location is particularly valuable towards meeting the pharmaceutical needs arising from the extended access general practice provision. The 100-hour pharmacies in Hartlepool are now well established as necessary providers of core hours, particularly at evenings and weekends. The HWB would regard any reduction in their opening hours as potentially creating a gap in service and would wish to maintain the current level. The pattern of opening hours is adequate and the HWB does not wish to see any change in the pattern which would result in reduced availability of core pharmaceutical services.

That is not to overlook the contribution made by the supplementary hours offered by several pharmacies, including those located in supermarkets, but also others open on weekends in particular. For several locally commissioned

services, such as EHC these pharmacies do much to provide improvement and better access for the population of the borough.

8.2.7 Choice of provider

In 2003 the Office of Fair Trading (OFT) recommended that the control of entry regulations for community pharmacies should be abolished (Office of Fair Trading, 2003) available at http://www.oft.gov.uk/shared_oft/reports/comp_policy/oft609.pdf.

In a measured response, the Government instead added the criterion of 'reasonable choice' for consumers to the 'necessary or desirable' control test with effect from 2005/06. Dimensions of consumer choice are subjective and this measure has been difficult to administer in application panels. The criterion of 'choice' is nevertheless retained in the 2013 Regulations and must also be considered in the assessment of pharmaceutical need.

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

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

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

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

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

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

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

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

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

In more urban areas such as large parts of Hartlepool, there is a wide variety of providers – independent pharmacies and large and small multiples, in the suburbs or in retail centres, supermarket providers and also two 100- hour

pharmacies. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. A report published by the OFT in March of 2010 (DotEcon for OFT, 2010), available at: http://www.oft.gov.uk/shared_oft/reports/Evaluating-OFTs-work/OFT1219.pdf also provided useful information to support the notion of patient choice for pharmacy goods and services and the HWB has considered this whilst having regard to patient choice in making this needs assessment.

If a patient was able to access one pharmacy it is possible to assess the proximity in terms of distance of their choice of other providers; this also helps to understand distribution throughout the area. Driving distances, or walking distances (where short or different by virtue of footpath only routes e.g., in town centre locations), between the pharmacies have been determined by Google maps and are shown in Appendix 6 for reference purposes. NHS Choices also provides access to a comprehensive searching facility including maps and distances that is updated as pharmacy information changes. The inclusion of a requirement to maintain the NHS Choices information as part of the Quality Payment is likely to improve the degree to which NHS Choices is up to date.

With the 17 pharmacies in H3 locality, and all areas of Hartlepool with relatively easy access to the town centre even by public transport, the nearest pharmacy is often no more than a few miles away and often there several pharmacies within this distance. Specific options for the more rural wards are described in earlier section. This provides access and satisfactory choice for all depending on residential postcode and the direction people choose to travel.

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

As pharmacies provide an increasing range of services *other than* dispensing, proximity becomes less important; i.e., sufficient choice for the purposes of non-prescription pharmacy activity, particularly clinical services, is less heavily distance dependent. However, choices can only be made if patients are aware of those choices available to them and our engagement and other evidence suggests that public information on pharmacy hours, services and location could be improved.

The pharmacy survey indicates that existing pharmacies are responding to the needs of their patients in many ways and very positively shows that almost all would be willing to take on a vast range of potential services (subject to training) should local commissioners elect to commission them.

8.3 Description of existing pharmaceutical services provided by community pharmacy contractors

8.3.1 NHS Essential services

The presence of a community pharmacy automatically defines the availability of the majority provision of all the essential services[14] since all pharmacies included in the Pharmaceutical List of NHS England, including those in Hartlepool, are required to provide all of the essential services in accordance with their PhS (or LPS) contract. A community pharmacy presence is now almost certain to also indicate the availability of at least one of the advanced services each pharmacy may elect to provide. Enhanced services (or equivalent) will only be available where the local NHS or local authority commissioner has chosen to provide them.

8.3.1.1 NHS Prescriptions

Dispensing of NHS prescriptions is still the biggest pharmaceutical service provided by community pharmacies. The number of prescription items dispensed by community pharmacies in England in 2015-16 was 995.3 million compared to the 84.6 million items dispensed by dispensing (doctor) practices and 7.9 million by appliance contractors (NHS Digital, 2016). This was an increase of 17 million (1.7 per cent) from 2014-15. Prescription volume has increased by more than 50% since 2004-05.Thirty five per cent of items dispensed by community pharmacies and appliance contractors were via the Electronic Prescription Service.

In Hartlepool and Stockton CCG prescription volume increased by 4% to 6,432,418 items from 2015-16 to 2016-17 but volume increased by 5% within those practices located in Hartlepool. There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Hartlepool, nor are they unable to respond to any predictable increase in volume. Pharmacy premises and practice has adapted to the increased volume of work with changes in training and skill mix (including the introduction of accredited checking technicians (ACTs) and latterly the widespread introduction of the electronic prescription service (EPS).

Since 2005-6 the number of pharmacies in England has increased by 18%, with a large contribution of this increase arising from the four exemption categories introduced in 2005, particularly the 100-hr exemption. Two 100-hr pharmacies opened in Hartlepool under the 2005 exemption. With some exceptions, such as new entrants locating in supermarkets or out-of-town shopping centres, new entry had tended to concentrate in localities already served by pharmacies, including around GP surgeries where prescription demand is higher, and often involved the 100 hours per week pharmacy exemption. Of the 215 pharmacies opening in England in 2009-10, 72% were within 1km of the nearest pharmacy. (www.ic.nhs.uk accessed 20.1.11).

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

This is exemplified in Hartlepool where there are two pharmacies close together at the Marina retailing area, one opened via 100 hours per week exemption, on the same side of the road and so close to another as to have the same postcode. Patients often do not understand why these circumstances have arisen although there was a suggestion that they might benefit from services responding to the increased competition. However, where this clustering might, in other industries, lead to consumer benefits through increased price competition, the main activity of the majority of pharmacies is dispensing of NHS prescriptions at a fixed price (to patients this is at the relevant prescription charge, or, in most cases, free at the point of dispensing). Therefore, the benefits of price competition cannot occur with regard to NHS prescriptions.

Uptake of the NHS repeat dispensing service has been variable since 2005. In 2011, figures indicated that use of the contracted repeat dispensing service was lower in Tees than in other parts of the North East, with less than 1% of all prescriptions issued in either NHS Middlesbrough or NHS Stockton-on-Tees being dispensed using this facility. Efforts to increase this level have seen some success and in 2013-14 the proportion for Hartlepool was the highest in the Tees Valley. Repeat dispensing in Hartlepool has increased from 7.4% in 2014-15 to 9.5% in 2016-17.

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

8.3.2 NHS Advanced services

A community pharmacy presence is now almost certain to also indicate the availability of at least one of the national advanced services each pharmacy may elect to provide.

8.3.2.1 Medicines Use Review (MUR) and Prescription Intervention Service

The purpose of a Medicines Use Review is to support people to better manage their medicines, improve concordance and adherence and reduce waste. MURs were introduced with the new PhS contract in 2005 on a paper-based system. The service was a substantial change to previous practice and there was early uncertainty, despite some early adopters, so uptake was initially slow

across the borough and beyond. However, each pharmacy in Hartlepool is now recorded (with NHS England) as a provider of this service and this is evidenced by the pharmacy PNA data return.

Each pharmacy is permitted contractually to undertake up to 400 MURs each year, so the potential maximum number of MURs for Hartlepool is currently 7600 per annum. In 2008-9, pharmacies in Hartlepool completed only 31% (2330) of the total allowance (the second highest rate in the Tees PCTs at the time). Five years later this had doubled to 5336, 70% of the allowance. The service is now well established in all pharmacies with electronic data capture and the early phase of electronic referral systems from secondary care (Nazar H, 2016) for a MUR in community pharmacy as patients are discharged. However, the MUR service remains a service that pharmacies may **elect** to provide and it is the quality as well as the quantity of MURs that should remain the focus. As this is not an essential service, NHS England would not consider an individual pharmacy's overall pharmaceutical service to be inadequate based only on the fact that a pharmacy did not undertake a significant number of MURs (or indeed NMS or AURs).

In the PNA contractor survey, 37% (n=6 of 16 responses) of pharmacies indicated their willingness to provide pharmaceutical services such as MURs off-site in a suitable location, for some this would include a patients' home. The current PhS contractual framework does not facilitate routine, funded provision of any pharmaceutical services in a domiciliary setting. An individual pharmacy may apply in writing for permission to complete a domiciliary MUR at a named address. There is no additional fee for this service and at times the application process can be an impediment.

8.3.2.2 New Medicines Service

Since the New Medicine Service (NMS) was added as the fourth national advanced service in October 2011, more than 90% of community pharmacies in England have provided it to their patients. Funding was extended from the pilot phase ending March 2013 following an overwhelmingly positive academic evaluation of the service, investigating both the clinical and economic benefits (University of Nottingham, 2014). The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. The underlying purpose of the NMS is to promote the health and

well-being of patients who are prescribed new (to them) medicines for a long-term condition in order to:

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

All pharmacies in Hartlepool are now recorded (with NHS England) as a provider of this service and this is evidenced by the pharmacy PNA data return.

In 2013-14, 14 of the 19 pharmacies in Hartlepool completed 1371 NMS interventions between them. As with MURs, the uptake of NMS is not evenly spread across all pharmacy contractors. Data for 2016-17 pending.

8.3.2.3 NHS flu vaccination service

Hartlepool PCT first commissioned a local pilot NHS seasonal flu vaccination service from pharmacies in the borough for the winter 2012 campaign. NHS England commissioned a wider pilot programme from pharmacy contractors for the 2013-14 season and 10 pharmacies were recruited in Hartlepool to provide the service that year (PH England (North East) and NHS England, DDT AT, 2014). In participating pharmacies, the service is available at all times that a trained pharmacist is available on the pharmacy premises, and is often provided on a drop-in basis, with no prior appointment necessary.

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

Of the 16 pharmacies who responded to the pharmacy contractor survey, 12 (75%) reported providing the seasonal flu vaccination service last winter with a further two planning to provide it this year. This would correspond to 3 out of every 4 pharmacies offering patients in the borough a choice of where to get their flu vaccination, even if those pharmacies that did not yet respond to the pharmacy survey were not providing the flu vaccination service.

This includes:

- at least one pharmacy in the H2 locality as well as the town centre;
- both pharmacies which open 100 hours a week and a supermarket pharmacy providing increased access for patients into the evening on weekdays and at weekends.

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

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

8.3.2.4 NHS Urgent Medicine Supply Advanced Service (NUMSAS) – pilot

The service is commissioned by NHS England as an Advanced Service running from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. (NHS England, 2016). Pharmacies in Hartlepool are known to be participating; information on activity arrived too late to be included in the draft PNA, but will be updated for the final document.

8.3.2.5 Appliance Use Review (AUR) or Stoma Appliance Customisation (SAC) Service

This advanced service was introduced in April 2010. Service provision is more limited as there is not a universal demand. Just one pharmacy contractor in Hartlepool completed any AURs /SACs in 2013-14 but data from NHS England indicated five pharmacies in the borough have now reported completion of AUR/ SAC reviews. This is supported by data from the 2017 pharmacy contractor survey for the PNA in which 4 (of the 16 who responded) pharmacies indicated their provision of AURs, with one further planning to offer the service soon. Similarly one pharmacy indicated their provision of SAC reviews, with two further planning to offer the service soon.

8.3.3 NHS Enhanced services

NHS England North East has routinely commissioned one enhanced service from community pharmacy contractors in Hartlepool - extended opening hours for Bank holidays. Extended hours are commissioned on the basis of need for each of the English Bank Holidays and other named days such as Christmas Day and Easter Sunday when all pharmacies are permitted to close their usual 'core' opening hours without penalty. The current practice has been to commission one hour from a pharmacy in the first half of the day, say 9am to 10am and a separate hour from another pharmacy later e.g., 7pm to 8pm in a particular HWB area. Rotating the hours, and the areas with a pharmacy open across neighbouring boroughs throughout the geographically compact Tees area provides adequate coverage for urgent situations throughout the day. A directed service commissioned well in advance provides the best way of ensuring that pharmaceutical services will be available.

8.3.3.1 Emergency planning: supply of anti-viral medicines

Pandemic influenza is a recognised disruptive event and remains high on the UK government national Risk Register. NHS England works closely with Public Health England and other partners in planning to respond to pandemic

influenza and other emerging infections and emergencies. The organisations work together to ensure plans are aligned and will ensure a resilient response. The NHS England Operating Framework for Managing the Response to Pandemic Influenza was published in October 2013 (NHS England, 2013) This has been reviewed and an update is expected in 2017.

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

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

During the pandemic, NHS England will:

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

Should NHS England elect to use community pharmacies as ACPs for any sector of the population, then a local enhanced service mechanism could be used (as it was in 2009/10) to meet the pharmaceutical needs of the population in this highly specialist situation.

8.3.4 Locally commissioned services – public health and CCGs

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

Hartlepool Borough Council commissions some locally contracted services inherited from the PCT in April 2013 or newly commissioned since then. Public Health service specifications at that time were shared across the Tees footprint which facilitated maintenance of service continuity to clients/ patients if pharmacists moved across LA/ CCG boundaries. Sexual health services are still commissioned on a Tees-wide basis, and the three pharmacy-based service specifications still operate Tees-wide under a sub-contracting arrangement with the service provider of Sexual Health Tees (SHT).

Similarly, Hartlepool and Stockton CCG inherited three services from the PCT in April 2013, of which one continues to be commissioned. All the community pharmacy locally contracted services for Hartlepool are shown in Table 19.

	Commissioner
Supervised Self-Administration	Hartlepool Borough Council
Community Pharmacy Needle and Syringe Supply	
Stop Smoking Service (full One Stop)	
Stop Smoking Service (dispensing only)	
Healthy Start Vitamins	
EHC (PGD)*[15]	Hartlepool Borough Council (sub-contracted via the HBC contract with SHT)
(Re-launched) chlamydia testing*	
(Re-launched) C-Card service*	
On demand availability of specialist drugs	HAST CCG

Table 19. Community pharmacy locally commissioned services in Hartlepool, 2017-18

Supervised self-administration and emergency hormonal contraception (EHC) are the longest established services having been provided for approaching 20 years. Enhanced / locally commissioned services for stop smoking support have also been provided through pharmacies in the borough for a considerable period of time. The Healthy Start Vitamins service commenced in April 2014 and was the first to be directly commissioned by LA public health teams rather than inherited from the PCT. The newest public health-commissioned pharmacy service for HBC was needle exchange (2016), although this service has also been available through pharmacies elsewhere in Tees for over 10 years.

The locally commissioned services provided by each pharmacy in each locality in Hartlepool are shown in Table 20. Table 21 summarises numbers of pharmacies participating in each of these locally commissioned services, by locality in Hartlepool, at 1st October 2015.

[15] *Pharmacy sexual health services managed by lead-provider of joint commissioned Tees-wide service (SHT) from 1st February 2011

Locality	Trading Name	Short address	Postcode	40 or 100 hr	ONE STOP Stop Smoking	Dispensing only Stop Smoking	Supervised Self Administration	Needle Exchange	Healthy Start Vitamins	Specialist Drugs	EHC	C-card	Chlamydia Screening
H2	Seaton Pharmacy	Seaton Carew	TS25 2AX	40	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
H2	Well	416 Catcote Road	TS25 2LS	40			Yes		Yes		Yes	Yes	Yes
H3	Asda Pharmacy	Marina Way	TS24 0XR	40	Yes	Yes	Yes		Yes		Yes	Yes	Yes
H3	Boots	Middleton Grange	TS24 7RW	40	Yes	Yes	Yes		Yes		Yes	Yes	Yes
H3	**Boots**	**Anchor Retail Park**	**TS24 0XR**	**100**		**Yes**	**Yes**	**Yes**	**Yes**		**Yes**	**Yes**	**Yes**
H3	**Boots**	**One Life**	**TS24 7PW**	**100**	**Yes**	**Yes**			**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
H3	Clayfields Pharmacy	76 - 78 Oxford Road	TS25 5SA	40	Yes	Yes	Yes		Yes				
H3	Headland Pharmacy	1 Grove Street	TS24 0NY	40		Yes	Yes	Yes	Yes		Yes	Yes	Yes
H3	Healthways Chemist Ltd	Middleton Grange	TS24 7RY	40			Yes						
H3	Lloydspharmacy	84 Wiltshire Way	TS26 0TB	40							Yes	Yes	Yes
H3	Lloydspharmacy	The Arches, Park Road	TS24 7PW	40			Yes	Yes			Yes	Yes	Yes
H3	Lloydspharmacy	Winterbottom Avenue	TS24 9DN	40		Yes	Yes		Yes		Yes	Yes	Yes
H3	Lloydspharmacy	15 Kendal Road	TS25 1QU	40		Yes	Yes				Yes	Yes	Yes
H3	Lloydspharmacy	29 Wynyard Road	TS25 3LB	40							Yes	Yes	Yes
H3	M Whitfield Ltd	30 Victoria Road	TS26 8DD	40			Yes						
H3	Well	99a York Road	TS26 9DA	40		Yes	Yes		Yes		Yes	Yes	Yes
H3	Tesco Instore Pharmacy	Belle Vue Way	TS25 1UP	40			Yes			Yes	Yes	Yes	Yes
H3	Victoria Pharmacy Ltd	Hartlepool Health Centre	TS26 8DB	40			Yes		Yes		Yes	Yes	Yes
H3	West View Pharmacy	7 Brus Corner	TS24 9LA	40		Yes	Yes		Yes	Yes			

Table 20. Locally commissioned services by pharmacy in each locality in Hartlepool 2017-18

2017 All Pharmacies	Number of pharmacies	ONE STOP Stop Smoking	Dispensing only Stop Smoking	Supervised Self Administration	Needle Exchange	Healthy Start Vitamins	Specialist Drugs*	EHC**	C-card**	Chlamydia Screening**
H1: Hart and Rural West	0	0	0	0	0	0	0	0	0	0
H2: Wider Seaton	2	1	1	2	1	2	0	2	2	2
H3:Hartlepool Central and Coast	17	4	10	12	3	10	3	13	13	13
LA Total	**19**	**5**	**11**	**14**	**4**	**12**	**3**	**15**	**15**	**15**

2017 100 hr pharmacies	Number of pharmacies	ONE STOP Stop Smoking	Dispensing only Stop Smoking	Supervised Self Administration	Needle Exchange	Healthy Start Vitamins	Specialist Drugs*	EHC**	C-card**	Chlamydia Screening**
H1: Hart and Rural West	0	0	0	0	0	0	0	0	0	0
H2: Wider Seaton	0	0	0	0	0	0	0	0	0	0
H3:Hartlepool Central and Coast	2	1	2	1	1	2	1	2	2	2
LA Total	**2**	**1**	**2**	**1**	**1**	**2**	**1**	**2**	**2**	**2**

* On Demand Availability of Specialist Drugs service commissioned by HAST CCG
**Sexual health services commissioned by HBC (sub-contracted via SHT)

Table 21. Numbers of pharmacies participating in each locally commissioned service in Hartlepool at October 2017

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

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

Table 21, and interpretation of service need, should be viewed in this context.

8.3.4.1 Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine in a pharmacy is an important component of harm reduction and recovery programmes for people in treatment for substance misuse. Pharmacies with accredited pharmacists and premises are contracted to provide this service. Previously commissioned for many years by NHS Hartlepool, LA public health teams now work closely with pharmacies, clients and prescribing treatment providers to ensure that all parties work together to provide a quality locally commissioned service.

Seventeen pharmacies are currently accredited and contracted to provide this service for 2016-17, three more than were commissioned at the time of the last PNA in 2015. To maintain service resilience, this service will be commissioned from any pharmacy trained, and accredited to provide it in accordance with the service specification which also usually requires the pharmacy to be open at least six days a week.

In 2016-17, 13 pharmacies were remunerated for the supervision of at least one client[16] during one month. These pharmacies provided a total of almost 16,000 interactions involving all days or some days of supervised of self-administration of either methadone or sublingual buprenorphine[17]. Given the nature of the treatment programmes, it should be possible to offer clients a choice of pharmacy to attend for their supervision and on-going collection of opioid substitute medication.

Figure 13 shows distribution of annual activity in supervised self-administration across the thirteen Hartlepool pharmacies who recorded at least one interaction in 2016-17. As 97% of the activity was for methadone, the buprenorphine activity is not shown. Eleven of these pharmacies are in the locality of greatest deprivation, H3: Hartlepool Central and Coast. Two pharmacies provide half of all the supervision interactions, and another two together provide a further 20%. However the remaining pharmacies provide improved access and choice to clients for the remaining 30% of activity.

Both pharmacies in locality H2: Wider Seaton are commissioned to provide the service offering a choice for those clients who wish to be supervised in that locality. Though their combined contribution to the overall activity is a less than a half of 1%, this does offer improvement or better access to this service for those clients who choose to use a pharmacy in that area.

[16] This service is not remunerated per supervised daily dose but on the basis of care for a client for at least 14 doses in a month. This accounts for clients who miss doses in any treatment period. Some clients will be supervised for less than this and this will not give rise to a claim, though activity is still recorded. Further interogation of PharmOutcomes could provide a more detailed reflection of activity.

[17] In 2014-15, supervision of Suboxone© was been added to the service specification at the request of commissioners and treatment providers though supervised activity remains low (as would be expected) at 0.1%.

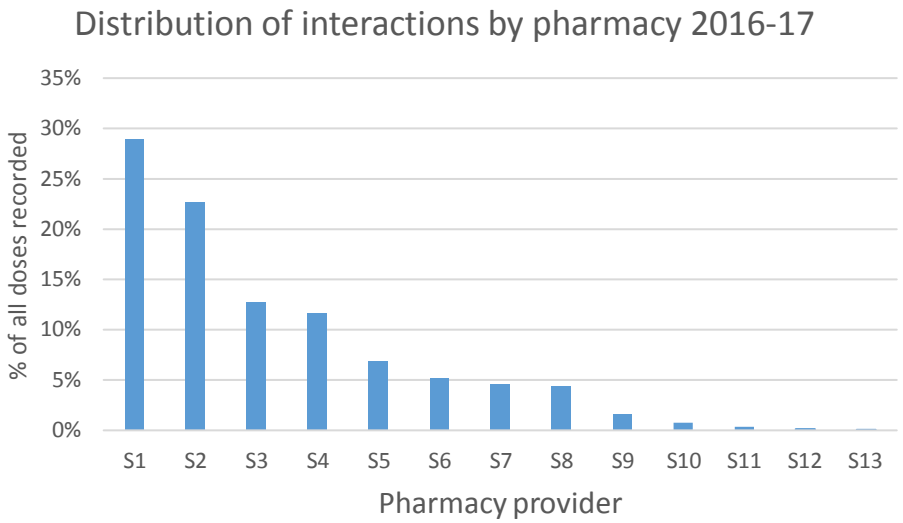

Figure 13. Supervised self-administration activity 2016-17 for pharmacies (anonymised) in Hartlepool

Whilst some individual pharmacies do provide a large proportion of all the supervised dose activity in Hartlepool, it is good to see that clients both have a choice, and use it, in terms of where they access this service. Because some of the pharmacies have opening hours into the evening on weekdays and also both days of the weekend, treatment providers also have the option of prescribing for a 7 day service, and clients may attend the pharmacy outside of the usual 9 to 5 hours. Supervision is a daily activity so it is important that clients can access a pharmacy of their choice easily, and the spread of the activity and pharmacy location across the town seems to demonstrate that these needs are being met.

Figure 14 shows activity by day of the week, indicating attendance on a Sunday is proportionately low, but nevertheless used.

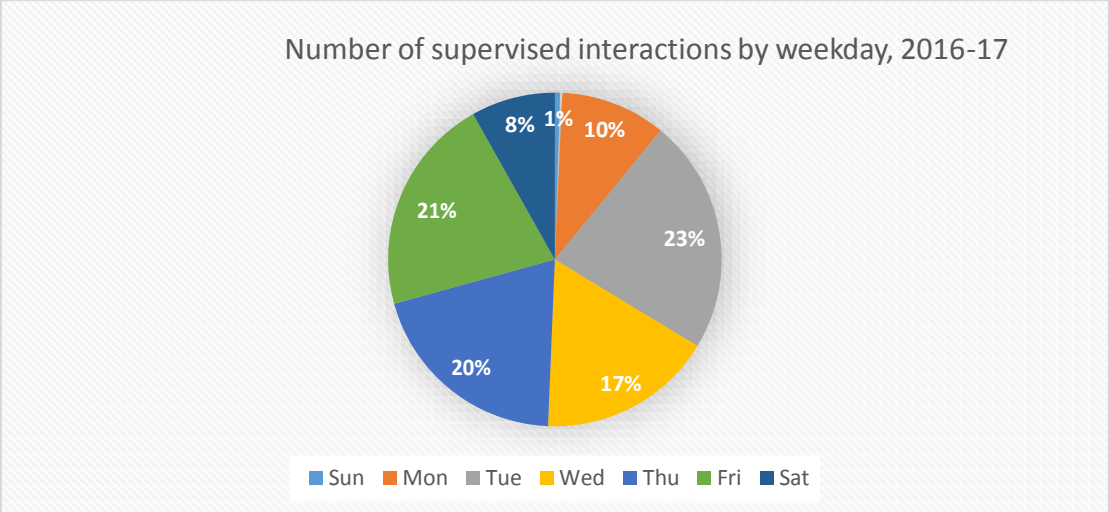

Figure 14. Figure 14. Pharmacy supervised self-administration interactions by weekday in Hartlepool, 2016-17

Activity, and the absence of feedback to the contrary, seems to indicate appropriate levels of supervision, adequate capacity of the pharmacies to accommodate clients' needs and suitable location of the pharmacies offering

supervised self-administration in Hartlepool. Overall activity in relation to recorded interactions for methadone supervision has been relatively static for the three years in which data has been recorded on PharmOutcomes, though the intended outcome, pathway of treatment and supervision may have changed, in line with clinical guidelines.

There is no indication that pharmacies will not be able to continue to accommodate future needs for this service.

8.3.4.2 Needle exchange (Nx)

Substance misusers require sterile injecting equipment, information, advice and support to minimise the complications associated with injecting drug misuse. Hartlepool introduced the pharmacy service in June 2016, though it had been available elsewhere in Tees for many years and pharmacies responded to requests to take up this enhanced service and five locations were initially identified though only four recorded any transactions in the (part year) of the service operating from implementation in 2016-17.

The pharmacies were selected on the basis of service need, geographical location and opening times. There are two more central locations, both of which are open 7 days a week. One of the other active locations is in the H2: Wider Seaton locality (open 6 days a week) and the final location is in the [Headland and Harbour] ward to offer easy access in the north of the borough.

The pharmacy needle exchange service is integral to the overall harm minimisation approach and service style is based on client selection of items rather than pre-filled packs. This supports regular and frequent attendance at the service and reduced waste. Just over 7000 transactions were completed in these four community pharmacy Nx locations from the start of the service in June 2016 to year end at March 2017. It usually takes some time for a new service such this to become established (often up to two years) so this is a significant level of engagement. To estimate annual activity, the year to May 2016 recorded just over 9000 transactions, however, the service continues to growing - year to date recorded a further 3000 transactions (now 12,000 per annum). Records show that more than two thirds of interactions were with clients claiming to have accessed treatment services and return rates for the part-year of 2016-17 were around 60%.

It is unsurprising given their location that more than 90% of the activity takes place in the two centrally-located pharmacies in H3 locality, both of which are open 7 days a week. Figure 15 shows the distribution of these transactions by day of the week showing that the service is meeting a need on weekdays and weekends, including Sundays. A full evaluation of the service would be timely to assess future pharmacy capacity and client satisfaction.

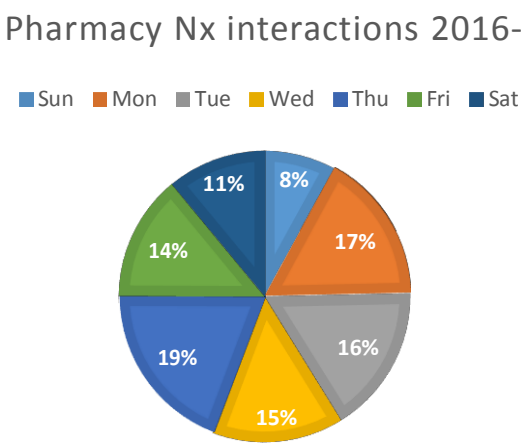

Figure 15. Pharmacy needle exchange transactions by day of the week (from implementation to year end 2016-17)

8.3.4.3 Emergency Hormonal Contraception (EHC)

Community pharmacies in the borough provide three sexual health services under the management of the local sexual health lead-provider (SHT) that is itself directly commissioned by local authorities to provide a Tees-wide sexual health service. The longest established of these services is emergency oral hormonal contraception (EHC). Pharmacy chlamydia testing and C-Card (condom distribution) services were re-launched by the service in 2016.

SHT reports that 15 of the 19 pharmacies in Hartlepool are currently accredited and sub-contracted to provide this service (under a Patient Group Direction) to women and girls aged 13 years and over. This is a reduction from 17 in 2015, however, all 15 of the pharmacies are also now contracted to offer chlamydia testing and C-Card condom registration/ distribution.

The pharmacy EHC contract for 2016-17 commenced in August 2016 so activity has been reviewed for the year 1.8.16 to 31.7.17 instead of the standard financial year. It is noted that during 2016-17, only 10 pharmacies in Hartlepool delivered the 804 consultations for EHC corresponding to 14% of the 5,824 consultations completed in pharmacies in Tees. This is a slight reduction in the number of pharmacy EHC consultations recorded in the borough in 2013-14 (870). Performance data was affected by these contractual issues in the 2016-17 contractual year and the 'market share' for pharmacy has not been calculated as a result. However, pharmacy has historically completed a substantial proportion of all EHC activity in the borough (more than 60%) year on year.

Although both pharmacies in the H2: Wider Seaton locality are accredited to provide EHC, neither of these pharmacies completed EHC consultations in 2016-17. It is not possible to know why this might be, however, it is not uncommon for women to seek a different pharmacy to that which they usually use, or is not close by to where they live, or is in a large retailing or supermarket environment, to maintain perceived anonymity in a consultation such as this.

Figure 16 shows how EHC activity for 2016-17 was distributed across the pharmacies in the H3: Hartlepool Central and Coast locality of the borough.

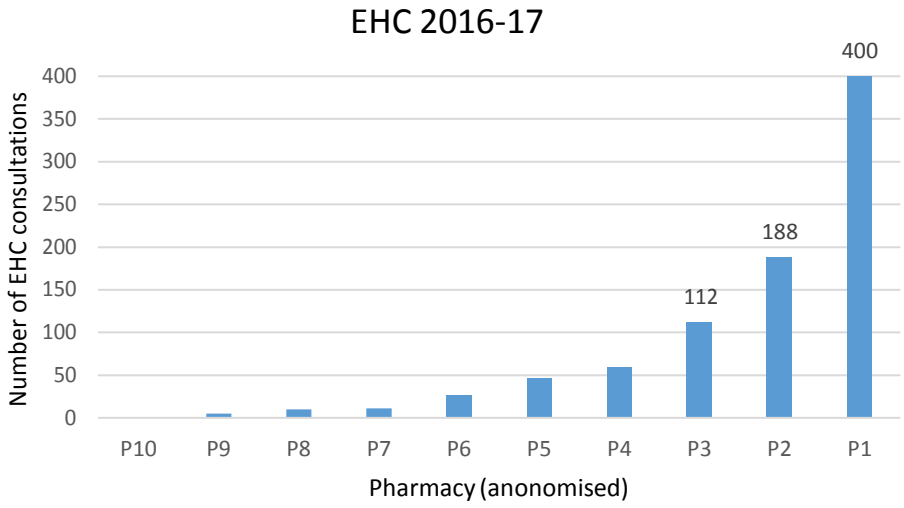

Figure 16. EHC activity (Aug 2016-July 17) from pharmacies in Hartlepool providing at least 1 EHC consultation

The data for 206-17 shows a strong client preference, with one pharmacy providing exactly half of all the pharmacy EHC consultations that year. This reflects what was seen in 2013-14 in other Tees areas, but less so in Hartlepool at that time. The three pharmacies that deliver most consultations are all centrally located in Hartlepool where they are accessible by public transport, or in supermarkets or other pharmacies that are open the longest hours, including weekends. The town centre areas have greatest need and pharmacy provision is meeting that need for EHC here.

Analysis shows the distribution by age of the pharmacy EHC activity across Tees remains highest in 16-24 (target) age group. However, this represents only 51% of those using the service; 2880 EHC consultations in Tees in 2016-17 were for women over 25 years of age.

8.3.4.4 Chlamydia testing

Pharmacies offering this service hold a supply of chlamydia testing postal kits to be distributed to people under 25. Pharmacies are paid for those kits that are returned for testing and are asked to encourage young people to carry out and return the tests. There are a wide range of providers of this service which is part of the strategy to make the testing kits easily available to young people. Other providers include GP practices, schools, colleges, youth services and contraception and sexual health (CASH) services.

As reported above, this testing programme is managed across the Tees area by Sexual Health Teesside (SHT) on behalf of the four local authorities and they report that 15 pharmacies in Hartlepool are currently sub-contracted to provide this service. This is an improvement from the 7 pharmacies that were listed in 2015. There are providers in both H2 and H3 localities and both pharmacies in the borough that open 100 hours a week, also provide the service. This may

provide good access to the service but it does require pharmacies to promote the service, to be successful in meeting the needs of the population. Following the contractual issues at the start of the year, figures from SHT for returned tests from pharmacy are disappointing. Nevertheless, there is room for improvement or better access to be achieved.

A pathway to improve the chlamydia testing offer through pharmacies was proposed locally in 2014 in the form of a 'kit and consult' i.e., test and treat service. However, this has not progressed to be commissioned.

8.3.4.5 C-Card service

This service involves registering young people for the C-Card scheme, providing sexual health advice and free condoms according to the conditions of the service. The service was recently re-launched, then paused, and restarted in August 2016; consequently C-Card rates for 2016-17 are also disappointing. However, with contractual problems now resolved, and a support adviser to promote uptake, it is anticipated that community pharmacy can renew efforts into 2017-18.

8.3.4.6 Stop smoking service

Five pharmacies in Hartlepool are directly contracted by the local authority using a service specification for tiered service provision and a tariff-based payment system that has been in operation, with adaptations, since at least 2010. The tiers have permitted pharmacies to move through accreditation levels and now all provide a service which includes clients with more complex needs such as pregnant women and young people aged 13+. Pathways include options for pharmacies to support dispensing voucher-led schemes such as 'Babyclear' interventions initiated by midwives and work with young people through school nurses and youth workers. Six additional pharmacies (making 11 in total) offer only the dispensing voucher-led option to increase access to NRT free at the point of supply for quit attempts supported in other settings. The pharmacy service operates successfully with considerable support from the Stop Smoking Specialist 'hub' and a stop smoking advisor supporting the community pharmacies.

The Pharmacy locations for the so-called 'one-stop' pharmacy service which offers a full service from pre-quit, quit and for up to 12 weeks after, were chosen in relation to areas of high smoking prevalence or to provide additional choice and access to the weekly drop-in clinic provision from the specialist stop-smoking services provider (SSSS). This service pathway involves clients being recruited in the pharmacy or referred by contact with the specialist service on the basis of preferred location for support with their quit attempt. Pharmacy services are available seven days a week in 3 of these pharmacies. Currently, pharmacies are only able to offer NRT as pharmacological support, however a PGD for varenicline is a consideration for the future.

In 2016-17, 115 smokers set a quit date (QDS) with community pharmacy in Hartlepool, being approximately 8% of the 'market share'. Of those 115

setting a quit date, 41 were quit at 4 weeks (36%). In the previous year (2015/16) the market share was 9% with 129 quit dates set through pharmacy and 44 achieving a 4 week quit (34%). The community pharmacy contribution to stop smoking provision in Hartlepool is small, but consistent, and there is a national, regional and local trend for reduced numbers accessing all services – although overall Hartlepool does manage to attract 10% of the smoking population into services. General practice-based provision through the service is substantially smaller still.

A key measure of the effectiveness of stop smoking services is the percentage of people who set a quit date with their Stop Smoking provider and then go on to successfully quit smoking after 4 weeks. The average quit rate of all providers in Hartlepool in 2016-17 was 35%; the quit rate for community pharmacy providers was slightly higher at 36% which is very positive for NRT-only pharmacotherapy quit attempts. The specialist service is very effective and commissioners are happy with the current number and location of the five, long established 'one stop' providers together with the other pharmacies providing the dispensing-only option.

8.3.4.7 On demand availability of specialist medicines

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

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

Improvement or better access to the availability of these specific medicines is achieved by commissioning selected community pharmacies to maintain a suitable stock list of medicines. This service was commissioned by NHS Hartlepool at the end of 2011 and continued to be commissioned by HAST CCG from April 2014. Three pharmacies provide the service, all in the H3: central and Coast locality. One of these is open 100 hours per week and conveniently located next to the Extended Access primary care service providing reasonable access at most times.

8.3.4.8 Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low incomes. One element of this scheme is the availability of vitamin supplements for those eligible. *Healthy Start* supports low-income families in eating healthily, by providing them with vouchers to spend on cow's milk, plain fresh or frozen fruit

and vegetables, and infant formula milk. Women and children getting *Healthy Start* food vouchers also get vitamin coupons to exchange for free *Healthy Start* vitamins. *Healthy Start* vitamins are specifically designed for pregnant and breastfeeding women and growing children. Pregnant women, women with a child under 12 months and children aged from six months to four years who are receiving *Healthy Start* vouchers are entitled to free *Healthy Start* vitamins.

Healthy Start vitamins contain the appropriate amount of recommended vitamins A, C and D for children aged from six months[18] to four years, and folic acid and vitamins C and D for pregnant and breastfeeding women. It is the responsibility of NHS England, Local Authorities and Clinical Commissioning groups in England to make both of these vitamin products available locally to Healthy Start beneficiaries. Arrangements for access to the vitamins were patchy at the time of the changes to the NHS architecture in 2013. Uptake of the Healthy Start Vitamins in eligible groups was similarly very poor, despite good use of the vouchers for other parts of the scheme.

In 2014, the Public Health teams in the Tees area collaborated to develop a pharmacy service which provides substantially improved and universal access to the vitamins (i.e. not just to those eligible for national Healthy Start vitamins. In Hartlepool, there are now 12 pharmacies across both localities of the town who can supply the vitamins to eligible pregnant women or mothers/ carers of children. Nine of these pharmacies made at least one supply in 2016-17 when there were 529 supplies of women's healthy start vitamins and 202 supplies of childrens vitamins. Two pharmacies, made 75% of all those supplies, so there is still room to increase the uptake of these vitamins. Service specifications will be updated in response to NICE guidance of August 2017 (NICE, 2017).

8.3.5 Healthy Living Pharmacies

A description of the concept of Healthy Living Pharmacies is placed here and not under section 8.3.1 as this is not a commissioned service but a quality improvement initiative. The concept was piloted in Portsmouth in 2009, a national pilot program commenced in 2011 and in 2013 Public Health England first acknowledged the power of the HLP model, where even at the first level of accreditation, staff are enabled to proactively engage with the public on the provision of health messages and information to increase their wellbeing.

In this context and of specific note locally, Hartlepool, and other Tees HWB areas were early adopters of the HLP initiative, commencing in 2012, and the Tees model for HLP supported by public health and the Local Pharmaceutical Committee (LPC) has received national recognition. This enabled participating pharmacies to make a step change in actively engaging with the public health agenda and provide improvement or better access to the essential pharmaceutical services that relate to this i.e. public health (via brief interventions, sometimes known as MECC, Making Every Contact Count) and brief advice to support for self-care in a preventative context. Sixteen of the 19 pharmacies in the borough are now active at least to HLP level 1.

[18] NICE guidance update August 2017 in response to Scientific Advisory Committee on Nutrition (SACN) report Vitamin D and Health 2016

Four years later, the readiness which HLP affords to support the prevention agenda was promoted at national policy level via Public Health England (PHE) in partnership with NHS England via the Pharmacy Innovation Fund (PhiF).

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

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

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

The Public Health teams in the Tees area work collaboratively with LPC Tees to support a program of development of Healthy Living Pharmacies across the Tees area. With substantial public health investment into the infrastructure which supports the program, each public health function have committed to the HLP concept in their area and improved access to public health interventions through community pharmacies. This has not gone without notice nationally.

In Hartlepool, three pharmacies commenced the HLP local programme in wave 1 (2012). At the time of publication of the 2015 PNA, they were accredited to Level 1, with two more having joined the second wave, working towards their HLP status. Tees LPC have been the driving force behind HLP in the area and report that 16 of 19 are now accredited to at least Level 1. From the PNA contractor survey, 13 of those who replied (n=16) were HLP accredited, the remaining 3 working towards Level 1. Most pharmacies had at least 2 HLP Champions with RSPH Level 2 qualifications (more than the requirement to achieve national HLP level 1 status) and 1 pharmacy reported 4 HLCs.

A substantial number of HLP Champions in these pharmacies will now have achieved the Royal Society of Public Health Level 2 "Understanding Health Improvement" qualification. However, the Tees project is not static venture but a constantly evolving program of activities and development of individuals,

pharmacies and their environment as it relates to public health and the 'Healthy Living' approach.
In Tees, Champions are asked to make brief records of at least some of the 'interactions – essentially conversations or "very brief advice" with the patients or individuals that attend the pharmacy. The records are not only of the 'significant' ones necessarily, just a record of routine behavior. It would be impossible to record every interaction, but the requirement for Level 1 is 20 records a week. In 2016-17, the HLPs in Hartlepool recorded 3543 such interactions in up to 16 pharmacies (pharmacies join the programme throughout the year). Figure 17 shows the relative frequency of the topic of those interactions showing the breadth of public health topics engages with and also the stand-out number for minor ailments. This is not a surprise in a community pharmacy setting, but it is useful to reflect on the sheer volume of such conversations from the perspective of 'piggy back' initiatives for self care or other prevention messages.

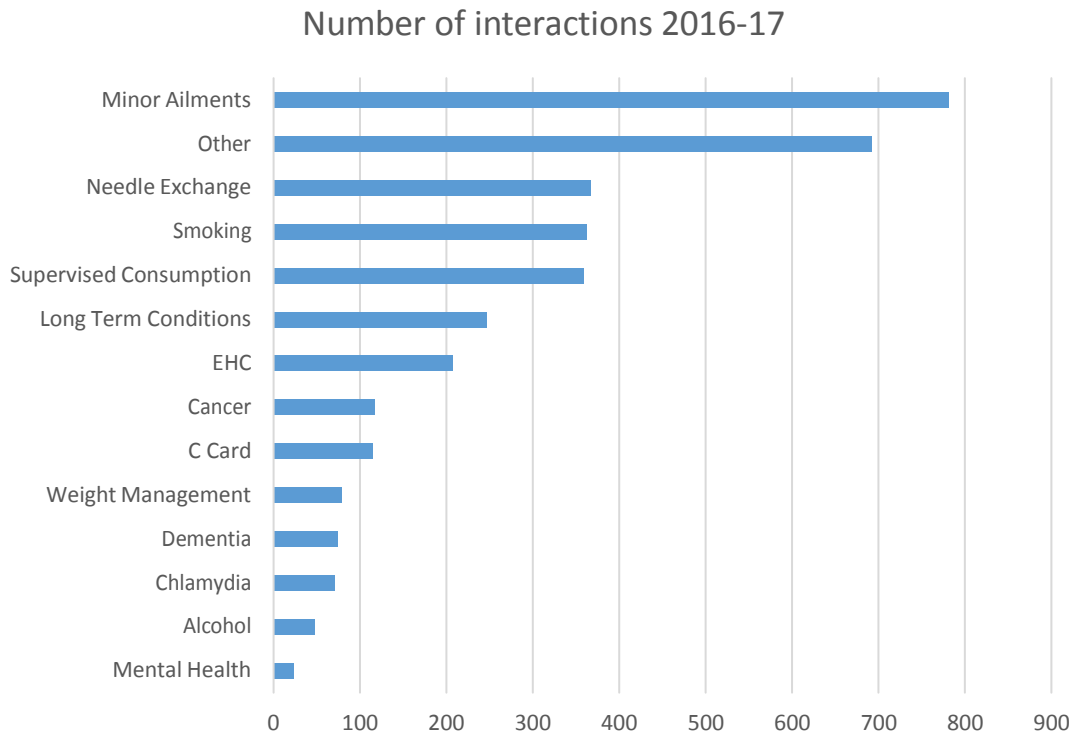

Figure 17. Topic of HLP interactions in Hartlepool 2016-17

8.3.6 Non-NHS services

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

Some non-NHS services are offered free to the patient or organization (e.g. medicines delivery) or at a small charge (e.g., blood pressure measurement, cholesterol testing, private screening or vaccinations). Many individuals, both

patients and professionals, are not aware that the prescription collection and/ or medicines delivery services that are available from a large number of pharmacies are **not directly funded by the NHS.**

The availability of the majority of such non- NHS services is largely beyond the scope of this PNA other than to acknowledge that they exist and to similarly acknowledge the impact that the 'free' availability of such services might have on the demand, or need, for similar such services to be provided by NHS or other local commissioners at this point in time. However, it should also be acknowledged that if the provision of some of these non-NHS services changed substantially, or were removed from the 'market place' all together, then this might create a gap in the provision of such pharmaceutical services, which may need to be considered by the NHS and/ or social care. As these services are not contractual there is no collated local assessment or evaluation of their supply or demand. The PNA pharmacy contractor survey of 2017 (n=16 replies) showed that all of the pharmacies offered collection and delivery services, and all but one without charge.

Other private or patient-funded services reported in the survey included:

Screening or testing:

- 10 of the 16 pharmacies offer at least one patient-funded screening service
- most common was diabetes screening offered by 6 (of n=16; 38%); one offered cholesterol testing alongside this
- 3 offer chlamydia test only which is available free in the borough; one offered test and treat, which is not available free through pharmacy locally
- 3 offer other sexual health tests eg HIV

Vaccination:

- 9 of the 16 pharmacies offer at least one patient-funded vaccination service
- Most common offered by 5 (one third of n=16) = travel vaccinations
- 4 offer Hep B vaccination
- 3 offer patient-funded flu jab (to those not eligible for NHS vaccination)

Further analysis of patient-funded services may provide evidence of any demand (or otherwise) and any unmet pharmaceutical need to which this might relate.

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

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

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

As previously described in section 6.1, Hartlepool has a large border to the north and west with County Durham, and is bordered to the south by Stockton on Tees. The eastern/ north-eastern boundary of Hartlepool is entirely coast or river bank; this limits the influx of users of pharmaceutical services and the ability of the Hartlepool population to travel outside of the HWB area for pharmaceutical services along the length of this boundary.

The closest pharmacies across Hartlepool's north/north west boundary into neighbouring County Durham are just under 3 miles away in Blackhall Colliery with around are 8 pharmacies within 5 miles of the boundary here. From the southern boundary into Stockton-on-Tees, the closest pharmacy is situated just under 3 miles away in Billingham; there are at least 5 pharmacies within 5 miles here.

The location of Hartlepool in relation to these neighbouring HWB areas suggests that there may be opportunity for patients to travel either to or from neighbouring Boroughs within the Tees Valley area, or more widely into other HWB areas, in order to access pharmaceutical services. Figure 18 shows pharmacy location overlaid on a population density map for the five Tees Valley HWB areas to assist with understanding the potential for cross boundary activity. The proximity of pharmacies in the borough of Hartlepool to each other, local knowledge of the area including the 'rurality' at the borders of the external wards boundaries and lifestyle movement of the population as well as transport links, suggests that residents of Hartlepool, and the associated reliant population, are more likely to access pharmaceutical services within Hartlepool.

This is confirmed with cross boundary prescription analysis in 2010 and 2014 confirming 99% of all prescriptions written in Hartlepool were dispensed in Hartlepool; patients' needs for dispensing almost always (99%) being met by a pharmacy contractor located in Hartlepool. It is not considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Hartlepool, this level is more likely to represent choice or convenience, or may demonstrate some wholesale out of area (mostly out of Tees) transactions such as for nursing home patients. Some of this very small proportion may include internet pharmacies, and those dispensed by appliance contractors.

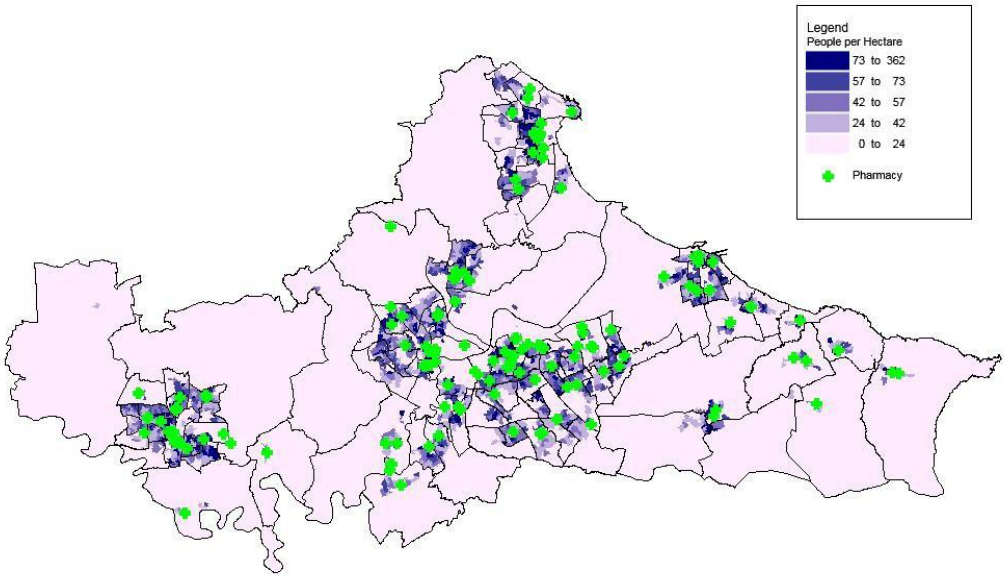

Figure 18. Showing population density across Tees and pharmacy locations to illustrate potential for cross-boundary activity. Green Crosses show pharmacy locations.

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

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

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

The majority of these services do not come under the definition of 'pharmaceutical services' as applies to the PNA. However some of the pharmaceutical services required by community hospitals, mental health units and other community services could be, and sometimes are, commissioned under specific service level agreements with providers on the pharmaceutical list. This element of pharmaceutical service provision is more intangible, but examples that may be of significance have been included here.

There are three NHS Foundation Trust providers of secondary and community services within the Tees Valley. The University Hospital of Hartlepool (part of North Tees NHS Foundation Trust is situated in the Hartlepool HWB area. Each trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and some community services where commissioned.

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

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

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

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

- regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- patient medication reviews with referrals from practices, care homes and other teams, for example district nurses, learning disability team
- medicines management in domiciliary and care home settings
- pharmacist-led patient clinics within practices (such as benzodiazepine reduction)
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- independent and supplementary prescribing

- strategic advice and operational activity to support the controlled drugs and patient safety agendas and
- strategic input into the development of community pharmacy, including the PNA itself.

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

Specific examples of services currently delivered to the reliant population of the Hartlepool HWB area, by a provider other than a community pharmacy, dispensing doctor or appliance contractor that have been commissioned elsewhere in England to be delivered by a provider on the Pharmaceutical List, include

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

This list is not intended to be complete. Many of these services are 'necessary services' but as gaps in service provision (from alternative providers, or from community pharmacy) have not been highlighted, there is no commissioning priority for community pharmacy providers to deliver at this time.

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

8.5 Results of patient survey; feedback on existing provision

8.5.1 Overview

In 2014, the patient engagement survey during development of the 2015 PNA was undertaken on a Tees Valley basis. Of the 1092 respondents to the survey, 273 were from Hartlepool i.e., Hartlepool residents returned a proportionally larger number than they were represented in the Tees Valley population.

In the 2017 patient/ public survey of Hartlepool this number increased to 338 responses, of which 314 (93%) stated that they already used a pharmacy in Hartlepool or might need to use one in future. Two of the 338 skipped this question and it is a feature of the survey system used that respondents may skip questions and still complete the survey. Skipping a question may correspond to those questions that don't apply to that individual (e.g., if ..then.. relating to a previous question). Skipping questions may also be a simple choice (e.g. skipping the demographic questions) or it may be a sign of 'survey fatigue'. When reporting results as percentages in this section, this will be as a fraction of those that responded to that question not of the 338 who responded to any question, unless otherwise stated.

286 respondents (95%) were residents of Hartlepool and 111 (37%) worked in the borough. Only 251 completed the demographic data and of this sub-set, there is a gender bias as 77% were female. This is similar to 2014 when 60% of the respondents were female, but still better than 2010 when only 10% of the respondents were male. Evidence suggests that women use a pharmacy more than men (including collecting prescriptions and seeking advice on the behalf of their partners and dependents) so this bias does at least reflect current pharmacy attendance.

8.5.2 Detailed analysis of results

There were 290 responses indicating the first part of their postcode was one of the five attributable to Hartlepool; 72% of these were postcodes TS25 (Seaton Carew, Fens Estate, Owton Manor) and TS26 (Rural West).

- In similar proportions to 2014, Table 22 shows that more than two thirds of all responders (69%) indicated that they usually use a pharmacy in the area in which they live.
- Three quarters (74%) reported that there are pharmacies near to where they live or work that they could get to by walking for less than 15 minutes.
- Although more than 80% reported pharmacies available within a short bus ride of where they live or work only 10% thought that this was not the case as a similar number (28; 10%) did not know. This may be unfamiliarity with either bus transport or pharmacy locations.

	Yes	No	Don't Know	Total	%
Do you usually use a pharmacy in the area in which you live?	203	89	1	293	69%
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins?	217	73	2	292	74%
Are there pharmacies near where you live (or work) that you could get to by a short bus ride?	232	27	28	287	81%

Table 22. Patient survey; pharmacy use and access on foot or by bus

Figure 19 shows the responses to the question **'If or when you go to a pharmacy in person, how do you usually get there?'** A slightly higher proportion travelled by car than in 2014 (59%). A quarter usually walk, down

from just over one third (35%) in 2014. Those using public transport or taxi accounted for around 6% of the total.

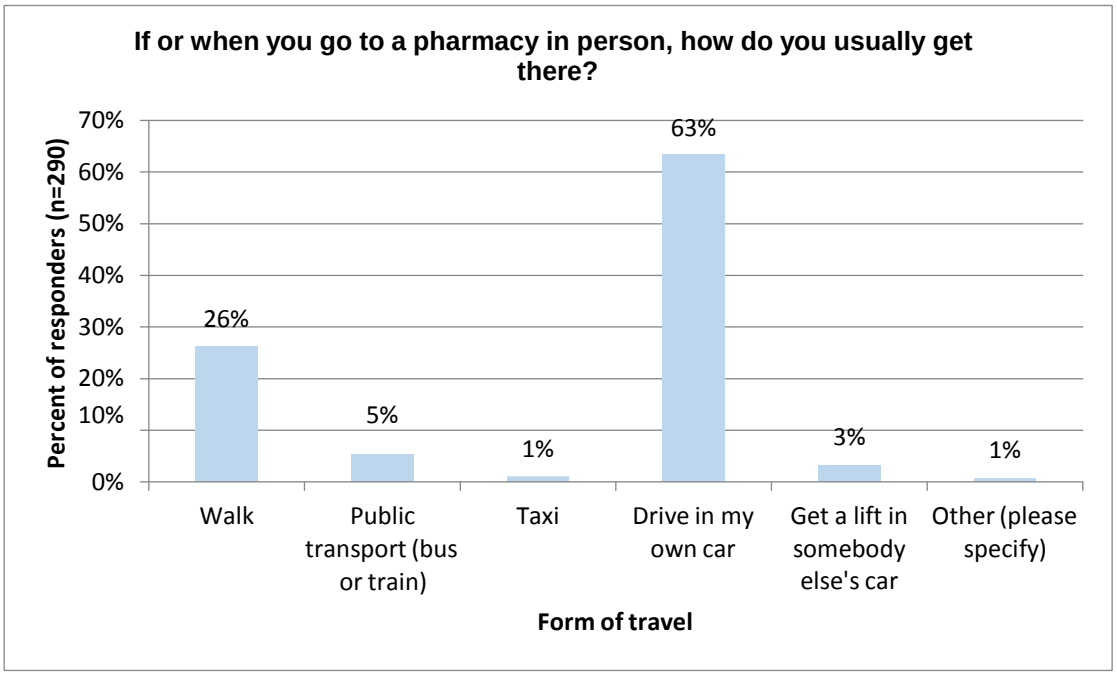

Figure 19. Responses to patient survey about travel to pharmacies

In answer to question 12, it is good to note that 85% of those Hartlepool residents who replied (281) reported that it was extremely easy (59%) or quite easy (further 28%) for them to visit a pharmacy when they needed to. Overall 97% expressed no difficulty in access. That is not to ignore the 8 individuals who found it difficult. These are small numbers but reasons were related to their disability, their working hours or transport problems. It is pleasing to not that no-one found it difficult to visit a pharmacy because they don't know where they are.

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

Opportunities for public health interventions may seem even more possible when considered alongside the data that 40% (n=111) of the 279 people who responded to this part of the PNA survey in Hartlepool already visit a pharmacy in person at least as often as every two weeks and with an additional 45%

(n=127) visiting at least four times a year that creates a significant number of opportunities for intervention.

In response to the question **"What do you usually go to the pharmacy for?"** 88% of the 302 individuals who responded would usually visit to get a prescription dispensed for themselves and 44% would do this on behalf of someone else.

In 2014, 21% reported visiting for advice whereas in 2017 88% reported going to the pharmacy for advice for themselves, and 37% would go for advice for someone else. Similarly, 80% indicated that they would go to the pharmacy for a service that they provide and although the questions structure was slightly different in 2014, this does seem to indicate some positive behavior change in relation to pharmacy use for advice.

Relating this to questions looking at advice-seeking behaviour in relation to pharmacy and minor ailments[19] in 2017, 75% reported that they would visit a pharmacy before they went to A&E, a walk-in centre, or their GP and this has increased from 66% (of n= 270) responding to the same question in 2014.

However, in the 2017 survey, patients were also asked what they would do if they had received advice from a pharmacy about a minor health problem, but the medicines were too expensive for them to buy. Figure 20 shows that almost half would do without the treatment, a shocking response. Ten percent might even go to A&E, but the indication is that the greatest proportion would then seek an appointment with their GP, adding an unnecessary healthcare visit to support self-care.

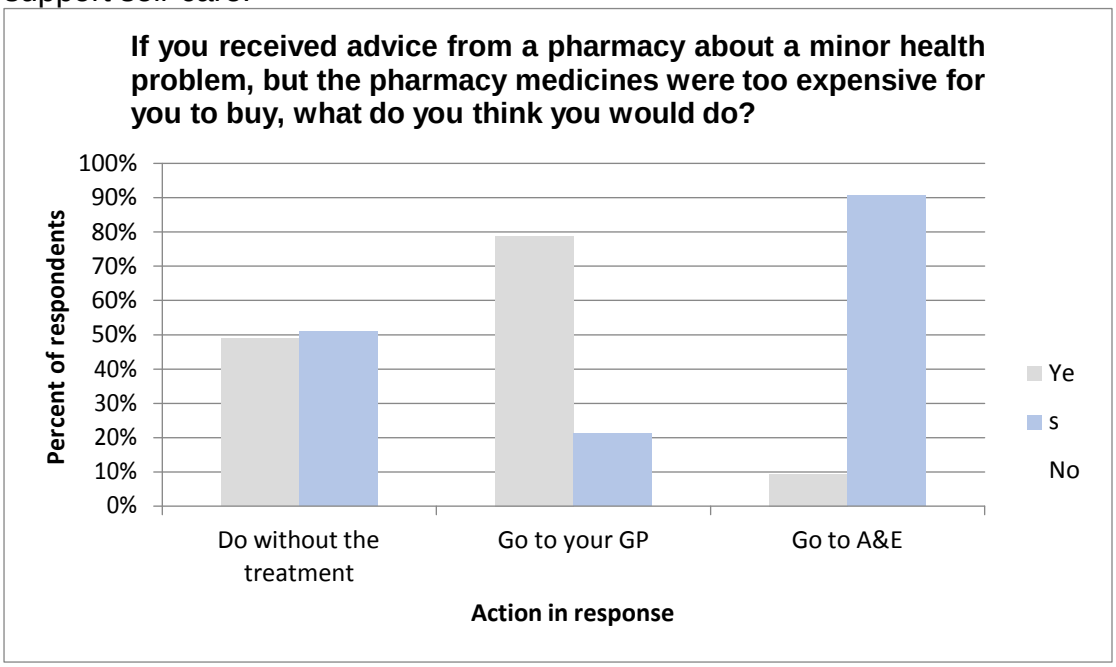

Figure 20. Patient action in response to inability to pay for a pharmacy medicine for a minor complaint.

[19] Minor ailments are classed as self-limiting illness and injury: pain, constipation, indigestion, hay fever, sore throat, earache, colds and flu, bites and stings.

In both 2014 and 2017 patients were asked if this had ever actually happened to them. Table 23 shows that in 2014 10% reported that it had, but just 3 years later and this has increased almost 3-fold.

If you have a minor complaint:				
Answer Options	Yes	No	Response Count	%
Have you ever needed to go to A&E, a walk-in centre or your GP with a minor complaint just because the pharmacy medicines were too expensive for you to buy?				
Response to 2017 survey:	68	176	244	28%
Response to 2014 survey:	27	231	258	10%

Table 23. Looking at patient experience of not being able to pay for self-care medicines from pharmacy for minor complaints

Circumstantial evidence from pharmacies supports this and would suggest that this financial constraint may affect at least the proportion of people that responded to the survey. Pharmacists referred to this unprompted in their response to the pharmacy survey in 2014, with one response in Hartlepool stating *'..reduce GP appointments for simple problems that OTC cost becomes a barrier to, therefore helping improve local access to health (care)'* and in 2017

"minor ailments - we are located in a deprived area and feel that our customers may benefit and this would free up GP appointments"

More importantly this effectively means that there is a two-tier system operating locally in relation to self-care. Self-care advice at a pharmacy is free, but the supply of medicines that may be needed to support that self-care for a minor ailment is not a national NHS (nor otherwise locally funded) service. If you can pay then you do, but the sections of our population most in need, will have to either visit an alternative health care point, or may not bother at all, perhaps resulting in deterioration of that complaint.

It may be possible to increase the proportion of the population that would visit a pharmacy first with a locally commissioned service to make medicines for minor complaints available free at the point of self-care at a pharmacy. Variously called a minor-ailments scheme or (helpfully) 'Pharmacy First', such schemes now operate widely across England and the North East, including Darlington, but are not available in any of the Tees LA areas. Just over half of the respondents indicated that they didn't usually pay for their prescriptions, which is the group who would most benefit from such a 'free at the point of care self-care medicines' service. However, there are indications that pharmacists also have difficult conversations with those who pay for their prescriptions who are also sometimes struggling to afford the charges.

With the planned introduction in December 2018 of the test Community Pharmacy Referral Service (CPRS) in the NHS England north east area, integrated urgent care for minor illnesses by referral to pharmacy by NHS 111 will be established.

Most of the 288 respondents (65%) usually use the same pharmacy. Added to the 24% that always do, this means that virtually 9 out every 10 people in Hartlepool know the pharmacy service that they usually use and will have the opportunity to build a mutual clinical and community relationship with the pharmacy staff there. This use of a 'usual' pharmacy may be related to the fact that almost 60% of responses (n=276) showed that they now have their prescriptions sent electronically to their pharmacy.

In response to the question '**How would you rate the pharmacy or pharmacies that you have used or usually use?' -** 75% of the Hartlepool respondents (n=268) rated their pharmacy as good or very good. It would be helpful to understand more about why 10% felt that their pharmacy experience had been poor.

For the question asking
'What do you think about the opening times of pharmacies that you use?' - respondents (n=270) were able to choose more than one response (total n=388) as summarized in Figure 21. This shows that just over half of the Hartlepool respondents were happy with current opening times (down from 61% in 2014) and the second most frequently recorded choice of statement (24%) was that they could 'always find a pharmacy that is open when they need to'. A desire for more evening and weekend opening was also reported, each of which was to a greater extend than in 2014. This may reflect a real need as well as the need for patients to have more information about pharmacy opening times or, it may reflect that as consumers we have come to expect (but not necessarily need) greater access to all services, not just pharmaceutical.

The order of response was similar to the survey results of 2014 and yet Hartlepool is better served by local pharmacies opening on Saturday and Sunday than in many other areas. Patients may not be aware of this. Thirty percent of respondents had used the GP access service based at the One Life centre on an evening or weekend. Comments about weekend opening may reflect recent experience of the former walk-in service on a Sunday which was previously open until 8pm, later than the latest closing time of a pharmacy in Hartlepool that day (5 pm). There is no longer any discrepancy between opening times of the Extended Hours GP service and availability of a pharmacy any day of the week.

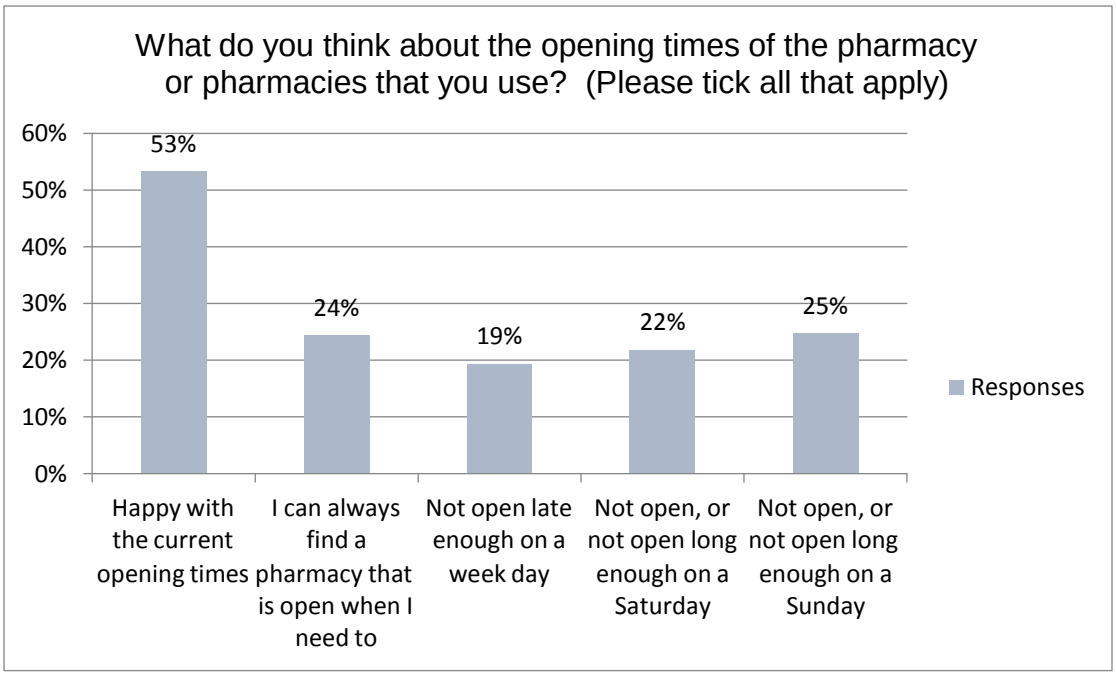

Figure 21. Showing responses to patient survey about opening times in Hartlepool

Two thirds of respondents (n=267) were aware that pharmacies can offer free advice on healthy lifestyle choices, a substantial increase on 2014 when less than a third were aware of this. Some 15% reported having been offered healthy lifestyle advice, but from free text comments it is possible that some members of the public may not always recognise brief advice. Most respondents did not know if their pharmacy was a 'Health Living Pharmacy', however, the increase in awareness of pharmacy as a 'lifestyle advice hub' may be a positive indicator of HLP impact.

Another question asked

'Why do you choose the pharmacy you usually use?'

Possible reasons were offered by the question, with respondents able to select all that applied and responses were many and varied (270 respondents gave 758 responses) reflecting similar trends in both 2014 and 2011. The greatest response was that 45% of the people from Hartlepool indicated being near to where they live as a reason for choosing a pharmacy, which is lower than 60% in 2014. Knowledge of the population behavior in Hartlepool suggests that people commonly travel to the town centre for many of their needs, often by public transport, and so will use a pharmacy there rather than nearer to home. Twenty three percent reported using a pharmacy that was easy to access on foot or by public transport, but this does not necessarily mean from home as others also reported being 'near to where they work' (20%), or shop (15%) as being an influence. This behavior change does mean that it is not always important for pharmacies to be closely co-located with where people live, or their GP practice. As new areas of housing are developed at the outskirts of the borough, it is important to acknowledge that the behavior of people in relation to their choice of pharmacy is more complex than just the distance from home.

Good customer care and being located ‘inside or close to a GP practice’ were selected by an equal proportion of respondents at around 35% each, also lower than in 2014.

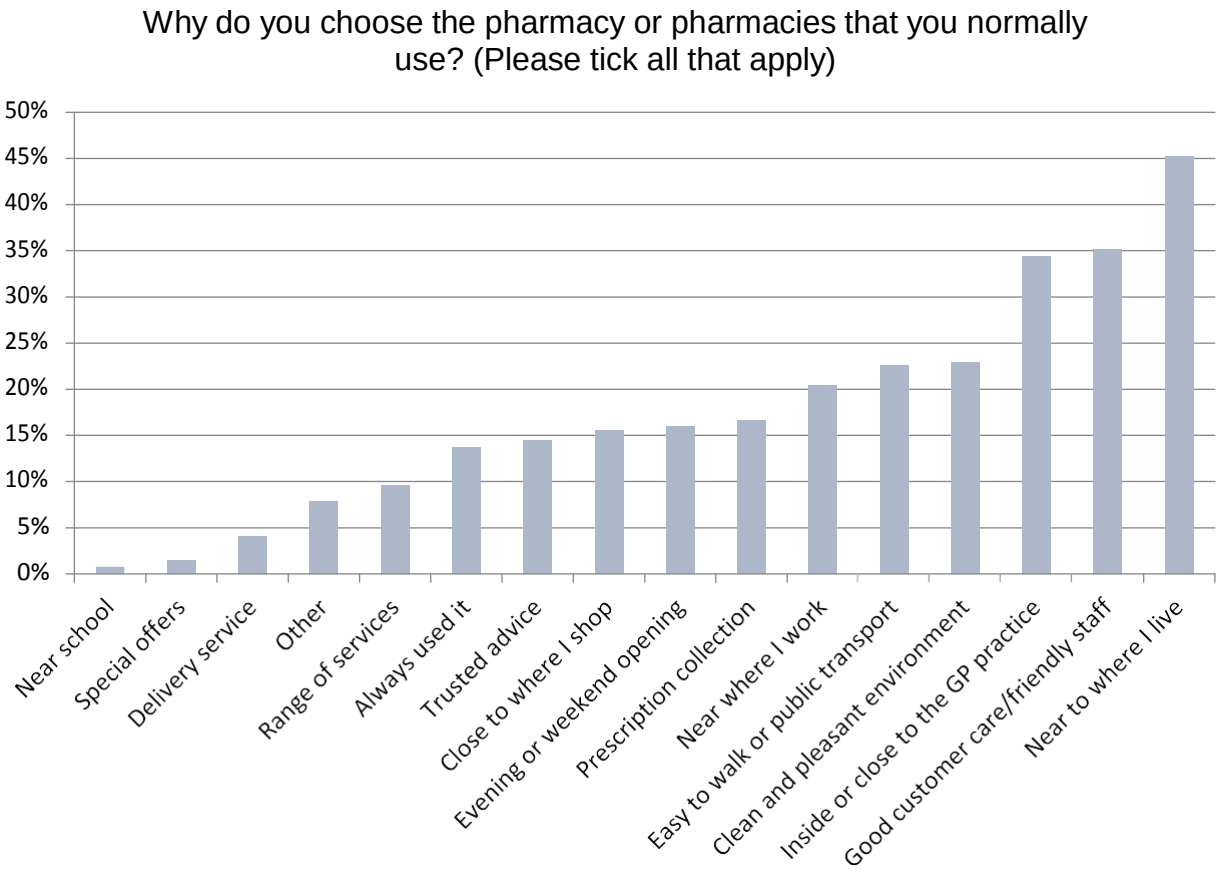

Figure 22. Reasons for choosing the pharmacy normally used by patients/ carers (Hartlepool)

With no change from 2014, the vast majority of survey respondents did not get their prescription medicines delivered, with only 15% (of n=280) indicating that either they always did (6%) or sometimes did (9%). Thirty four of these 42 people gave a reason for choosing delivery and for half of them it was because they would find it difficult to collect themselves. However the other half used this service for convenience and for another 12% the reason was because it was free.

Question 17 explored the pharmacy medicine delivery service further considering what might happen if this non-NHS funded service was withdrawn. Of the 256 who answered this question, 55% stated that they knew other people who would not be able to manage without it and 17% indicated that they would not be able to pay a delivery charge should this be introduced.

Answering question 12, 96% of the 270 survey respondents had access to the internet but only 33% were aware that access to NHS dispensing services is available on-line and only 7% had used an NHS internet pharmacy.

A new group of questions for 2017 invited patients/ public to consider some aspects that have been mentioned in patient experience surveys in the past regarding confidentiality and community pharmacy not being 'the same' as other parts of the NHS. Figure 23 illustrates the results of these questions. This does show some positive response regarding helpful and friendly staff, confidentiality and consent and knowledge of the availability of the consultation room. However, there is room for improvement in perception regarding the NHS primary care contractor status of the pharmacy and how comfortable people feel about getting advice about health problems in a pharmacy.

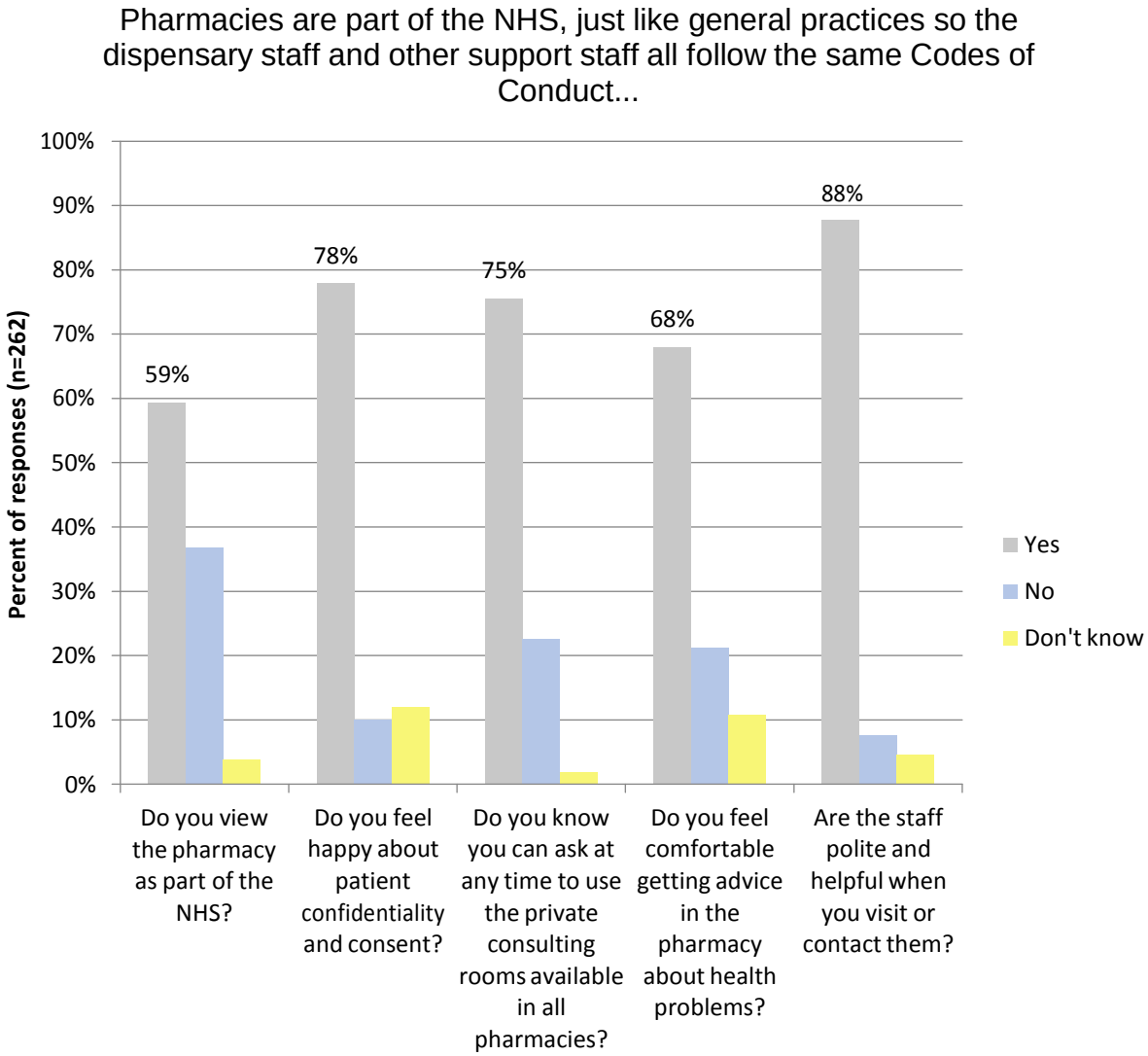

Figure 23. Patient response to consideration of NHS status, confidentiality and advice in a pharmacy

8.5.3 Patient survey summary

- The majority of respondents rated the pharmacies in their area as good or very good, find staff polite and helpful when they visit and also find it easy to visit a pharmacy when they need to.
- People are most likely to choose the pharmacy they usually use because it is near to something to do with their daily life but not JUST about where

they live (though this is important), but also perhaps where they work, or shop, or can get the bus to or if it is inside or close to a GP.

- Good customer care and a clean and pleasant environment are equally as important for influencing a patient's choice of pharmacy.
- The majority of responders visit a pharmacy by car but there are those who walk or use public transport.
- People are mostly happy with the current opening times of the pharmacies that they use. There was some desire for more 'late evening' and weekend opening in the borough, though the choice of pharmacies open at these times is good in Hartlepool, especially related to access times for to GP services.
- The vast majority of people in Hartlepool (based on the response to this survey) do not get their prescriptions delivered.
- Respondents did use pharmacies for information and advice offered by pharmacies, as well as for prescriptions and the majority would visit a pharmacy for self-care advice for a minor condition before visiting their GP or A&E.
- Suggestions made by patients/ public in the engagement exercise will be shared
- It is important to note that one third of respondents had experienced a situation in which the medicines they were offered following such self-care advice from a pharmacy were too expensive to buy and 50% would consider doing without that medicine as a result. Where they did need the pharmacy medicine that they could not afford, the majority would seek a second healthcare consultation (most likely a GP appointment).

8.5.4 Other patient experience information: NHS Community Pharmacy Patient Questionnaire (CPPQ) and NHS Complaints

NHS England centrally receive patient reports on complaints. This data has not been accessed. Return rates and limited content of CPPQ patient experience questionnaires and annual Complaints Reports from pharmacies was considered likely to be sufficiently limited to be of little value.

The return and evaluation of CPPQ and annual Complaints Reports from community pharmacy could be improved to make best use of the information that could be available to support evaluation of pharmacy services.

8.6 Results of stakeholder surveys or feedback related to existing provision

The stakeholder survey was undertaken according to the process described in Section 4.3.1.1. The option to complete on paper was offered but not taken up by any respondent.

There were 19 responses to the stakeholder survey which is a lower response than in 2014 and the distribution of organisations/ professionals responding is

less broad. However, the work of all 19 respondents did involve contact with pharmaceutical services, mostly community pharmacy services but also commissioning or prescriber support services. Respondents were able to skip questions if they wished therefore data is presented as a number or percentage of those that responded to that specific question with actual numbers of respondents in brackets. The results of the stakeholder survey when expressed as a percentage may be treated with caution, however there are some considerable similarity with the stakeholder survey results of 2014 which had a slightly large response rate which provides some reassurance.

Respondents were from a limited range of organisations but included community pharmacy, local authority, LPC, providers (NECS, acute and community services), Healthwatch and the voluntary sector. Six (32 %) of respondents were pharmacists and 26% (5) voluntary sector workers.

Only 15 respondents gave information on occupation and/or organisation. Of those that did, there were responses from general practice, community pharmacy, the LMC, a community services provider, and a care home provider and the local authority.

For the question:
Are you, or your organisation involved in the commissioning or providing of primary care pharmaceutical services?

- 31% of those who replied (n=19) were involved, 60% were not and 10% (2) did not know.

Fourteen (74%) of all 19 who answered felt that current provision of pharmacy (premises) in Hartlepool is 'about right' with 3 (16%) considering there are more than enough pharmacies and only 2 suggesting that there were not enough. In another question, 4 responses indicated that the central area of Hartlepool does have more than enough provision.

To the question: **In your experience, is there a ward, neighbourhood area or locality in the local authority area where a new pharmacy might be considered to offer benefit? –** 53% considered that there was not; 38% did not know enough to say and 2 (10%) thought that there might be an area which might benefit. Only 1 respondent identified a ward area where they felt the need for a new pharmacy might be considered and this was "King Oswy". Reasons given cannot be attributed to an individual and therefore a ward, but two gave a reason of 'no pharmacy in that area' which must be attributable to the two who considered there were not enough pharmacies in Hartlepool.

33% (n=5 of 15 respondents) indicated that they thought that current pharmacy opening times meet the general needs of the Hartlepool population very well and a further 53% (n=8) thought that opening hours were satisfactory (there was no intermediate option). Similarly, 60% (n=9 of 15) respondents felt that the quality of service provided by pharmacies was either good or very good; 1 person indicated that they did not know and the rest felt that the quality of service was satisfactory.

Almost 70% (n=10 of 15) of respondents felt that existing community pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population. This is not to say that this is a failure of pharmacies but that their services and facilities could be made better use of. 60% (total n=15) were aware of the Healthy Living Pharmacy initiative although one third of those had no direct experience of it. Nevertheless, 50% of the respondents stated they would be able to tell someone the location of a pharmacy in Hartlepool that is participating in this initiative.

Regarding the nationally contracted services, the majority of respondents were aware of the essential services that pharmacies provide, although 25% were not aware of the 'promotion of heathy lifestyles'. All who replied also felt that better use could be made of all of them, in particular NHS repeat dispensing, disposal of waste medicines and support for self-care advice.

Fourteen answered the question in relation to advanced services. Of those who did respond, there was very good awareness of the MUR, NMS, NUMSAS, flu vaccination service and the hospital discharge referral service. Fewer were aware of the appliance review / stoma customisation service. The majority felt that better use could be made of MURs, NMS NUMSAS and flu vaccination services.

With respect to locally contracted services, fifteen completed the questions introduced with this statement:

Pharmacies provide free advice and guidance to support self care. National campaigns support the use of pharmacies for this purpose. Where treatment with a medicine is required, patients will be required to pay unless a local service is commissioned to facilitate free access to some medicines for self care, for some patients. This service is commonly known as 'Minor Ailments' or 'Pharmacy First'.

The majority of those who responded were aware that there is no facility for free access to medicines for self-care via pharmacy in Hartlepool and 60% were of the opinion that "all patients should expect that they might have to pay for medicines for self-care".

In the space to add additional information some comments included:

- a nominal fee for everyone
- patients who normally pay for their prescription should pay for medicines for self-care
- those patients who are exempt from prescription charges should also be exempt from paying for medicines for self care
- those who are in need but unable to afford basic items should be supported
- certain items that have proven benefit in self care could be made free for those who get free prescriptions
- if patients do not pay something they do not value what they are getting- even 20p. If they (must) pay and are exempt charges they will go to GP wasting valuable resource and increasing appointment delays on those that need GP.
- I think it would benefit the NHS in the long term for us all to contribute something towards all medicines

Of the 15 who replied, more than 90% thought that a medicine delivery service is necessary in the borough and more than 70% thought that it should not be necessary for patients to have to pay for this.

Fifteen replied when asked to consider current locally commissioned pharmacy services of:

- Emergency hormonal contraception
- On demand availability of specialist drugs
- Supervised self-administration
- Stop smoking service
- Needle and syringe exchange
- Healthy Start Vitamins
- C-Card
- Chlamydia testing

There was generally good awareness that pharmacies in Hartlepool offered these services, although the newest (re-introduced) sexual health services of C-Card and chlamydia testing the least well known with around 40% being unaware of these services. Figure 24 shows how respondents viewed these services with respect to improving access for patients. It is interesting that EHC is one of the longest established pharmacy services and needle exchange is the most recently introduced in Hartlepool.

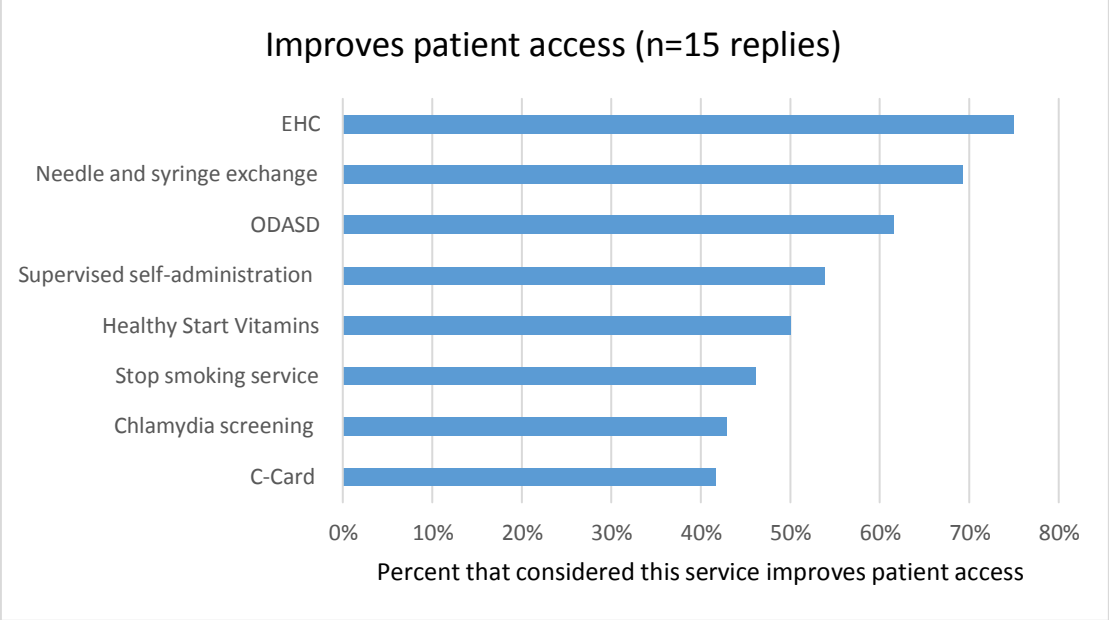

Figure 24. Current locally commissioned services - improving patient access

Overall, the range of commissioned services provided by pharmacies in Hartlepool were viewed as 'about right' by one third (of total n=15) of respondents whereas 53% considered pharmacy services 'could be improved by offering more'; slightly more than stated this in 2014.

Looking at the stakeholder consideration of possibilities for the local commissioning of new services that might offer 'improvement or better access' and are 'needed now' for patients, responses were spread considerably across the wide range of service choice. Figure 25 shows the data but as this is for only 14 respondents it must be viewed with caution. However, the response on perhaps the first 4 services is sufficiently clear:

- firstly, over 90% of respondents indicated their support for a 'free to patients emergency supply service'. Since December 2016 this has become known as NUMSAS in the national pilot of this service described in Section 8.3.2.4
- second, 83% identified the current need in the borough for a service to manage low acuity conditions in a pharmacy, commonly known as 'Pharmacy First'. This is an increase since 2014 when 50% of stakeholders thought that a "minor ailments" service was needed at that time in Hartlepool and an additional 40% thought that it might be needed in the future. This could be combined with the service fifth on the list, an electronic 'refer to pharmacy' service from general practice, designed to reduce attendance at GP practices for patients whose conditions could be managed in pharmacy. Without some form of process for providing medicines free to those who don't pay for their prescriptions, such a service would not provide equitable service access.
- 75% identified the need for a home delivery service; this does exist but outside any national or local funding strategy
- this leaves the 'not dispensed scheme' that 70% of stakeholders identified a need for. This service provides feedback to prescribers on items that have not been supplied to patients, for reasons ranging from
    - the patient already has a supply at home and did not need it to be ordered this time to
    - the patient has elected not to take the product because of concordance or affordability issues.

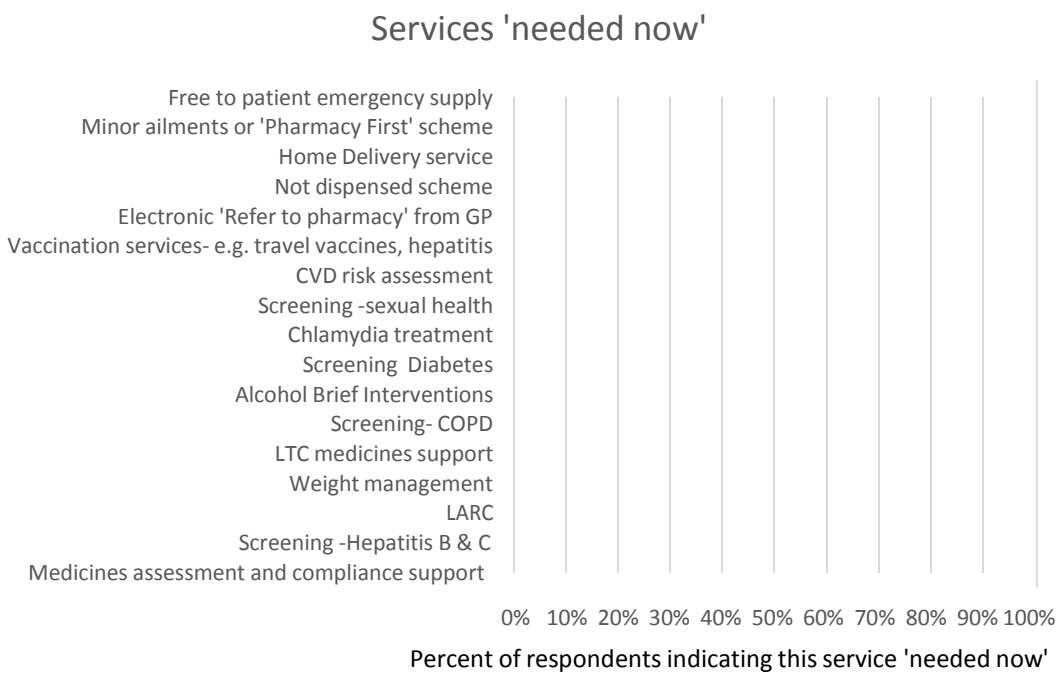

Figure 25.Stakeholder views: services not currently commissioned locally that are 'needed now'

85% of the stakeholder responses suggested that there was no specific ward or locality that might benefit from a new pharmaceutical service being provided from a current pharmacy.

Given the very long list of potential future services, i.e., not available now that stakeholders were asked to indicate if they considered they might be needed in the near future, there were none which stakeholders clearly showed were 'not needed at all' in the borough. Again, the spread was great and response rates small making it difficult to discriminate for these questions. However, at least 50% identified a domiciliary pharmaceutical service, full clinical medication review, emergency planning / antiviral distribution, a language access service, and a medicines assessment and compliance support service as being likely future needs, with 73% also identifying a service for the provision of naloxone to carers or relatives of drug users as a future need.

When invited to choose from a list, up to 3 pharmaceutical services which **"might offer greatest impact (improvement or better access to services locally) if they were to be commissioned",** two services most frequently selected (both by 47% of n=15) were a minor ailments service and an 'out of hours' service.

Summary of key stakeholder themes

The majority of stakeholders were happy with the existing provision of pharmacies (location), their opening times and the quality of pharmaceutical services being provided.

The improved utilisation of existing advanced and essential services was supported by the majority of stakeholders and a need to improve stakeholder

knowledge of advanced and locally contracted service provision identified (including Healthy Living Pharmacies initiative).

The majority of stakeholders were in favor of the extended roles that community pharmacy can offer with support for the wide variety of other services to be delivered via pharmacy now including; extending access to chlamydia treatment and varenicline through pharmacies, screening, weight management, and diabetes services.

The services most frequently identified as offering the greatest impact (i.e., improvement or access to services) if they were to be commissioned in this area were an Out of Hours Service, Minor Ailment service and 'free to patients emergency supply; the first two being the same result in 4 of the 5 local authority areas in Tees Valley. Similarly, 4 out of 5 areas also identified emergency planning and antiviral distribution, domiciliary pharmaceutical services and weight management services as being most needed now or in the future.

8.6.1 Current providers' views on current and future provision

As part of the 2015 community pharmacy PNA data collection, community pharmacy providers were asked to indicate service priorities for future commissioning from their experiences providing pharmaceutical services in the area on a day to day basis. There was high rate of completion of this 'free text' entry (i.e., not driven by 'tick box' list). Two of the services in the five most frequently cited have now been commissioned for pharmacies in the borough; needle exchange and C-Card condom distribution.

This question was repeated in 2017; pharmacies were asked to indicate their top three priorities for services not already commissioned from pharmacy contractors in their area. In both surveys, the potential new service most frequently identified by contractors as the highest priority for commissioning to provide improvement or better access for their reliant population was a 'Pharmacy First' or minor ailments scheme. In 2017, one third of the 16 responding pharmacies cited this as one of their 'top three' priorities for commissioning to provide improvement or better access for the local population with five out of six placing this as their first priority.

Qualitative comments about need for a minor ailments service include:

"minor ailments - we are located in a deprived area and feel that our customers may benefit and this would free up GP appointments"

"minor ailments, ease access for patients"

"minor ailments, reduce strain on surgeries and boost customer trust in pharmacy"

The results for Hartlepool were affected by pharmacies who, for at least one of their choices, listed services already commissioned in the Hartlepool area, but not from that pharmacy. This included the stop smoking service as second most

commonly listed service priority for those pharmacies, with EHC and Healthy Start Vitamins also cited.

The free text option does have a disadvantage in creating a 'tail' of responses mentioned only once or twice. Nevertheless, the next most frequently listed potential new pharmaceutical services identified were also public health priorities and or disease-specific clinical / medicines management services including screening for, or management of, diabetes, hypertension, asthma/ COPD and other long term conditions monitoring. Pharmacies often noted patient requests for these services.

As part of the 2017 community pharmacy data collection, existing community pharmacy providers were asked about a range of themes from their experiences providing pharmaceutical services in the area on a day to day basis. For example, experience of lanaguages spoken; Hartlepool does not have as great a level of diversity as Middlesbrough or Stockton, however there have been new languages experienced by the pharmacists.

8.6.2 Consultation Response

Notification of commencement of the consultation period for the Hartlepool HWB draft PNA will be sent by email, with a closing date set in January 2018 to ensure that all statutory consultees have at least 60 days to be able to respond.

The framework of specific questions for consultees to provide their feedback in response to the consultation will be included as an Appendix to the final document.

9.0 Local Health and Wellbeing Strategy and Future Developments

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

9.1 Strategic Themes and Commissioning Intentions

The JSNA identifies strategic themes and commissioning intentions towards meeting the identified health and wellbeing needs of Hartlepool and a range of existing plans are already in place.

The Hartlepool Health and Wellbeing Board brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all. Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board. Pharmacies can play an important role in the system to address health and wellbeing issues and inherent inequality.

The work of the Board is guided by the Hartlepool Health and Wellbeing Strategy which is currently being updated for 2018. The current Strategy sets out the priorities the HWB and feel are most important for local people, based on the JSNA and other relevant sources of information.

The vision of the Hartlepool Health & Wellbeing Strategy is to:

"Improve health and wellbeing and reduce health inequalities among the population of Hartlepool".

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot (2010) reflecting the wider determinants of health and wellbeing. The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key objectives are:

Outcome 1: Give every child the best start in life
Objective A Reduce child poverty
Objective B Deliver early intervention strategy

Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives
Objective A Children and young people are empowered to make positive choices about their lives
Objective B Develop and deliver new approaches to children and young people with special educational needs and disabilities.

Outcome 3: Enable all adults to maximise their capabilities and have control over their lives
Objective A Adults with health and social care needs are supported to maintain maximum independence.
Objective B Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.

Objective C Meet Specific Housing Needs

Outcome 4: Create fair employment and good work for all
Objective A To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy

Outcome 5: Ensure healthy standard of living for all
Objective A Address the implications of Welfare Reform
Objective B Mitigate against the impact of poverty and unemployment in the town

Outcome 6: Create and develop healthy and sustainable places and communities
Objective A Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B Create confident, cohesive and safe communities
Objective C Local people have a greater influence over local decision making and delivery of services
Objective D Prepare for the impacts of climate change and takes action to mitigate the effects Objective E Ensure safer and healthier travel

Outcome 7: Strengthen the role and impact of ill health prevention
Objective A Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B Narrow the gap of health inequalities between communities in Hartlepool

9.2 Future developments of relevance

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

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

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

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

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

• plans for the development of NHS services

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

• introduction of special services commissioned by clinical commissioning groups

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

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

9.2.1 Housing development and changes in social traffic

National Planning Policy Framework (NPPF) sets out the requirement for local planning authorities to demonstrate a five year supply of deliverable housing sites. The "Five year supply of deliverable housing sites: 1st April 2017 to 31st March 2022" report sets out the borough's housing land supply position in respect of this requirement using a base date of 1st April 2017. Where plans include small numbers of households in any one location this would have little impact in the context of the PNA. Ideally, the PNA should also have regard to potential for demolitions and other losses to the existing housing stock of the Borough as well.

The PNA of 2015 included a summary of major developments being considered by the council at that time. Some plans were only recently submitted and many were not considered to be 'firm plans' in the form of full planning permission granted and deliverable sites within three years. All were considered with respect to the PNA in 2015. Plans have been reviewed and updated for 2018 in the context of the report above and advice from members of the working group from the local authority teams responsible for these plans.

In H1: Hart and Rural West:
The more substantial developments in the context of the PNA are those in locality H1: Hart and Rural West. Note the development at High Tunstall Farm also includes plans for 'public amenity' development. All of the proposed housing developments already have a GP surgery and pharmacy accessible within 4 or 5 miles, often less.

Updates for 2018 on the largest developments*:*

- South West Extension; has had permission for 1260 households approved. Approved (i.e. fewer than 2000 indicated in 2015). Work may start in 2018 but progress until 2031. Any impact not within the life of this PNA.
- High Tunstall Farm: Numbers reduced; Up to 1420 homes to be developed up until 2031, it is envisaged that works will **commence** on site within the next two years. Any impact not within the life of this PNA.
- Quarry Farm; numbers reduced now 81 dwellings - started on site.
- Small numbers at Wynyard (134) and Elwick (35) commenced.
- Middle Warren Farm (near Hartfields): extension agreed 500 houses; timetable not to impact within the life of the PNA - due to **commence** prior to March 2020.

In H2: Wider Seaton:

- Brenda Road East - Any impact not within the life of this PNA; not expected to start before 2020

In H3: Hartlepool Central and Coast:

- Some permissions expired – some developments of smaller numbers (up to 400 households in total across the locality has now commenced on site

There is always uncertainty in the housing / construction market which means that planned developments may not come to completion and given the trend towards single occupancy it may be that this does not always create new but rather re-distributed demand. Given the geography of Hartlepool, the existing community pharmacy provision, and the current status of future plans, it is not considered that any identified redistribution of the population will create a new need for pharmaceutical services that will require a new pharmacy contract within the lifetime of this PNA to accommodate any change.

As new areas of housing are developed at the outskirts of the borough, it is important to acknowledge again that the behavior of people in relation to their choice of pharmacy is more complex than just the distance from home. Hartlepool is geographically very small and with a small home relocation, that doesn't include a change of employment, schools or other social movement other than home, people may maintain some of their previous patterns of movement or access. For Hartlepool, the Local Plan (The Housing and Employment Topic Paper) states *'Hartlepool is a highly self-contained housing market area, with a supply-side containment of 86.8% and a destination containment of 87%1 based on 2011 census migration data.*
Where identified, appropriate relocation of existing pharmacies to provide improvement (such as in premises or facilities) or better access for the population already served by that pharmacy, may be considered.

9.2.2 Health care and GP practice estate

There are no known plans to commission additional general practices in Hartlepool. In recent years, consultation took place on potential closure/ merger of medical practices however, with respect to pharmaceutical needs, patients would remain resident and registered with some general practice within the area so this would not affect dispensing needs nor pharmacy location in the geography of Hartlepool. This should be kept under review by the HWB in case of any subsequent change to pharmaceutical need arising from any changes, but this is considered unlikely at this stage.

There has previously been trend towards the assumption of incorporation of a pharmacy into new general practice estate. Whilst this is sometimes of value, for example at times when an existing pharmaceutical service provider would be lost by virtue of the re-development of premises in which they are located, or when existing providers would be unable to respond to any need for extended opening hours. However, it should not be considered essential that a pharmacy is co-located with a general practice providing that the population of the area in

which that general practice is located is adequately served with pharmaceutical services.

Acute prescriptions - issued during a face to face consultation - account for an increasingly small proportion of all prescribing. Repeat prescriptions are not usually generated following an immediate consultation with a prescriber, but remotely. This is particularly true now with widespread implementation of the Electronic Prescription Service (EPS). Patients will no longer walk away with their prescription in their hand, it will be possible for the e-prescription to be sent to a pharmacy anywhere, including one close to where they live or work. Research shows that 65% of all visits to a pharmacy to dispense a prescription already originate from home and only 27% from the GP surgery – and visits to a pharmacy for prescriptions should only be part of the reason we want people to visit pharmacies.

Where it is possible to influence this, commissioners should consider whether existing local community pharmacy networks may be put at risk where there is not the same opportunity for these networks to deliver new services as the estate is developed. Without careful planning, the introduction of an additional pharmacy, and the associated long-term cost to NHS England as commissioner, may provoke a loss of service in the longer term, and thereby generate a new need to be commissioned elsewhere. The loss of social capital arising from the potential removal of a pharmacy (and/or a doctor's surgery) from a high street setting may also be considered important issues in certain geodemographic areas, depending on where those facilities relocate.

We are not aware of any other developments of note in relation to healthcare estate and NHS England advised that there are no firm plans for changes in the overall number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area at this stage.

10.0 Pharmaceutical Needs

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

10.1 Fundamental pharmaceutical needs

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

Whilst community pharmacies are increasingly providing NHS and other services above and beyond dispensing we must not forget the important role

that they play in providing a safe and secure medicines supply chain. Conversely, we must ensure that commissioners of primary care services understand that the supply function is just one of the fundamental pharmaceutical services that are required.

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

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

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

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

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

- *What is the current level of access within the locality to NHS pharmaceutical services?*
- *What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?*

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

10.2 Pharmaceutical needs particular to Hartlepool

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

Long term conditions: people who manage their own health, wellbeing and care have both a better experience of care and a reduced demand for high-intensity acute services (NHS England, 2016). People with poorer health and more long term conditions are likely to have to take more medicines. They might have to start taking them earlier in their lives. They may need support to manage their medicines properly and to ensure they understand and engage with their medicines taking (compliance/ concordance).

Many people have low levels of knowledge, skills and confidence to manage their health and wellbeing and most patients benefit from understanding more about their illness in relation to their medicines. Good pharmaceutical advice and support can help them become their own 'expert' and encourage them to be a positive and assertive partner in the management of their own health and the medicines-related aspects of it. Patients will better self-manage with improved information and advice **supporting health literacy**.

Any health need, ailment, or condition that involves the use of a pharmacy only (P) or prescription only (POM) medicine will require contact with a community pharmacy (or dispensing doctor in certain rural areas) to fulfil the supply function. Repeat prescribed medication (at least 80% of all prescriptions) does not require contact with a nursing or medical health professional at every issue. However, regular contact with a pharmacy provider (and in long-term conditions this is often the same provider) cannot be avoided unless that patient chooses not to have the prescription dispensed. The opportunity for regular face to face contact with a pharmacy team is invaluable. The **NHS repeat dispensing** service can increase health contacts via a pharmacy and help to better monitor a patient's medicine-taking[20]. A similar benefit of repeated contact for pharmaceutical care has operated for many years via installment dispensing for patients receiving substitute medicines for substance misuse.

There is an ideal opportunity to 'piggy-back' selected interventions on these frequent health contacts. With long-term conditions, routine feedback from and

[20] This is because pharmacy is required to complete a series of checks with the patient before each (often monthly) supply is made to the patient. This does not have the

to the patient about their medicines use that may be shared (with consent) with a prescriber who recognises the value of that feedback, and has processes to respond to it, is likely to improve the overall management of that patient's condition and potentially **reduce unnecessary hospital admission**.

In most long-term conditions, there are significant medicines-related pharmaceutical needs, over and above supply. Evidence supports the value of structured interventions, pharmaceutical advice and information to **support the correct use of medication** to treat conditions such as hypertension, asthma, cardiovascular disease and diabetes. As well as clinical monitoring of outcomes of medicines-taking such a blood pressure, blood glucose, BMI, INR, respiratory function, all of which can be done in a pharmacy, this begins with basic interventions fundamental to dispensing. At the point of completion of that standard process and transfer of the medicines to the patient, often known as 'patient counselling', this aspect should not be lost just because there is a higher level intervention also available in the form of an MUR or NMS. In Hartlepool, the sheer numbers of patients to be supported in their condition mean that there is a pharmaceutical need to provide choice and enhanced support from the wider primary care team outside of general practice.

As the population ages, and the number of ill-health conditions they experience increases, the potential need for **domiciliary clinical services** (not just non-NHS delivery services) will need to be considered, as this may be better use of commissioning resource where proximity to a pharmacy is a potential impediment. The enhanced access to clinical pharmacists (including prescribing) in general practices and the future scale shift in pharmacist teams supporting better management of medicines in care homes will support this. There are examples of valuable patient-facing services that have already been provided by current CCG commissioned medicines management services for example

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

In other parts of the north east, community pharmacies have been successfully providing high quality, clinical pharmacist-led anti-coagulant monitoring clinics, including domicillary visits, for many years.

With both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with secondary care pharmacist colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes. This includes the local Transfer of Care (Nazar H, 2016) initiative using hospital pharmacy staff to communicate information about **medicines at discharge** to a patients' community pharmacy, highlighting opportunities for follow-up pharmaceutical interventions in support.

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

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

There are markedly more children in parts of the H3: Hartlepool Central and Coast locality. In areas where there are more children there will be a greater demand for childhood medicines both on prescription (POMs) and from pharmacy or other sources (P/General sales list (GSL)). Parents with poor educational attainment may need more support to understand how they can best support the self-care of their children. This may include public **health protection advice** and support to encourage them to complete their childhood immunization programme. Low income may impact on their access to medicines without having to obtain a prescription. The Healthy Start Vitamins service will increase accessibility for these products in pregnancy and early years.

Pharmacy access to supportive professional advice in managing low acuity conditions could help provide the added value of repeatedly re-educating the population and **changing behaviours in respect of 'choosing well'** for their health care support. Access to GP services and, in particular, the ease of making an appointment, is a key measure of patient experience. It affects the wider healthcare system because patients who find it difficult to access GP services may seek care through emergency services inappropriately (Primary Care Commissioning, NHS England, 2017). If patients don't need an appointment with a GP or nurse, patients should choose self-care, with the support of a pharmacy if needed. It is important to avoid the potential for a two-tier pathway for self-care; one for those who can pay for any necessary medicines and another for those who can't.

The effects of high deprivation in a significant proportion of all wards in locality H3: Hartlepool Central and Coast locality will impact on the pharmaceutical needs of children and young people. Poorer choices with regard to the determinants of ill-health (poorer diet, parental smoking (including in pregnancy), and other risk-taking behavior) will also affect child health. Brief interventions during contacts with a pharmacy, (such as the free supply of Healthy Start Vitamins or support for self-care of **children's low acuity conditions**) may be used to enhance the opportunity for public health messages related to children such as encouragement to breast feed and family management of diet and exercise to address childhood obesity. Promotion of better oral health would also be of value where the dental caries rates in children are high.

There is a need for support to keep children safe and maintain awareness amongst pharmacy professionals on the appropriate action to take in the best interests of children and young people. Actions to promote **medicines safety** may be particularly important in areas where there is low adult literacy to ensure adequate understanding of the need to keep medicines out of reach of children (especially methadone etc.), to use them properly and to be able to give correct doses.

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

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

There is a pharmaceutical need for patient access to EHC. This clinical service is now well established in community pharmacy and is well used. Contractual issues should not impact on the ability of pharmacy to offer the best advice and support for services i.e., timely re-stocking of chlamydia test kits in pharmacy is an important commissioner-led responsibility. The differential between rates of EHC consultations and rates of chlamydia test / registration for the C-Card scheme, suggest that better use could be made of opportunities to close an EHC consultation with the offer of a chlamydia test and registration for the C-Card scheme, where eligible. Age eligibility for some services may restrict use

and testing rates might improve via pharmacies if there was a treatment option to return to that same pharmacy, where a relationship has been established, after a positive test.

Once more, to meet a fundamental pharmaceutical need for a medicine to be supplied, pharmacy is a safe and secure supplier of medicines. A PGD for chlamydia treatment would broaden the inclusion criteria and an enhanced service would facilitate supply to patients who do not have to pay for their prescriptions without the inconvenience to the patient and NHS expense of a second professional consultation to obtain a prescription. Young people's needs for wider **sexual health support** services such as free pregnancy testing, counseling and contraception advice could also be provided through pharmacies as a stand-alone pharmaceutical enhanced service. Additionallly, new/ revitalized contracting processes could create pharmacies with an improved all-round offer with a sexual health focus building on a previous concept of a pharmacist with special interest (PhwSI) programme or using an LPS contract. Either way, other opportunities to improve rates of use of these services delivered through community pharmacies has been identified.

There are a range of pharmaceutical needs in relation to the support and management of patients with mental health problems including those related to dementia, dual diagnosis, harm minimization and substance misuse. Part of the 2017-18 national pharmacy Quality Payments Scheme, and HLP development, is for staff to become 'dementia friends'. Supervision and compliance support can be extended to mental health issues other than addiction and opportunities for early identification (mental health first aid) and signposting into talking therapies, or even provision, could be explored. A feasibility and pilot study currently underway in the north east called the Community Pharmacies Mood Intervention Study or 'CHeMIST', aims to evaluate the delivery of brief psychological support via community pharmacies to people living with long-term health conditions who will be at an increased risk of developing depression.

As well as the needs for routine **safe and secure supply of medicines** to support drug treatment, often in line with controlled drugs legislation, the need for supervised self-administration is now common-place and almost routine. This client-group also has further pharmaceutical needs related to the management of blood-borne viruses, including provision of safer injecting equipment, good quality information and screening services. The recent introduction of a pharmacy-based needle exchange service in Hartlepool provides some opportunity for this advice to be made available. Evaluation of the service will need to consider threshold capacity issues and resilience with the small number of pharmacies offering the service. Pharmacies see these clients regularly and can become a valued professional support.
Apart from health prevention activity in relation to cancers there are pharmaceutical needs arising from the treatment of these conditions. Again, the safe and secure supply function here is not to be underestimated. Quality and safety in relation to routine controlled drugs supply is fundamental, however there are often issues in relation to the timeliness of access to the range of drugs used at the **end of life.** The continued availability of local arrangements

to improve the patient/ carer experience in accessing dispensed medicines at the end of life is key.

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

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

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

Others include :

- prescribing support to primary care involving regular and systematic review of prescribing activity with interventions to increase the clinical and cost-effectiveness of prescribing
- pharmaceutical advice to support the patient safety and PhS contract management process and 'market entry' processes at NHS England
- managing the entry of new drugs to the NHS and supporting commissioning of sophisticated treatments
- Patient Group Direction development
- professional development on prescribing and medicines issues to healthcare professionals, practices and care homes, including GPs, nurses and receptionists and pharmacy staff
- support for independent and supplementary prescribing by pharmacists and others
- strategic advice to support the controlled drugs agenda and
- strategic input into the development of public health and community pharmacy, including the PNA itself.

People who manage their own health, wellbeing and care both have a better experience of care and a reduced demand for high-intensity acute services. However, 40% of people have low levels of knowledge, skills and confidence to manage their health and wellbeing. The health and care system can do much more to support people to make better informed choices and to be more active in managing their own health, wellbeing and care.

Finally there is evidence that patient access to a pharmacy may be constrained by a lack of knowledge of service availability and this is an issue that should be much easier to address than many of the others, but has historically proven difficult, not just locally, but nationally.

10.3 Pharmaceutical needs particular to Hartlepool localities

10.3.1 Locality H1: Hart and Rural West

The wards of Hart and Rural West are characterized by their rurality and measures of greater affluence; most of the properties are owner occupied and there is a high level of access to a car. It is recognised that the degree of rurality and expectations of access to pharmaceutical services and the population demographics may be also changing with the considerable housing development activity on-going in this locality. The emphasis on pharmaceutical needs based on demographics is mixed; [Hart] ward shows one of the highest population proportion of children in the Borough, conversely, [Rural West] has the second lowest proportion of children in any ward but the equal highest proportion of older people (26%). However, taking demographics into account, including 'pockets' of aging population and usual village issues, the fundamental pharmaceutical needs of this area are largely already identified in the general description for Hartlepool.

10.3.2 Locality H2: Wider Seaton

A characteristic of the H2: Wider Seaton locality is a generally lower level of children and higher proportion of older people, particularly in [Fens and Rossmere] and it is important that the needs of these ward populations are not overlooked.

10.3.3 Locality H3: Hartlepool Central and Coast

All of the pharmaceutical needs identified for Hartlepool are most prominent in this locality since it contains the majority of the resident population. The pharmaceutical needs of the transient daily population and visitors attending the town centre facilities or leisure activities must also be accommodated. The pharmaceutical needs of patients attending the GP Extended Access service located here are also to be addressed.

11.1 Shaping the future: statement of Need for Pharmaceutical Services in Hartlepool

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

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

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

The statement should further identify if these necessary services are

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

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

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

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

11.1 Statement of need: Dispensing services

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

11.2 Statement of need: pharmaceutical need for essential services

11.2.1 Borough of Hartlepool – all localities

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

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

Following this assessment, the HWB has considered that the current providers of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services are necessary to meet the current and likely future pharmaceutical needs for Essential services in all localities of the Hartlepool HWB area. The dimensions of the existing service provision described above are also considered to meet the need in all localities.

Responses to the patient survey contribute in part to the evidence for this i.e. that the great majority of respondents stated that it was easy to visit a pharmacy and that they could find a pharmacy open when they needed one. The pattern of opening hours is therefore necessary and the HWB does not seek to change the pattern. In particular, for the pharmaceutical needs to continue to be met, the range of core hours currently provided before 9 am and after 6pm on week days and all core hours on Saturday and Sunday must be maintained.

The 100-hour pharmacies in Hartlepool are necessary providers of core hours, particularly at evenings and weekends. The HWB would regard any reduction in their services by virtue of reduced opening hours as creating a gap in service and would wish to maintain the current level. The HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of all localities of Hartlepool. For H1: Hart and Rural West needs are met by providers of pharmaceutical services just outside the locality. Some providers of pharmaceutical services outside the HWB area provide very

limited improvement and better access in terms of choice of services, but these are not necessary services i.e. there is no gap in service that cannot be met from pharmacies located within the HWB area.

This includes consideration of HAST CCG provision of GP Extended Access. From 1 April 2017 there is population based (not practice based) extended access from three hubs, one in Hartlepool and two in Stockton. Services from the Chadwick Practice, One Life Centre, Hartlepool are provided between 6.30 pm and 8.00 pm Monday to Friday, and 10.00 am to 1.00 pm Saturday, 11.00 pm to 1.00 pm on Sunday. The evening and weekend appointments are available to everyone registered with a GP in Hartlepool and Stockton-on-Tees and patients can book an appointment by calling their GP practice or NHS 111. All appointments are bookable two weeks in advance; same-day appointments will be bookable through NHS111. Service provision, access and availability will be evaluated in October 2017 to evidence and inform future commissioning options.

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

The local health needs of the Hartlepool area indicate that programmes to encourage behaviour change in terms of attitudes towards smoking, breast feeding, diet, alcohol and sexual health (as examples) should be an important feature of public health plans in the immediate and short term future. The current essential pharmaceutical services that can be employed to support these activities are **necessary** to meet the pharmaceutical needs of the population. Commissioners might take steps to gain **improvement or better access** to these services by ensuring that opportunities afforded by the essential services of the community pharmacy contract are used to their fullest extent to achieve maximum impact as part of an integrated programme of public health activity in these areas. Brief intervention and case-finding, accurate signposting and strong public health campaigns can all be initiated with limited financial resource, particularly with the existing foundation of a ready workforce in HLP; there is a greater opportunity cost of not maximizing the potential of these services.

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

11.2.2 Locality specific needs including likely future needs

11.2.2.1 Locality H3: Hartlepool Central and Coast

There is the greatest need for public health intervention as described above within the H3: Hartlepool Central and Coast locality. All pharmacies should be recruited to actively pursue all opportunities through the essential services. Clear strategies for intervention and reporting should be developed and supported.

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

11.2.2.2 Locality H2: Wider Seaton

Having regard to all of the issues presented throughout, no additional pharmaceutical needs for essential services are identified over and above those general needs identified for the HWB described above. Some providers outside the HWB area provide improvement or better access in terms of choice of services for the population of this locality. Taking into account all of the information presented throughout and potential future needs, there is **no gap** i.e. no identified need for any additional provider in this locality. More than satisfactory choice is available short distances away. Some housing development is on-going in this locality but having regard to all the relevant factors it is considered that no additional provider is required to meet the necessary current pharmaceutical needs, or likely future needs of this population.

Seaton pharmacy is one of only two pharmacies in the H2: Wider Seaton locality. These pharmacies do provide important and necessary access to pharmaceutical services to the resident and visiting population of that locality and improve access for some patients in the south of the H1: Rural West locality so the allocation of Pharmacy Access Service funding from national government to this necessary pharmacy, is welcomed. The funding is currently only announced to apply until March 2018.

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

11.2.2.3 Locality H1: Hart and Rural West

Section 8.2.1 describes the availability of existing services in some detail and notes that it is not axiomatic that a ward or locality needs a pharmacy to be located there in order for the population needs for pharmaceutical services in that area to be reasonably met. Pharmacy location must be considered alongside population density and social traffic.

It is acknowledged that some of the population of Hart and Rural West require transport to be able to access the essential pharmaceutical services that are provided only short distances away outside of their wards. However, car ownership is high and the choice of pharmacies within a few miles is great.

There has been, and continues to be visible housing development on-going in the Bishop Cuthbert/ Middle Warren area of the Hart ward. The transferred or in-coming population, will not have the higher levels of pharmaceutical need related to deprivation that are a feature of the other Hartlepool wards in the locality H3. Car ownership rates are likely to be high and the likely future pharmaceutical needs will therefore be easily met by the large range of pharmacies available within accessible walking or, more likely short driving distance. Where necessary, public transport provides the population with additional access and extensive choice being within accessible reach of the town centre pharmacies. In this newly developed area, there is a little in the way of public amenity space, or potential sites for such which are located at accessible areas towards boundaries more distant from existing pharmacies.

Considering the future needs of the population of the Rural West ward, there are plans submitted, and some approved, for household construction in this ward. Many of these are relatively small scale, e.g., 30 more households at Elwick within the next 5 years, but others are likely to have a greater impact on population, social traffic and potential wider service needs within a medium to longer term timescale, e.g., the 'South West Extension' on land next to the A689 opposite Greatham, and the 'High Tunstall Farm area. All known plans (submitted and approved or pending) have been considered in making this assessment. Some elements of infrastructure and public amenity are also referred to in some of these developments. However, these two areas are geographically separate and the needs of incoming populations in each area would need to be considered separately. Although plans are relatively advanced, it is not possible to properly determine any likely future need for pharmaceutical services within the timeframe of this PNA.

Taking into account all of the information presented throughout and having regard to current and potential future needs within the time-frame of this PNA, and the benefit of sufficient choice, there is no identified need for any new provider of pharmaceutical services to be located in this locality to meet the needs for necessary pharmaceutical services in the locality. Any new provider that might be located within three miles of existing providers, offering no core hours on weekday evenings, nor any substantial provision at weekends such as is available at the 100 –hour pharmacies in the central town area would not at any time be considered to be necessary, nor offering improvement or better access to pharmaceutical services now or in response to likely future needs.

11.3 Pharmaceutical need for advanced services

11.3.1 Hartlepool – all localities

11.3.1.1 Medicine use reviews (MURs)

Services to support people managing their medicines are pharmaceutical services which provide **improvement or better access** towards meeting the

pharmaceutical needs of the population. Service provision has developed rapidly over recent years demonstrating contractor commitment to providing this service for patients, even with the introduction of 'targets groups' for patients. Although there is some remaining potential or capacity which already exists within the existing pharmacy contractor base in Hartlepool, there are no gaps in the current provision that would require additional providers.

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

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

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

11.3.1.2 Appliance use reviews (AURs)

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

11.3.1.3 New Medicines Service (NMS)

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

- Improving patients' knowledge about NMS
- Improving the selection of patients for NMSs
- Involving secondary care colleagues, CCGs/ GPs in the plans to improve pathways, particularly on discharge from hospital, and increase the opportunities use/ target NMS

11.3.1.4 Community pharmacy NHS seasonal flu vaccination service

The majority of service provision for seasonal flu vaccination remains with general practices and as such, the pharmacy service is not a necessary pharmaceutical service. However, provision of this service commissioned by NHS England provides **improvement or better access** for patients. The availability of the service on a drop-in basis, at times that include weekday

evenings, Saturdays and Sundays in some premises, will contribute to the 'convenience and choice' that patient feedback reports.

11.3.1.5 NUMSAS – emergency supply via NHS111

It is too early to understand the impact of this service but preliminary conversations suggest that patients will experience improvement or better access to medicines via the service. This supports additional interventions with patients who manage their repeat medication in a chaotic way to bring about more sustainable improvements

11.4 Statement of need: Pharmaceutical needs for enhanced services

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

11.4.1.1 Extended hours (Bank Holiday) directed service

There is a pharmaceutical need for essential services to be available on days when all normal pharmacy provision could be closed (e.g. Bank Holidays). The service is of increasing value as more general medical services facilities become available in these extended hours or out of hours periods. In the absence of any other provider, a minimum service is considered **necessary** to meet the needs of the population of Hartlepool. In order to meet the needs of Hartlepool HWB population, pharmacies are also commissioned outside of the HWB area, but within the Tees area, and contribute to provision of this necessary service. Provided at least the current level of direction of pharmacies on these days is maintained, there is considered to be **no gap** in the current provision of, or likely future needs for, this pharmaceutical service; the pharmaceutical needs of the population are met. Arrangements must be agreed well in advance so that patients are able to make best use of the services by being able to be fully aware of them.

11.4.1.2 Emergency planning: supply of anti-viral medicines

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

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

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

11.5.1 Other community pharmacy services *currently locally commissioned* in Hartlepool

11.5.1.1 Emergency hormonal contraception (EHC)

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

The needs assessment takes into account the current (low) level of provision available from other (non-pharmacy) NHS providers (i.e. Sexual Health Teesside (SHT) and general practices) and determines that the EHC locally commissioned service is **necessary** provision by community pharmacies in both localities of Hartlepool that it is available. With the current level of accreditation of pharmacies and pharmacists across the Hartlepool localities there is considered to be **no gap** in the provision of this pharmaceutical service; the pharmaceutical needs of the population, including access and choice, are met by the service commissioned (indirectly) by the local authority.

Based on likely future needs, at least the same number of pharmacies, pharmacists, and broad location of community pharmacy providers in the Hartlepool area would need to be maintained in order to continue to meet this need - unless there was a substantial change in the alternative NHS provision, which would require the need for community pharmacy provision to be re-assessed. The commissioner has already made good use of the opportunity to commission EHC from a large number of pharmacies, including the 100 hour pharmacy providers. The aim should be for almost all pharmacies to be in a position to offer EHC most of the time; monitoring the availability of EHC provision, by exception reporting, may be useful. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this.

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

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

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

Improvement or better access to this service could be afforded by maintaining the capacity of community pharmacy provision around that currently provided, whilst monitoring trends to establish future needs as periodically identified. Maintaining numbers of suitable pharmacy providers builds capacity to support periodic breaks in service provision during the transition between pharmacist managers. More flexible accreditation processes could also support this. The commissioning resource to support this level of accreditation and contract management must be maintained to facilitate this level of access. Specific service improvements through the existing enhanced service, for example to support the needs of those not being supervised on a daily basis, should be addressed through the review activity during 2014-15 following the introduction of PharmOutcomes® to support data-handling from mid-2014.

11.5.1.3 Stop smoking Service

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

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

Future improvement or better access to this service could be afforded by increasing the capacity of community pharmacy provision beyond that currently provided should the specialist commissioner consider that appropriate in response to future needs as periodically identified. In particular, the HWB could make better use of the opportunity to commission this service from other 100 hour / extended hour pharmacy providers without detriment to the availability of services in local communities.

The introduction of a PGD service for varenicline in community pharmacy could also offer **improvement or better access** in the near future to provide greater capacity.

11.5.1.4 Healthy Start Vitamins

There is a public health need for statutory provision of Healthy Start Vitamins (HSV) to eligible women and children in Hartlepool. The absence of any other service provider means that the **current** community pharmacy locally commissioned service is **necessary** to meet the pharmaceutical needs for this service in all localities in Hartlepool. The service started in April 2014 indications are that there has been a substantial increase in the number of vitamin supplies made compared with the previous service model. Commissioners need to respond to contractual changes required as a result of a change in national guidance. **No gap** is identified providing contractual responsiveness is maintained.

11.5.1.5 C-card service (free condom supply)

Teenage pregnancy rates are high in Hartlepool and the other HWB areas on Teesside. There is a public health need for support services beyond EHC for young sexually active women who are at risk of pregnancy and for prevention of STIs. Having regard to the current level of provision available from other providers (both NHS and wider provision including local authority and the voluntary sector) there is **not** considered to be a **gap** in provision. However, indications are that the lead provider could facilitate an improved offer of this service in community pharmacy as maintenance of this 'other relevant service' will provide **improvement or better access** in accordance with current and likely future needs.

11.5.1.6 Chlamydia testing

There is a public health need for a chlamydia screening service which is **necessary** to meet the needs of the population of Hartlepool. Having regard to the current low level of provision available from other commissioned providers (SHT and general practices and non-healthcare settings for 'issue-only) the **current** locally commissioned pharmacy-based chlamydia screening service is considered to provide a **necessary** service in Hartlepool.

However, it is understood that further **improvement or better access** to this service could be afforded by investing in an improved service pathway for this service. There is scope to achieve this with the existing pharmaceutical services providers should they be responsive to that identified need for improvement. It is considered that the service to the patient would benefit from a 'consultation' based approach, a stronger association with EHC provision and in the longer term, the potential to provide treatment to those whose returned test is positive..

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

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

In an End of Life Care (EoLC) situation, a patient's condition may deteriorate rapidly and the demands for medicines change in a way which is less easily planned. Pathways for EoLC should reduce the frequency for urgent access to those medicines frequently used at this time, however not all eventualities can be planned for. At the PNA in 2011, it was considered to be a **necessary** pharmaceutical service that information was available to health professionals supporting patients on which pharmacies are most likely to be able to dispense the required prescribed medicines with the usual opening hours of community pharmacy (which of course now also covers parts of the 'out of hours' period after 6.30 pm weekdays and at weekends. The facility for pharmacies to signpost is included in essential services; commissioners are required to maintain the information required and to promote the mechanism of access to that information.

Additionally, **improvement or better access** to the availability of those medicines is afforded by commissioning selected community pharmacies to maintain a suitable stock list of medicines, including the potential for **improvement or better urgent access** to medicines required for prophylaxis of meningitis or similar. It is considered that the need for this pharmaceutical service in Hartlepool is met by **current** provision, and there is **no gap** in meeting current needs or likely future needs whilst this service remains commissioned by the CCG**.** Adequate resource to maintain the accuracy and availability of the information element of this pharmaceutical need, which would include signposting by other community pharmacies, is essential.

11.5.1.8 Needle exchange

Substance misusers require sterile injecting equipment, information, advice and support to minimise the complications associated with drug misuse and accessing injecting equipment elsewhere. A pharmacy needle exchange service is commissioned by Public Health. Given the volume of activity, this service is considered to be **necessary** to meet the needs of the population of Hartlepool. A review of capacity at the small number of pharmacy sites might identify any scope for **improvement or better access** in line with the specific needs assessment regularly undertaken by the specialist commissioner. Many pharmacies in Hartlepool offer seven-day opening for good potential access to harm minimization services

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

11.6.1 Management of low acuity conditions via community pharmacy

The NHS report on the urgent care review, published in June 2013, highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. (NHS England , June 2013). There is substantial national support for making better use of community pharmacy to support pathways of care via the Urgent Care service. NHS England has indicated that it will test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy. This will develop an evidence-based, clinical and cost effective approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust".

Many other areas in the north east and England operate a service via community pharmacy to support patients with low acuity conditions, particularly in areas where social deprivation and real poverty are apparent. Scotland has operated the Minor Ailments Service (MAS) as an Essential service since 2006.

In most areas therefore this would not be considered a 'new' concept but for the benefit of clarity a description is provided here. For most services of this type, a patient either self-refers or is referred (for example by a general practice, or NHS111) for a consultation with a pharmacist on specific minor ailments or low acuity conditions. The first requirement here is for clinical advice, and many patients benefit from advice which requires no further action.

Patients who require a medicine may be supplied in accordance with a local protocol and formulary for that condition. It is of particular value to those who do not pay for their prescriptions, who are able to sign a declaration to access these medicines free of charge. Given what is known about the levels of need for management of minor ailments and the income deprivation in Hartlepool generally, but particularly in H2 and H3 localities, this will be a large number of the population here. It consequently also offers choice to those whose household income deprives them of choice, and is more convenient, offering a 'one-stop' service pathway.

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

general practice resource and steps are being taken to avoid the expense of prescribing medicines available more inexpensively from a pharmacy.

In the absence of a commissioned service, where a medicine is required, those who pay for prescriptions and can afford to choose to do so can purchase over the counter products from a pharmacy. This creates a two-tier system; it is more inconvenient for patients and may increase ill-health with the opportunity cost of failure to treat a condition in a timely way. Patients may first visit a pharmacy, find they cannot afford to purchase a medicine and then either need to access a general practice and then a pharmacy again to dispense a prescription, or perhaps leave a condition untreated. A service which better manages suitable low acuity conditions via pharmacy avoids the need for vulnerable groups to make an appointment with a GP, or worse, attend A&E, just to access such medicines for free. The patient survey for the PNA, although not a representative sample, did again indicate that financial constraints had sometimes required them to use a GP/A&E unnecessarily.

If the intent is to manage care in the right place, and closer to home, it also makes better use of professional time if pharmacists are able to be responsible for managing minor conditions and leaving general practices, including Extended Access facilities, to deal with more appropriate conditions, including those triaged by the pharmacy service and offered an enhanced referral into general practice if required. To avoid the misuse of such services they must be carefully specified, monitored, maintained and managed by the commissioner if they are to provide best value. Electronic management systems and access to clinical support services such as NICE Clinical Knowledge Summaries and the Summary Care Record in the pharmacy create a very different service environment to that in place in the past.

In the current climate, it is now considered that a 'Pharmacy First', or similar service would provide substantial improvement or better access to equitable pharmaceutical self-care in Hartlepool for at least some conditions or circumstances and where the needs of the population are greatest. Offering choice to all could form an experiential part of the wider drive to encourage system-change with patients and the general public to use the health care setting most suitable for their needs.

At the time of the draft document in 2015, there was no commissioned service in pharmacies so this was identified as a current gap in provision in this 'other relevant service'[21]. A short pilot Seasonal Ailments Service was in operation (commissioned by HAST CCG) at the time of the final PNA which ended in 2015.

For this draft PNA of 2018 this assessment is partially deferred as follows:

There is considerable potential to provide **improvement or better access** to the support provided to patients in the borough to manage low acuity conditions or minor illnesses. This is particularly true in Hartlepool where levels of

[21] **other relevant services:** although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless would secure **improvement to, or better access** to such provision

deprivation impact significantly on individuals' ability to look after their own health and well-being. Where there is no service to support this, a **current gap** in provision in this '**other relevant service'** is identified. Meeting this potential gap would not require any new pharmacy premises, but some form of commissioned service whose scope may be determined for at least some conditions, on some days or times and at some locations in Hartlepool, particularly for those of the population whose needs are greatest or most urgent and where those needs could be justifiably managed by community pharmacy. The assessment is deferred on the basis that

- in 2016, NHS England stated that "minor ailments services are already commissioned by clinical commissioning groups (CCGs) across many parts of the country and ultimately NHS England will encourage all CCGs to adopt this joined-up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale" (NHS England, 2016).
- HAST CCG Operational Plan 2016 includes a statement to "review current service provision for minor ailments". This overlapped in time with NHS England reported intent to "test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy" (NHS England, 2016).
- testing of a 'Community Pharmacy Referral Service' (from NHS111) will commence in the north east (commissioned by NHS England) in December 2018 so the future availability of this particular 'other relevant service' will depend on commissioning decisions made once the outcome of the service test is known; evaluation may support further understanding of local issues involved in the implementation of such a scheme. Any new information which may affect the assessment of **current or future need** in the PNA will need to be considered at that point.

11.6.2 C-card service

Teenage pregnancy rates are high in Hartlepool and the other PCTs on Teesside. There is a public health need for support services beyond EHC for young sexually active women who are at risk of pregnancy. Having regard to the current level of provision available from other providers (both NHS and wider provision including local authority and the voluntary sector) there is **not** considered to be a **gap** in provision. However, activity is low and should be improved if this **'other relevant service'** is to provide **improvement or better access** in accordance with current and likely future needs.

11.6.3 Anticoagulant monitoring service

International normalized ratio (INR) monitoring for patients undergoing anticoagulation is a necessary service. Having regard to the current level of provision available from other NHS providers (general practice or the acute sector) there is **not** considered to be a **gap** in provision. It is not considered that

a community pharmacy service is required to meet the current necessary pharmaceutical needs of the population of Hartlepool. However, as the population ages, consideration of likely future needs might evaluate how a pharmacist-led service might provide improvement or better access to support the needs of this sector of the population.

11.6.4 Care home service

The provision of advice to care homes on safe and secure management of medicines is a **necessary** pharmaceutical service. Some NHS provision of this service is currently delivered by a commissioned service provided a commissioning support organisation. Some local authorities have commissioned services such as this directly and care homes themselves have some responsibility to understand their own needs. NHS England is also currently determining extra support for managing medicines in care homes with pharmacists and technical staff. There is **no identified gap** in local provision via community pharmacy subject to consideration by NHS England of likely future needs. It is noted that NHS provision is supplemented to various degrees by the private or commercial (non-NHS funded services) offered by many community pharmacies.

11.6.5 Disease specific medicines management service

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

Initially, better use should be made of opportunities to support these groups of patients through advanced services. Patient and professional engagement highlighted some support for pharmacists' involvement in long term conditions, for example in routine monitoring for diabetes or hypertension. Several evidence-based reviews of the potential contribution pharmaceutical services can and do make to the management of long term conditions may support future commissioning strategies.

11.6.6 Gluten free food supply service

Gluten free foods are currently supplied to patients via NHS prescription, though continuation of this has been subject of consultation. Many patients elect to buy products but for those constrained by income a prescribed product would make recommended quantities available free. It is not considered that any commissioned community pharmacy service is required to meet a necessary pharmaceutical need for access to gluten free foods. However it could provide **improvement or better access** (and certainly an element of choice currently unavailable) for a small number of these products to be available direct from pharmacy on the NHS. Should a CCG elect to commission, the use of formularies and recommended quantities via a pharmacy-led service might improve cost-effective management of these specific products, saving

general practice time, providing patients with accessible and timely supply, choice and convenience of not having to access a prescription.

11.6.7 Home delivery service

There is no NHS service for home delivery of medicines other than highly specialist products (such as certain dialysis fluids). The substantial provision of privately operated (non-NHS funded) prescription collection and delivery services by virtually all community pharmacies is acknowledged. Patients regard these services highly but they are not without issue. An NHS-funded home delivery service is not currently required in Hartlepool to meet the pharmaceutical needs of patients or carers. However, as more patients use non-NHS home delivery services, this highlights the absence of routine widespread arrangements to support domiciliary delivery of some pharmaceutical services. Pharmacies are required only to take reasonable care to ensure that the process for closure of the dispensing process (including patient counselling) is complete.

11.6.8 Alcohol brief intervention service

Whilst the essential services of the PhS contract provide for brief interventions to be made on public health issues, there is no requirement to target particular groups of patients, provide a specific intervention or action, or to record or provide feedback to commissioners or patients on these interventions. Given the rates of hospitalization due to alcohol in the Hartlepool area and culture of binge drinking, particularly amongst young people, an alcohol brief intervention service delivered in a community pharmacy setting could be considered to provide **improvement or better** access to such an intervention for the population of Hartlepool. This is a common intervention made by HLPs but quantification of provision is not fully available.

11.6.9 Language access service

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

11.6.10 Medication review service

The provision of a Medication Review service, with access to full patient records, is a **necessary** pharmaceutical service. NHS provision of this service is currently delivered by a combination routes; general practices themselves; NHS commissioned clinical pharmacist in general practice arrangements and some CCG-provided or CCG-commissioned pharmaceutical services in general practice, domiciliary or care home settings. Having regard to the current

level of provision available from other NHS providers there is no evidence of

any gap in provision of this service based on current or likely future needs, whilst these services remain in place.

11.6.11 Medicines assessment and compliance support service

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

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

11.6.12 Out of hours services

Access to medicines in the 'out of hours' period is the responsibility of the NHS commissioned Out of Hours provider. Having regard to this responsibility, **no gaps** are identified with regard to this necessary pharmaceutical service.[22]

11.6.13 Patient Group Direction (PGD) Service (other than EHC)

PGDs are already used to facilitate access to EHC in community pharmacy and for the NHS flu vaccination service. The use of a patient group direction service is dependent on the legal classification of medicines which might usefully be supplied from a pharmacy without the need for a prescription. This pharmaceutical need is therefore specific to a given drug or drugs that might be identified in future as suitable for supply in this way. The PNA identifies the potential for **improvement or better access** to varenicline via PGD in community pharmacy associated with the locally commissioned stop smoking service and potentially, for vaccinations other than seasonal flu such as hepatitis B for example.

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

11.6.14 Prescriber support service

The provision of a Prescriber Support Service is a **necessary** pharmaceutical service. NHS provision of this service is currently either a directly provided service of CCGs or provided by a commissioning support organisation. Significantly increased availability of support to and for within general practices is being made available by NHS England through the GP Forward View programme of clinical pharmacists in practice. Having regard to the current level of provision available there is considered to be **no gap** in provision of this service based on current or likely future needs whilst the level of these provided services remain in place.

11.6.15 Schools service

Schools have certain responsibilities in relation to medicines that would benefit from pharmaceutical advice. There are pending changes to the School Nursing Service such that this will be commissioned by Public Health. Having regard to the current level of provision available there is considered to be **no gap** in provision based on current needs.

11.6.16 Healthy Heart Check

High levels of Cardiovascular Disease (CVD) in Hartlepool suggest that there is a substantial potential public health benefit to be gained from operating a successful CVD screening programme. Having regard to the current level of provision available from other NHS providers (general practice and local authority commissioned services in workplace settings) a community pharmacy service provision is considered to offer the potential for **improvement or better access** towards meeting the needs of the population of Hartlepool. Public Health England are supportive of reviewing the potential for this service to be made available from community pharmacy and the infrastructure is now more readily available than it was when previous pilot schemes were attempted locally.

11.6.17 Other screening service(s)

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

11.6.18 Supplementary prescribing service

Opportunities for pharmacies to prescribe for minor ailments and conditions or

to operate specialist clinic services such as for INR monitoring, stop smoking, or services for drug users could be explored with a view to a strategic plan for pharmacists to consider training as supplementary or independent prescribers

which might provide improvement or better access to pharmaceutical services in the future.

12.1 Conclusions

The Statement of Pharmaceutical Need (section 11) presents the main conclusions and the Executive Summary a more specific view, by pharmaceutical service, than is presented here in this section, hence they should be read together.

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

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

All the current needs and likely future needs for these necessary services are met by contractors and services provided within the HWB area, although providers outside the HWB contribute by providing improvement or better access to some pharmaceutical services such as the dispensing of some prescriptions for appliances, and the dispensing of a small percentage of routine prescriptions, for convenience or choice, either by distance selling or otherwise.

Some of the current and likely future needs for these necessary pharmaceutical services are partly met by services which are provided by others than pharmacy or appliance contractors, which the HWB have had regard to in completing this assessment.

Some of the current and likely future needs for these necessary pharmaceutical services are met by services which are commissioned locally by NHS, or other commissioners, other than NHS England, which the HWB have had regard to in completing this assessment.

An exception is the support for patients in their management of low acuity conditions. This is currently described as an ‘other relevant service’ i.e. not a necessary pharmaceutical service but one which may provide substantial improvement or better access to pharmaceutical self-care for at least some minor conditions for at least some of the population, in the absence of equitable

alternative arrangements. As the CPRS service will commence during the consultation period, it is difficult to assess the current or likely future need.

A considerable range of other relevant services have also been identified.

These are services which are not necessary to meet the need for pharmaceutical services in the Hartlepool area but nevertheless secure improvement to, or better access to, pharmaceutical services in the area. Some of these other relevant services are provided currently and for others, improvements can be made to support better access to pharmaceutical services now, such as needle exchange, others might be commissioned in the future.

Some of the current and likely future needs for these other relevant services are wholly or partly met by services as follows which the HWB have had regard to in completing this assessment:

- those services provided by others than pharmacy or appliance contractors
- those services commissioned locally by NHS, or other commissioners, other than NHS England and
- those services offered by providers outside of the HWB area

There are some additional broad conclusions that should also be acknowledged arising from this assessment.

1. Maintenance of the PNA could ideally become more integrated into the work undertaken to develop the JSNA to help to ensure that pharmaceutical needs are more closely identified as an integral part of overall health needs and the strategic plans for healthcare, public health and social care that follow.
2. To better enable the content of the PNA to be used by anyone (including LA or NHS officers, any healthcare or other professional, other stakeholders, patients or members of the general public) that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Hartlepool, it may be helpful to produce an easy read guide to the PNA in due course.

3. It is important to invest effort and resource to work with existing providers to ensure that the highest standards of quality and value for money and the optimum range of all services are delivered. This requires all commissioners to maintain and improve contract specifications, standards and audit and performance monitoring opportunities (including the national contract) and national competency standards such as those for public health.

4. As part of the above, opportunities may be sought to increase understanding of patient experience of local pharmaceutical services and obtain further qualitative information. Activity to seek more detailed understanding of the views and experiences of patients, carers and their representatives,

including those with protected characteristics, may continue after the PNA is published as part of on-going maintenance and wider quality management and enhancement of pharmaceutical and related services

5. Public and professional access to accurate and timely information on pharmacy opening hours, services and location could be improved to ensure that all the population, including those with a protected characteristic, may benefit. Suggestions from the patient survey for the PNA may be further evaluated and shared.

6. The availability and purpose of the high quality consultation facilities could be better promoted to the general public and commissioners.

7. There is scope for improvement in the delivery of the advanced services of the PhS contract, including patient selection, case finding, and feedback to prescribers. Development of formal pathways which facilitate secure electronic communication to support hospital discharge referral to community pharmacy for an advanced service would be of particular value, and are being implemented locally.

8. The on-going potential for improvements in delivering public health messages and or services through Healthy Living Pharmacies should be maximised.

13.0 Acknowledgements

Members of the PNA Steering groups wish to acknowledge the contribution made by all of those who have been involved with the development of this PNA.

14.0 Glossary of Terms

Abbreviation	Explanation to update
ACT	Accredited Checking Technician
AUR	Appliance Use Review
CASH	Contraception and Sexual Health (Clinic)
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CPNx	Needle Exchange
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DH	Department of Health
DDA	Disability Discrimination Act
DDT	Durham Darlington Tees
DRUMs	Dispensing Reviews of Use of Medicines
EHC	Emergency Hormonal Contraception
EoLC	End of Life Care

ePACT	Electronic Prescribing Analysis and Cost
EPS	Electronic Prescription Service
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
FP10 MDA	Prescriptions used for installment dispensing of certain controlled drugs.
FSM	Free School Meals
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
GP	General Practitioner
GSL	General Sales List medicine
ID	Indices of Deprivation
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LLTI	Limiting Long Term Illness
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MAS	Minor Ailment Scheme
MEECS	Middlesbrough Emergency Eye Care Scheme
MUR	Medicines Use Review
NHS	National Health Service
NHSCB	NHS Commissioning Board (NHS England)
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
P	Pharmacy only medicine
PALs	Patient Advice and Liaison Service
PCT	Primary Care Trust
POM	Prescription Only Medicine
PERMSS	Pharmacy Emergency Medicines Supply Service
PGD	Patient Group Direction
PhS	national Community Pharmacy (Pharmaceutical Services) Contract
(PhwSI)	Pharmacist with a Special Interest
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection
TVPHSS	Tees Valley Public Health Shared Service
TVU	TVU – Tees Valley Unlimited

15.0 List of Appendices

APPENDIX 1. Transcript of PharmOutcomes® Community Pharmacy Survey Questions

APPENDIX 2. Consultation and Engagement Plan

APPENDIX 3. Summary of Consultation; framework questions shown as part of response to consultation (to be included in final PNA document)

APPENDIX 4. Stakeholder Survey (paper version)

APPENDIX 5. Patient Survey Questions (paper version)

APPENDIX 6. Distances between pharmacies in the Hartlepool HWB area.

APPENDIX 7. The Pharmaceutical List (pharmacies) in Hartlepool HWB area, showing Core, Supplementary and Opening Hours.

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Service Design

• **Edit Service Design**

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA aire **ONCE** ONLY to report the facilities and services offered by your pharmacy.

If you have any questions about how to fill out this questionnaire using PharmOutcomes, contact your local LPC - Sandie Hall via sandie.hall1@nhs.net

PNA PHARMACY CONTRACTOR Questionnaire Tees Valley (Preview)

Date of completion 13-Nov-2017

Basic Premises Information

Name of Contractor
i.e. name of individual, partnership or company owning the pharmacy business

See explanation box to the right. 'Name of Contractor' is shown as 'Pharmacy Name' on the pdf Pharmaceutical List provided by NHS England, that you will check as part of this PNA process. You MUST USE THIS NAME when completing this box.

Address of Contractor

IMPORTANT: At the end of the questionnaire you will check the information held on the pharmaceutical list. A pdf of this information is available via a link shown below. Please ensure that the Basic Premises Information you input here matches that on the list OR your declaration given below where different.

Check pdf Pharmaceutical List for Trading Name. Where this is correct; please use the same name

Trading Name
usually the 'name above the door'

Post Code

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy NHS.net email address
If no email write no email

Pharmacy telephone

Pharmacy website address
If no website write no website

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

Please renew permission to hold the data you provide and use this to contact you if necessary

Consent to store this data ○ Yes ○ No

Is the pharmacy authorised to access the Summary Care Record? ○ Yes ○ No ○ Not known

Consultation Facilities

We will assume you have an approved consultation area

Confirm this is the case
- ◉ Yes
- ○ No

If Other please specify

Are you willing to undertake consultations

☐ On another suitable site?

☑ No
i.e neither of the above

Accessibility; parking, public transport, adjustments for disability

Parking within 50m of pharmacy? ○ Yes ○ No
Hover over the options for more description

Bus stop in walking distance? ○ Yes ○ No

Disabled parking within 10m? ○ Yes ○ No

On-site accessibility

Does the pharmacy entrance allow for unaided wheelchair access?

Wheelchair access ○ Yes ○ No

Do you offer specific support for those with sensory loss? ○ Yes ○ No

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

Medicines Use Review ☐ Yes ☐ Soon ☐ No

New Medicine Service ☐ Yes ☐ Soon ☐ No

Appliance Use Review ☐ Yes ☐ Soon ☐ No

NUMSAS ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation ☐ Yes ☐ Soon ☐ No

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

Locally Commissioned Services

This section is about services known as 'Locally Commissioned Services'. These are the 'Enhanced Services' that may be commissioned by NHS England (e.g., Bank Holiday opening), the 'Public Health Services' that may be commissioned by a Local Authority (e.g., supervised methadone) or 'CCG commissioned services' (e.g., Minor Ailments).

There is a long list of examples of these services below. We know that many of them are not commissioned locally at the moment, but the PNA looks at possible services as well as existing ones.

For each service in the list, tick to tell us if you are currently FUNDED to deliver it. IMPORTANT: You are not a 'current provider' if you only offer a service privately - there is a section for 'private' services later.

If you are not a current provider of the service, we want to know if your pharmacy would (in principle) be willing to offer it, if commissioners invited you to do so. So **for each service, please tick the ONE box that applies for your pharmacy.** Hovering over each option will show a reminder of this list.

CP - Currently providing this NHS/LA/CCG funded service
WA - Not providing now but willing to provide if commissioned and trained
?? - Not providing now and unsure if would provide this service if asked
X - Not willing to provide this service

Healthy Start Vitamins ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Directed Bank Holiday opening (rota) ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Out of hours call-out services ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

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

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

C-Card (registration or supply) ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

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

Supervised Self-Administration ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Needle and Syringe Exchange ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Obesity management ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Pharmacy First / Minor Ailment ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

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

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

Gluten Free Food Supply ❍ CP ❍ WA ❍ ?? ❍ X
i.e not supply on FP10 prescription
Hover over the options for more description

Adherence support for Long Term Conditions e.g., hypertension, diabetes etc ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Anticoagulant monitoring ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Cardiovascular Risk Assessment ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

(sometimes known as NHS Healthchecks

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

Phlebotomy ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Independent Prescribing ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Schools Service ❍ CP ❍ WA ❍ ?? ❍ X
Hover over the options for more description

Prescriber Support ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Directly Observed Therapy eg., drugs for TB or HIV ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Smoking Cessation Services:

NRT (Dispensing only) Voucher ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Level 2 Smoking Cessation (full 'One Stop') ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

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

Screening Services

Alcohol Brief Interventions ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Chlamydia (test only) ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Chlamydia (test and treat) ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

HIV ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Gonorrhoea ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Hepatitis B or C ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Cholesterol ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

diabetes ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

H Pylori ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

COPD screening ○ CP ○ WA ○ ?? ○ X
Hover over the options for more description

Other Screening (please state)

Other vaccinations i.e not Seasonal Flu Vac None are currently commissioned so this option is removed. Please indicate of you are
WA - willing to provide if commissioned
?? - not certain if would provide if asked
X - not willing to provide

Childhood vaccinations ○ WA ○ ?? ○ X
Hover over the options for more description

HPV ○ WA ○ ?? ○ X
Hover over the options for more description

Hepatitis B ○ WA ○ ?? ○ X
Hover over the options for more description

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

Other (please state)

Providing Private Services

Indicate with a tick each and ALL the services your pharmacy offers as a private service.

First, screening services or tests:

Private services the pharmacy offers

- ☐ Cholesterol
- ☐ Diabetes
- ☐ COPD
- ☐ HIV
- ☐ Hepatitis B
- ☐ Gonorrhoea
- ☐ Chlamydia (test only)
- ☐ Chlamydia (test & treat)
- ☐ Full sexual health screen
- ☐ H. pylori
- ☐ Alcohol
- ☐ Other

Next, vaccination services

Private services provided - vaccination

- ☐ HPV
- ☐ Hepatitis B
- ☐ Travel vaccine(s)
- ☐ Childhood vaccine(s)
- ☐ Varicella
- ☐ Pneumococcal pneumonia
- ☐ Other

Other services

Private services provided, continued

- ☐ Medicines sales for self care
- ☐ Cardiovascular risk
- ☐ EHC
- ☐ LARC
- ☐ Weight management
- ☐ Care home service
- ☐ Phlebotomy
- ☐ Needles/syringes supply
- ☐ Sharps disposal
- ☐ Gluten free food supply
- ☐ Smoking cessation behavioural support
- ☐ Varenicline private PGD
- ☐ Prescriber support
- ☐ Independent prescribing
- ☐ Schools service
- ☐ Adherence support (long term conditions)
- ☐ Blood pressure
- ☐ Medicines delivery (see later)
- ☐ Other

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- ○ Yes
- ○ working towards HLP status
- ○ No, not planned

If Yes, how many Healthy Living Champions do you currently have? _____ Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ○ Yes ○ No

Delivery of dispensed medicines - Free of charge on request ○ Yes ○ No

Delivery of dispensed medicines - free for selected patient groups

List criteria or groups eligible

Delivery of dispensed medicines - free to selected areas

List geographical areas eligible

Delivery of dispensed medicines - chargeable ○ Yes ○ No

Have you introduced or substantially increased your charges for delivery within the last 3 years?

delivery charges in last 3 years

- ◉ Yes
- ○ No
- ○ Not applicable

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following questions:

What languages other than English are spoken in the pharmacy

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

How often do you have difficulty providing the services your patients need because of language difficulties?

Very often
Often
Infrequently
Rarely
Never

Hover over the options for more description

Do you use a Translation Service?

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

Have language barrier issues...

- ○ Increased
  more often within last 3 years
- ○ Reduced
  less often within last 3 years
- ○ About the same
  no real change in the last 3 years

Any comments to add about language access issues and how you manage them in the pharmacy?

Anything to add?

Almost done

Please identify three pharmaceutical services, not currently available in your pharmacy which, based on your experience, would provide the greatest benefit (i.e improvement or better access) for the people visiting your pharmacy, if they were available. Please also give reasons for your choice.

Priority 1

Priority 2

Priority 3

Additional Information

If there is anything else you particularly wish to draw to our attention whilst the PNA is in development, please include here.

Checking Pharmaceutical List Information

Please click this link (opens PDF in a new window) to view a table of information including opening times. If this link fails or shows data from 2014, please open the attachment on the PharmOuctomes notice from Sandie Hall dated 29 August 2017 re PNA. This is the Pharmaceutical List held by NHS England. Find your pharmacy, check the information then complete all the declaration sections below to complete this data return. If corrections are needed please contact NHS England (see below) to take any action required.

Is the Pharmacy Name (Contractor Name) correctly recorded? ◉ Yes ○ No

If No, Correct Contractor Name

Is the pharmacy address correctly recorded? ◉ Yes ○ No

If No, Correct address

◉ Yes ○ No

Is the pharmacy trading name correctly recorded?

If no, correct Trading Name

Is the pharmacy postcode correctly recorded? ○ Yes ○ No

If no, Correct postcode

How many 'hours' does the pharmacy declare to the PPD as 'dispensary' hours?

PPD 'dispensary' hours?

Total Pharmacy Opening Hours per week

Pharmacy Opening Hours

Declaration: I have checked the pdf of the Pharmaceutical list and confirm the Opening Hours recorded are correct.

Declaration on Opening Hours ○ Yes ○ No

If you think your opening (core or supplementary hours) on the Pharmaceutical List may be incorrect, briefly state that here for our information. However no action will be taken on this within the HWB PNA process. You, the PHARMACY CONTRACTOR MUST contact NHS England to apply or notify any changes to hours required. Email contact is ENGLAND.Pharmacyandoptometry@nhs.net

Correction to hours required

Action to take if you believe your hours to be incorrectly recorded:
If you are a pharmacy 'multiple', in the first instance contact your line manager.
All pharmacies must contact NHS England (email shown next to the question) to action any changes that may be required.

CONTACT IN CASE OF QUERY

Please tell us who has completed this form in case we need to contact you.

Contact name

Job title or role

Contact email address

Contact telephone

For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

Pharmaceutical Needs Assessment (PNA)

Communication and Engagement Activity - Summary

Involvement activity should take place across all stages of the PNA process so patient experience data, specifically information about local peoples' views on current pharmaceutical services and aspirations for the future, are taken into account when developing the PNA.

A paper to the HWB in June 2017 gave notice in the public domain that the PNA for Hartlepool was under review.

However, the predominant activity would take place in two stages:

1. Primary Engagement: patient and stakeholder views sought via involvement activity August / September 2017 to inform the development of the draft PNA.
2. Formal Consultation: a 60 day (minimum) formal consultation on the draft PNA will take place November 2017 to December / January 2018).

A full report on formal consultation will be included in the final PNA as Appendix tbc.

Communication and Engagement Activity – Summary

In order to capture views and experiences to inform update and assessment as part of the development of the draft PNA the following engagement activity will be undertaken:

- Development of a survey tool to capture patient / service user views on current experiences of pharmaceutical services and future aspirations, for completion online or on paper if requested

- Development of a survey tool to capture the views of a broad range of other stakeholders: professionals, service providers and representatives of patient / client groups who interact with pharmaceutical services, for completion online

- Development of a survey tool to capture the views and experiences of community pharmacists and their staff who interact with patients during the provision of pharmaceutical services

- Engagement with identified voluntary and community sector organisations via the local authorities' established mechanisms

- Communication with key stakeholders and statutory consultees including LPC, CCG, NHS England and Healthwatch representatives regarding updating PNA updates

- Awareness-raising of the PNA and engagement opportunities through local media where possible

- Awareness-raising of the PNA and engagement opportunities through existing communications mechanisms and networks including newsletters and internet

Appendix 2. Consultation and Engagement Summary

As part of consultation on the draft PNA the following mechanisms will be utilised:

- Development of a survey tool to capture views in response to specific consultation questions regarding the draft PNA document; a standard set of questions will be used based on those developed in 2014 by the TVPHSS, adapted for Hartlepool in 2017

- Notification of the publication of the draft PNA on the local authority website using established consultation mechanisms in the local authority, plus circulation to pharmacies via PharmOutcomes®, will be used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form.

- Notification at the start of the consultation to be sent to all those persons identified in the regulations as required (statutory) consultees and any additional stakeholders, panel members or groups as identified by the local authority PNA Champions or steering / working group members. The notification to include a link to the website and the data collection tool.

- Receipt of the electronic notification of publication of the draft PNA and consultation period verified by automatic 'return receipt' for all consultees sent the link to the published document via email, PharmOutcomes or use registered post
- Responses to be collated/ reported by the local authority to inform the final PNA.

- Consultation report to be included in the final PNA.

<u>Specifically for primary engagement</u>

Using survey monkey tool – link distributed by HBC on behalf of HWB to:

Hartlepool PNA Engagement (23RD AUGUST 2017 TO THE 18TH SEPT 2017)

1) Survey circulation:-

i) Viewpoint - Citizen Panel - 1,200 residents who are a representative cross section of the Hartlepool population (by age, location, ethnicity, economic activity, etc)(*).

ii) Survey circulated (Public / Stakeholder):

- All HBC Councillors(*)
- All HBC Staff(*)
- All members of the Health and Wellbeing Board(* **)
- All PNA statutory stakeholder organisations(* **)
- Local health pressure / action groups (*)
- All HWB partners asked to publicise with their staff(* **)
- The Youth Council, all schools, existing adult forums (e.g. the Learning Disability partnership Board and the Mental Health Forum) and community groups (inc. minority groups)(*)
- Hartlepool Voluntary and Community Sector Organisations (*)
- Hartlepool Care homes(*)
- All Hartlepool pharmacies(* **)

Public consultation*
Stakeholder Consultation**

Appendix 2. Consultation and Engagement Summary

2) Other engagement Promotion:-

i) Posters encouraging completion of surveys displayed in:

- All Local Authority buildings (inc. sports facilities, community centres and HUBS) (*)
- The University Hospital of Hartlepool and the One Life Centre(*****)
- All GP surgeries (through the GP Federation)(*** ****)

ii) Leaders newsletter (*)

iii) Press releases - 2 press release issued (25/08/17 and 14/09/17)

iv) ocial media promotion:-

Facebook
27/08 – 1,064 people reached
31/08 – 728 people reached
13/09 – 667 people reached
17/09 – 4,105 people reached

Twitter
27/08 – 999 impressions
31/08 – 1,580 impressions
13/09 – 1,196 impressions
17/09 – 827 impressions

Hard copies of the survey tools and weblinks circulated to community hubs and libraries.

The consultation to be advertised on the Council website and via their Twitter and Facebook accounts.

Hartlepool PNA Engagement (23RD AUGUST 2017 TO THE 18TH SEPT 2017)

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Appendix 2. Consultation and Engagement Summary

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Continues…

Appendix 2. Consultation and Engagement Summary

Draft PNA Consultation

(mid November to mid January minimum 60) days

Information comprising explanatory text and web-location of the draft PNA (and online consultation response form) to be sent either by known e-mail address to all statutory consultees* and those others determined by the local authority which will include:

- Viewpoint - Citizen Panel
- Healthwatch Hartlepool*
- Tees Local Pharmaceutical Committee* and Local Medical Committee*
- persons on the pharmaceutical lists* (all contractors sent by PharmOuctomes NB there are no dispensing doctors or appliance contractors or LPS chemists
- North Tees and Hartlepool NHS Foundation Trust*)
- Tees, Esk and Wear Valleys (Mental Health) NHS Foundation Trust*
- North East Ambulance Service*
- NHS England Area North *
- Hartlepool, Stockton, Durham HWBs*
- HAST CCG
- Tees Local Professional Network (Pharmacy) Steering Group members for circulation
- Contacts at Head Offices of large pharmacy multiple organisations with pharmacies in the area
- North East Commissioning Support Organisation
- other Health and Wellbeing Board members for circulation
- Local authority internal networks and partnership stakeholder list.
- STP lead
- All HBC Councillors(*)
- All HBC Staff(*)
- Place-based posters as before

Where an e-mail address was known, an e-mail was sent with the information and other consultees (including all pharmacies) were sent a letter by post. A named contact was available on the website for requests for paper copies of the draft to be received such that any requests for paper copies could be managed promptly, and supplied free of charge, as soon as practicable and within 14 days.

ENDS

Space for

Appendix 3. Report of Consultation

To be included at Final Publication

There are a number of community pharmacies (sometimes called chemists) in your council area and they may all be very different. Pharmacies can be found in shopping centres, local high streets, inside supermarkets or based within local health centres, but they are all NHS pharmacies.

The local Health and Wellbeing board in Hartlepool is preparing a new report on pharmacy services called a 'Pharmaceutical Needs Assessment.' This looks at what local people might need from these services, what is already available and suggests improvements that might be made now or in the near future.

We need your views
It is very important for us to understand stakeholder experience and views of pharmacy services. Completing this survey will help us to do that. Later in the year there will also be a full consultation on the draft Pharmaceutical Needs Assessment when stakeholders will be able to contribute again.

Please take a few minutes to complete this survey - it will help us to understand where pharmacy services are good and if there are any areas that could be improved. No need to give us your name; all your answers will be confidential and only used for statistical purposes.

Contact if you have any questions: Joan Stevens by email to joan.stevens@hartlepool.gov.uk

Closing date: 17th September 2017

1. In your opinion, is knowledge of the pharmaceutical service provided in the area

- ◯ Good
- ◯ Satisfactory
- ◯ Minimal

2. We would like to know if the course of your work, or the work of the service you manage, involves contact with providers of pharmaceutical services or related services?

- ◯ Yes
- ◯ No

3. Please indicate the services that you (or your services) have contact with and how often (tick all that apply)

	More often than monthly	Monthly	Infrequently	Never
Hospital pharmaceutical services	◯	◯	◯	◯
Community pharmacy pharmaceutical services	◯	◯	◯	◯
Mental health pharmaceutical services	◯	◯	◯	◯
Prison/offender pharmaceutical services	◯	◯	◯	◯
Pharmaceutical service to support commissioners e.g. in NHS England, for CCG's, local authority or similar	◯	◯	◯	◯
General practice based prescribing support	◯	◯	◯	◯
Dispensing doctors in rural areas	◯	◯	◯	◯
Services provided by Appliance Contractors (DACs)	◯	◯	◯	◯

4. Are you, or your organisation, involved in the commissioning or providing of primary care pharmaceutical service?

- ◯ Yes
- ◯ No
- ◯ Don't know

5. To meet pharmaceutical needs in the local authority area, I think the total number of community pharmacies is...

- ...more than enough
- ...about right
- ...not enough
- Don't know

6. In your experience, is there a ward, neighbourhood area or locality in the local authority area where a new pharmacy might be considered to offer benefit?

- ◯ Yes
- ◯ No
- ◯ Don't know enough to say

7. If yes, please state the ward or area below.

8. If there is a need please choose the reason(s) why you think this is (Please tick all that apply)

- [ ] No pharmacy in that area
- [ ] Poor or costly public transport to existing services
- [ ] Pharmacies in that area don't offer long enough opening hours
- [ ] No reasonable choice of pharmacy in that area
- [ ] Existing pharmacies do not offer enough services
- [ ] Other (please specify below)

9. Conversely, in your opinion, is there a ward, neighbourhood area or locality in the local authority area where there are more pharmacies than needed?

- ◯ Yes
- ◯ No
- ◯ Don't know enough to say

10. If yes, please state the ward or area below

11. Overall, the range of opening times available from pharmacies in your local authority area meets the general needs of the population

- ◯ Very well
- ◯ Satisfactory
- ◯ Not very well
- ◯ Don't know

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

- ◯ Very Good
- ◯ Good
- ◯ Satisfactory
- ◯ Poor
- ◯ Very poor
- ◯ Don't know

13. Do you think that the existing pharmacy providers could better contribute to meeting the health and wellbeing needs of the local population?

- ◯ Yes
- ◯ No
- ◯ Don't know

14. Since 2013, lots of pharmacies in our area have been accredited as 'Healthy Living Pharmacies' (HLP), tick the box that applies to you/your service

- ◯ Yes, I have heard of this development and experienced the activity of HLP
- ◯ Yes, I have heard of this development but have no experience of it or don't know really what they do
- ◯ No, I have not heard of this development

15. If you were asked to tell someone the location of a pharmacy in the local authority area that is a 'HLP', could you do that?

- ◯ Yes
- ◯ No

16. The following are nationally commissioned services so all NHS pharmacies provide these services free of charge. Note that for services marked with a *a national prescription item dispensing fee is payable unless individuals are exempt from these charges (Please tick all that apply)

	I did not know that all pharmacies provide this service	Better use could be made of this service
Dispensing* - the supply of medicines ordered on NHS prescriptions	☐	☐
NHS Repeat Dispensing* - dispensing repeatable prescriptions for medication. The prescriber issues a 'repeatable' prescription which permits dispensing at specified intervals of up to a year	☐	☐
Disposal of unwanted medicines - patients' unwanted medicines received for safe disposal	☐	☐
Promotion of healthy lifestyles - advice and delivery of six specific campaigns per year	☐	☐
Signposting - information for those who need further support, advice or treatment which cannot be provided by the pharmacy	☐	☐
Support for self care - free advice and guidance to enable people to derive maximum benefit from caring for themselves or their families	☐	☐

17. Please tick all boxes that apply for the following statements

	I did not know pharmacies offered this	There is a need for this service in my area	Better use could be made of this service
Medicines Use Review (MUR) - a pharmacist consultation to help patients get the most benefit from their prescribed medicines	☐	☐	☐
New Medicines Service (NMS) - pharmacist interventions provide support for people with long-term conditions newly prescribed certain medicines, to help improve medicines adherence	☐	☐	☐
Hospital Discharge Referral for a specific MUR or NMS - as above, patient referred from hospital to community pharmacy	☐	☐	☐
Appliance Use Review - consultation to support patients who use 'appliances' e.g. those requiring stoma care	☐	☐	☐
Stoma Appliance Customisation - customisation of stoma appliances; improved care and reduced waste	☐	☐	☐
NHS Urgent Medicine Supply Advanced Service (NUMSAS) - Option for NHS 111 to refer patients to pharmacy for urgent supply of medicines or appliances	☐	☐	☐
Flu Vaccination Service - seasonal flu vaccination service	☐	☐	☐

There are a number of community pharmacies (sometimes called chemists) in your council area and they may all be very different. Pharmacies can be found in shopping centres, local high streets, inside supermarkets or based within local health centres, but they are all NHS pharmacies.

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We need your views
It is very important for us to understand patient experience and public views of pharmacy services. Completing this survey will help us to do that. Later in the year there will also be a full consultation on the draft Pharmaceutical Needs Assessment when patients and the public will be able to contribute again.

Please take a few minutes to complete this survey - it will help us to understand where pharmacy services are good and if there are any areas that could be improved. No need to give us your name; all your answers will be confidential and only used for statistical purposes.

Contact if you have any questions: Joan Stevens by email to joan.stevens@hartlepool.gov.uk

Closing date: 17th September 2017

1. This survey is intended for people who either already use a pharmacy service in Hartlepool, or might need to use one in the future, Can you please confirm that this applies to you?

- ◯ Yes, this applies to me
- ◯ No, this doesn't apply to me

2. Please tell us if.... (please tick all that apply)

- [ ] I live in Hartlepool
- [ ] I work in Hartlepool
- [ ] I don't live or work in Hartlepool

3. Please indicate the first part of your postcode...

- ◯ TS22
- ◯ TS24
- ◯ TS25
- ◯ TS26
- ◯ TS27
- ◯ My postcode is not shown here
- ◯ I don't know my postcode

4. Please answer the following questions

	Yes	No	Don't know
Do you usually use a pharmacy in the area in which you live?	◯	◯	◯
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins?	◯	◯	◯
Are there pharmacies near where you live (or work) that you could get to by a short bus ride?	◯	◯	◯

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

	For you	For someone else
A prescription	☐	☐
A service they provide	☐	☐
Advice	☐	☐
Something else	☐	☐

6. If you had a minor health problem would you visit a pharmacy before you went to A&E, a walk-in centre or your GP

- ◯ Yes
- ◯ No

7. If you received advice from a pharmacy about a minor health problem, but the pharmacy medicines were too expensive for you to buy, what do you think you would do?

	Yes	No
Do without the treatment	◯	◯
Go to your GP	◯	◯
Go to A&E	◯	◯
Has this ever happened to you?	◯	◯

8. How often do you go to a pharmacy in person?

- ◯ More than once a week
- ◯ Weekly
- ◯ Fortnightly
- ◯ 4 times a year
- ◯ Less than 4 times a year

9. Do you visit the same pharmacy?

- ◯ Always
- ◯ Usually
- ◯ Rarely
- ◯ Never

10. Where do you look for information about pharmacy services (Please tick all that apply)

- ☐ Internet
- ☐ Local papers
- ☐ Television
- ☐ Pharmacy window/displays
- ☐ Doctors Surgery
- ☐ None of the above

11. People have sometimes said that they would like more information about pharmacy services. If the local council and NHS want to make it easier for you to find out what is available from your pharmacy, what would be the best was for them to do this? Please explain below

12. If or when you go to a pharmacy in person, how do you usually get there?

- ◯ Walk
- ◯ Public transport (bus or train)
- ◯ Taxi
- ◯ Drive in my own car
- ◯ Get a lift in somebody else's car
- ◯ Other (please specify)

13. How easy is it for you to visit a pharmacy when you need to?

- ◯ Extremely easy
- ◯ Quite easy
- ◯ Neither easy nor hard
- ◯ Quite hard
- ◯ Extremely hard

14. If it was quite hard or extremely hard for you to visit the pharmacy , please tell us why (please tick all that apply)

- [ ] My disability
- [ ] No transport
- [ ] Caring responsibilities
- [ ] My working hours
- [ ] Long-standing illness
- [ ] I don't know where they are
- [ ] Other (please specify)

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

- ◯ Always
- ◯ Sometimes
- ◯ Never

16. If you do, why do you have it delivered? (Please tick all that apply)

- ◯ Mostly for convenience
- ◯ Mostly because I would find it difficult to collect them myself
- ◯ Mostly because it is a free service

17. Your local community pharmacy is not paid by the NHS to deliver prescription medicines. If this service was withdrawn or your pharmacy started to charge for this service would you.... (Please tick one box on each line)

	Yes	No	Not applicable
be able to manage without the service?	○	○	○
know other people who could not manage without it?	○	○	○
be prepared to pay for the service if the charge was affordable?	○	○	○
NOT be able to pay a delivery charge?	○	○	○

18. Do you usually pay for your prescriptions?

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

19. Are your prescriptions sent electronically from your GP to your nominated pharmacy of choice for dispensing?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't have prescriptions

20. Now thinking about using an NHS pharmacy online for NHS precriptions

	Yes	No	Don't know
Do you have access to the internet?	○	○	○
Are you aware that you can access NHS on-line pharmacies?	○	○	○
Have you used an NHS pharmacy on-line for NHS prescriptions?	○	○	○

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

- ○ Very good
- ○ Good
- ○ Neither good nor poor
- ○ Poor
- ○ Very poor

22. What do you think about the opening times of the pharmacy or pharmacies that you use? (Please tick all that apply)

- ☐ Happy with the current opening times
- ☐ I can always find a pharmacy that is open when I need to
- ☐ Not open late enough on a week day
- ☐ Not open, or not open long enough on a Saturday
- ☐ Not open, or not open long enough on a Sunday

23. Have you ever used the extended hours GP access service in Hartlepool? This service provides additional access to a GP from the Chadwick Practice, One Life Centre, Hartlepool from 6:30pm to 8:00pm weekdays, 10:00am to 1:00pm on Saturdays and 11:00am to 1:00pm on Sundays and bank holidays (with the exception of Christmas Day, Boxing Day and New Year's Day).

- ◯ Yes
- ◯ No
- ◯ Don't know

24. Why do you choose the pharmacy or pharmacies that you normally use? (Please tick all that apply)

- ☐ Near to where I live
- ☐ Easy to walk to it or reach on public transport
- ☐ Prescription collection service
- ☐ Inside or close to the GP practice
- ☐ Near to where I work
- ☐ Always used it
- ☐ Medicine delivery service
- ☐ Good customer care/friendly staff
- ☐ Near to my children's school
- ☐ Range of services
- ☐ Special offers
- ☐ Trusted advice
- ☐ Close to where I shop
- ☐ Convenient opening times to use on an evening or weekend
- ☐ Clean and pleasant environment
- ☐ Some other reason

25. As well as advice on medicines and minor ailments, all pharmacies are able to offer advice on a range of Healthy Lifestyle issues (such as diet and nutrition, alcohol awareness, sexual health and physical activity). The availability of this type of advice from this type of pharmacy is encouraged both nationally and by your local council.

	Yes	No
Did you know that pharmacies could offer free advice on healthy lifestyles?	○	○
Has your pharmacy ever offered you free advice on health lifestyles?	○	○
Have you ever taken up the offer of free advice on healthy lifestyles from your pharmacy?	○	○

26. If you have taken up the offer of free advice could you please state what it was about?

27. Is your pharmacy a Health Living Pharmacy?

- ◯ Yes
- ◯ No
- ◯ Don't know

28. If yes, have you noticed a change to your pharmacy now it is a Healthy Living Pharmacy?

- ◯ Yes, it's better
- ◯ Yes, it's not as good now
- ◯ No, I have not noticed a change
- ◯ Don't know

29. Pharmacies are part of the NHS, just like general practices so the dispensary staff and other support staff all follow the same Codes of Conduct including those on confidentiality and consent, for example.

	Yes	No	Don't know
Do you view the pharmacy as part of the NHS?	○	○	○
Do you feel happy about patient confidentiality and consent?	○	○	○
Do you know you can ask at any time to use the private consulting rooms available in all pharmacies?	○	○	○
Do you feel comfortable getting advice in the pharmacy about health problems?	○	○	○
Are the staff polite and helpful when you visit or contact them?	○	○	○

30. This table shows some free services local pharmacies may already offer. We would like to know how aware you are of the services and which ones you have and haven't used. Please tick one box on each line for the following statements for each of the services

	Know about it and have used this service	Know about it but have not used this service	I did not know about this service but may use it	I did not know and would not use this service
NHS Repeat Dispensing- regular medication without need for new prescription every time	○	○	○	○
Disposal of unwanted medicines	○	○	○	○
Information and advice on minor illness	○	○	○	○
Medicines Use Review	○	○	○	○
New Medicine Service	○	○	○	○
Stop Smoking Service	○	○	○	○
Emergency Hormonal contraception (morning after pill)	○	○	○	○
C-Card registration and free condom supply service	○	○	○	○
Chlamydia screening service	○	○	○	○
Healthy Heart Check	○	○	○	○
Needle and syringe exchange	○	○	○	○
Supply of Health Start Vitamins	○	○	○	○
NHS flu vaccination	○	○	○	○
Electronic prescription transfer from you GP direct to pharmacy	○	○	○	○
NUMSAS - NHS Urgent Medicines Supply Advanced Services	○	○	○	○

31. Are you aware that there is no facility for free access to medicines for self-care locally?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

32. All patients should expect that they might have to pay for medicines for self care. Do you....

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

33. The following questions are for patients who have a long-term condition which is managed with the use of medicines. This might include arthritis, diabetes, high blood pressure or other heart conditions like angina, asthma, epilepsy, Parkinson's disease, depression or other mental health conditions. Do you have a long term health condition?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

34. If yes, please answer the following questions...

	Yes	No	Prefer not to say
Do you visit your GP regularly for advice and support about your illness and your medicines?	○	○	○
Do you visit your pharmacy regularly for advice and support about your illness and your medicines?	○	○	○
Do you think that regular consultations with a pharmacist could improve your management of your illness and your medicines?	○	○	○

You do not need to answer the next questions, but it would be very helpful if you could tell us a bit about yourself so that we can see how different groups of people experience pharmacy services.

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

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

36. Are you:

- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other (please specify)

37. How would you best describe yourself?

- ◯ Employed or self-employed (full-time)
- ◯ Employed or self-employed (Part-time)
- ◯ Unemployed/unavailable for work
- ◯ Permanently sick or disabled
- ◯ In further education/government supported scheme
- ◯ Full-time student
- ◯ Retired
- ◯ Looking after the home
- ◯ Full time parent
- ◯ Full time carer
- ◯ Other (please specify)

38. How would you describe your ethnic origin?

- White
- Mixed/Multiple ethnic group
- Asian or Asian British
- Black, African, Caribbean or Black British
- Other ethnic group (please specify)

39. Do you consider yourself to have a disability

- Yes
- No
- Prefer not to say

40. If yes, please tick any impairment listed which affects you (Please tick all that apply)

- Physical impairment
- Mental health problem
- Long standing illness
- Sensory impairment
- Learning disability/difficulty
- Prefer not to say
- Other (please specify)

Appendix 6. Distances between pharmacies in the Hartlepool HWB area 2017-18.

NHS Hartlepool		Headland Pharmacy, Grove Street	Asda Pharmacy, Marina Way	Boots, Marina Way	Boots, One Life	Lloydspharmacy, Park Road	Boots, Middleton Grange	Healthways, Middleton Grange	Lloydspharmacy, Winterbottom Avenue	West View Pharmacy , Brus Corner	Lloydspharmacy, Kendal Road	Tesco Instore Pharmacy, Belle Vue Way	Seaton Pharmacy, Seaton Carew	Well, Catcote Road	Lloydspharmacy, Wynyard Road	Clayfields Pharmacy, Oxford Road	Lloydspharmacy, Wiltshire Way	Victoria Pharmacy Ltd, Victoria Road	M Whitfield Ltd, Victoria Road	Lloydspharmacy, York Road	Well, York Road
Distance between pharmacies (miles)*	**POSTCODES**	**TS24 0NY**	**TS24 0XR**	**TS24 0XR**	**TS24 7PW**	**TS24 7PW**	**TS24 7RW**	**TS24 7RY**	**TS24 9DN**	**TS24 9LA**	**TS25 1QU**	**TS25 1UP**	**TS25 2AX**	**TS25 2LS**	**TS25 3LB**	**TS25 5SA**	**TS26 0TB**	**TS26 8DB**	**TS26 8DD**	**TS26 9DA**	**TS26 9DA**
Headland Pharmacy, Grove Street	**TS24 0NY**		2.0	1.9	2.7	2.8	2.7	2.7	2.1	2.0	3.3	3.2	5.1	5.2	4.9	3.4	3.1	2.6	2.6	2.8	2.8
Asda Pharmacy, Marina Way	**TS24 0XR**	2.0		metres	0.7	0.7	0.5	0.7	1.5	1.9	1.6	1.3	3.4	3.2	3.0	1.5	2.1	0.7	0.8	0.9	0.9
Boots, Marina Way	**TS24 0XR**	1.9	metres		0.7	0.7	0.5	0.9	1.5	1.9	1.6	1.3	3.3	3.2	3.0	1.5	2.1	0.7	0.8	0.9	0.9
Boots, One Life	**TS24 7PW**	2.7	0.7	0.7		metres	0.4	0.4	1.7	2.1	1.1	0.8	2.5	2.7	2.5	0.8	2.2	0.6	0.6	0.2	0.2
Lloydspharmacy, Park Road	**TS24 7PW**	2.8	0.7	0.7	metres		0.4	0.4	1.7	2.1	1.1	0.8	2.7	2.7	2.5	0.8	2.2	0.6	0.6	0.2	0.2
Boots, Middleton Grange	**TS24 7RW**	2.7	0.5	0.5	0.4	0.4		0.7	1.5	1.9	1.3	1.1	2.9	3.0	2.8	1.3	2.0	0.2	0.2	0.7	0.7
Healthways, Middleton Grange	**TS24 7RY**	2.7	0.7	0.9	0.4	0.4	0.7		1.8	2.1	1.1	0.9	2.8	2.8	2.6	0.8	2.3	0.6	0.6	0.2	0.2
Lloydspharmacy, Winterbottom Avenue	**TS24 9DN**	2.1	1.5	1.5	1.7	1.7	1.5	1.8		0.5	2.6	2.7	4.8	4.6	4.4	2.3	1.1	1.5	1.5	1.8	1.8
West View Pharmacy , Brus Corner	**TS24 9LA**	2.0	1.9	1.9	2.1	2.1	1.9	2.1	0.5		3.0	3.2	5.1	5.1	4.9	2.8	1.6	2.0	2.0	2.3	2.3
Lloydspharmacy, Kendal Road	**TS25 1QU**	3.3	1.6	1.6	1.1	1.1	1.3	1.1	2.6	3.0		1.1	2.0	1.9	1.7	0.7	3.1	1.4	1.5	1.0	1.0
Tesco Instore Pharmacy, Belle Vue Way	**TS25 1UP**	3.2	1.3	1.3	0.8	0.8	1.1	0.9	2.7	3.2	1.1		2.5	2.6	2.4	0.9	2.7	0.9	1.0	0.7	0.7
Seaton Pharmacy, Seaton Carew	**TS25 2AX**	5.1	3.4	3.3	2.5	2.7	2.9	2.8	4.8	5.1	2.0	2.5		2.0	2.1	2.3	4.8	3.0	3.1	2.5	2.6
Well, Catcote Road	**TS25 2LS**	5.2	3.2	3.2	2.7	2.7	3.0	2.8	4.6	5.1	1.9	2.6	2.0		0.6	2.2	3.5	3.2	3.3	2.8	2.8
Lloydspharmacy, Wynyard Road	**TS25 3LB**	4.9	3.0	3.0	2.5	2.5	2.8	2.6	4.4	4.9	1.7	2.4	2.1	0.6		1.7	3.1	2.6	2.6	2.3	2.3
Clayfields Pharmacy, Oxford Road	**TS25 5SA**	3.4	1.5	1.5	0.8	0.8	1.3	0.8	2.3	2.8	0.7	0.9	2.3	2.2	1.7		2.8	1.1	1.2	0.7	0.7
Lloydspharmacy, Wiltshire Way	**TS26 0TB**	3.1	2.1	2.1	2.2	2.2	2.0	2.3	1.1	1.6	3.1	2.7	4.8	3.5	3.1	2.8		2.0	1.9	2.4	2.4
Victoria Pharmacy Ltd, Victoria Road	**TS26 8DB**	2.6	0.7	0.7	0.6	0.6	0.2	0.6	1.5	2.0	1.4	0.9	3.0	3.2	2.6	1.1	2.0		0.1	0.5	0.5
M Whitfield Ltd, Victoria Road	**TS26 8DD**	2.6	0.8	0.8	0.6	0.6	0.2	0.6	1.5	2.0	1.5	1.0	3.1	3.3	2.6	1.2	1.9	0.1		0.6	0.6
Lloydspharmacy, York Road	**TS26 9DA**	2.8	0.9	0.9	0.2	0.2	0.7	0.2	1.8	2.3	1.0	0.7	2.5	2.8	2.3	0.7	2.4	0.5	0.6		metres
Well, York Road	**TS26 9DA**	2.8	0.9	0.9	0.2	0.2	0.7	0.2	1.8	2.3	1.0	0.7	2.5	2.8	2.3	0.7	2.4	0.5	0.6	0.6	

Pharmacy Name	Trading Name	Address 1	Address 2	Postcode	Telephone Number	Core Hours	Supplementary Hours	Opening Hours
Amor Healthcare Ltd	Healthways Chemist	38a Middleton Grange Shopping Centre	Hartlepool	TS24 7RY	01429 863 504	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat: 09:00-16:00, Sun:,	Monday: 09:00-17:00 Tuesday: 09:00-17:00 Wednesday: 09:00-17:00 Thursday: 09:00-17:00 Friday: 09:00-17:00 Saturday: 09:00-16:00 Sunday: Closed
Asda Stores Ltd	Asda Pharmacy	Marina Way	Hartlepool	TS24 0XR	01429 865 613	Mon: 09:00-12:30; 14:30-18:00, Tue: 09:00-12:30; 14:30-18:00, Wed: 09:00-12:30; 14:30-18:00, Thu: 09:00-12:30; 14:30-18:00, Fri: 09:00-12:30; 14:30-18:00, Sat: 09:00-12:30; 14:30-16:00, Sun:,	Mon: 08:30-09:00; 12:30-14:30; 18:00-22:00, Tue: 08:30-09:00; 12:30-14:30; 18:00-22:00, Wed: 08:30-09:00; 12:30-14:30; 18:00-22:00, Thu: 08:30-09:00; 12:30-14:30; 18:00-22:00, Fri: 08:30-09:00; 12:30-14:30; 18:00-22:00, Sat: 08:30-09:00; 12:30-14:30; 16:00-20:00, Sun: 10:00-16:00,	Monday: 08:30-22:00 Tuesday: 08:30-22:00 Wednesday: 08:30-22:00 Thursday: 08:30-22:00 Friday: 08:30-22:00 Saturday: 08:30-20:00 Sunday: 10:00-16:00
Bestway National Chemists Limited	Well	99a York Road	Hartlepool	TS26 9DA	01429 274 036	Mon: 08:45-12:45; 13:30-17:30, Tue: 08:45-12:45; 13:30-17:30, Wed: 08:45-12:45; 13:30-17:30, Thu: 08:45-12:45; 13:30-17:30, Fri: 08:45-12:45; 13:30-17:30, Sat:, Sun:,	Mon: 08:30-08:45; 12:45-13:30; 17:30-18:30, Tue: 08:30-08:45; 12:45-13:30; 17:30-18:30, Wed: 08:30-08:45; 12:45-13:30; 17:30-18:30, Thu: 08:30-08:45; 12:45-13:30; 17:30-18:30, Fri: 08:30-08:45; 12:45-13:30; 17:30-18:30, Sat: 09:00-17:00, Sun: 11:00-15:00,	Monday: 08:30-18:30 Tuesday: 08:30-18:30 Wednesday: 08:30-18:30 Thursday: 08:30-18:30 Friday: 08:30-18:30 Saturday: 09:00-17:00 Sunday: 11:00-15:00
Bestway National Chemists Limited	Well	416 Catcote Road	Fens Shopping Centre, Hartlepool	TS25 2LS	01429 274 548	Mon: 09:00-12:30; 14:00-17:30, Tue: 09:00-12:30; 14:00-17:30, Wed: 09:00-12:30; 14:00-17:30, Thu: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 14:00-17:30, Sat: 09:00-14:00, Sun:,	Mon: 08:30-09:00; 12:30-14:00; 17:30-18:30, Tue: 08:30-09:00; 12:30-14:00; 17:30-18:30, Wed: 08:30-09:00; 12:30-14:00; 17:30-18:30, Thu: 08:30-09:00; 12:30-14:00; 17:30-18:30, Fri: 08:30-09:00; 12:30-14:00; 17:30-18:30, Sat:, Sun:,	Monday: 08:30-18:30 Tuesday: 08:30-18:30 Wednesday: 08:30-18:30 Thursday: 08:30-18:30 Friday: 08:30-18:30 Saturday: 09:00-14:00 Sunday: Closed
Boots UK Limited		Anchor Retail Park	Marina Way, Hartlepool	TS24 0XR	01429 224 068	Mon: 07:30-11:40; 12:00-20:30; 20:50-00:00, Tue: 07:30-11:40; 12:00-20:30; 20:50-00:00, Wed: 07:30-11:40; 12:00-20:30; 20:50-00:00, Thu: 07:30-11:40; 12:00-20:30; 20:50-00:00, Fri: 07:30-11:40; 12:00-20:30; 20:50-00:00, Sat: 07:30-11:40; 12:00-20:30; 20:50-00:00, Sun: 10:30-15:30,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:, Sun: 15:30-16:30,	Monday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Tuesday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Wednesday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Thursday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Friday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Saturday: 07:30-11:40; 12:00-20:30; 20:50-00:00 Sunday: 10:30-16:30
Boots UK Limited	Your Local Boots Pharmacy	Hartlepool Community Health Centre	Park Road, Hartlepool	TS24 7PW	01429 860 871	Mon: 07:00-23:00, Tue: 07:00-23:00, Wed: 07:00-23:00, Thu: 07:00-23:00, Fri: 07:00-23:00, Sat: 07:00-16:30; 17:00-21:00, Sun: 10:00-14:00; 14:30-17:00,	Mon:, Tue:, Wed:, Thu:, Fri:, Sat:16:30-17:00, Sun: 14:00-14:30,	Monday: 07:00-23:00 Tuesday: 07:00-23:00 Wednesday: 07:00-23:00 Thursday: 07:00-23:00 Friday: 07:00-23:00 Saturday: 07:00-21:00 Sunday: 10:00-17:00

Pharmacy Name	Trading Name	Address 1	Address 2	Postcode	Telephone Number	Core Hours	Supplementary Hours	Opening Hours
Fursewood Ltd	Westview Pharmacy	7 Brus Corner	Hartlepool	TS24 9LA	01429 263 868	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-16:00, Thu: 09:00-16:00, Fri: 09:00-16:00, Sat: 09:00-12:00, Sun:,	Mon: 17:00-18:00, Tue: 17:00-18:00, Wed: 16:00-18:00, Thu: 16:00-18:00, Fri: 16:00-18:00, Sat:, Sun:, 09:00 - 12:00	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:00 Sunday: 09:00-12:00
Gill & Schofield Pharmaceutical Chemists Ltd	Headland Pharmacy	1 Grove Street	Hartlepool	TS24 0NY	01429 266 152	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 17:00-18:00, Tue: 17:00-18:00, Wed: 17:00-18:00, Thu: 17:00-18:00, Fri:	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday:09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-17:00 Saturday: Closed Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	15 Kendal Road	Hartlepool	TS25 1QU	01429 273 461	Mon: 09:00-12:30; 13:30-18:00, Tue: 09:00-12:30; 13:30-18:00, Wed: 09:00-12:30; 13:30-18:00, Thu: 09:00-12:30; 13:30-18:00, Fri: 09:00-12:30; 13:30-18:00, Sat:, Sun:,	Mon: 08:30-09:00; 12:30-13:30; 18:00-18:15, Tue: 08:30-09:00; 12:30-13:30; 18:00-18:15, Wed: 08:30-09:00; 12:30-13:30; 18:00-18:15, Thu: 08:30-09:00; 12:30-13:30; 18:00-18:15, Fri: 08:30-09:00; 12:30-13:30; 18:00-18:15, Sat:, Sun:,	Monday: 08:30-18:15 Tuesday: 08:30-18:15 Wednesday: 08:30-18:15 Thursday: 08:30-18:15 Friday: 08:30-18:15 Saturday: Closed Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	The Arches	79 Park Road, Hartlepool	TS24 7PW	01429 866 023	Mon: 09:00 - 5:00, Tue: 09:00 - 5:00 , Wed: 09:00 - 5:00, Thu: 09:00 - 5:00, Fri: 09:00 - 5:00, Sat: 09:00-15:15, Sun: Closed	Mon: 08:30 - 09:00; 12:30 - 14:15; 17:00 -17:30; Tues: 08:30 - 09:00; 12:30 - 14:15; 17:00 -17:30; Wed: 08:30 - 09:00; 12:30 - 14:15; 17:00 - 17:30; Thurs: 08:30 - 09:00; 12:30 - 14:15; 17:00 -17:30; Fri: 08:30 - 09:00; 12:30 - 14:15; 17:00 -17:30; Sat: 15:15 - 17:00; Sun: 10:00 - 16:00	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: 09:00-17:00 Sunday: 10:00 - 16:00
Lloyds Pharmacy Limited	Lloyds Pharmacy	84 Wiltshire Way	Hartlepool	TS26 0TB	01429 863 651	Mon: 09:00-12:30; 13:30-18:00, Tue: 09:00-12:30; 13:30-18:00, Wed: 09:00-12:30; 13:30-18:00, Thu: 09:00-12:30; 13:30-18:00, Fri: 09:00-12:30; 13:30-18:00, Sat:, Sun:,	Mon: 12:30-13:30, Tue: 12:30-13:30; 18:00-20:00, Wed: 12:30-13:30, Thu: 12:30-13:30; 18:00-20:00, Fri: 12:30-13:30, Sat: 09:00-12:00, Sun:,	Monday: 09:00-18:00 Tuesday: 09:00-20:00 Wednesday: 09:00-18:00 Thursday: 09:00-20:00 Friday: 09:00-18:00 Saturday: 09:00-12:00 Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	Surgery Lane	Winterbottom Avenue, Hartlepool	TS24 9DN	01429 866 032	Mon: 09:00-12:30; 13:00-17:30, Tue: 09:00-12:30; 13:00-17:30, Wed: 09:00-12:30; 13:00-17:30, Thu: 09:00-12:30; 13:00-17:30, Fri: 09:00-12:30; 13:00-17:30, Sat:, Sun:,	Mon: 08:00-09:00; 12:30-13:00, Tue: 08:00-09:00; 12:30-13:00, Wed: 08:00-09:00; 12:30-13:00, Thu: 08:00-09:00; 12:30-13:00, Fri: 08:00-09:00; 12:30-13:00, Sat: 09:00-12:00, Sun: 10:00-13:00,	Monday: 08:00-17:30 Tuesday: 08:00-17:30 Wednesday: 08:00-17:30 Thursday: 08:00-17:30 Friday: 08:00-17:30 Saturday: 09:00-12:00 Sunday: 10:00-13:00
Lloyds Pharmacy Limited	Lloyds Pharmacy	29 Wynyard Road	Hartlepool	TS25 3LB	01429 273 641	Mon: 09:00-13:00; 14:15-18:00, Tue: 09:00-13:00; 14:15-18:00, Wed: 09:00-13:00; 14:15-17:30, Thu: 09:00-13:00; 14:15-17:30, Fri: 09:00-13:00; 14:15-18:00, Sat: 09:45-12:00, Sun:,	Mon: 13:00-14:15, Tue: 13:00-14:15, Wed: 13:00-14:15, Thu: 13:00-14:15, Fri: 13:00-14:15, Sat: 09:00-09:45, Sun: 08:30 - 11:30,	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-18:00 Saturday: 09:00-12:00 Sunday: 08:30 - 11:30

Pharmacy Name	Trading Name	Address 1	Address 2	Postcode	Telephone Number	Core Hours	Supplementary Hours	Opening Hours
Mr P Pendergood	Clayfields Pharmacy	76-78 Oxford Road	Hartlepool	TS25 5SA	01429 274 279	Mon: 09:00-17:00, Tue: 09:00-17:00, Wed: 09:00-17:00, Thu: 09:00-17:00, Fri: 09:00-17:00, Sat:, Sun:,	Mon: 17:00-17:30, Tue: 17:00-17:30, Wed: 17:00-17:30, Thu: 17:00-17:30, Fri: 17:00-17:30, Sat: 09:00-13:00, Sun: 10:00-13:00,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00, Sunday: 10:00-13:00
Norchem Healthcare Limited	Seaton Pharmacy	68A Elizabeth Way	Seaton Carew, Hartlepool	TS25 2AX	01429 268 540	Mon: 09:00-13:00; 14:15-17:30, Tue: 09:00-13:00; 14:15-17:30, Wed: 09:00-13:00; 14:15-17:30, Thu: 09:00-13:00; 14:15-17:30, Fri: 09:00-13:00; 14:15-17:30, Sat: 09:00-12:45, Sun:,	Mon: 13:00-14:15, Tue: 13:00-14:15, Wed: 13:00-14:15, Thu: 13:00-14:15, Fri: 13:00-14:15, Sat:, Sun:,	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-12:45 Sunday: Closed
Tesco Stores Limited	Tesco Instore Pharmacy	Bellevue	Hartlepool	TS25 1UP	01429 672847	Mon: 09:00-13:30; 14:30-17:00, Tue: 09:00-13:30; 14:30-17:00, Wed: 09:00-13:30; 14:30-17:00, Thu: 09:00-13:30; 14:30-17:00, Fri: 09:00-13:30; 14:30-17:00, Sat: 09:00-12:00; 15:00-17:00, Sun:,	Mon: 08:00-09:00; 17:00-21:00, Tue: 08:00-09:00; 17:00-21:00, Wed: 08:00-09:00; 17:00-21:00, Thu: 08:00-09:00; 17:00-21:00, Fri: 08:00-09:00; 17:00-21:00, Sat: 08:00-09:00; 17:00-21:00, Sun: 10:00-16:00,	Monday: 08:00-13:30; 14:30-21:00 Tuesday: 08:00-13:30; 14:30-21:00 Wednesday: 08:00-13:30; 14:30-21:00 Thursday: 08:00-13:30; 14:30-21:00 Friday: 08:00-13:30; 14:30-21:00 Saturday: 08:00-13:30; 14:30-21:00 Sunday: 10:00-16:00
Victoria Pharmacy Ltd		The Health Centre	Victoria Road, Hartlepool	TS26 8DB	01429 270 168	Mon: 09:00-13:00; 14:00-18:00, Tue: 09:00-13:00; 14:00-18:00, Wed: 09:00-13:00; 14:00-18:00, Thu: 09:00-13:00; 14:00-18:00, Fri: 09:00-13:00; 14:00-18:00, Sat:, Sun:,	Mon: 08:30-09:00; 13:00-14:00 Tue: 08:30-09:00; 13:00-14:00 Wed: 08:30-09:00; 13:00-14:00 Thu: 08:30-09:00; 13:00-14:00 Fri: 08:30-09:00; 13:00-14:00 Sat:, Sun:,	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

4 September 2017

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group –Dr Timlin (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillor Clark, Councillor Springer (as substitute for Councillor Buchan) and Councillor Barclay (as non-voting substitute for Councillor Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group –Alison Wilson
Interim Director of Public Health, Hartlepool Borough Council – Dr Paul Edmondson-Jones
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:
Representative of the NHS England – Dr Butler
Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner (as non-voting substitute for Colin Martin)
Representative of Cleveland Police – Jason Harwin
Representative of Headteachers – Julie Thomas

Also in attendance:-
Judy Gray, Hartlepool Healthwatch
Councillor Brenda Harrison, Hartlepool Borough Council
Wendy Harrison, Coordinator, Hartlepool Deaf Centre
Dr Andrea Jones, Designate Clinical Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Steve Thomas, Healthwatch

Hartlepool Borough Council Officers:
Dr Esther Mireku**,** Acting Consultant in Public Health
Alexe Gunn, Public Relations Officer
Joan Stevens, Statutory Scrutiny Officer
Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, Dr Timlin introduced Dr Jones who would commence a job sharing arrangement, with Ali Wilson, with effect from October 2017.

12. Apologies for Absence

Leader of Hartlepool Borough Council, Councillor C Akers-Belcher (Chair)
Elected Member, Hartlepool Borough Council Councillors Buchan
Representative of GP Federation – Fiona Adamson

13. Declarations of interest by Members

Dr Timlin highlighted that agenda item 4.1 included references to his GP surgery, McKenzie house.

14. Minutes

(i) The minutes of the meeting held on 26th June 2017 were confirmed.

Ali Wilson referred to discussion at the previous meeting regarding winter pressures and gave a verbal update with a more detailed report to be presented to the December meeting. The Board was assured that a significant amount of preparation had been undertaken for the winter pressures.

(ii) The minutes of the meeting of the Children's Strategic Partnership held on 2nd May 2017 were received.

It was noted that the representative of the Clinical Commissioning Group, present at the meeting, was Jo Heaney and not Sue Sweeney as stated in the minutes of the meeting.

15. Healthwatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experiences of Local GP and Hospital Services (*HealthWatch Hartlepool and Hartlepool Deaf Centre*)

The report informed the Health & Wellbeing Board of the outcomes of the recent investigation conducted by Healthwatch Hartlepool and the Hartlepool Deaf Centre into Deaf patient experience of local GP and Hospital Services. Wendy Harrison, Coordinator, Hartlepool Deaf Centre and Steve Thomas, Healthwatch presented the background and findings of the report in terms of local GP surgeries and Hartlepool and North Tees Hospitals. The report recommended as follows:-

- Every effort is made to ensure that patient records in primary and acute settings always record deafness and the patients preferred methods of communication.
- All NHS providers should ensure all staff are aware of procedures and responsibilities for booking interpreters.
- GP surgeries should ensure all Deaf patients are made aware of their online services and how to use them.
- GP surgeries and other NHS providers should offer the option of booking appointments/receiving test results by text to those who are unable/do not wish to use online services.
- GP surgeries should also offer option of ordering prescriptions by email or text.
- All NHS providers should use a visual indicator in waiting rooms to alert patients when it is their turn.
- Where the nature of the appointment means that the presence of an interpreter of the opposite sex to the patient may cause embarrassment, efforts should be made to book an interpreter of the same sex.
- Efforts continue to be made to improve information flows between GPs and Acute Services via the Medical Interoperability Gateway (MIG), and other means available.
- A symbol/icon is introduced to indicate sensory loss on the TrakCare system and other patient record systems to ensure that staff are alerted immediately when a patient is Deaf, or has other sensory loss.
- GP practices and North Tees and Hartlepool Hospitals introduce both E-Learning and face-to-face training in Deaf Awareness for nurses, healthcare care assistants and reception staff. Opportunities should also be made available for identified staff to receive basic BSL training.
- GP practices and North Tees and Hartlepool Hospitals should explore the possibility of introducing practice and ward sensory loss champions.
- North Tees and Hartlepool Hospitals should introduce a corporate "sensory loss resource box", for use across all wards containing basic Deaf awareness and BSL resources. These resources would provide reminders of Deaf patients' needs and assist in day-to-day communication on the ward. Hartlepool Deaf Centre would be happy to work with the Hospital Trust to produce such a resource.
- Appointment letters sent to Deaf patients should always inform them when an Interpreter has been booked and Interpreters should be booked routinely when diagnosis, treatment and treatment outcomes are being discussed.
- North Tees and Hartlepool Hospitals should ensure that an Interpreter is always present when discharge from hospital is not straightforward and that any letters and accompanying documentation are made available in accessible formats.
- GP Practices and North Tees and Hartlepool Hospitals should investigate making more use of SMS text in communications with Deaf patients, particularly with regard to appointments and information

sharing.

- North Tees and Hartlepool Hospitals should consider using an online interpreting service (for example, Interpreter Now or Sign Live) on occasions when no interpreter is available, such as emergency situations.
- Consideration should be given to introducing an optional Health Passport system for Deaf patients which outlines key personal and medical information and communication needs.
- The booking process for Endoscopy appointments and Interpreters for Endoscopy appointments should be clarified across all ward and treatment areas of North Tees and Hartlepool Hospitals.

Board Members expressed appreciation of the report and discussed the issues highlighted therein. The Clinical Commissioning Group's Chief Officer undertook to ensure that GPs and Hospital Trusts were aware of the recommendations set out in the report. The Interim Director of Public Health highlighted that one of the roles of the Board is to tackle health inequalities. It was highlighted that every deaf patient should have same right of access to services as other patients. However it was accepted that equal access did not always mean having equal benefit. The importance of introducing support mechanisms was, therefore, recognised including the use of technology.

Concerns were expressed that out of 14 GP surgeries, 6 surgeries had not completed the survey which had been circulated by Healthwatch. Whilst recognising that there was no statutory responsibility on GPs to complete surveys, the Board agreed that the concerns of the Board should be communicated to those GPs that had not returned surveys.

In response to clarification sought regarding mental health issues, language barriers were discussed and it was highlighted that the dementia test was not appropriate for deaf patients.

Views were expressed relating to the importance of delivering the recommendations set out in the report The Board agreed with a suggestion made by Steve Thomas that an update on the recommendations, be provided to the Board, following a period of 12 months.

Decision

(i) The Board considered the report's recommendations and agreed that GPs in the town and Hospital Trusts should be made aware of the recommendations set out in the report

(ii) Appreciation was expressed to the authors of the report.

(iii) It was agreed that an update on the implementation of the recommendations be made to the Board following a period of 12 months.

16. Healthwatch Hartlepool Enter and View Reports – Wards 27 and 28 (*HealthWatch Hartlepool*)

The Board was informed of the findings of two recent Enter and View visits to Wards 27 and 28 at North Tees Hospital conducted by Healthwatch Hartlepool in March 2017. The report recommended as follows:-

- To ensure that the water jug and glass is within reach for all patients**.**
- Full night staff cover to enable all buzzers to be answered in a timely manner
- To consider privacy when the discussion is very distressing
- That the misunderstandings of staff manners can be addressed sensitively to assist staff and patients, or to talk to staff who are actually rude or insensitive

Steve Thomas advised the Board that in relation to the Enter and View Reports and the report considered at the previous agenda item, Healthwatch had been extremely pleased to receive prompt feedback from the Foundation Trust and requested that appreciation be noted.

Decision

The Board noted the contents of the Enter and View reports and the recommendations contained therein.

17. Director of Public Health Annual Report 2016/17 *(Interim Director of Public Health*)

The Director of Public Health Annual Report for 2016/17 had been circulated. The report would be presented to full Council on 28th September 2017.The 2016/17 Report focused on 'ageing well' in Hartlepool, highlighting the excellent services, good practice and partnership working taking place across the Borough in order to sustain and improve the physical and mental wellbeing of older people.

The Board was advised that previous reports had focused on how public health priorities had changed over the past 40 years (2013/14 report), the importance of how work and employment influence health and wellbeing (2014/15) and 'understanding need' (2015/16), utilising information graphics around the themes of the Joint Strategic Needs Assessment (JSNA). It was considered that a focus on older people's wellbeing represented a logical

progression and addressed an important gap by highlighting some of the excellent work in this area. The report also highlighted some of the key public health indicators and statistics around the older people's agenda, demonstrating where good progress and improvements had been made, but also where further effort was required for Hartlepool to move closer to its neighbouring Authorities or the rest of England in order to reduce widening health inequalities. The latter part of the report highlighted some 'top tips' and useful contacts of interest and practical use to the target population, and to partners and stake holders. It concluded with some next steps and future plans around this important agenda, linking to key projects such as the Better Care Fund and Community Hubs.

It was noted that as in previous years, the final report to full Council would be accompanied by a revised set of 'Ward Profiles' for Elected Members, which would highlight the key public health issues in a given area with a specific focus on the theme of the report.

In response to an observation that it would be useful for all GPs and clinicians to receive a copy of the Annual Report, the interim Director of Public Health advised that copies would be available on various partner websites and could be sent out to GP surgeries. The Director highlighted also that ward profiles would be distributed to all Elected Members.

Decision

The Board noted the final report for submission to Committees and full Council.

18. Health and Wellbeing Strategy (2018-2025) (*Interim Director of Public Health*)

The report presented the final draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that were integral to the development of the strategy and sought approval of the final draft for consultation.

The Board was reminded that the Health and Social Care Act 2012 required the Local Authority, with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy (2013-2018) had been developed in 2012-2013 in order to comply with this statutory requirement. In complying with the requirements of the Health and Social Care Act 2012, and in order to ensure that the Strategy was fit for purpose and effectively reflected local priorities. The Board, at its meeting on the 13 March 2017, had approved the refresh of the Strategy and the creation of a detailed Project Plan / Timetable to enable completion of the refresh process

in line with the required deadline. A further meeting of the Board, on the 26 June 2017, had approved the priority areas as the focus for the Strategy and consultation process:

- Starting Well – maternal health, children and young people;
- Working Well – workplace health, getting into work, poverty;
- Ageing Well – isolation, dementia, long term conditions, older people;
- Living Well – lifestyle issues, mental health, prevention;

Following the public consultation, a further priority area had been identified and included as 'Dying well'.

The Board, at its meeting on the 26 June 2017, also had approved the Project Plan / Timetable set out in the report, for completion of the refresh. The initial phase of consultation had commenced on the 26th June 2017 and had closed on the 16 July 2017. The consultation had been undertaken across a range of venues and an online survey, with participation promoted as detailed in the report. Detailed breakdown of the results of the consultation had been appended to the report and a summary of key findings was outlined in the report. All of the information obtained throughout the consultation process, had been utilised in the development of a final draft of the Joint Health and Wellbeing Strategy (2018-2025). A copy of the draft strategy had been circulated.

Decision

(i) The results of the recent consultation exercise were noted;

(ii) The Board approved the final draft of the Joint Health and Wellbeing Strategy (JHWS) for consultation in October 2017; and

(iii) The Board gave approval of any final additions / changes prior to consultation being delegated to the Chair, in conjunction with the Interim Director of Public Health.

19. Care Quality Commission Appreciative Review (*Assistant Director – Adult Services*)

The Board was provided with information regarding the Care Quality Commission's programme of appreciative reviews in 2017/18, and Hartlepool's involvement in the programme. Following the announcement of additional funding for social care in the Spring 2017 budget, work had been undertaken nationally to develop performance measures associated with this allocation, which formed part of the Improved Better Care Fund. The measures, which included Delayed Transfers of Care, aimed to assess patient

flow and how the interface between health and social care services is managed. Based on an assessment of these indicators, areas had been identified that were perceived to be experiencing particular challenges, where there had not been any other form of intensive support initiated. The Care Quality Commission (CQC) had been asked to undertake appreciative reviews in these areas. A notification had been received on 4 July 2017 advising that Hartlepool had been identified as one of the first twelve Local Authority areas to be reviewed. Confirmation of the review was received on 31 July 2017 and the date for the five day 'on-site' element of the Hartlepool review had been confirmed as Monday 9 October – Friday 13 October 2017.

The methodology for the review was appended to the report. Key staff from health and social care would be involved in data analysis and information gathering in readiness for the six week preparation phase where documents and information were shared with the CQC, prior to the five day site visit which would involve partners across health and social care. The Local System Overview Information Request was appended to the report also. During the site visit inspectors would meet with a range of people including commissioners, providers of services, frontline staff, people who use services and carers, local Healthwatch organisations and third sector organisations. Inspectors would also review cases and meet with senior leaders from across health and social care organisations within the locality. The review would focus on a range of Key Lines of Enquiry, which were detailed by way of appendix. Following completion of the on site visit, feedback would be provided regarding the outcome of the review. This would be focused on identifying good practice and areas where improvements could be made and would be confirmed in a letter to the Chair of the Board.

The Board was advised that following the completion of all twenty reviews, it was expected that a report would be published nationally that summarised the issues identified and shared the learning regarding improvements that could be made in local areas. Key issues including background, scope, process and next steps would be covered in the accompanying presentation.

Decision

The Board noted that:

- the CQC will be undertaking a programme of appreciative reviews in 2017/18 and that Hartlepool has been identified as one of the first twelve Local Authority areas to be reviewed;
- this is a review of the local health and social care system and key stakeholders and partners will be expected to participate in the review; and
- the outcome of the review will be reported to a future meeting of the Health & Wellbeing Board.

20. Any Other Items which the Chairman Considers are Urgent

It was ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

21. Health and Wellbeing Board - Representation

A letter which the Council's Chief Executive had received from the Chief Executive of North Tees and Hartlepool NHS Foundation Trust had been tabled at the meeting. The letter referred to discussion at a recent Board of Directors meeting in respect of health and wellbeing arrangements. The Chief Executive of the Trust had requested that the representation of the Trust on the Board be reconsidered. Board Members expressed their strong support for a Trust representative on the Board, with particular emphasis on the importance of partnership working in relation to the Sustainability and Transformation Partnership, Better Health Programme and Hartlepool Matters.

Decision
That Board supported the request for a representative from the North Tees and Hartlepool NHS Foundation Trust to be re-appointed to the Health and Wellbeing Board.

22. Financial Resources

A Member of the public commented that expenditure across organisations should be co-ordinated to ensure that financial resources are effectively used across all partners / bodies, and that funding decisions do not impact negatively on, the delivery of shared outcomes required to improve the health and wellbeing of Hartlepool.

Meeting concluded at 11.35 a.m.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP
MINUTES AND DECISION RECORD
15th September 2017

The meeting commenced at 10.00am in the Civic Centre, Hartlepool

Present:

Chief Superintendent Alastair Simpson, Cleveland Police (In the Chair)

Councillor: Steve Thomas
Denise Ogden, Director of Regeneration and Neighbourhoods
Chief Inspector Nigel Burnell, Chair of Youth Offending Board

Libby Griffiths was in attendance as substitute for Kay Glew (Thirteen Group),
Trina Holdcroft was in attendance as substitute for Jean Golightly (Hartlepool and Stockton on Tees Clinical Commissioning Group),
Rachelle Kipling was in attendance as substitute for Barry Coppinger (Office of Police and Crime Commissioner for Cleveland),
Andy Robinson was in attendance as substitute for Steve Johnson (Cleveland Fire Authority),
Danielle Swainston was in attendance as substitute for Sally Robinson (Director of Children's and Joint Commissioning Services)

Officers: Rachel Parker, Community Safety Team Leader
Jo Stubbs, Democratic Services Officer

22. Apologies for Absence

Apologies were submitted by Councillor Christopher Akers-Belcher, John Bentley (Safe in Tees Valley), Barry Coppinger (Police and Crime Commissioner), Clare Clark (Head of Community Safety and Engagement), Kay Glew (Thirteen Group), Jean Golightly (NHS Hartlepool and Stockton on Tees CCG), John Graham (Durham Tees Valley Community Rehabilitation Company), Steve Johnson (Cleveland Fire Authority) and Sally Robinson (Director of Children's Services)

23. Declarations of Interest

None

24. Minutes of the meeting held on 11th August 2017

Minutes approved. The Director of Regeneration and Neighbourhoods advised members that the performance report presented at the last meeting had resulted in some media interest. She suggested that in the future members and officers should be more prepared to respond to media enquiries following meetings. The Chair asked that a statement be prepared in advance of the reporting of performance statistics to future meetings. The Director also highlighted some misreporting of the statistics specifically that the increase had been annual rather than over a 2 month period. She had also noted that this had included the reporting of hate crime which could be seen as a positive.

25. Youth Justice Strategic Plan 2017-2019 (*Director of Children's and Joint Commissioning Services*)

Purpose of report

To consult with members on the Youth Justice Strategic Plan and provide recommendations to go to Council in October.

Issue(s) for consideration

The report provided background information regarding the purpose of the Youth Justice System together with details of the role and functions of the Youth Offending Services.

Members were advised of the following key strategic objectives that the Youth Offending Service and broader Youth Justice Partnership would focus on during 2017-2019:-

Re-offending
Early Intervention and Prevention
Remand and Custody
Risk and Safety & Wellbeing (ASSETplus)
Restorative Justice
Effective Governance
Voice of the young people
Extremism and PREVENT Strategy

Key risks had also been identified including secure remand costs and implementation of ASSETplus. It was also highlighted that the Youth Justice Board Grant had been reduced over the last few years and further cuts would leave the service unsustainable.

Councillor Thomas highlighted problems with anti-social behaviour in the De Bruce Ward caused by a small group of young people. In these

situations home life was often a factor and he stressed the importance of agencies working together to address these issues at the earliest possible opportunity in order to prevent problems escalating in later years. The Assistant Director (Childrens) concurred with this, saying school heads shared these concerns. A pilot scheme aimed at improving locality partnerships was due to start in the North Area with schools keen to become involved as soon as possible. The representative of the Police and Crime Commissioner asked that they be involved as a financial contributor. The Director asked the Community Safety Team Leader to provide information on the various ward issues to the Assistant Director.

The Representative for Hartlepool and Stockton on Tees CCG requested that child sex exploitation figures be broken down into male and female victims saying that a lot of male victims would prefer to be seen as offenders due to embarrassment. The Assistant Director advised that this was covered in ASSETplus.

The Cleveland Fire Authority representative referred to a presentation on car crime and driving dangerously and suggested this could be modified for young people. The Assistant Director agreed that this could be utilised when looking at anti-social car crime.

The Chair was interested in needs assessment specifically an analytical approach looking at causes and attempting to identify children who might be at risk of offending in later years as early as possible. The Assistant Director confirmed that this type of work was already underway and would be discussed with the town's heads in October. The Chair indicated he would be happy to take part in any discussions in terms of identifying the current needs assessment.

The Chair referred to increases in re-offending. The Assistant Director accepted the need to stop young people offending at all in order to break this cycle and suggested a future Youth Justice Board meeting be themed around this issue. The Chair also requested that data on the court system, including first time entrants, re-offenders and court disposals, be separated for ease of reference.

Members recommended the following amendments or additions to the Plan:

- That the level of discussion and interaction between the Young Offending Service, Police and Crime Commissioner and young people be explored
- That the possibility of a joint SNA be explored
- That data be presented in such a way as to increase understanding
- That work be undertaken utilising facebook and other social media

The Chair queried whether agencies were sharing intelligence correctly in

order to intervene as early as possible. The Assistant Director felt this was something which fell under the remit of the Children's Strategic Partnership which was due to consider the Children and Young People's Plan the following week. The Chair suggested that the instances of anti-social behaviour previously raised by Councillor Thomas be used as a case study. The Community Safety Team Leader advised that these specific issues had been raised at a focus meeting the previous week and anti-social behaviour officers were actively seeking to engage with the young people involved. She would speak to the officers involved and provide the chair with an update. Councillor Thomas indicated that a residents meeting was scheduled for the following week, the Assistant Director confirmed that a representative would be happy to attend albeit information on specific young people would not be shared. The Chair acknowledged this and asked the Chair of the Youth Offending Board to liaise with the Assistant Director regarding who should be involved from her perspective. Councillor Thomas indicated residents were more interested in how anti-social behaviour was addressed strategically rather than on an operational level.

Decision

That the concerns around anti-social behaviour in North Hartlepool be the subject of a case study to assess joint working between Children's social care, Youth Offending Service, Community Safety services and local residents (and their representatives).

That the following additions or amendments to the Youth Justice Strategic Plan be presented to Children's Services Committee:

- The level of discussion and interaction between the Young Offending Service, Police and Crime Commissioner and young people be explored
- The possibility of a joint SNA be explored
- Increasing re-offending rates be presented as an area of risk, to be the subject of specific action by the Youth Offending Service Board with feedback to the Children's Strategic Partnership
- Data presentation be amended to increase understanding, specifically by inclusion of pre-CJ disclosure outcomes alongside FTE and Re-offending data.
- Work be undertaken utilising facebook and other social media

26. Community Safety Strategy 2017-2020 (Final Draft)

(*Director of Regeneration and Neighbourhoods*)

Purpose of report

To present and seek approval of the final draft of the Community Safety Plan 2017-2020.

Issue(s) for consideration

The report set out the background to the statutory responsibility of Community Safety Partnership's to develop and implement a three year Community Safety Strategy setting out how it intended to address crime and disorder, substance misuse and re-offending issues in Hartlepool. In June members had approved the draft strategy for consultation. This had subsequently taken place with over 250 residents as part of the Safer Hartlepool Partnership 'Face the Public' activities held during October/November 2016. Further discussions had also taken place at the recent Safer Hartlepool Partnership development day and the draft plan had also been considered by the Audit and Governance Committee, Finance and Policy Committee and Community Forums.

The Strategic objectives for the 3 years were included as were the annual priorities for 2017-2018. Consultation showed that the public wanted the Partnership to focus on activities to address anti-social behaviour, improvements in community engagement and crime prevention. The Community Forums had also emphasised the need to concentrate on crime prevention, suggesting that community safety events take place as "pop up shops" in high footfall areas such as the Middleton Grange Shopping Centre.

Progress made against the plan would be managed and monitored by the Partnership through monitoring of Sub-Group Actions Plans.

The Assistant Director (Childrens) queried the inclusion of the Youth Justice Board Chair on the membership of the Partnership contained within the Plan. The Director of Regeneration and Neighbourhoods advised that this was an error and confirmed that the membership details would be re-checked.

Decision

That the final draft of the Community Safety Plan be approved subject to any necessary amendments to the membership of the Safer Hartlepool Partnership contained within it.

27. Your Say, Our Future: Community Safety (*Director of Regeneration and Neighbourhoods)*

Purpose of report

To consider the Safer Hartlepool Partnership annual Strategic Assessment and 'Face the Public Event' in developing year 2 of the Community Safety Plan (2017-2020)

To consider rebranding the Safer Hartlepool Partnership's 'Face the Public' event under the Council's 'Your Say, Our Future' programme from 2018 onwards.

Issue(s) for consideration

Since their introduction in 1998 by the Crime and Disorder Act Community Safety Partnerships have a statutory responsibility to develop and implement a three year Community Safety Plan setting out how they intend to address crime and disorder, substance misuse and re-offending issues. Community Safety Partnerships are made up of representatives from the six responsible authorities including the Local Authority, Police, Fire Brigade and National Probation Service. One of their statutory duties is to consult with local residents and organisations on community safety priorities including an annual 'Face the Public' event. This had traditionally been held in October or November of each year however as the final draft of the Community Safety Plan was only being considered by the Partnership at this meeting, and given the level of public involvement in the consultation, it was suggested that the annual event be pushed back to February 2018. This would coincide with the launch of the 'Integrated Hartlepool Community Safety Team'. It was also proposed that in future this event become part of the Council's 'Your Say, Our Future' programme thereby enabling a two-way conversation with the local community and better communication.

Decision

1. That the proposed timescale and arrangements for developing the strategic assessment in relation to year 2 of the Community Safety Plan 2017-2020.

2. That the Face the Public Event form part of the Council's Your Say Our Future programme from 2018 onwards.

28. Substance misuse sub-group update (*Interim Director of Public Health*)

The Chair noted that nobody was present from Public Health. He asked that the report be deferred and the Chair be advised as to the reason for non-attendance.

Decision

That the item be deferred and the Chair contacted regarding the reason for non-attendance.

The meeting concluded at 10:55.

CHAIR