AUDIT AND GOVERNANCE COMMITTEE

AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 17th March 2022

at 2.00pm

in the Council Chamber,
Civic Centre, Hartlepool

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on 16th March and name and address details will be taken for NHS Test and Trace purposes.

"You should not attend the meeting if you are required to self-isolate or are displaying any COVID-19 symptoms such as (a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell), even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the NHS guidance on testing"

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Boddy, Cook, Cowie, Feeney, Hall, D Loynes, Picton, Richardson, Riddle and vacancy.

Standards Co-opted Independent Members: - Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative.

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 28th February

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.
The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

4. **AUDIT ITEMS**

4.1 Internal Audit Plan 2021/22 Update - *Head of Audit and Governance*

4.2 Internal Audit Plan 2022/23 – *Head of Audit and Governance*

4.3 Limited Assurance Audits Borough Hall and Town Hall Theatre – *Assistant Director, Preventative and Community Based Services*

4.4 Mazars Report – Audit Strategy Memorandum – *Assistant Director, Finance*

5. **STANDARDS ITEMS**

None.

6. **STATUTORY SCRUTINY ITEMS**

Crime and Disorder Scrutiny

No items.

Health Scrutiny

6.1 Covid-19 Update Presentation - *Director of Public Health*

6.2 Pharmaceutical Needs Assessment Review – Consultation – *Director of Public Health*

7. **OTHER ITEMS FOR DECISION**

No items.

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

No items.

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

No items.

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

No items.

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

No items.

12. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

13. **DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No items.

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

For information: -

Dates and times of forthcoming meetings to be confirmed

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

28 FEBRUARY 2022

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

Present:

Councillor: Rob Cook (In the Chair).

Councillors: Moss Boddy, Brian Cowie, Tom Feeney and Stephen Picton,

Standards Co-opted Members:
Mr Martin Slimmings and Ms Tracy Squires – Independent Members
Parish Councillors Alan O'Brien (Greatham) and John Littlefair (Hart).

Also present: Lesley Wharton, Associate Director of Nursing, Patient Experience and Quality, North Tees and Hartlepool NHS Foundation Trust
Keith Wheldon, Business Intelligence Manager, North Tees and Hartlepool NHS Foundation Trust

Officers: Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

114. Apologies for Absence

Apologies for absence were received from Councillors D Loynes and Riddle.

115. Declarations of Interest

None

116. Minutes

The minutes of the meeting held on 10 February were confirmed.

117. North Tees & Hartlepool NHS Foundation Trust - 2021/22 Quality Account - Presentation

Representatives from North Tees and Hartlepool NHS Foundation Trust presented their Draft Quality Accounts for 2021/22. The presentation outlined performance against the measures for 2021/22 in Patient Safety, Effectiveness of care and Patient Experience. The presentation also detailed the mortality indicators for the trust, number of patients admitted with a diagnosis of dementia/delirium, infection control statistics and number of covid-19 infections and deaths. With regard to effectiveness of care, the presentation addresses accessibility, number of violent incidents and the types of adverse events. The presentation concluded with addressing patient experience in terms of the Friends and Family Test, number of complaints the Trust had received, the types of complaints and total number of compliments.

The Committee was advised that the engagement process would continue from January 2022 to March 2022 during which time the Committee would be asked to submit its third party declaration, for inclusion in the published version of the Quality Accounts for 2021/22. The document would be finalised in May 2022 and published on the Trust website by the 30 June 2022 deadline.

The representatives of the Trust responded to questions from elected members arising from the presentation and advised that for those issues they were unable to clarify at the meeting, they would respond following the meeting. The Chair expressed his appreciation to the Trust representatives for their presentation.

Decision

The presentation was noted.

118. Child Poverty Investigation - Draft Final Report

(*Statutory Scrutiny Manager)*

Item withdrawn

119. Accessibility of Services to People with Disabilities and Lifelong Conditions Council Referral - Timetable Update - *Statutory Scrutiny Manager*

The report made proposals to the Committee for the conduct of the investigation into Accessibility to Services to People with Disabilities and Lifelong Conditions in Hartlepool. On the 25th February 2021 Full Council had considered a motion, as set out in the report, which had been referred to this Committee. In accordance with the referral from Council, the Audit and Governance Committee on the 16th December 2021 had approved a

timetable for conclusion of its investigatory activities prior to purdah. A number of contributory factors had meant that it had not been possible for the Committee to progress this investigation, in accordance with the agreed timetable. On this basis, and with the support of the Chair, a revision to the timetable was required to allow a full as effective investigation to be undertaken. The Committee was asked to approve an amendment to the timetable, as detailed in the report.

Decision

The revised timetable was approved.

120. Personnel Sub-Committee (*Chief Solicitor and Monitoring Officer*)

The Committee was reminded that Councillors B Loynes, Cook and Richardson had been appointed to the Personnel Sub Committee at the meeting of the Committee on 8 July 2021 (Minute No. 14 refers). Due to the very recent and sad death of Councillor Brenda Loynes the Personnel Sub Committee could not meet as its quorum is three elected members. It was noted that there were outstanding matters for the Sub Committee to consider that could not be deferred to the new Municipal Year. The Committee was, therefore, requested to appoint a third Member to the Sub Committee to sit alongside the Chair and Vice-Chair of this Committee.

Decision

That Councillor Boddy be appointed to the Personnel Sub-Committee

The meeting concluded at 11.15 a.m.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

17 March 2022

HARTLEPOOL BOROUGH COUNCIL

Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2021/22 UPDATE

1. PURPOSE OF REPORT

1.1 To inform Members of the progress made to date completing the internal audit plan for 2021/22.

2. BACKGROUND

2.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to fully review the Annual Governance Statement, which will be presented at this meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

3. PROPOSALS

3.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. Table 1 of the report detailed below, sets out the schools audit that has been completed and the recommendations made. Recommendations to mitigate the risks identified have been agreed and a follow up audit will be carried out to ensure satisfactory implementation.

Table 1

Audit	Objectives	Recommendations	Agreed
Fens Primary	Ensure school finance and governance arrangements are in line with best practice.	-New members of the Governing Body should be provided with further training to enable them to provide an effective 'critical friend' role. -Copies of the budget monitoring reports presented to Governors should be retained with the relevant meeting minutes to provide evidence as to the accuracy of such reports. -All items of equipment costing in excess of £1,000 or of a portable and attractive nature should be recorded in the inventory record. A stock check should be undertaken on an annual basis and the person undertaking the stock take	Y Y Y

Audit	Objectives	Recommendations	Agreed
		should be independent of the day to day maintenance of the inventory and should sign and date the inventory. -The Online Safety Policy should be reviewed and updated where necessary and presented to Governors for ratification. -All private funds maintained by the school should have an up to date constitution which is approved by the Governing Body and details the purpose of the fund and arrangements for its management. Examination of financial statements for private funds should not be taken by a cheque signatory or person responsible for administering the fund and annual accounts should be presented to the Governing Body. Signatories to the account should be changed so that previous employees are removed and new current employees are added.	 Y Y
Golden Flatts Primary	Ensure school finance and governance arrangements are in line with best practice.	-Governor Support Services should ensure there are signed declarations in place for all newly appointed Governors. -The budget within the financial system SIMS should be corrected to accurately reflect the actual budget allocation. -Orders should be raised at the time of the request for goods/services to ensure that spend is committed to the school's financial system to prevent overspending. -Transaction logs should be completed for all purchases made using the school purchase card. All transaction logs should be completed by the buyer and authorised by a signatory and have supporting documentation to validate the purchase. -When renewing arrangements, the school should try to obtain at least three different quotes to ensure that they are achieving best value and are in line with Contract Procedure Rules. Where an SLA is to continue for another year, the school should ensures they obtain up to date SLA agreements prior to renewal to enable checks to be undertaken to ensure the agreement is still satisfactory and that the supplier is providing the service provision required. -An assessment of fees to be charged should been undertaken with a view to increasing income levels where the provision is running at a loss. Findings should be presented to the Governing Body to enable an informed decision to be made as to the viability of providing the service. -All items of equipment costing in excess of £500 or of a portable and attractive nature should be recorded in the inventory report. This should be checked and updated on an annual basis by a person independent of the day to day maintenance of the inventory and should sign and date the inventory. -Arrangements should be made to test the plan, record results and lessons learned and update the plan as appropriate.	Y Y Y Y Y Y Y
Lynnfield Primary	Ensure school finance and governance arrangements are in line with best practice.	-Transaction logs are approved by an authorised signatory. -Adequate income records should be maintained that show the total amount received and banked which should be regularly reconciled. -All items of equipment costing in excess of £1,000 or of a portable and attractive nature should be recorded in the inventory report. This should be checked and updated on an annual basis by a person independent of the day to day maintenance of the inventory and should sign and date the inventory. -Arrangements should be made to test the plan, record results and lessons learned and update the plan as	Y Y Y Y

Audit	Objectives	Recommendations	Agreed
		appropriate. -Annual accounts should be presented to the Governing Body.	 Y
Clavering Primary	Ensure school finance and governance arrangements are in line with best practice.	- The schools website requires updating to reflect the changes to the Governing Body committee. - The schools inventory should be updated to contain dates of new purchases and disposals and the location of the asset. A stock check should be undertaken on an annual basis. The person undertaking the stock take should be independent of the day to day maintenance of the inventory and should sign and date the inventory. - A review should be undertaken by the Governors and documented the outcome in the Governing Body minutes. - Staff should not claim overtime during paid core hours. - The plan should then be subject to testing / exercises with debrief reports of such documented and any lessons learnt reported to the Governing Body and incorporated into a revised plan.	Y Y Y Y Y

3.2 In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.

3.3 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation, making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.

3.4 Table 2 summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in Appendix A.

Table 2

Audit	Assurance Level
Salaries and Wages	Satisfactory
Nursing and Residential Care	Satisfactory
Stores/Joiners Shop	Satisfactory
Youth Employment Initiative Grant	Satisfactory

Members Allowances	Satisfactory
Troubled Families Grant	Satisfactory
Grounds Maintenance	Satisfactory

For Members information, Table 3 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 3

Assurance Level	**Meaning**
Satisfactory Assurance	Controls are operating satisfactorily and risk is adequately mitigated.
Limited Assurance	A number of key controls are not operating as intended and need immediate action.
No Assurance	A complete breakdown in control has occurred needing immediate action.

3.5 As well as completing the audits previously mentioned, Internal Audit staff have been involved with the following working groups:

- Information Governance Group.

3.6 Internal Audit staff are providing assurance to the Business, Energy and Industrial Strategy Department (BEIS) in respect of the payments of the Governments Business Support Grant Scheme and the Discretionary Business Support Grant Scheme. This requires us to provide detailed evidence supporting payments made to individuals and firms who were awarded those grants.

3.7 Table 4 below details the audits that were ongoing at the time of compiling the report.

Table 4

Audit	**Objectives**
Information Protection Policy	Ensure adequate policies/procedures are in place in line with statutory requirements.
Cash/Bank	Ensure clearly defined procedures are in place for the collection and banking of income and procedures for collecting income via the Internet & Cash Office are adequate and effective. All cash collections are promptly, completely and accurately recorded in the Authority's systems.
Insurances	Ensure strategies and policies are adequate and procedures are in place to manage day to day claims.
Business Continuity/Disaster Recovery	An appropriately skilled and resourced emergency planning and continuity function is maintained which has developed a BC Policy and a BC Management System.
Energy Management	Seek assurance that the Council has effective arrangements in place to manage energy consumption that optimise cost savings and contribute to climate change strategies.
Risk Management	Ensue risk management strategies and policies are embedded across the organisation.

Council Tax	Council Tax bills are issued in accordance with regulations and are accurate and complete; effective arrangements are in place to ensure all payments received in respect of Council Tax are identified promptly and accurately posted to individual accounts.
Creditors	Systems and procedures are in place for ordering, receiving and paying for goods and services to ensure that the supplies of goods and services are properly authorised and comply with the Authority's Financial Procedure Rules.
Non Domestic Rates	Payments are received and processed accurately to bill payers' accounts.
Highways Repairs and Maintenance	Effective budgetary control arrangements are in place; Work on the highways is procured in line with Contract procedure rules; Schemes are effectively managed to ensure that work is carried out to an appropriate standard, within budget and on time.
In House Looked After Allowances	Provide assurance on the payment processes for fostering allowances and the carer banding allowances.
Leaving Care Allowances	Review eligibility to payments, carers payments are accurately and promptly processed and are in accordance with the Pathway Plan, care leavers payments are accurately and promptly processed and in accordance with the Pathway Plan, ensure a Pathway Plan is in place and this is regularly reviewed and ensure a Personal Advisor has been appointed.
Iclipse/Enterprise IT system	Ensure adequate IT controls are in operation.

4. RISK IMPLICATIONS

4.1 There is a risk that if Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, this would lead to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATIONS

12.1 It is recommended that Members note the contents of the report.

13. REASON FOR RECOMMENDATIONS

13.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan.

14. BACKGROUND PAPERS

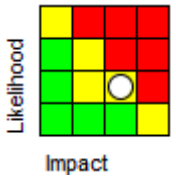
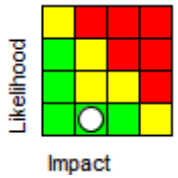
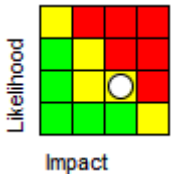
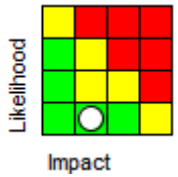
14.1 Internal Audit Reports.

15. CONTACT OFFICER

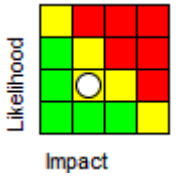
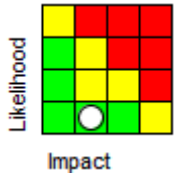
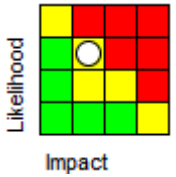
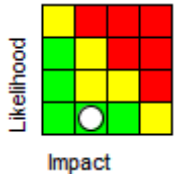
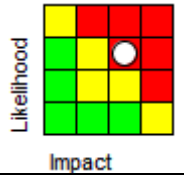
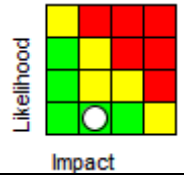
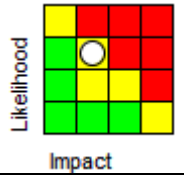
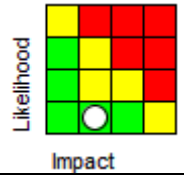
15.1 Noel Adamson
Head of Audit and Governance
Civic Centre
Victoria Road
Hartlepool
T24 8AY

Tel: 01429 523173
Email: noel.adamson@hartlepool.gov.uk

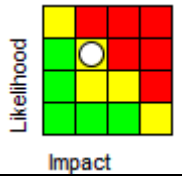
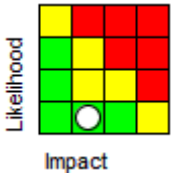
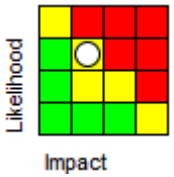
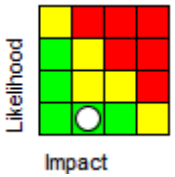
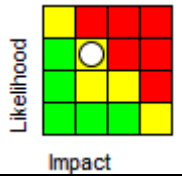
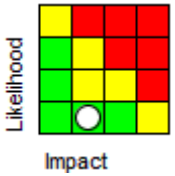
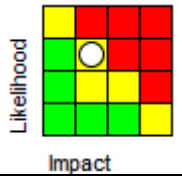
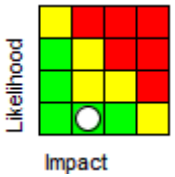
Appendix A

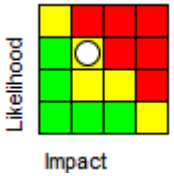
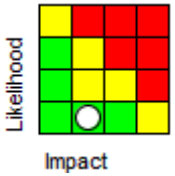
Audit	**Objective**		**Assurance Level**
Salaries and Wages	Ensure payroll is managed in line with statutory requirements.		**Satisfactory**
Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
Temporary amendments to employees pay may not be accurate, complete and authorised.		Various system options are currently under consideration. These include Firm-step, Enterprise and My-View. Review will determine a workflow generated process to manage the creation, authorisation and processing for these documents.	
Temporary amendments to employees pay may not be accurate, complete and authorised.		To be reviewed and details provided to the auditor.	

Audit	Objective	Assurance Level
Nursing and Residential Care	Review legislation / regulation / guidance; safeguarding adults board; commissioning and contracts; quality standards framework; financial governance; performance and returns and information governance.	**Satisfactory**

Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Non-compliance with the organisation's Financial and/or Contract Procedure Rules. No or poor contract monitoring so issues with service delivery may not be picked up at all or in time to take corrective action, which could lead to failing to deliver the required outcomes for a service users and/or excess/ unnecessary costs to the organisation.		The contract terms have now all be agreed with the provider and the final contract has been sent to the provider for signature.	
Non-compliance with the organisation's Financial and/or Contract Procedure Rules. No or poor contract monitoring so issues with service delivery may not be picked up at all or in time to take corrective action, which could lead to failing to deliver the required outcomes for a service users and/or excess/unnecessary costs to the organisation.		Draft contract is ready to go out to provider organisations and the CCG for comment. There has been some consideration around waiting until the section 75 Partnership Agreement has been updated and agreed (between the CCG and HBC), however as negotiations in relation to this have not yet been finalised, the draft care home contract will be circulated for comment, and any changes required as a result of finalisation of the section 75 will be actioned asap.	
There are no or ineffective controls in place to prevent incorrect/fraudulent payments being made to providers		The senior clerk will produce a report from Controcc to enable the reconciliation of the invoices raised to the information in Controcc, this check will be recorded/evidenced.	
There are no or ineffective controls in place to prevent incorrect/fraudulent payments being made to providers.		User Property Finance Team Manager has had initial conversations with Audit regarding the Senior Clerk updating Integra with the debt recovery actions. The next steps are to agree an approach with Integra Support and Debtor teams to implement this solution.	

Audit	**Objective**	**Assurance Level**
Stores/Joiners Workshop	Ensure stocks and stores are adequately managed, secured and issued.	**Satisfactory**

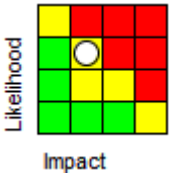
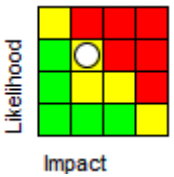
Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
Records may not demonstrate which officers have undertaken stock checks if reports are not signed by the person undertaking such checks.		Name, Date and signature of undertaking officer will be added to the stock take sheets	
The value and quantity of Stores could be over or under stated. A complete, accurate and up to date stock record may not be maintained which agrees to physical stock held if regular independent stock checks are not performed.		The Construction Team Leader (Bldg & Stores) will carry out spot checks after the stock has been written off to ensure it is disposed of correctly, this will be recorded and signed by the Construction Team Leader (Bldg & Stores).	
There may be incorrect charges to trading areas for use of small plant assets		Implement the small plant and vehicle module ASAP	
Potential risk of financial loss in the event assets go missing if payment is not received up front		Payment is in progress from developer at this time for materials purchased.	

Stock may be held when it is no longer needed whilst the service procures items which could be held in stock and be readily available when required.		Will discuss with stores officer and any non-moving items, I will propose to remove from stock.	

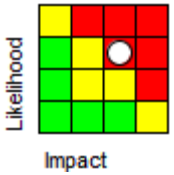
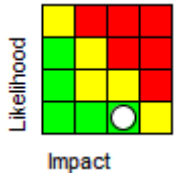
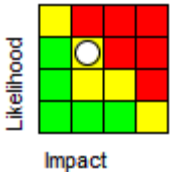
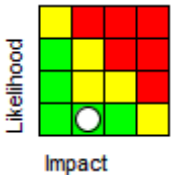
Audit	**Objective**		**Assurance Level**
Youth Employment Initiative Grant	Terms and conditions of the grant funding are compiled with.		**Satisfactory**
Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
No unmitigated risk identified.			

Audit	**Objective**		**Assurance Level**
Members Allowances	To ensure that payments made in respect of allowances and expenses incurred are paid in accordance with the rates approved by Council and the Independent Remuneration Panel and are bona fide; and records are maintained in a secure manner to enable claims to be validated and that allowances and expenses are published in line with legislative requirements.		**Satisfactory**
Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
No unmitigated risk identified.			

Audit	**Objective**	**Assurance Level**
Troubled Families Grant	Terms and conditions of the grant funding are compiled with.	**Satisfactory**

Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
Incorrect data may be recorded resulting in a reduction of grant award.		The Think Family Programme relies on two sources of data to verify claims based on an adult no longer claiming an out of work benefit. The first is the DWP Automated Data Matching System. This is becoming increasingly inaccurate as it cannot report on Universal Credit. As a full service UC area, Hartlepool is receiving fewer matches directly from the DWP. This is a national issue and is being addressed by the Department for Levelling Up, Housing and Communities directly with DWP. Our second source of information is our seconded DWP Employment Advisor who works directly with the families and has access to DWP local systems. Due to a rise in UC claims as a result of COVID-19 our TFEA can only provide details if this has been recorded on the DWP system in a timely fashion. Benefit status is sometimes recorded on our children's social care system by a Social Worker or Family Support Worker, however, this is not a reliable source of information as it's not the primary focus of their work. The TF team does not have access to the HBC benefits system iWorld. After consultation with our regional TF advisor at the DLUHC, we were advised that we do not have an appropriate legal gateway to access this system for the purposes of the Troubled Families Programme.	

Audit	**Objective**	**Assurance Level**
Grounds Maintenance	Ensure service is delivered in line with polices plans and procedures.	**Satisfactory**

Risk Identified	**Risk Level prior to action implemented**	**Action Agreed**	**Risk Level after action implemented**
Emerging risks may not be identified and appropriate mitigating action taken to minimise risk to the Health and Safety of employees.		All Risk Assessments have now been reviewed & updated.	
The service may suffer reputational damage if customers are not advised promptly that requests have been fulfilled.		The Digital Services team is currently working with the Grounds Maintenance team to simply the online reporting system. It is hoped that this simplification will speed up the time taken by operatives to close customer requests.	

AUDIT AND GOVERNANCE COMMITTEE

17 March 2022

Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2022/23

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1. PURPOSE OF REPORT

1.1 To inform Members of the direction of internal audit activity, and to seek approval of the annual operational Internal Audit Plan for 2022/2023 (Appendix A).

2. BACKGROUND

2.1 Under the Accounts and Audit Regulations 2015, the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, in compliance with Public Sector Internal Audit Standards (PSIAS). At Hartlepool, the authority for ensuring this responsibility is met has been delegated to the Director of Resources and Development.

2.2 To accord with PSIAS and to assist in ensuring the objectives of Internal Audit are achieved, audit activity must be effectively planned to establish audit priorities and ensure the effective use of audit resources.

2.3 Given available audit resources, all aspects of the Council's systems and arrangements cannot be audited in one year. In recognition of this a Strategic Audit Plan has been prepared using a risk model based on the model accredited by the Chartered Institute of Public Finance and Accountancy, which factors include:

- System Factors
- Managerial and Control environment
- Value of transactions
- Volume of transactions
- Opinion critical
- May incur legal penalties

2.4 The Strategic Audit Plan is produced in a way that ensures all relevant risk areas are covered. This allows the most relevant and comprehensive annual opinion on the Councils control environment to be given to the Audit and Governance Committee. Additionally, the audit plan has been tailored to add value to the Council following a process of discussion and consideration by all Assistant Directors and Corporate Management Team, of their current operational issues.

3. INTERNAL AUDIT RESOURCES 2022/2023

3.1 Hartlepool Borough Council Internal Audit establishment consists of a Head of Audit and Governance and 5 FTE audit staff. When taking into account operational costs of providing the service and income generated, the net budget for the provision of Internal Audit is £230,000, which equates to approximately £225 per audit day provided.

3.2 A total of 54 planned areas of audit coverage will form the basis of the mainstream Internal Audit work for 2022/23. The plan includes fundamental systems such as salaries, debtors, creditors, risk management etc., which are identified, for the purpose of the plan, as single audits. However, these will include system and probity audits in each or some of the departments, in support of the main system reviews.

3.3 In addition to the planned audit work, advice and support will be provided on an ad hoc basis throughout the financial year together with unplanned reactive work wherever necessary and appropriate.

3.4 For 2022/23, we are contracted to provide 100 days of audit work to the Cleveland Fire Authority.

3.5 Further details are provided in Appendix A of the focus of coverage across the council. In order to support members in the process of reviewing proposed audit coverage, the Better Governance Forum guidance on approving Internal Audit plans is also attached for information. This takes the form of a number of questions members may want to consider when reviewing the plan.

4. DELIVERING THE AUDIT

4.1 Regular liaison is an essential feature of an effective and responsive audit function. In this context, Internal Audit will:

- Have frequent meetings with departments to discuss the short term audit program, any current departmental issues which may benefit from an audit review and provide the opportunity to raise any concerns with the audit services provided;

- Following audit reviews agree action plans, identifying responsibilities and timescales for action;

- Carry out follow up work to monitor the effectiveness of management in implementing action plans;

- Ensure action plans are focused on improving controls and delivering benefits to the Council;

- Provide feedback to the Director of Resources and Development and Members on progress on the audit plan and the outcomes of audit work.

5. INTEGRATION

5.1 Although Internal Audit and Mazars carry out their work with different objectives, it is good professional practice that both parties should work closely together, which is a principle that the Council has always been committed to.

5.2 The arrangements for ensuring effective joint working are formalised into a Joint Protocol Agreement, which ensured that the overall audit resources are most effectively focused and duplication is minimised.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

12.1 There are no environment, sustainability and climate change considerations

13. RECOMMENDATION

13.1 It is recommended that Members review and approve the 2022/23 Internal Audit Plan and note the Internal Audit budget for 2022/23 of £230,000.

14. REASON FOR RECOMMENDATIONS

14.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it satisfies itself that Internal Audit coverage is adequate and effective.

15. BACKGROUND PAPERS

15.1 - Accounts and Audit Regulations 2015
- UK Public Sector Internal Audit Standards (PSIAS).

16. CONTACT OFFICER

16.1 Noel Adamson
Head of Audit and Governance
Civic Centre
Victoria Road
Hartlepool
TS24 8AY
Tel: 01429 523173
Email: noel.adamson@hartlepool.gov.uk

Appendix A

Auditable Area	Assistant Director/Director	Department
Social Care - Carers Service	John Lovatt	Adults And Community Based
Allotments	Gemma Ptak	Adults and Community Based
Cemeteries & Crematoriums	Gemma Ptak	Adults and Community Based
European Social Fund Grant Signoff	Gemma Ptak	Adults and Community Based
Tourism - Town Hall Theatre/Borough Hall	Gemma Ptak	Adults and Community Based
Libraries Spydus System	Gemma Ptak	Adults and Community Based
Youth Employment Initiative Grant	Gemma Ptak	Adults and Community Based
Members Allowances/Travel/Subsistence	Hayley Martin	Chief Solicitor
Procurement	Hayley Martin	Chief Solicitor
Agency Residential Placements	Jane Young	Children's and Joint Commissioning
Children's Homes	Jane Young	Children's and Joint Commissioning
Grange Primary School	Amanda Whitehead	Children's and Joint Commissioning
Greatham C Of E Primary School	Amanda Whitehead	Children's and Joint Commissioning
Housing Options Centre	Danielle Swainston	Children's and Joint Commissioning
Pupil Referral Unit (P.R.U.)	Amanda Whitehead	Children's and Joint Commissioning
Pupil Transfers Between Schools	Amanda Whitehead	Children's and Joint Commissioning
Social Care - Means Tested Allowance	Jane Young	Children's and Joint Commissioning
Springwell School	Amanda Whitehead	Children's and Joint Commissioning
Throston Primary School	Amanda Whitehead	Children's and Joint Commissioning
Troubled Families Grant	Jane Young	Children's and Joint Commissioning
Ward Jackson Primary School	Amanda Whitehead	Children's and Joint Commissioning
Social Care - Direct Payments Fraud Arrangement Review	John Lovat/Jane Young	Children's and Joint Commissioning/ Adults and Community Based
Car Parking - Income	Sylvia Pinkney	Neighbourhoods and Regulatory
Disaster Recovery/Business Continuity	Sylvia Pinkney	Neighbourhoods and Regulatory
Highways - Street Cleansing	Kieron Bostock	Neighbourhoods and Regulatory
Legionella Management	Kieron Bostock	Neighbourhoods and Regulatory
Transport - Child and Adult Provision	Kieron Bostock	Neighbourhoods and Regulatory
Transport - Fuel Management	Kieron Bostock	Neighbourhoods and Regulatory
Transport - Highways Capital Grant	Kieron Bostock	Neighbourhoods and Regulatory
Transport - Private Hire/Fleet Hire	Kieron Bostock	Neighbourhoods and Regulatory
Sexual Health Services	Craig Blundred	Public Health
Contain Outbreak Management Fund	Craig Blundred	Public Health
Community Testing Funding Grant	Craig Blundred	Public Health
Benefits - Housing	James Magog	Resources and Development
BIS	Bev Bearne	Resources and Development
Budgetary Control	Chris Little	Resources and Development
Cash/Bank	James Magog	Resources and Development
Computer Audit	Claire McLaren	Resources and Development
Council Tax	James Magog	Resources and Development
Creditors	James Magog	Resources and Development
Debtors	James Magog	Resources and Development
Fraud Awareness	James Magog	Resources and Development
Insurances	James Magog	Resources and Development
Loans & Investments	Chris Little	Resources and Development
Local Council Tax Support Scheme	James Magog	Resources and Development
Main Accounting System	Chris Little	Resources and Development

NFI	James Magog	Resources and Development
NNDR	James Magog	Resources and Development
Officers Expenses	James Magog	Resources and Development
Risk Management	Claire McLaren	Resources and Development
Salaries and Wages	James Magog	Resources and Development
V.A.T.	Chris Little	Resources and Development
Working From Home - H&S Compliance	Claire McLaren	Resources and Development
Working From Home - Data Protection Compliance	Claire McLaren	Resources and Development

Reviewing the Audit Plan

At least once a year, but possibly more frequently, both your internal and external audit teams will ask you to review their audit plans and approve them. If you aren't familiar with audit plans, you may well be asking yourself how to do this and how you can add value. In this article, I will discuss:

- Why draw up an audit plan?
- Who is involved?
- How is the audit plan produced?
- What does the audit plan cover?
- When is the audit plan written?
- Your role in relation to the audit plan

I will finish with a "dashboard" of key questions for you to ask to satisfy yourself that the plan has been drawn up appropriately and will deliver the assurance that you need as an audit committee member. While I concentrate on your role in relation to internal audit, many of these points also relate to external audit.

Why draw up an audit plan?
An audit plan is needed to ensure that your auditors address all the main areas of risk within your organisation and can provide assurance to support your Annual Governance Statement or Statement on Internal Control. At the end of each year the head of internal audit provides an opinion on the effectiveness of the control environment so it is vital that the plan is sufficient to support that opinion. It is also needed to ensure auditors use their limited resources (budget, time, people and expertise) to best effect. Almost inevitably audit needs outstrip audit resources and the plan will help your audit team set its priorities, in discussion with you.

Who is involved?
The audit plan is normally drawn up by the head of internal audit, in consultation with directors and members of the audit team. As the internal audit plans and external audit plans should be aligned, each should consult the other as part of this process.

How is the audit plan produced?
The audit plan is 'risk-based' to address the financial and non-financial risks faced by your organisation and your key priorities. Your organisation's risk register and the effectiveness of risk management will be reviewed to help develop the plan. The plan may also include work to be undertaken on behalf of your external auditor. The identified audits will be balanced against the resources available and the plan drawn up accordingly.

What does the audit plan cover?
The audit plan should show how your internal audit strategy is going to be achieved in accordance with the section's terms of reference. Plans include a combination of planned work and allowances for reactive work. They are always flexible so that they can reflect the changing risks and priorities within your organisation. Plans will also include allowances for "non-chargeable" time.

Planned audit work consists of a series of reviews of different aspects of your organisation's operations. The plan will include some high risk areas, for example areas of significant financial risk or high profile projects or programmes. Or they could be areas where there are concerns about poor performance, fraud or emerging risks. Some higher risk audits may feature annually in audit plans. Other areas, particularly financial systems, may be audited regularly even if they are well controlled because of their significance to the financial statements. The

frequency will usually be agreed with the external auditor. Other parts of the plan will reflect the risks and priorities of the organisation and the judgement of the head of internal audit.
Reactive audit work may include investigations, giving advice, supporting working groups and other such matters. Non-chargeable time includes annual leave, training, administration, team meetings etc. A working year is approximately 260 days. A typical auditor (not a trainee or a manager) will carry out about 200 audit days/year.

When is the audit plan written?
Detailed audit plans normally cover the organisation's financial year, although this is not mandatory. The audit plan is, therefore, generally written a few months before the start of the audit year for approval by the audit committee at the meeting before the start of that year. As the plan has to be flexible, you should be kept informed of minor changes and receive a revised plan for approval if there are any significant changes during the year.

There may also be a strategic plan that outlines the main direction for the audit team over a longer period than a year (perhaps three years). This is particularly useful to understand the wider coverage of risks and controls.

The audit committee's role
The audit committee should be both challenging of the plan and supportive in its delivery. You need to be sure that the organisation's risks and priorities are considered, that the plan is aligned with the audit strategy and terms of reference, that internal and external audit have liaised in drawing up their plans and that your auditors have exercised their independence and have not been unduly influenced by others in deciding what they will or (even more importantly) will not examine. You could review the audit strategy and terms of reference at the same time to ensure that they are still relevant and appropriate.

You also need to consider how the plan relates to other sources of assurance to support the Annual Governance Statement or Statement on Internal Control, for example assurance from the risk management process or management assurances. Taken as a whole, will you get the assurance you need?

Once the plan has been approved, your role is then to monitor activity and outcomes against that plan. Is it being delivered? Is the audit work delivering the expected outcome? You may also need to support your auditors, if they are struggling to get auditee engagement or experience a shortfall in resources. Above all, you are there to get action as a result of audit work.

Key questions to ask:

1. Who did the head of internal audit liaise with in drawing up this plan? Did this include external audit?

2. How does this audit plan link to our risk register and our strategic plans?

3. What audits have you left off this plan and why? When do you plan to carry out this work?

4. How does the audit plan fit with other assurance work? Are there any gaps or is there duplication?

Elizabeth Humphrey
Senior Associate, CIPFA Better Governance Forum

AUDIT AND GOVERNANCE COMMITTEE

17 March 2022

Report of: ASSISTANT DIRECTOR, PREVENTATIVE AND COMMUNITY BASED SERVICES

Subject: LIMITED ASSURANCE AUDITS BOROUGH HALL AND TOWN HALL THEATRE

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-key decision.

2. PURPOSE OF REPORT

2.1 To provide Committee with an update of the Borough Hall and Town Hall Theatre following limited assurance Internal Audit Reports dated 23rd September 2020.

2.2 To describe the changes made following these reports and how these changes will inform the aspirations of the venues.

3. BACKGROUND

3.1 The Borough Hall is situated on the town's historic Headland. It has had many functions in its 150 year history. It currently serves as the town's largest cultural venue with a capacity of over 1,000, it also provides a home for the Parish Council, the Headland Library and serves as a wedding venue. The Council have secured £3 million to develop the venue which will increase the capacity allowing for bigger name music acts, comedy, an improved wedding offer and as a base for developing musical talent within the Borough.

3.2 The Town Hall Theatre was built in 1897 and was formerly the town's technical college. It currently serves as the town's theatre and hosts numerous professional and community performances. Over the past year it has been used as an NHS vaccination centre and has seen over 25,000 people receive their COVID vaccinations there.

3.3 Venues including the Borough Hall and Theatre were closed throughout the pandemic. The Borough Hall reopened in July 2021 and began operating in a 'new world' specifically considering the COVID risk management arrangements required and the impact this has had on the management of events.

3.3 The Borough Hall, Town Hall Theatre and the new Elephant Rock Arena are collectively managed under the Performance Venues section of Preventative and Community Based Services under a single manager. Procedures across the three venues have been reviewed and standardised to remove 'venue anomalies' in working procedures.

4. PROPOSALS

4.1 Borough Hall

4.1.1 In summary the audit reported that there were a range of procedural issues identified, this was due to a lack of documentation to detail the policy, procedure or process relating to specific tasks and also a lack of implementation and awareness of policy, procedures and process amongst staff. This included issues with banking, management of the bar float, the raising of purchase orders, stocktaking and inventory management.

4.1.2 Staff training and awareness has been delivered to ensure staff are aware of appropriate information to work within defined procedures and process. This has also been reinforced during staff supervisions and regular monitoring of the issues that were raised to ensure consistent implementation of procedure and process.

4.1.3 It was identified that there has been no equipment inventory for 10 years within the Borough Hall it is unknown why this is the case. A shared audit and inventory has been done with the Town Hall Theatre to ensure all equipment is accounted for and can be managed across the services.

4.2 Town Hall Theatre

4.2.1 In summary the audit report that there were a range of procedural issues identified, this was due to a lack of documentation to detail the policy, procedure or process relating to specific tasks, a lack of implementation and awareness of policy, procedures and process amongst staff and also a lack of digital infrastructure to enable more efficient ways of managing processes. This included issues with banking, management of the bar float and cash analysis, management of keys, alignment of income taken to appropriate budget codes, procurement of services and appropriate management, recording and approval of bookings.

4.2.2 Staff training and awareness has been delivered to ensure staff are aware of appropriate information to work within defined procedures and process. This has also been reinforced during staff supervisions and regular monitoring of

the issues that were raised to ensure consistent implementation of procedure and process.

4.2.3 Work is continuing with HBC Digital Team to design and develop digital solutions to enable more efficient and effective ways of working specifically to maintain accurate records and managed and stored information correctly.

4.2.4 A review of procurement processes for support services in performance venues remains ongoing. A detailed forward plan is being developed to better understand the need for support services and enable an accurate brief to be developed and appropriate tendering processes to be adhered to. This will also enable greater budget assurance in relation to services needed.

4.2.5 A review of booking systems and processes is ongoing with remedial work done on booking forms to ensure they were fit for purpose however there remains some inconsistency in relation to management of booking forms and confirmation of booking arrangements with external hirers.

4.3 Event Management review

4.3.1 In preparation for Tall Ships 2023 a 'deep dive' piece of work is being conducted in partnership with an event specialist and safety specialist to ensure all event policy, process, documentation and toolkits are fit for purpose as well as supporting staff development. As part of this work the Borough Hall and Town Hall Theatre normal operating procedures, event management procedures and other considerations will be reviewed and additional recommendations suggested. This will then be followed by a robust implementation plan to continue to improve the offer within performance venues.

4.4 <u>Health and Safety Audit</u>

4.4.1 Further work is being done with colleagues in Health and Safety and Risk Management Group to ensure transparency around all matters to ensure the performance venues operate safely and effectively.

4.4.2 There have been some near misses recorded and complaints in relation to risk management at the Borough Hall and this will be explored further to prevent and manage any future risk.

4.5 <u>Capital Investment Programme</u>

4.5.1 £3m has been secured from Tees Valley Combined Authority and DCMS via the Arts Council for capital improvements to the Borough Hall.

4.5.2 A scheme of works has been proposed, as below and RIBA 2 is currently progressing and due to conclude in May 2022. It is anticipated that the Borough Hall will close late 2022/early 2023 and works are likely to take 12 months, further work is needed to provide more robust timeline.

Refurbishment of the Main hall to:

- provide more and improved toilet facilities including a changing places toilet in line with technical standards;
- refresh decoration;
- increase and improve bar facilities within the auditorium;
- Improve acoustics (subject to cost review).

Refurbish Balcony in Main Hall:

- increase toilet provision;
- increase bar provision;
- refurbish kitchens for use by catering operators.

Refurbishment of ground floor backstage:

- Improvements to dressing room facilities
- Provision of green room facilities
- improve accessibility of back stage area
- Create disabled access to stage

Wedding Venue Area:

- Refurbishment of the croft Room, Parlour Room, Ante Room, Tower Room, Middlegate Room and associated facilities to create a wedding venue to deliver day packages.
- Accessibility
- provision for catering providers

Venue Promotion:

- Refurbishment works to support the promotional strategy for the Borough Hall including improvements to the visibility of the front of the building including a sign and architectural lighting;
- internal signage scheme and
- redecoration in the areas in poorest condition.

Remedial works:

- Further works are to be determined to ensure the building is in line with building regulations.

4.5.3 A communications plan is being developed to ensure all users of the Borough Hall are aware of the planned works and consider how best we can accommodate their needs across other venue including Town Hall Theatre, CECA, leisure centres and other accommodation for hire depending on the needs of the users.

4.5.4 A review of the Town Hall Theatre will be conducted to prepare the venue for reopening due to a long period of closure for the purpose of performances and large audiences. A scope will be developed to conduct a longer term understanding of the Town Hall Theatre needs in relation to investment, capital developments, business plan and operational model.

5. RISK IMPLICATIONS

5.1 There is risk associated to the existing practice and processes at the Borough Hall and Town Hall Theatre not being adequate. The proposal to standardise procedures and ensure staff development is conducted will better manage the risk of these incidences.

5.2 An internal audit will be conducted in 2022 on both Town Hall Theatre and Borough Hall to ensure all planned interventions have been fulfil and provide any further recommendation.

5.3 There is further reputational risk to performance venues and the council without appropriate intervention, therefore the considerations of risk identified by audit have not been considered in isolation of wider service operations.

5.4 There are variations across practice for operations of venues and delivery of events in Preventative and Community Based Services. This is being considered across the whole of Preventative and Community Based Services and a recent restructure will provide opportunity for best practice to be shared and a standardised approach to venue management to be scoped.

6. FINANCIAL CONSIDERATIONS

6.1 Borough Hall and Town Hall Theatre require subsidy to operate, work is being progressed to reduce the subsidy required whilst accepting the bigger impact of the services being offered in relation to social value and wellbeing. To reduce the subsidy however internal processes must be addressed as this will have an impact on staff and customer experience and in turn impact on income potential/return custom.

6.2 Historically staffing has reduced in Cultural Services, as with the whole of the organisation. We need to capitalise on skills and resource across the whole department and organisation to address the challenges and share practice. Work is also happening across the region and sub region and many external colleagues have offered support to bring their experience and act as a ‘critical friend’.

7. CONSULATION

7.1 Consultation will need to be conducted as part of the ongoing service and business planning work across performance venues. This will be with key stakeholders and public.

7.2 A Cultural Strategy for Hartlepool has recently being developed and extensive consultation was conducted as part of this work which strategically considered all performance venues.

8. LEGAL CONSIDERATIONS

8.1 There are legal obligations to fulfil our duties in relation to Health and Safety Law and to ensure we conduct our business in a lawful way.

9. CHILD AND FAMILY POVERTY

9.1 Culture can positively impact the lives of many, performance venues should be accessible and safe locations providing opportunities for those most in need. This will be considered in the planning and developments.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 Culture can positively impact the lives of many, performance venues should be accessible and safe locations providing opportunities for those most in need. This will be considered in the planning and developments.

11. STAFF CONSIDERATIONS

11.1 Staff development and training is an essential part of ensuring a safe and high quality service is delivered.

11.2 Staff roles and responsibilities and work programmes will be reviewed as part of the ongoing service and departmental development work.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 All work will contribute to the safe and effective management of assets.

13. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE

13.1 Capital investment will support the Borough Hall to operate more efficiently.

13.2 Opportunities to contribute to this agenda as work progresses will be explored working with corporate strategy development.

14. RECOMMENDATIONS

14.1 It is recommended that Members consider the work that is being progressed to address some challenges and risks as presented by limited assurance audit reports and other work that is being considered to improve the operations and experience at performance venues.

15. REASONS FOR RECOMMENDATIONS

15.1 To ensure progress is being made and risk is effectively managed.

16. BACKGROUND PAPERS

None.

17. CONTACT OFFICER

Gemma Ptak
Assistant Director (Preventative and Community Based Services)
Gemma.ptak@hartlepool.gov.uk
01429 523441

AUDIT AND GOVERNANCE COMMITTEE

17 March 2022

Report of: Assistant Director Finance

Subject: MAZARS REPORT- AUDIT STRATEGY MEMORANDUM

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1. PURPOSE OF REPORT

1.1 To inform Members of the Audit and Governance Committee that arrangements have been made for representatives from Mazars to be in attendance at this meeting, to present the content of the report Audit Strategy memorandum.

2. BACKGROUND

2.1 The report sets out Mazars audit plan in respect of the audit of the financial statements of Hartlepool Borough Council for the year ending 31 March 2022. The plan sets out the proposed audit approach and is prepared to assist the Audit and Governance Committee in fulfilling its governance responsibilities.

3. FINDINGS OF MAZARS

3.1 Details of key messages are included in the main body of the report attached as Appendix 1.

4. RISK IMPLICATIONS

4.1 There is a risk that Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATIONS

12.1 That the Audit and Governance Committee:

i. Note the report of Mazars.

13. REASON FOR RECOMMENDATIONS

13.1 To ensure the Audit and Governance Committee is kept up to date with the work of our External Auditor.

14. BACKGROUND PAPERS

14.1 Audit Strategy Memorandum.

15. CONTACT OFFICER

15.1 James Magog
Assistant Director Finance
Civic Centre
Victoria Road
Hartlepool
TS24 8AY
Tel: 01429 523003
Email: James.Magog@Hartlepool.gov.uk

4.1 Appendix 1

Audit Strategy Memorandum

Hartlepool Borough Council

Year ending 31 March 2022

mazars

Contents

Audit and Governance Committee
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Mazars LLP
The Corner
Bank Chambers
26 Mosley Street
Newcastle Upon Tyne
NE1 1DF

4 March 2022

Dear Sirs / Madams

Audit Strategy Memorandum – Year ending 31 March 2022

We are pleased to present our Audit Strategy Memorandum for Hartlepool Borough Council for the year ending 31 March 2022. The purpose of this document is to summarise our audit approach, highlight significant audit risks and areas of key judgements and provide you with the details of our audit team. As it is a fundamental requirement that an auditor is, and is seen to be, independent of its clients, section 7 of this document also summarises our considerations and conclusions on our independence as auditors. We consider two-way communication with you to be key to a successful audit and important in:

- reaching a mutual understanding of the scope of the audit and the responsibilities of each of us;
- sharing informationto assist each of us to fulfil our respective responsibilities;
- providing you with constructive observations arisingfrom the audit process; and
- ensuring that we, as external auditors, gain an understanding of your attitude and views in respect of the internal and external operational, financial, compliance and other risks facing Hartlepool Borough Council for which may affect the audit, including the likelihood of those risks materialising and how they are monitored and managed.

With that in mind, we see this document, which has been prepared following our initial planning discussions with management, as being the basis for a discussion around our audit approach, any questions, concerns or input you may have on our approach or role as auditor. This document also contains an appendix that outlines our key communications with you during the course of the audit,

Client service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations so, if you have any concerns or comments about this document or audit approach, please contact me on 0191 383 6300.

Yours faithfully

Signed: *Gavin Barker*
Gavin Barker (Mar 4, 2022 15:29 GMT)

Gavin Barker

Mazars LLP

01

Section 01:

Engagement and responsibilities summary

1. Engagement and responsibilities summary

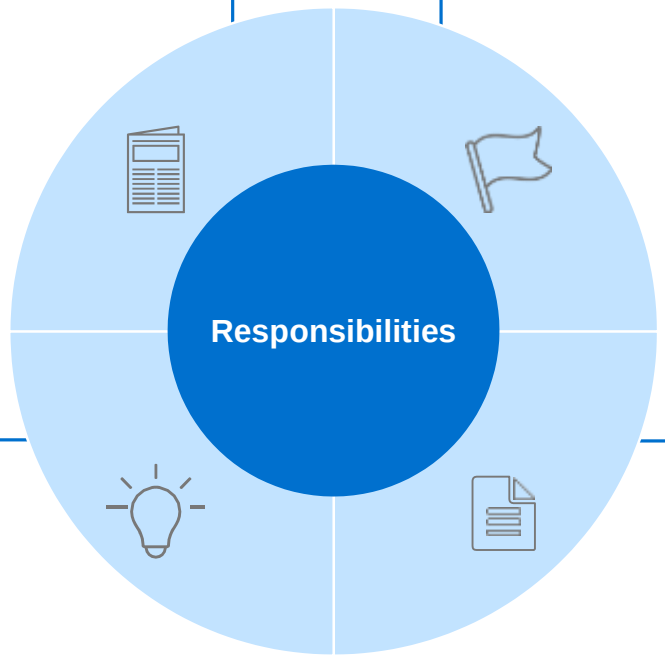
Overview of engagement

We are appointed to perform the external audit of Hartlepool Borough Council for the year to 31 March 2022. The scope of our engagement is set out in the Statement of Responsibilities of Auditors and Audited Bodies, issued by Public Sector Audit Appointments Ltd (PSAA) available from the PSAA website: https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/. Our responsibilities are principally derived from the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (NAO), as outlined below.

Audit opinion

We are responsible for forming and expressing an opinion on the financial statements. Our audit does not relieve management or the Audit and Governance Committee, as those charged with governance, of their responsibilities.

The Director of Resources and Development is responsible for the assessment of whether is it appropriate for the Council to prepare its accounts on a going concern basis. As auditors, we are required to obtain sufficient appropriate audit evidence regarding, and conclude on: a) whether a material uncertainty related to going concern exists; and b) consider the appropriateness of the Director of Resources and Development 's use of the going concern basis of accounting in the preparation of the financial statements.



Fraud

The responsibility for safeguarding assets and for the prevention and detection of fraud, error and non-compliance with law or regulations rests with both those charged with governance and management. This includes establishing and maintaining internal controls over reliability of financial reporting.

As part of our audit procedures in relation to fraud we are required to enquire of those charged with governance, including key management as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit so as to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. However, our audit should not be relied upon to identify all such misstatements.

Value for money

We are also responsible for forming a commentary on the arrangements that the Council has in place to secure economy, efficiency and effectiveness in its use of resources. We discuss our approach to Value for Money work further in section 5 of this report.

Wider reporting and electors' rights

We report to the NAO on the consistency of the Council's financial statements with its Whole of Government Accounts (WGA) submission.

The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounting records of the Council and consider any objection made to the accounts. We also have a broad range of reporting responsibilities and powers that are unique to the audit of local authorities in the United Kingdom

02

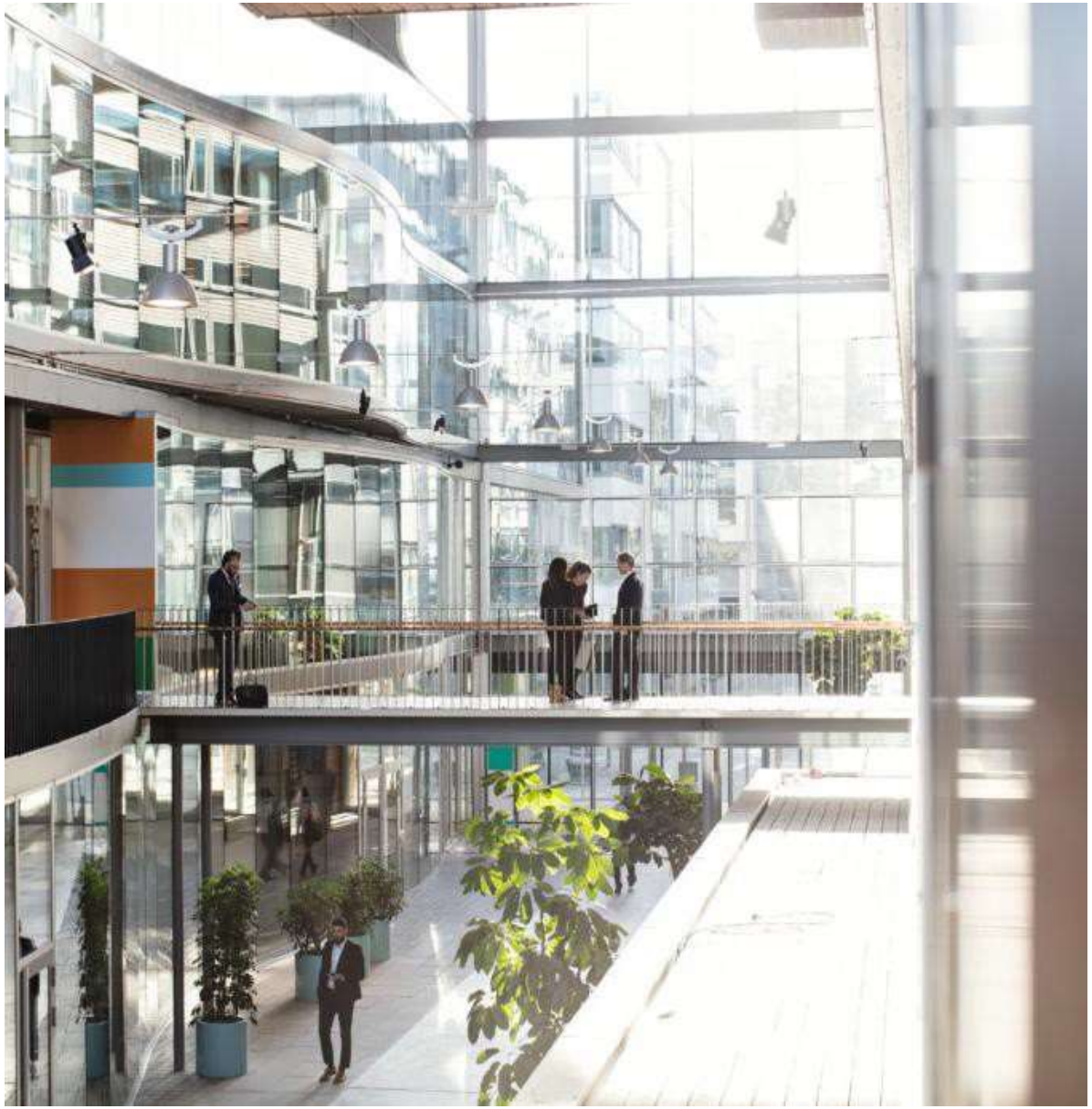
Section 02:

Your audit engagement team

2. Your audit engagement team

The Engagement Lead and Engagement Manager for this audit are unchanged but Jen Owens has replaced Rebecca Dearden as team leader. The key members of this year's audit team are set out below:

Who	Role	E-mail
Gavin Barker, CPFA	Director and Engagement Lead	gavin.barker@mazars.co.uk
Ross Woodley, CPFA	Manager	ross.woodley@mazars.co.uk
Jen Owens, ACA	Team Leader	jennifer.owens@mazars.co.uk



03

Section 03:

Audit scope, approach and timeline

3. Audit scope, approach and timeline

Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit approach and in accordance with the terms of our engagement. Our work is focused on those aspects of your activities which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations or areas which have been found to contain material errors in the past.

Audit approach

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment.

If we conclude that appropriately-designed controls are in place then we may plan to test and rely upon these controls. If we decide controls are not appropriately designed, or we decide it would be more efficient to do so, we may take a wholly substantive approach to our audit testing. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise: tests of details (of classes of transactions, account balances, and disclosures); and substantive analytical procedures. Irrespective of the assessed risks of material misstatement, which take into account our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transactions, account balance, and disclosure.

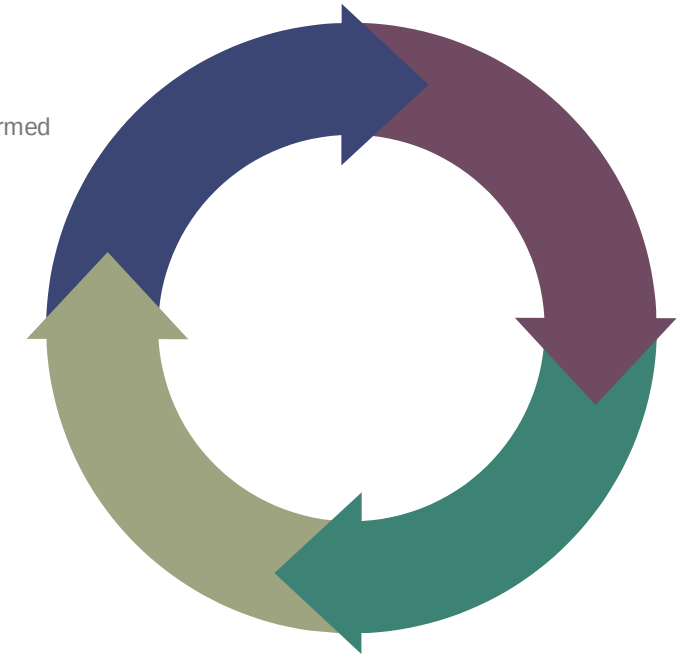
Our audit will be planned and performed so as to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view. The concept of materiality and how we define a misstatement is explained in more detail in section 8.

The diagram on the next page outlines the procedures we perform at the different stages of the audit.

3. Audit scope, approach and timeline

Planning January – March 2022

- Planning visit and developing our understanding of the Council
- Initial opinion and value for money risk assessments
- Considering proposed accounting treatments and accounting policies
- Developing the audit strategy and planning the audit work to be performed
- Agreeing timetable and deadlines
- Preliminary analytical review



Interim February - March 2022

- Documenting systems and controls
- Performing walkthroughs
- Design and implementation review of IT general controls
- Early substantive testing of transactions
- Reassessment of audit plan and revision if necessary

Completion September 2022 (to be confirmed)

- Final review and disclosure checklist of financial statements
- Final Director review
- Agreeing content of letter of representation
- Reporting to the Audit and Governance Committee
- Reviewing subsequent events
- Signing the auditor's report

Fieldwork July – August 2022 (to be confirmed)

- Receiving and reviewing draft financial statements
- Reassessment of audit plan and revision if necessary
- Executing the strategy starting with significant risks and high risk areas
- Communicating progress and issues
- Clearance meeting

3. Audit scope, approach and timeline

Reliance on internal audit

Where possible we will seek to utilise the work performed by internal audit to modify the nature, extent and timing of our audit procedures. We will liaise with internal audit to consider the progress and findings of their work prior to the commencement of any controls testing.

If we decide to place reliance on the work on internal audit, we will evaluate the work performed by your internal audit team and perform our own audit procedures to determine its adequacy for our audit.

Management's and our experts

Management makes use of experts in specific areas when preparing the Council's financial statements. We also use experts to assist us to obtain sufficient appropriate audit evidence on specific items of account.

Item of account	Management's expert	Our expert
Defined benefit liability	Actuary (Aon Hewitt)	NAO's Consulting Actuary (PWC)
Property, plant and equipment valuation	Internal valuer from the Council	
Financial instruments	Link Asset Services	

Service organisations

International Auditing Standards (UK) (ISAs) define service organisations as third party organisations that provide services to the Council that are part of its information systems relevant to financial reporting. We are required to obtain an understanding of the services provided by service organisations as well as evaluating the design and implementation of controls over those services.

We have not identified any service organisations with a role in the production of the financial statements, which have an impact on our audit.

04

Section 04:

Significant risks and other key judgement areas

4. Significant risks and other key judgement areas

Following the risk assessment approach discussed in section 3 of this document, we have identified risks relevant to the audit of financial statements. The risks that we identify are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

Significant risk

A significant risk is an identified and assessed risk of material misstatement that, in the auditor's judgment, requires special audit consideration. For any significant risk, the auditor shall obtain an understanding of the entity's controls, including control activities relevant to that risk.

Enhanced risk

An enhanced risk is an area of higher assessed risk of material misstatement at audit assertion level other than a significant risk. Enhanced risks require additional consideration but does not rise to the level of a significant risk, these include but may not be limited to:

- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

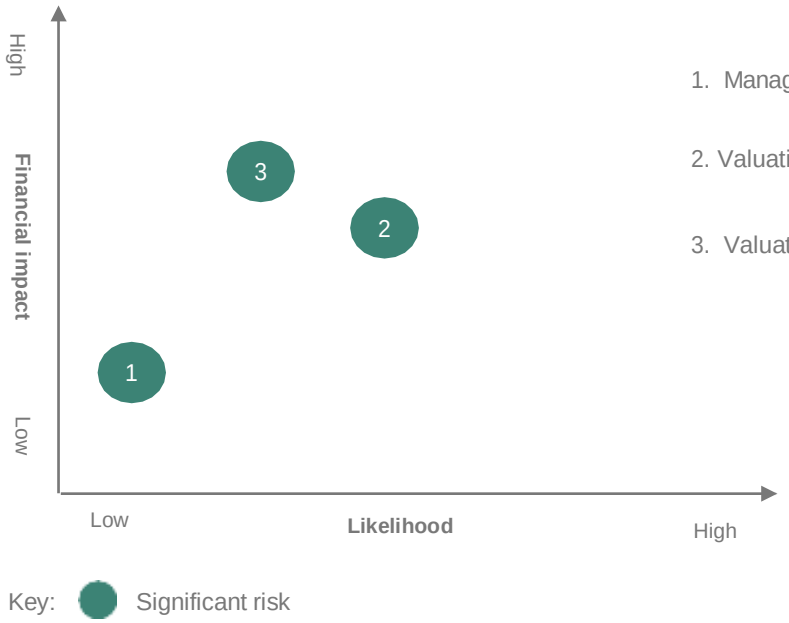
These should include all areas of judgement and significant estimation uncertainty reported by the Council in the financial statements, which would be expected to give rise to enhanced audit risks as relevant.

Standard risk

This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the likely magnitude of the potential misstatements or the likelihood of the risk occurring.

Summary risk assessment

The summary risk assessment, illustrated in the table below, highlights those risks which we deem to be significant and other enhanced risks in respect of the Council. We have summarised our audit response to these risks on the next page.



1. Management override of controls
2. Valuation of the net defined benefit liability
3. Valuation of property, plant and equipment

4. Significant risks and other key judgement areas

Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Audit and Governance Committee

Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	**Management override of controls** This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur. Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.	●	○	○	We plan to address the management override of controls risk through performing audit work over accounting estimates, journal entries and significant transactions outside the normal course of business or otherwise unusual. We will use a computer audit analytical technique (CAAT) to efficiently identify journals with risk characteristics and test 100% of such adjustments to the financial ledger.

4. Significant risks and other key judgement areas

Significant risks

	Description	Fraud	Error	Judgement	Planned response
2	**Net defined benefit liability valuation** The financial statements contain material pension entries in respect of retirement benefits. The calculation of these pension figures, both assets and liabilities, can be subject to significant volatility and includes estimates based upon a complex interaction of actuarial assumptions. This results in an increased risk of material misstatement.	○	●	●	We will discuss with key contacts any significant changes to the pension estimates. In addition to our standard programme of work in this area, we will evaluate the management controls you have in place to assess the reasonableness of the figures provided by the Actuary and consider the reasonableness of the Actuary's output, referring to an expert's report on all actuaries nationally. We will review the appropriateness of the key assumptions included within the valuations, compare them to expected ranges and review the methodology applied in the valuation. We will consider the adequacy of disclosures in the financial statements. We will also seek assurance from the auditor of Teesside Pension Fund.
3	**Valuation of property, plant and equipment (PPE) and investment properties** The financial statements contain material entries on the Balance Sheet as well as material disclosure notes in relation to the Council's holding of PPE and investment properties. Although the Council uses a valuation expert to provide information on valuations, there remains a high degree of estimation uncertainty associated with these valuations due to the significant judgements and number of variables involved in providing revaluations. In addition, the pandemic has increased the volatility in investment property valuations. We have therefore identified the valuation of PPE and investment properties to be an area of significant risk.	○	●	●	We plan to address this risk by considering the Council's arrangements for ensuring that PPE and Investment Property values are reasonable and we will use data on valuation trends and relevant indices to assess the reasonableness of the valuations provided by the Council's valuer. We will also assess the competence, skills and experience of the valuer. We plan to discuss methods used with the valuer and examine any test valuations. We will use indices provided by NAO's valuation expert (Gerald Eve) to confirm the assets not revalued are unlikely to have materially changed in value. We will test a sample of the revaluations in year to valuation reports and supporting calculation sheets and ensure that the calculations are correct and source data agrees with floor plans and indices.

05

Section 05:

Value for money

5. Value for money

The framework for Value for Money work

We are required to form a view as to whether the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our view, and sets out the overall criterion and sub-criteria that we are required to consider.

2021/22 will be the second audit year where we are undertaking our value for money (VFM) work under the 2020 Code of Audit Practice (the Code). Our responsibility remains to be satisfied that the Council has proper arrangements in place and to report in the audit report and/or the audit completion certificate where we identify significant weaknesses in arrangements. Separately we provide a commentary on the Council's arrangements in the Auditor's Annual Report.

Specified reporting criteria

The Code requires us to structure our commentary to report under three specified criteria:

1. **Financial sustainability** – how the Council plans and manages its resources to ensure it can continue to deliver its services
2. **Governance** – how the Council ensures that it makes informed decisions and properly manages its risks
3. **Improving economy, efficiency and effectiveness** – how the Council uses information about its costs and performance to improve the way it manages and delivers its services

Our approach

Our work falls into three primary phases as outlined opposite. We need to gather sufficient evidence to support our commentary on the Council's arrangements and to identify and report on any significant weaknesses in arrangements. Where significant weaknesses are identified we are required to report these to the Council and make recommendations for improvement. Such recommendations can be made at any point during the audit cycle and we are not expected to wait until issuing our overall commentary to do so.

Planning and risk assessment	Obtaining an understanding of the Council's arrangements for each specified reporting criteria. Relevant information sources will include: • NAO guidance and supporting information • Information from internal and external sources including regulators • Knowledge from previous audits and other audit work undertaken in the year • Discussions with staff and members and review of an updated self-assessment.
Additional risk based procedures and evaluation	Where our planning work identifies risks of significant weaknesses, we will undertake additional procedures to determine whether there is a significant weakness.
Reporting	We will provide a summary of the work we have undertaken and our judgements against each of the specified reporting criteria as part of our commentary on arrangements. This will form part of the Auditor's Annual Report. Our commentary will also highlight: • Significant weaknesses identified and our recommendations for improvement • Emerging issues or other matters that do not represent significant weaknesses but still require attention from the Council

5. Value for money

Identified risks of significant weaknesses in arrangements

The NAO's guidance requires us to carry out work at the planning stage to understand the Council's arrangements and to identify risks that significant weaknesses in arrangements may exist.

Although we have not fully completed our planning and risk assessment work, we have not identified any risks of significant weaknesses in arrangements in our planning to date. We will report any further identified risks to the Audit and Governance Committee on completion of our planning and risk identification work. We issued our Auditor's Annual Report on our 2020/21 work in January 2022, which included the VFM Commentary required by the Code. This did not identify any significant weaknesses in arrangements or make any recommendations.

06

Section 06:

Fees for audit and other services

6. Fees for audit and other services

Fees for work as the Council's appointed auditor

In the 2020/21 Auditor's Annual Report that we presented to the Audit and Governance Committee on 10 February 2022 we explained that in addition to recurring fees from 2019/20 of £12,624, due to increased regulatory pressures there would be additional recurring fees in respect of the additional work required under the new Code from 2020/21 onwards. We set these fees at the minimum of the range in Public Sector Audit Appointments Limited's (PSAA) consultation document as explained in the Auditor's Annual Report. We are still awaiting approval from for these fees, but we have included them in the table below for transparency.

At this stage we are not proposing any fee increase in 2021/22 from our final fees for 2020/21.

Area of work	2021/22 Proposed Fee	2020/21 Actual Fee
Code Audit Work	£83,882	£83,882
Recurring increases in the base audit fee arising from regulatory pressures	£12,624	£12,624
Additional fees in respect of the new VFM approach	£10,000	£10,000
Additional fees in respect of the revised ISA540 (accounting estimates)	£4,400	£4,400
Total fees	**£110,906**	**£110,906**

Fees for non-PSAA work

In addition to the fees outlined above in relation to our appointment by PSAA, we have been separately engaged by the Council to carry out additional work as set out in the table below. Before agreeing to undertake any additional work we consider whether there are any actual, potential or perceived threats to our independence. Further information about our responsibilities in relation to independence is provided in section 7.

Area of work	2021/22 Proposed Fee	2020/21 Actual Fee
Housing benefit subsidy certification	To be agreed	£13,100
Teachers' Pensions Return	To be agreed	£4,200

07

Section 07:

Our commitment to independence

7. Our commitment to independence

We are committed to independence and are required by the Financial Reporting Council to confirm to you at least annually in writing that we comply with the FRC's Ethical Standard. In addition, we communicate any matters or relationship which we believe may have a bearing on our independence or the objectivity of the audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities creating any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

We have policies and procedures in place which are designed to ensure that we carry out our work with integrity, objectivity and independence. These policies include:

- all partners and staff are required to complete an annual independence declaration;
- all new partners and staff are required to complete an independence confirmation and also complete computer based ethical training;
- rotation policies covering audit engagement partners and other key members of the audit team; and
- use by managers and partners of our client and engagementacceptance system which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this document, that the engagement team and others in the firm as appropriate, Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence please discuss these with Gavin Barker in the first instance.

Prior to the provision of any non-audit services Gavin Barker will undertake appropriate procedures to consider and fully assess the impact that providing the service may have on our auditor independence.

No threats to our independence have been identified.

Any emerging independence threats and associated identified safeguards will be communicated in our Audit Completion Report.

08

Section 08:

Materiality and misstatements

8. Materiality and misstatements

Summary of initial materiality thresholds

Threshold	Initial threshold £'000s
Overall materiality	5,926
Performance materiality	4,741
Specific materiality	
• Senior officer remuneration	10% of total senior manager remuneration
• Members allowances and expenses	6
• Exit packages	100
Trivial threshold for errors to be reported to the Audit and Governance Committee.	178

Materiality

Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Misstatements in financial statements are considered to be material if they, individually or in aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on consideration of the common financial information needs of users as a group and not on specific individual users.

The assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- have a reasonable knowledge of business, economic activities and accounts;
- have a willingness to study the information in the financial statements with reasonable diligence;
- understand that financial statements are prepared, presented and audited to levels of materiality;
- recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement and the consideration of future events; and
- will make reasonable economic decisions on the basis of the information in the financial statements.

We consider materiality whilst planning and performing our audit based on quantitative and qualitative factors.

Whilst planning, we make judgements about the size of misstatements which we consider to be material and which provides a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

The materiality determined at the planning stage does not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, will be considered as immaterial.

We revise materiality for the financial statements as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Our provisional materiality is set based on a benchmark of 2% of gross expenditure. We will identify a figure for materiality but identify separate levels for procedures designed to detect individual errors, and also a level above which all identified errors will be reported to the Audit and Governance Committee.

We consider that gross expenditure remains the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

8. Materiality and misstatements

Materiality (continued)

We expect to set a materiality threshold at 2% of gross revenue expenditure at the surplus / deficit level. Based on the 2020/21 audited financial statements we anticipate the overall materiality for the year ending 31 March 2022 to be in the region of £5.9m (£5.9m in the prior year).

After setting initial materiality, we continue to monitor materiality throughout the audit to ensure that it is set at an appropriate level.

Performance Materiality

Performance materiality is the amount or amounts set by the auditor at less than materiality for the financial statements as a whole to reduce, to an appropriately low level, the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole. Our initial assessment of performance materiality is based on low inherent risk, meaning that we have applied 80% of overall materiality as performance materiality.

Misstatements

We accumulate misstatements identified during the audit that are other than clearly trivial. We set a level of triviality for individual errors identified (a reporting threshold) for reporting to the Audit and Governance Committee that is consistent with the level of triviality that we consider would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements. Based on our preliminary assessment of overall materiality, our proposed triviality threshold is £178,000 based on 3% of overall materiality. If you have any queries about this please do not hesitate to raise these with Gavin Barker.

Reporting to the Audit and Governance Committee

The following three types of audit differences above the trivial threshold will be presented to the Audit and Governance Committee:

- summary of adjusted audit differences;
- summary of unadjusted audit differences; and
- summary of disclosure differences (adjusted and unadjusted).

A

Appendix: Key communication points

Appendix: Key communication points

We value communication with Those Charged With Governance as a two way feedback process at the heart of our client service commitment. ISA 260 (UK) 'Communication with Those Charged with Governance' and ISA 265 (UK) 'Communicating Deficiencies In Internal Control To Those Charged With Governance And Management' specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

Form, timing and content of our communications

We will present the following reports:

- Audit Strategy Memorandum;
- Audit Completion Report; and
- Auditor's Annual Report

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

Key communication points at the planning stage as included in this Audit Strategy Memorandum

- Our responsibilities in relation to the audit of the financial statements;
- The planned scope and timing of the audit;
- Significant audit risks and areas of management judgement;
- Our commitment to independence;
- Responsibilities for preventing and detecting errors;
- Materiality and misstatements; and
- Fees for audit and other services.

Key communication points at the completion stage to be included in our Audit Completion Report

- Significant deficiencies in internal control;
- Significant findings from the audit;
- Significant matters discussed with management;
- Our conclusions on the significant audit risks and areas of management judgement;
- Summary of misstatements;
- Management representation letter;
- Our proposed draft audit report; and
- Independence.

Appendix: Key communication points

ISA (UK) 260 ‘Communication with Those Charged with Governance’, ISA (UK) 265 ‘Communicating Deficiencies In Internal Control To Those Charged With Governance And Management’ and other ISAs (UK) specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and those charged with governance.	Audit Strategy Memorandum
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Audit Strategy Memorandum
With respect to misstatements: • uncorrected misstatements and their effect on our audit opinion; • the effect of uncorrected misstatements related to prior periods; • a request that any uncorrected misstatement is corrected; and • in writing, corrected misstatements that are significant.	Audit Completion Report
With respect to fraud communications: • enquiries of the Audit and Governance Committee. • to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity; • any fraud that we have identified or information we have obtained that indicates that fraud may exist; and • a discussion of any other matters related to fraud.	Audit Completion Report and discussion at the Audit and Governance Committee. Audit planning and clearance meetings

Appendix: Key communication points

Required communication	Where addressed
Significant matters arising during the audit in connection with the entity's related parties including, when applicable: • non-disclosure by management; • inappropriate authorisation and approval of transactions; • disagreement over disclosures; • non-compliance with laws and regulations; and • difficulty in identifying the party that ultimately controls the entity.	Audit Completion Report
Significant findings from the audit including: • our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures; • significant difficulties, if any, encountered during the audit; • significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management; • written representations that we are seeking; • expected modifications to the audit report; and • other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to the Audit and Governance Committee in the context of fulfilling their responsibilities.	Audit Completion Report
Significant deficiencies in internal controls identified during the audit.	Audit Completion Report
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Audit Completion Report

Appendix: Key communication points

Required communication	Where addressed
Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off) and enquiry of the Audit and Governance Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Audit and Governance Committee may be aware of.	Audit Completion Report and the Audit and Governance Committee. meetings
With respect to going concern, events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: • whether the events or conditions constitute a material uncertainty; • whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and • the adequacy of related disclosures in the financial statements.	Audit Completion Report
Reporting on the valuation methods applied to the various items in the annual financial statements including any impact of changes of such methods	Audit Completion Report
Indication of whether all requested explanations and documents were provided by the entity	Audit Completion Report

Gavin Barker, Director – Public and Social Sector

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AUDIT AND GOVERNANCE COMMITTEE

17 March 2022

Report of: 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 (HWB)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).
- May also be used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council and NHS Tees Valley Commissioning Group. Examples of local authority commissioning in this case include services for the provision of Healthy Start Vitamins for pregnant women and children and specialist pharmacy support services for substance misuse.

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,
- Publishing a full revised assessment before the end October 2022.
- 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 second Pharmaceutical Needs Assessment in March 2018, 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]. The original timetable for publication of the revised assessment had, however, been postponed as a result of the Covid pandemic. The revised publication date now being 1st October 2022.

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

Table 1

Date	Task
29 November 2021 – 24 December 2021	The Engagement Exercise (Stage 1) (4 weeks - patients/members of the public, stakeholders and pharmacy contractors)
Jan – February 2022	Produce a draft PNA 2022
March 2022	Approve Draft PNA for consultation (HWB Partners / Healthwatch / DPH / Chair of the HWB)
14th March 2022 to 13th May 2022	Draft PNA – Stage 2 Consultation (including the Audit and Governance Committee) (Formal 60 Day Consultation period)
14th May / June 2022	Revise and update PNA following consultation
June 2022	Health and Wellbeing Board (Date TBC) (Approve PNA for publication)
1st October 2022	Publication deadline for PNA

[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, which will be circulated for Members on the 14th March 2022 (this being the date for the launch of the formal consultation process). 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 in June 2022 (date to be confirmed).

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 23 February 2018

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.

The HWB authorised publication of a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA by the 1st October 2022.

In accordance with the Regulations, as the HWB is now in the course of making its revised assessment for 2022, 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 continues to be delegated to the 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 2022, which can be delegated to the Director of Public Health in conjunction with the Chair of the Health and Wellbeing Board, should timescales require.

HWB's statutory duties are as follows:

- 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[2] 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 2022

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. 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 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, a Statement of Intent reporting this, has been published on the Hartlepool Borough Council website.

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

DRAFT

Pharmaceutical Needs Assessment 2022

Version control

HWB	Version	Date of this version
Hartlepool	Content Drafting: preparation for Consultation FC1	14 March 2022

For Consultation commencing 14 March 2022
Final version publication date: by 1st October 2022
Subsequent statutory full review date:
+3 years from final publication (statutory, unless superceded).

Welcome and Introduction
Draft Pharmaceutical Needs Assessment 2022

Community pharmacies have a major role to play in improving health and wellbeing and reducing health inequalities among the population of Hartlepool. They are a key partner in the delivery of plans to address the prevention of ill health and have demonstrated this further during the recent months of the COVID-19 pandemic.

Pharmacies are often placed in the very heart of communities close to where Hartlepool people live, work or shop and provide easy access to medicines and other pharmaceutical services. Beyond providing access to prescribed medicines and advice on how to use them, they increasingly support people in making healthier lifestyle choices alongside advice and options for self-care, whilst also signposting to other available services.

This draft of the 2022 Pharmaceutical Needs Assessment (PNA) provides the basis on which NHS England and NHS Improvement (NHSE&I) make decisions 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 the needs for the near future.

The draft PNA prepared for this consultation follows engagement processes involving a range of professionals, service users, patients and other stakeholders on behalf of the people of Hartlepool. Based on a clear understanding of current availability and the experience 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 oversight of this, based on the Joint Strategic Needs Assessment, and is therefore publishing this draft PNA for formal consultation. This is in accordance with our statutory duty under the Health and Social Care Act 2012. The PNA will then be prepared for final publication by October 2022. We are pleased to receive your comments and the final PNA will be a useful-document that will underpin the planning, development and commissioning of pharmaceutical services according to the needs of the people of Hartlepool.

Councillor Shane Moore
Leader of Hartlepool Borough Council and Chair of the Health and Wellbeing Board

Craig Blundred
Director of Public Health, Hartlepool Borough Council
14 March 2022

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List of Tables

A list of tables will be included as an Appendix in the Final PNA

List of Figures

A list of Figures will be included as an Appendix in the Final PNA

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 a statutory document of the HWB which

- identifies what is needed at a local level
- determines if pharmaceutical services are available in Hartlepool to meet the needs of the population and
- guides NHS England and NHS Improvement (NHSE&I) in their application of legislation to the decision-making processes affecting pharmaceutical services.

To meet this dual purpose, the Health and Wellbeing Board needs to understand both the location and services currently provided by pharmacies and others, and the needs of the population. In the context of the legislative framework which describes it, the PNA serves to provide this, reflecting an assessment and consideration of

- localities; geographical subdivision of the population of Hartlepool
- pharmaceutical need for current and potential services in the near future; identifying any gaps in service to meet identified need and options for improvement now, and in the future
- access and choice of pharmaceutical services from pharmacies and others (including dispensing appliance contractors and dispensing doctors if applicable)
- patient, public, professional and wider stakeholder views

Throughout the document the assessment considers the needs of anyone who might have need for a pharmaceutical service in the Borough. This is sometimes called the 'reliant population' meaning beyond those people who are resident to also include patients, learners, shoppers and other visitors as users or potential users of pharmaceutical services.

Pharmacies have a key role providing access to medicines and support to use them correctly. They also offer a range of treatment, advice, signposting and other pharmaceutical services towards protecting and improving health and wellbeing and helping patients navigate the healthcare system. They are often situated in the heart of communities, in places where people live, or congregate to work or shop, which helps ensure good access to these services for our population.

National policy developments are changing both the wider context and the local operating environment of pharmacies. The NHS Long Term Plan (2019) sets out the overarching targets and areas that will be addressed over a 10-year period across the NHS.

Underpinning this is a range of additional guidance to support its delivery. The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) agreed a new Community Pharmacy Contractual Framework (2019-2024). The joint document describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

This framework:

- Builds upon the reforms started with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.

The PNA also has a very specific application. NHS England and NHS Improvement (NHSE&I) 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 or to merge premises under consolidation. These purposes, and the legislative framework that covers what must be included in the PNA, and how NHSE&I will use it, greatly influence the content and some of the language used, which reflects that used in the legislation and decision-making processes.

1.2 Process

The Hartlepool PNA has been produced in accordance with the 2013 Regulations as amended (Department of Health, 2013), with reference to Department of Health guidance (Department of Health, May 2013) and information pack updated in October 2021 and with the support of our local stakeholders including Tees Valley Clinical Commissioning Group (TVCCG), NHSE&I, local pharmacy contractors and the Local Pharmaceutical Committee (LPC) Tees. The PNA is built on the foundation of robust processes followed in previous years to produce the current needs assessment. This was supported by a culture of collaboration with the nearest neighbour HWB in Tees, Stockton-on-Tees and also across the NHSE&I North East, North Cumbria and North Yorkshire areas.

Consultation and engagement. Engagement with patients, the public, health and care professionals and other stakeholders including Healthwatch Hartlepool during the development of this draft PNA, generated valuable insight into the current and future provision of pharmaceutical services. This included patient / service user surveys returning 236 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, not necessarily finding a representative sample of the population. Suggestions made by patients and others in the engagement exercise about pharmacy services will be considered and shared appropriately. Following the communication and engagement activity in December 2021/January 2022, this draft PNA is published for consultation from 15th March 2022 for the statutory minimum 60-day consultation period.
Following this statutory consultation, the PNA will be updated in response, before seeking approval of the HWB in June ahead of publication before the statutory deadline of 1st October 2022. The assessment will be maintained by Supplementary Statements, including new maps, issued in accordance with the Regulations as services change.

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 as amended (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*[1]*, 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[2].

[1] including any with an LPS contract – see section 2.2
[2] Correct at 15 November 2021

Localities. The PNA Regulations require HWBs to consider, and justify, sub-division of their geographic area into localities for the purposes of this 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 2019). Two of the twelve wards of Hartlepool are therefore grouped together into Locality H1: Hartlepool West, another two wards form Locality H2: Hartlepool South 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 substance misuse services.

Approval. This draft PNA was approved for consultation on behalf of the Health and Wellbeing Board on 14 March 2022.

Acknowledgements. 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, Tees Valley CCG and North East Commissioning Support, Tees Local Pharmaceutical Committee, Healthwatch Hartlepool, members and officers of Hartlepool Borough Council and other commissioned service providers.

1.3 Conclusions

Pharmaceutical services are provided by **19 pharmacies** in the Hartlepool HWB area. There are no dispensing doctors and no appliance contractors. A map of locations of pharmacies within the Borough is available separately to the main PNA for ease of updating. A copy of a simple map of pharmacy locations in their localities is shown in Figure 1. Table 1 is a list of the 19 pharmacies showing their ward and locality.

Although the number of contractors on the Pharmaceutical List for Hartlepool HWB area is the same as for the previous PNA in 2018, a new pharmacy has opened in the intervening time (Middle Warren Pharmacy; 29 January 2019). However, an existing pharmacy also closed later that year (Lloydspharmacy Park Road; 18 December 2019). NHSE&I advise that there is an extant grant (time-limited, outline permission) for a 'distance selling pharmacy' at January 2022.

A full list of conclusions is included in the Statement of Need for Pharmaceutical Services at Section 11.

The main conclusions of the assessment are:

- The range of pharmaceutical services provided and access to them is good; there are pharmacies close to where people live, work or shop. There are some differences between localities which reflect the nature of their populations and environment.
- there are essential pharmaceutical services (from pharmacies) available seven days a week
- travel times have been mapped and found that 67% of the population is within 10 minutes walk and 97% are within 20 minutes walk (or a 5 minute car journey) from their nearest pharmacy. The whole of the Borough can access at least one pharmacy within a 10 minute drive or a short bus ride.
- 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 combine to meet the need for the provision of the **necessary** essential services of the community pharmacy contractual framework. These providers and services are considered to meet the current and likely future pharmaceutical needs for essential pharmaceutical services in all localities of the Hartlepool HWB area.
- 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.
- some few providers of pharmaceutical services outside the HWB area provide improvement to 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.
- having regard to all the relevant factors, there are no current gaps in provision of necessary pharmaceutical services or other relevant services, including essential, advanced and enhanced 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
- **Several locally commissioned 'other NHS services'** have been assessed as **necessary** for the people of Hartlepool. They are **currently commissioned by Public Health** such that current population **needs are met**. These services include emergency hormonal contraception, supervised self-administration of medicines for the treatment of drug misusers, needle exchange and Healthy Start vitamins. Elements of a pharmacy stop-smoking service, chlamydia testing service and C-Card

condom distribution services also offer improvement or better access to such provision.

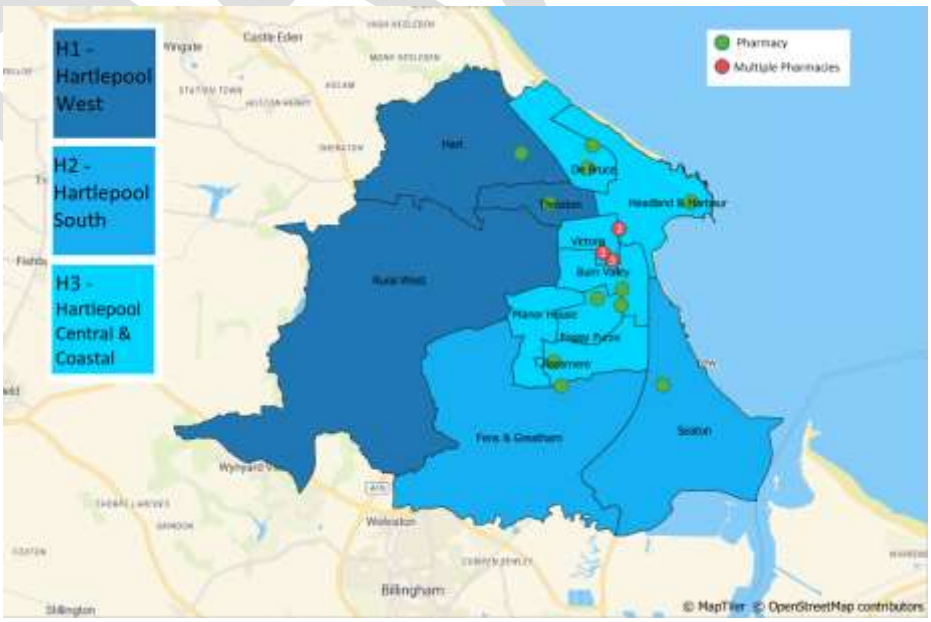
There are opportunities for improvement or better access to current and new pharmaceutical services in a community pharmacy setting by

- promoting services available to the public, including the times and days that they are available
- maximising opportunities for health improvement, brief intervention in pharmacies.

It is suggested that an easy read guide to the PNA be produced 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 recognises the requirement to maintain and review processes to manage

- response to requests from NHSE&I for representation on applications to provide new pharmaceutical services, or amend existing provision, including the potential application for consolidation of pharmacy contractors[3] and
- 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.



[3] See section 2.7

Figure 1. Map of Hartlepool showing location of community pharmacies including those open 100 hours per week at January 2022. Source: NHSE&I NB Red dot here means more than one pharmacy.

Pharmacy Trading Name	Full Address	Ward	PNA Locality 2022	Core hours: 40 or 100
Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool, TS26 0BF	Hart	**H1: West**	40
Lloyds Pharmacy	84 Wiltshire Way, Hartlepool, TS26 0TB	Throston		40
Well	416 Catcote Road, Fens Shopping Centre, Hartlepool, TS25 2LS	Fens and Greatham	**H2: South**	40
Seaton Pharmacy	68A Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	Seaton		40
Boots UK Limited	Hartlepool Health Centre, Park Road, Hartlepool, TS24 7PW	Burn Valley	**H3:Central and Coast**	**100**
Tesco Stores	Belle Vue Way, Hartlepool, TS25 1UP	Burn Valley		40
Westview Pharmacy	7 Brus Corner, Hartlepool, TS24 9LA	De Bruce		40
Winterbottom Pharmacy	Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN	De Bruce		40
Clayfields Pharmacy	76-78 Oxford Road, Hartlepool, TS25 5SA	Foggy Furze		40
Lloyds Pharmacy	15 Kendal Road, Hartlepool TS25 1QU	Foggy Furze		40
Asda Pharmacy	Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		40
Boots UK Limited	Anchor Retail Park, Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		**100**
Headland Pharmacy	1 Grove Street, Hartlepool, TS24 0NY	Headland and Harbour		40
Lloyds Pharmacy	29 Wynyard Road, Hartlepool, TS25 3LB	Rossmere		40
Boots UK Limited	89 Shopping Centre, Middleton Grange, Hartlepool, TS24 7RW	Victoria		40
Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	Victoria		40
M Whitfields	Birkdale, 30 Victoria Road, Hartlepool, TS26 8DD	Victoria		40
Well	The Health Centre, Victoria Road, Hartlepool, TS26 8DB	Victoria		40
Well	107 York Road, Hartlepool, TS26 9DH	Victoria		40

Table 1. Pharmacies in Hartlepool January 2022.

14th March 2022

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/2013/349/contents/made
Throughout the PNA, this legislation will be referred to as 'the Regulations' and implies reference to those Regulations as amended.

The PNA is key document 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 term 'pharmaceutical services' refers to a specific set of services commissioned by NHS England and NHS Improvement (NHSE&I). The Regulations define these services for the PNA (see explanation in Box 1).
The PNA will therefore assess the need for the need for pharmaceutical services as defined, to include

- **essential, advanced and enhanced services** provided by community pharmacies
- **essential and advanced services** provided by DACs
- **dispensing** services (only) provided by **dispensing doctors** (if applicable)
- services equivalent to essential, advanced or enhanced services provided under a **local pharmaceutical services (LPS)** contract if applicable).

The Assessment will also have regard to other locally commissioned services (NHS or otherwise) where this may be relevant.

BOX 1.

Pharmaceutical services are defined by the Regulations 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 …with a dispensing doctor).

Explanations or definitions of the above:

- NHSCB (abbreviates NHS Commissioning Board, now known as NHS England and NHS Improvement (NHSE&I) is that part of the NHS which holds the national contracts for all primary care contractors i.e. dentists, optometrists, general practices, pharmacy contractors, dispensing doctors and dispensing appliance contractors
- NHSE&I hold, and must publish, what is known as the 'pharmaceutical list'
- 'persons' on the pharmaceutical list includes:
    - *pharmacy contractors* (i.e. each community pharmacy) and
    - *dispensing appliance contractors (DACs) are* NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages.). They cannot supply medicines (referred to as 'drugs' above.
- 'pharmaceutical services provided by those on a pharmaceutical list' means all the 'core' contracted services under the national community pharmacy contractual framework (CPCF) known as 'essential services' for pharmacy contractors and also the essential services for DACs
- the phrase 'including directed services' means this also includes the advanced and enhanced services of CPCF for pharmacy contractors;
- 'enhanced' services can ONLY be commissioned by NHSE&I as they hold the national CPCF contract. This definition of pharmaceutical services does not therefore include any services commissioned directly from community pharmacies by local authorities, clinical commissioning groups (CCGs) or others. These must still be included in the Assessment as they affect the determination of any gaps in provision. Such services could be commissioned by NHSE&I on behalf of the other local commissioners should contracting arrangements change
- There are two other types of pharmaceutical contractor (not on the pharmaceutical list)
    - *dispensing doctors,* who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities" (see section 6.3.12.2)
    - *local pharmaceutical services (LPS) contractors* who provide a level of pharmaceutical services in some (few) HWB areas as a result of historical arrangements.

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 '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.

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. It 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 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 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. Their aim is improve the health and wellbeing of the local community and reduce inequalities for all ages.

The development of PNAs is a separate duty to that of developing JSNAs; 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), as amended, with reference to Department of Health guidance (Department of Health and Social Care, May 2013; updated October 2021) and with the support of NHSE&I and our local stakeholders including Tees Valley CCG, local pharmacy contractors and the Local Pharmaceutical Committee (LPC) Tees. The current PNA builds on the robust processes followed in 2011, 2015 and 2018 to produce the current needs assessment which has remained fit for purpose.

Preparation of the 2022 PNA for Hartlepool was led by a small Working Group and Steering Group drawn together by the public health team of Hartlepool Borough Council under the Director of Public Health, on behalf of the Health and Wellbeing Board. Working closely alongside the corresponding PNA development process for Stockton-on-Tees and in part, wider co-operation of the public health pharmacists and leads developing PNAs across the north east of England and North Yorkshire. Working collaboratively 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?

This draft PNA for consultation, and the final version, will be published on the Hartlepool Borough Council website. A printed copy 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 2022 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 within the required statutory timeframe.

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.

In addition, because the PNA will be used by NHS England in accordance with the Regulations for Market Entry, HWBs will also more regularly need to consider whether they need to make a new assessment of their pharmaceutical needs i.e. after identifying 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.

The 2013 Regulations required that after 2018 PNA the next update would be published by April 2021. In response to the Covid-19 pandemic, Regulations were updated and the date reset initially to 1st April 2021. More recently the date was reset again to require publication by 1st October 2022 (DHSC, 2022).

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 of the impact of any change to services on the need for pharmaceutical services within a locality.

2.6.1 Supplementary statements and subsequent Assessments

When changes take place, Supplementary Statements can update the Pharmaceutical Needs Assessment. However, the Statements may only relate changes to the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need as the latter may can only be achieved following full review of the Pharmaceutical Needs Assessment.

Primary Care Support England is responsible for notifying the Health and wellbeing board when:

• a pharmacy or dispensing appliance contractor opens new premises or relocates to new premises, and
• a change of ownership application takes place.

NHS England and NHS Improvement is responsible for notifying the health and wellbeing board when:
• core and/or supplementary opening hours change,
• pharmacy or dispensing appliance contractor premises close permanently, and
• when a dispensing practice ceases to dispense either to a particular area or completely.

It is Part 2 regulation 6 (3) of the 2013 Regulations which makes provision for HWBs to issue a supplementary statement. These will be issued when:

- 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 to open a new pharmacy or to relocate or to provide additional services); and
- the HWB is satisfied that a revised PNA would be a disproportionate response following these changes including conclusion of a successful application to consolidate (merge) pharmacies (see section 2.6.2).

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

2.6.2 HWB related duties with respect to pharmacy consolidation applications

New duties of the HWB were introduced following amendments to the Regulations in December 2016 (Department of Health, 2016) to allow two pharmacies to make an application to merge and provide services from one of the two current premises.

When NHSE&I notifies the 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 applicant will have six months from the granting of a consolidation application to enact it (with potential to extend to an overall total of 9 months). 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 that could be met by an application offering to meet a need for, or secure improvements to or better access to, pharmaceutical services, and then
(b) update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

2.6.3 Process for maintaining Hartlepool Health and Wellbeing Board PNA

Notifications of changes from Primary Care Support England and NHSE&I are received on behalf of the Health and Wellbeing Board by the Statutory Scrutiny Manager and the Director of Public Health.

The HWB has in place a delegation of authority to the Director of Public Health and Chair of the Board to respond to requests for representations from PCSE or NHSE&I in respect of pharmacy applications and make routine initial assessments with respect to the potential for a Supplementary Statement or need for full review of the PNA. Supplementary statements are published on the HWB website pages of HBC. Supplementary statements or decision to undertake a full review are / would be taken to the Board for ratification or approval.

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. PNAs are the basis for determining market entry to NHS pharmaceutical services provision. As of March 2022, the Cumbria and North East Region of NHSE&I currently undertake these statutory processes therefore the HWB must make the PNA and associated Supplementary Statements available to them.

Primary Care Support England (PCSE) on behalf of NHS England provides a range of Pharmacy Market Management Services for pharmacies across England. This includes all market entry applications, including consolidation applications from 31 March 2021.

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.

3.0 Background and Policy Context

There are several definitions and explanations of services that may need to be understood when using the PNA. These definitions and explanations are included in this section.

3.1 National policy and the Pharmaceutical List

This section describes the context of the PNA from a Regulatory standpoint with respect to the Pharmaceutical List.

If a person wants to provide pharmaceutical services, they are required to apply to the NHS to be included in a pharmaceutical list. Pharmaceutical lists are compiled and as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS "market entry" system.

Under the 2013 regulations, a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The first pharmaceutical needs assessments were published by primary care trusts and were required to be published by 1 February 2011. From April 2013, health and wellbeing boards became responsible for pharmaceutical needs assessments.

3.1.1 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 applied 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, PCTs were required to effectively just admit new pharmacies to the list and there was a corresponding substantial increase in new pharmacies. Exemptions were

(1) pharmacies in 'approved retail areas' of more than 15,000 square metres gross floor space located away from town centres (NB., 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.

3.1.2 Regulations- Market Entry and the use of PNAs

A considerable element of the basis for decisions using the above Regulations had become based on case-law arising from the large number of Appeals to the former NHS Litigation Authority (NHSLA) that this process generated. The 2012 Regulations that governed pharmaceutical lists and applications to join the list (Department of Health, 2012) changed the basis of decision-making for entry. Ending 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 the new Market Entry condition.

The 2012 Regulations also removed three of the four exemptions to Control of Entry introduced in 2005, retaining only the 'distance selling' option that is still available today. Nevertheless, the exempt categories had stimulated the market and a substantial number of pharmacies had joined the Pharmaceutical List in this period. This policy context is of relevance as many of those pharmacies that opened with the '100 hour' exemption now secure the core hours required to provide suitable access outside of weekday working hours and weekends, as well as elements of choice of pharmaceutical services described in current PNAs. However, the exemption is no longer available should new needs for a pharmacy with such extended opening times be identified.
Since 1st April 2013 and as at February 2022, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list sits with NHSE&I.

The categories of routine application to join the pharmaceutical list (i.e. to apply open a new pharmacy under existing 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.

BOX 2 Regulatory Changes and time steps to the PNA 2022

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; a PNA was produced by NHS Hartlepool (PCT)
3. The regulations implementing the second clause of SI2010/914, the PNA-based 'market entry' test came into force on 1 September 2012.
4. The 2011 PNA was inherited by the Hartlepool Health and Wellbeing Board on 1st April 2013 with the reformed structures of the NHS (The Health and Social Care Act 2012), and transfer of some commissioning responsibilities to local authorities.
5. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list also transferred from PCTs to NHS England (now NHSE&I) from 1 April 2013 with amended market entry regulations. [Whilst amending the primary legislation of the 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].
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. Publication of the second Hartlepool HWB PNA in March 2018 replaced the 2015 within the 3-year statutory timescale.
8. Regulations require the HWB to publish a new PNA within 3 years, unless otherwise instructed. Regulations postponed the statutory publication date for the 3rd HWB PNA due to the Covid-19 pandemic, to October 2022.

3.2 Recent national policy drivers

In contrast to the stability in the Pharmaceutical List afforded by market entry, 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

In support of delivery of the NHS Long Term Plan there continues to be on-going publication of documents to support delivery and of relevance here:

NHS People Plan 2020/21
We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf (england.nhs.uk)

Community Pharmacy Contractual Framework
https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/
A five-year framework for GP contract reform to implement The NHS Long Term Plan
NHS England » A five-year framework for GP contract reform to implement The NHS Long Term Plan
Primary Care Network Directed Enhanced Service DES
https://www.england.nhs.uk/gp/investment/gp-contract/#network-contract-des

3.3 Community Pharmacy Contractual Framework

The Contractual Framework for Community Pharmacy (CPCF) was introduced in April 2005. NHSE&I commissions services from community pharmacies under this national regulatory framework based on 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). Amendments update the Terms of Service.

The CPCF describes three levels of NHS pharmaceutical service; essential, advanced and enhanced. The first two levels have nationally agreed funding, but any enhanced services are funded and commissioned locally by NHSE&I according to local need and priorities. Pharmacies are only able to offer advanced and enhanced services if they are compliant with requirements for essential services and have achieved the relevant accreditation status. Funding and related services are currently in the middle of a five year plan started in 2019 (DHSC, 2022).

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan, first published in July 2019, set out the changes to the CPCF agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). As a result of these changes to the CPCF, and as part of the response to the COVID-19 pandemic, amendments to the 2013 regulations were required.
The precise contractual requirements are set out in Schedule 4 of the 2013 Regulations and these have been amended to incorporate the nationally agreed changes to the CPCF. The amendments are set out in the NHS (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020 (the 2020 regulations).
Pharmacies will now be required to:

- reflect the criteria / requirements for a Level 1 Healthy Living Pharmacy
- ensure there is an NHSmail shared mailbox for every community pharmacy with linked personal NHSmail accounts for pharmacy staff
- use NHS Summary Care Records where appropriate
- update as necessary, quarterly as a minimum, the community pharmacy profiles for the NHS 111 Directory of Services, to facilitate referral
- update pharmacy profiles for the NHS website, including opening times, facilities and service information, quarterly as a minimum, to facilitate efficient patient access to services

- have the capability to receive and process electronic prescriptions
- provide an extended notice period to NHS England and NHS Improvement of commencement of the provision of NHS pharmaceutical services
- notify NHSE&I when entering administration
- ensure all pharmacy professionals are trained to safeguarding level 2
- submit specified 'contract' management and monitoring data electronically
- collect additional information and electronically submit data on health campaigns
- ensure the pharmacy is registered to receive CAS alerts directly into the premises' specific NHSmail shared mailbox and ensure a process is in place for implementing these in the required timescales

Accessible details of the requirements for each of the services and associated elements of the contract can be found on the website of the Pharmaceutical Services Negotiating Committee (PSNC): https://psnc.org.uk/contract-it/the-pharmacy-contract/. The general public, and some health and social care professionals may not be aware of these substantial NHS contractual standards for services provided by pharmacies nor the fact that compliance with these CPCF specifications are monitored by NHSE&I using the Community Pharmacy Assurance Framework (CPAF).

3.3.1 Functions initiated by the CPCF in 2016

The community pharmacy funding settlement *'Community Pharmacy 2016 and Beyond'* 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 for the Community Pharmacy Contractual Framework.

3.3.1.1 Pharmacy Access Scheme

The Pharmacy Access Scheme (PhAS) is intended to protect a baseline level of patient access to NHS community pharmaceutical services in England. The scheme is nationally funded from the CPCF and is designed to capture pharmacies that are strategically important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS therefore takes relative 'isolation' and need levels into account.

At the first scheme in 2016, 1356 pharmacies in England were identified as eligible for enhanced financial support. An updated, revised PhAS started in January 2022, to continue to support patient access to eligible pharmacies. Eligibility for national funding for the 2022 scheme varies from the previous 2016 scheme but continues to be based on both the dispensing volume of the pharmacy (lower volume equates to low income) and distance from the next nearest pharmacy, now modified in areas of high deprivation. 1405 Pharmacies are now eligible; an increase of 3.6% from 2016.

3.3.1.2 Pharmacy Quality Scheme

The first community pharmacy quality incentive scheme was also introduced as part of the CPCF from 2016. (NHS England, 2016). The current Pharmacy Quality Scheme (PQS) will reward community pharmacies for delivering quality criteria in three domains: Clinical Effectiveness, Patient Safety and Patient Experience. Gateway criteria to the payments of the scheme initially promoted

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

The scheme requirements are updated on an annual basis and an extended range of optional quality criteria support on-going improvements. NHS England and NHS Improvement, in collaboration with internal and external stakeholders, developed the PQS for 2021/22 and have recorded details in Part VIIA of the NHSBSA Drug Tariff. This year's scheme 2022/23 includes domains on Infection Control, Flu vaccination, Patient Safety, Improving Inhaler Use and Weight Management.

3.3.1.3 Pharmacy Integration Fund

To support the transformation outlined in the NHS Five Year Forward View, a new Pharmacy Integration Fund (PhIF) was announced in 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.

3.3.2 Core and supplementary hours

Since the start of the national CPCF 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 previous exemption to the Control of Entry test (often called a '100-hour' contract) must provide a full pharmaceutical service for at least 100 core hours per week.

A new applicant may offer to provide more core hours (than the standard 40) as part of an 'unforeseen benefits' or 'future improvements or better access' application. If approved on this basis, NHSE&I direct the new pharmacy to provide pharmaceutical services during the core hours identified and the contractor must not unreasonably withhold agreement to deliver the directed services within 3 years of the date of the premises being included in the relevant pharmaceutical list (i.e. opening).

It is an important distinction that 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.

Opening hours are important in terms of the PNA because they describe when all essential services are available.

3.3.3 Essential services

All pharmacies are required to comply with the specifications for these services and compliance is as part of the CPCF contract monitoring undertaken by NHSE&I, called the Community Pharmacy Assurance Framework (CPAF).

At October 2021 there are seven essential services:

- dispensing of prescriptions
- dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' supply of medicines. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient access to approximately six months' supply of medication in total, dispensed in every 28 days by the pharmacy, with the prescriber only needing to authorise them once.
- disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in six health campaigns where requested to do so by NHS NHSE&I.
- signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- support for self-care, which may include advising on over the counter medicines or changes to the person's lifestyle.
- discharge medicines service; this service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. So under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Further information on the essential services requirements can be found in Schedule 4 of the 2013 regulations.

3.3.4 Community Pharmacy Advanced Services

Community pharmacy advanced and enhanced services are collectively known as '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[4] may

[4] dispensing appliance contractors and / or community pharmacy contractors

choose to provide them, but can only do so if they meet the standards required for accreditation. Accreditation may include both premises standards (most usually requiring a suitable private consultation area) and personal (provider professional) standards. Following several changes and updates, these services are specified in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) (Department of Health, March 2013) which can also be found in Part VIC of the Drug Tariff.

The first four advanced services were Medicines Use Reviews (MUR) and the New Medicines Service (NMS) for community pharmacists only and Appliance Use Reviews (AUR) and the Stoma Customisation Service (SCS) which dispensing appliance contractors may also offer. Seasonal flu vaccination was added as a fifth advanced service for the 2015-16 flu season (Department of Health, 2016). A sixth advanced service first operated as a pilot from December 2018. The pilot NHS Urgent Medicine Supply Advanced Service (NUMSAS) has now been incorporated permanently into the Community Pharmacy Consultation Service (CPCS).

So as at February 2022 the following advanced services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- appliance use reviews, and stoma appliance customization
- community pharmacy hepatitis C antibody testing service (to 31 March 2022)
- stop-smoking service for patients who start their stop smoking journey in hospital.

Currently (February 2022) the advanced services

- community pharmacy Covid-19 lateral flow device distribution service and
- community pharmacy Covid-19 medicines delivery service also remain commissioned from community pharmacies. However they may no longer be commissioned when the pharmaceutical needs assessment is published.

Further practical information on each of the advanced services can be found on the Pharmaceutical Services Negotiating Committee's website. The pharmaceutical needs assessment will need to look at the provision of each of these services and determine which are necessary, and identify any gaps in their provision. Some information on specific advanced services is noted here.

3.3.4.1 Medicine Use Review and Prescription Intervention Service

It may seem strange to start this section with a de-commissioned service. However the Medicines Use Review (MUR) and closely associated Prescription Intervention Service, paved the way for the introduction of non-dispensing clinical services in a community pharmacy setting. The service involved a one-to-one private consultation with a pharmacist to discuss the patient's real

understanding, use and experience of their medicines. The intended outcome was to support patients' better understanding of their medicines, improve adherence and decrease waste medicines. MUR consultations were targeted at patients prescribed specific high risk medicines or experiencing a specific clinical condition(s) or circumstance (e.g., recently discharged from hospital). The service was recently withdrawn because elements were being incorporated into other parts of the CPCF including essential services, advanced services and the broader Community Pharmacy Consultation Service.

3.3.4.2 Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC) Service

These advanced services were added in April 2010 as part of revised arrangements for the supply of appliances. Both pharmacy contractors and dispensing appliance contractors (DACs) may provide these advanced 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. AURs may be completed at the patient's home or at the contractor's premises, for certain 'specified appliances' such as stoma or urology appliances. The service is intended to improve the patient's knowledge and use of their appliance(s). A maximum number of AUR services for which a pharmacy contractor or an appliance contractor is eligible for payment in any financial year is set related to their prescriptions for appliances.

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. This supports proper use and comfortable fitting of the stoma appliance, improved duration of use and thereby reducing waste.

3.3.4.3 New Medicine Service (NMS)

The New Medicine Service (NMS) was the fourth Advanced Service, added to the NHS community pharmacy contract in October 2011. 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.

The NMS is intended to help 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. The specific conditions/therapies included in the NMS are regularly updated. 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. Service evaluation has found NMS to offer both clinical and economic benefits (University of Nottingham, 2014).

3.3.4.4 Seasonal Influenza Vaccination Advanced Service (SIVAS)

Seasonal flu vaccination was the fifth advanced service.

3.3.4.5 Community Pharmacy Consultation Service (CPCS)

The planned start of a pilot predecessor to this service was identified in the PNA 2018 as trials took place in the NHS England north east area following smaller pilot services also initiated here. The main NHS Community Pharmacist Consultation Service (CPCS) was launched by NHSE&I in October 2019, to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes. The first phase of the CPCS offered patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor.

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.

Following a period of successful piloting, the service was extended (from November 2020) to include referrals for lower acuity conditions (sometimes called 'minor ailments' from general practice, as well as from NHS 111. This is similar to services often called 'Pharmacy First' schemes that have been locally commissioned in some areas for many years, however CPCS is only available following referral into the service and not by self-referral or walk-in to a pharmacy. The general practice care navigator, or NHS 111 call advisor makes a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment for a range of minor illnesses, or for an urgent supply of a previously prescribed medicine.

3.3.5 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.

There is an important distinction made in the terminology of these services. 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 that PCT elect to commission them.

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 CPCF contract with a pharmacy contractor. The services that may be commissioned in this way are listed in the 2013 Regulations (Part

4, Schedule 14 (as amended). Should the local authority commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the PNA. See 'Other NHS services' below.
The following list shows the enhanced services included in Part 4 of these Directions, and it is for this reason that these specific services are referred to again later in the context of local pharmaceutical need.

- Anticoagulant Monitoring Service
- Antiviral collection service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent or Supplementary Prescribing 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
- Emergency Supply Service

3.4 Other community pharmacy services commissioned locally

Community pharmacy services may also be developed, commissioned and funded by other local commissioners such as CCGs or local authorities. Where they are not contracted by NHS England and thereby not associated with a community pharmacy national CPCF contract they are no longer 'pharmaceutical services' in the scope and context of the PNA. However, the existence of these locally contracted services does have implications for meeting identified needs for pharmaceutical services in a given area and therefore it is essential they are considered and referred to in the PNA, but not as pharmaceutical services' according to the Regulations. These will need to be included under the heading 'Other NHS Services' for clarity.

3.5 Other NHS Services

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority, a clinical commissioning group, an NHS trust or an NHS foundation trust. It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards that will be able to take on delegated

responsibility for pharmaceutical services, and from April 2023 NHSE&I expects all integrated care boards to have done so. Health and wellbeing boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore 'other NHS services') will move to the Integrated Care Boards and will fall then within the definition of enhanced services.

3.6 Necessary Services

The 2013 regulations require the HWB to include a statement on those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

3.7 Other Relevant Services

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements, or better access, to pharmaceutical services. Once the HWB has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

3.8 Unforeseen Benefit Applications

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access. However, there are two types of application which may lead to the opening of new premises that are not based on the pharmaceutical needs' assessments; those offering unforeseen benefits and those for distance selling premises. In 2020, these two types of applications accounted for approximately 94 percent of the applications submitted to open new premises (approximately 27 percent and 67 percent respectively). Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the pharmaceutical needs assessment was written, but would confer significant benefits on people in the area of the health and wellbeing board

3.9 Distance selling pharmacies

Distance selling premises are pharmacies, but the 2013 Regulations do not permit them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises. As of 30 June 2021,

there were 379 distance selling premises in England, based in 115 health and wellbeing boards. Therefore, not every health and wellbeing board will have one in their area, however it is likely that some of their residents will use one.

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

Whilst drugs are the most common healthcare intervention and a large proportion of the health and wellbeing board's population will be prescribed them on a regular or occasional basis, a smaller proportion will require access to appliances. Those that are available on the NHS are set out in Part IX of the Drug Tariff and include:

- catheters,
- dressings,
- elastic hosiery,
- hernia support garments,
- trusses,
- colostomy bags
- urostomy bags

The pharmaceutical needs assessment will therefore need to consider access to both drugs and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliance, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based in other parts of the country (see 'Dispensing appliance contractors' section below).

Terms of Service for the Essential and Advanced Services for DACs and Dispensing doctors are also described in the Regulations at Schedules 5 and 6 respectively.

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

- dispensing of prescriptions.
- dispensing of repeat prescriptions.
- for certain appliances, an offer to deliver them to the patient (in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

3.11 Dispensing Doctors[5]

Whilst the majority of people living in any health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some may have them dispensed by their GP practice. However, this only applies in certain non-urban areas which have been pre-determined. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them,
- the practice must have the appropriate consent for the area the patient lives in.

4.0 Process

The Hartlepool Health and Wellbeing Board commenced development work for the PNA in 2021 under the direction of the Director of Public Health. A small working group and steering group was established led by public health in the local authority on behalf of the HWB and the process launched at the HWB in May 2021. The aim is 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 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 December / January 2021-22. The statutory 60-day consultation period on this draft PNA will take place between March and May 2022.

4.1 Data Sources, Collection and Validation

Having regard to the PNA Regulations, Guidance to the Regulations and the Information Pack from the Department of Health and Social Care published in October 2021, (Department of Health and Social Care, 2021) the following sources of data and collection / validation activities were undertaken.

[5] NB. Does not apply in Hartlepool

4.1.1 Demographic Information and Strategic Health Needs Information

An important 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 https://www.hartlepool.gov.uk/info/20015/social_care_and_health/908/joint_strategic_needs_assessment/1. however, it is currently undergoing review and updating. Guidance emphasizes that the pharmaceutical needs assessment should present sufficient demographic and strategic health needs information to function as a stand-alone document. JSNA and PNA are nevertheless partner documents to each other.

4.1.2 Defining localities

Regulations require that the PNA explains how the localities for the HWB area have been determined. The process used in this assessment is underpinned by those used in the three previous PNAs. These processes are therefore shown for reference in Box 3.

Box 3. The process of defining localities for Hartlepool PNA from 2011 to 2018.

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. It does not therefore feature in the current Regulations for market entry and is no longer 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. 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 the 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 / local authority area.** Boundaries of the former PCTs (Darlington, Hartlepool, Middlesbrough, Stockton-on-Tees, Redcar & Cleveland) were co-terminus with the unitary authorities in the Tees Valley. These areas are relatively small so commissioning requirements were often determined at PCT level, or 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 for determining market entry, it was considered that sub-division of geography/demographics below PCT level was required. Mindful of the potential constraints of obtaining all the required information at SOA level, the process below was adopted to define localities for 2011:

- the IMD2007 Overall Score Borough Quintiles were displayed by electoral ward on maps for each of the four Tees PCTs
- maps were reviewed by PCT Senior Pharmacists, the PNA 2011 Working Group, Cleveland LPC.
- wards that would be aggregated to 'localities' for the purposes of the PNAs were agreed.

PNA 2015 (the first for Hartlepool HWB)

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

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; 3 May 2012.

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. 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.

PNA 2018

Reviewing determination and justification for locality definition again in 2017, sub-division of the HWB area was still considered preferable and using the previous methodology was also sound. Given the absence of boundary changes from 2015, major stakeholders, including NHS England, agreed there was no reason to suggest the three localities were any less suited in 2018 for the purposes of understanding pharmaceutical need and any subsequent determination of market entry.

The 2018 PNA identified three localities which followed ward boundaries. In reviewing the localities for the 2022 PNA we have again considered the following:

What is the geographical context of local healthcare commissioning?

- healthcare commissioning by local Clinical Commissioning Group (CCG) is currently on a much bigger geographical footprint (NHS Tees Valley) than the Hartlepool Borough; Primary Care Networks (PCNs) are smaller and not well identified on a physical geography

Is there a need to sub-divide Hartlepool at all? Could it be reasonable to view the whole town as a 'locality'?

- elsewhere in England, PNA localities may approach, or even exceed the size of the Borough of Hartlepool in their geography or population. However, whilst there may be considerable similarities in demographics and associated health care needs across Hartlepool, substantial inequalities in health may also be identified across the smaller geography. So for the purposes of better understanding pharmaceutical needs at a more local level, we agreed that some further sub-division of the geography and associated demographics is still required to define localities for the PNA

Does the principal of using Index of Multiple Deprivation (IMD) (by electoral ward and Borough Quintiles) remain sound for consideration PNA localities of health needs?

- The difference in deprivation between areas is a major determinant of health inequality and the association of increasingly poor health with increasing deprivation is well established, As needs for pharmaceutical services might also reasonably be related to deprivation, the use of a ward-based deprivation indicator continues to seem suitable, providing it remains sufficiently discerning at the local level.

Is there any evidence (e.g., from NHSE&I) to justify consideration of a change?

- this approach, with some minor locality boundary changes, has now been in use for more than 10 years without challenge; when asked, NHSE&I did not put forward any comment or complaint

We recognise that the subdivision used in previous PNA's for Hartlepool is unique to the PNA and is not used in any other strategic documents. Is there any recent alternative, or established process of sub-division of the Borough, above ward level that might be more suitable, with which the population might identify?

- reflection and discussion included local hubs and 'estates' in Hartlepool but the former were not considered to have an identity or be suitable in other ways; however, working group members considered the proposed new locality names adopting 'central or coast', 'west' and 'south' may reflect how people might view where they live in Hartlepool.

Any other influencing factors?

- The 2018 PNA identified three localities which followed ward boundaries. A local government boundary view completed in 2018 created a new ward and amended the boundaries of most of them such that new locality boundaries must be defined

The new Hartlepool HWB localities for 2022 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 which enable the different needs of people in the area who share a protected characteristic to be assessed. This also supports decision-making by NHS England, offering 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 and time-period. Given the relatively small size of the LA/ HWB area in Hartlepool, understanding the population at LA level may sometimes be considered adequate to review some 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 key requirement of the PNA. The primary source for fundamental information on current pharmaceutical services is the Pharmaceutical List held by NHSE&I. This is a 'live' repository, updated as changes are made by application or notification from contractors. Other data was sourced from published national data from the NHSBSA and on the public health knowledge hub Khub. Additional data was collated from contractors themselves during the engagement period.

PharmOutcomes is an electronic platform and data-entry portal used on a day to day basis for a range of contract management, training support and monitoring activities. For ease of contractor access and data handling, arrangements were made with Tees LPC (as the local host) to use this platform for PNA data collection.

An electronic data collection template, based on a PSNC template and previous surveys was updated for 2020/21. The LPC viewed the template before going live and encouraged contractors to respond. A copy of the current Pharmaceutical List from NHSE&I at November 2021 was provided via hyperlink for contractors to view and validate by declaration.

An electronic copy of the data collection document in paper format is included as Appendix 1 and the a copy of the Pharmaceutical List used is included at Appendix 6.

4.1.5 Dispensing Appliance Contractors (DACs)

NHS England provided information on DACs. There are no DACs located in Hartlepool HWB area however there are five in the north east of 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 information, including addresses, list sizes and an update on the current position regarding 'additional opening hours' and access to primary care was provided by Tees Valley Clinical Commissioning Group (CCG). Primary care access before 8am and/ or after 6pm would typically be made available under Directed Enhanced Services arrangements for an individual practice's own patients or Extended Access arrangements, a population-based service for Hartlepool.

Medicines optimisation teams in the North East Commissioning Support organisation (NECS) supplied, on behalf of the TVCCG, prescribing and dispensing information at local authority level. Examples include total prescribed items for medicines and appliances, out-of-area dispensing including for DACs and e-repeat dispensing (eRD) rates, generated from ePACT, the NHSBSA electronic prescription data.

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 HWB areas may have designated neighbourhoods for LPS purposes, however, the Borough of Hartlepool does not have, or need, any such areas.

4.2 Consultation and Engagement

Pharmaceutical Needs Assessments should have regard to patient experience, such as the views of patients, carers, the public and other local stakeholders on their current expectation and experience 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 activity (plan(s)) of the HWB is included as Appendix 2 (in the final document).

4.2.1 Engagement

4.2.1.1 Stakeholder engagement

Many people or organisations may consider themselves to be stakeholders in the provision of pharmaceutical services locally. The HWB recognises that understanding the views of these stakeholders is vital to the PNA process.
As key stakeholders, patients as service users and the general public were targeted separately from organisational stakeholders from health and social care and beyond (see section 4.2.1.2). Specific additional engagement with community pharmacy contractors was also undertaken via PharmOutcomes (see section 4.1.4).

The scope of stakeholder engagement activities was to update or improve understanding of stakeholder views of:

- pharmaceutical services available to the population of Hartlepool now, referencing their own knowledge and experiences

- what might be done to improve quality, access or experience of those existing pharmaceutical services
- the need for additional or future pharmaceutical services and therefore any gaps in provision.

All surveys for 2021-22 were co-developed with PNA working group members of both Hartlepool and Stockton-on-Tees based on previous PNA surveys. The Hartlepool council in-house electronic survey tool. Blank examples of the paper versions, or printouts of the electronic view of each survey are included at Appendix 3.

During December 2021, links to the electronic stakeholder survey hosted on the council website, and information about 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'. It was also distributed to those who would later be required by Regulation to be included in the formal consultation on the draft PNA. All stakeholder organisations were also notified of the option for individual members or employees to complete a patient/ public survey as a user, or potential user of pharmaceutical services themselves. A distribution list is included in Appendix 2.
Engagement discussions were also held face-to-face with members of Hartlepool Healthwatch as representatives of patients/ members of the public and online with NHSEI, Tees Valley CCG, Tees LPC and members of Stockton-on-Tees PNA steering group, as a neighbouring HWB.

4.2.1.2 Patient / Public engagement

The same electronic survey platform was 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 potential to improve quality, access, choice or experience
- patient / public stakeholder views on the current or future need for additional pharmaceutical services and therefore any potential gaps in provision.

Working again in collaboration with colleagues from Stockton-on-Tees, survey questions were updated and adapted from those used previously. This could enable some comparison in time where helpful.

Three surveys were made available to encourage a wider response. The main survey was closest to previous PNA surveys about community pharmacy use and experience. A shorter labelled 'quick survey' was offered to encourage completion and a 'young people's' survey created as previous engagement with 16 to 24 year olds has been poor, yet there are a range of local services that they might particularly access. All were launched on the same platform and dates as the stakeholder survey, with information in the local press and distribution via existing local authority consultation/ engagement processes to

a wide range of partner organizations and other groups. We were keen to include the voice of marginal groups in our population – so notice of online surveys were shared widely for example to VCS organisations, including those supporting veterans and members of the youth council. Questions were included such that we might better here the voice of those whose first language is not English.

Employees of local authorities and partner organisations were also encouraged to complete the survey via email or internal electronic newsletters. Posters were distributed for display in community pharmacies, general practices and community venues with QR codes to facilitate easy access to the online surveys. The option to access a paper copy was made available via local hubs and the survey closed, following an extension, on January 11th 2022.

4.2.1.3 Existing patient experience data

As part of the Pharmacy Quality Scheme (PQS) funded element of the CPCF, pharmacies are required each year to obtain structured feedback on patients' experience of their NHS services and must also prepare a Patient Safety Report. The potential value of evaluating this feedback was reviewed anew for 2021-22. Contractors were previously contractually required to complete this specific patient experience exercise, however, for PQS purposes they were required only to submit and publish a limited summary to NHSE&I.

In December 2021 in response to ongoing pandemic challenges, PSNC agreed with NHSE&I to remove the requirement to complete the specific CPPQ tool. This limits the value of this patient experience resource for the PNA. https://www.england.nhs.uk/publication/approved-particulars/

4.2.2 Consultation

The 2013 Regulations state that HWBs are required to consult on a draft of their PNA during its development and this consultation must last for a minimum of 60 days. Regulation 8 lists those persons who must receive a copy of the draft PNA and be consulted on it. This list was used to develop the *local* list of stakeholders and organisations to include in the consultation on the draft PNA for 2022 (shown in Appendix 2). Appendix 4 of the final version will present the questions used in the Consultation survey and the summary response.

5.0 Approval

This draft PNA for Hartlepool HWB 2022 was approved for consultation by the process of delegation previously agreed by the HWB. The final PNA will be approved by the Board for publication online before the statutory deadline of 1st October 2022.

6.0 Localities – definition and description

6.1 Local context

The five Health and Wellbeing Boards of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees work with the Tees Valley CCG (TVCCG) and other partners such as NHS Trusts, Mental Health Trusts, Primary Care Networks and Healthwatch Hartlepool in the area. The TVCCG was formed on 1st April 2020 from the three CCGs operating at the time of the PNA in 2018 bringing the responsibilities for health services in the Tees Valley area together. CCGs themselves will be replaced on 1st April 2022 by Integrated Care Systems (ICS). The Hartlepool area will be included in an ICS that will work across the whole of the North East and North Cumbria.

Primary care is now being delivered through partnerships of general practices working together in Primary Care Networks (PCNs), alongside other local health and care providers, including community pharmacies. These networks are changing the way the practices interact with each other and the wider health and social care system to deliver co-ordinated care. At March 2022, NHS England and NHS Improvement continue to hold the NHS national contracts for the primary care contractor providers; GPs, dentists, optometrists and community pharmacies. A team for North East and North Cumbria support the Hartlepool area within the North East and North Yorkshire regional team.

The Hartlepool HWB area is bordered to the east by the north east coast, and to the south almost entirely 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, north-west and joining the east coast, borders County Durham. The position in relation to other authorities is important when considering potential cross-boundary patient flow for pharmaceutical services.

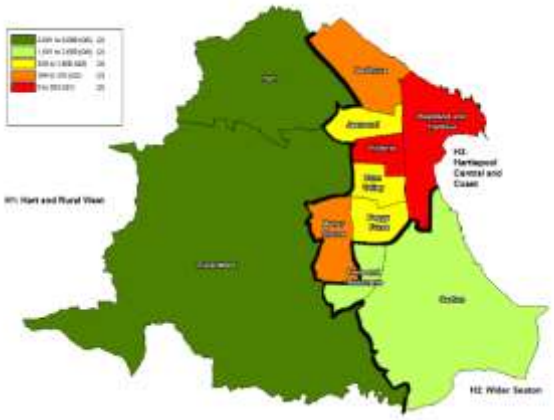


Figure 1. Map showing final defined localities for Hartlepool HWB area for PNA 2015 and 2018 based on ward boundaries at 2012

KEY: IMD 2010 Overall Domain Borough Quintiles displayed by electoral ward (at 2012) with new locality boundaries overlaid, for PNA 2015 and 2018

The underlying process for defining localities for this PNA was described in section 4.1.2; detailed explanation, including maps, for previous localities is found in the archived 2018 PNA. The 2013 Regulations require the PNA to have regard to the different needs of the different localities. Using estimated IMD 2010 overall score (borough quintiles) plotted on a map as shown in Figure 1.The population deprivation-related needs of each ward in the localities used for 2015 and 2018 can be shown. Hartlepool localities for the PNA 2015 and 2018 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).

6.2 Ward boundary changes and IMD updates in 2019; impact on locality definition for PNA 2022

The electoral commission published new boundaries for each council ward across Hartlepool in February 2019. All but one of the previous wards changed as a result of the review, with some boundary changes more substantive than others. Figure 2 maps the updated national IMD(2019) overall score by ward using the new 2019 names and boundaries.

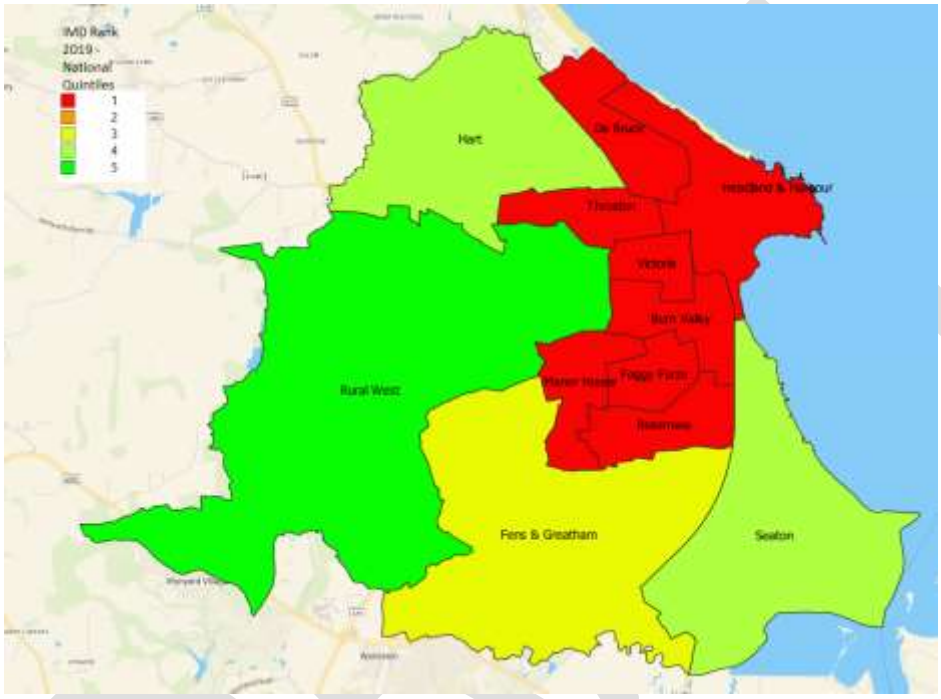


Figure 2.Showing IMD(2019) Overall Domain National Quintiles; estimated ward ranks for the new wards (names and boundaries) in Hartlepool from February 2019.

The nature of the ward boundary changes in both the north and south of the town meant that the boundaries of the PNA locality to the west of Hartlepool needed re-consideration. Though none of the ward boundaries are co-terminus with those of 2015/2018 it is still possible to see how wards in the Borough might be aggregated into three localities, each of similar needs to the previous localities. As Borough quintiles may be more discerning of local needs, a map of this data was also considered (Figure 3).

To the north, debate about the characteristics and geography of the new [Throston] ward reflected the degree of excursion of this ward boundary into the previous H1: Hart and Rural West locality and also the local quintile or relative deprivation of this ward is more similar to the area to the west than to H3: Hartlepool Central and Coast. The new [Throston] ward was therefore included in the newly defined locality named for this PNA as H1: Hartlepool West.
To the south of the Borough it was more immediately clear, based on IMD(2019) overall score, local knowledge and geography that the new [Fens and Greatham] ward might be more readily associated with [Seaton] ward than with

the wards in the central area. It is also both relatively distant and sufficiently distinct from [Hart] to the north as to not determine one large locality to the West and South that is mostly more rural in nature. A new locality H3: Hartlepool South was therefore agreed.

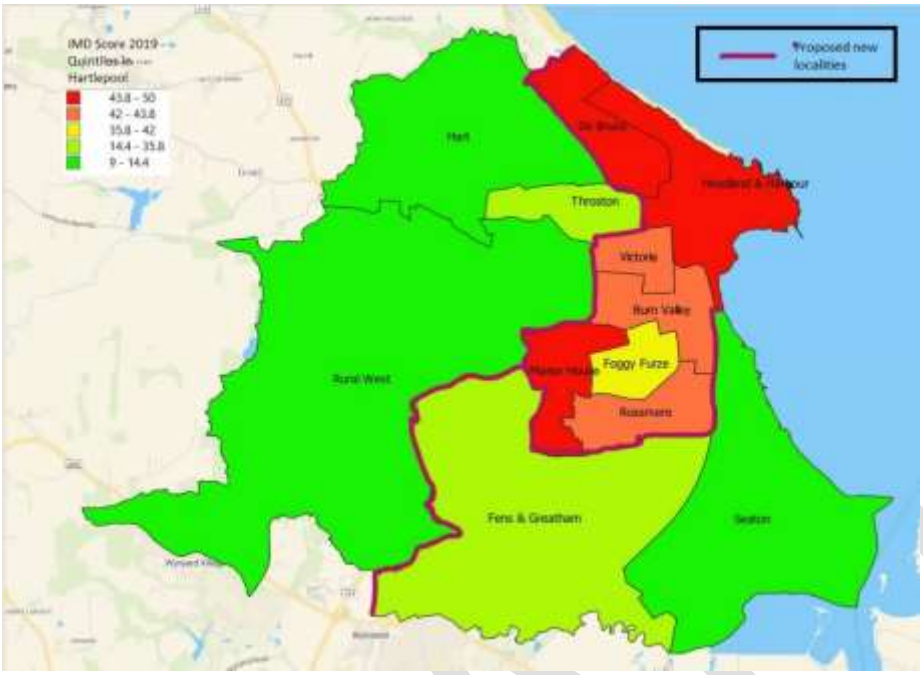


Figure 3. Showing IMD(2019) Overall Domain Score, Borough Quintiles for the new wards (names and boundaries) in Hartlepool from February 2019 and proposed new locality boundaries for PNA 2022.

In summary, the Hartlepool localities for the PNA 2022 are identified by the numbers and new names as follows:

- H1: Hartlepool West (3 wards)
- H2: Hartlepool South (2 wards)
- H3: Hartlepool Central and Coast (7 wards).

For convenience, these may sometimes be abbreviated to H1:West, H2:South and H3:Central&Coast. For the avoidance of doubt, Table 1 shows how the twelve (2019) wards are aggregated to define these localities. Those shaded green indicate a change from 2018.

H1: Hartlepool West	**H2: Hartlepool South**	**H3: Hartlepool Central and Coast**
Hart	Fens and Greatham	Burn Valley
Rural West	Seaton	De Bruce
Throston		Foggy Furze
		Headland and Harbour
		Manor House
		Rossmere
		Victoria
3 wards	**2 wards**	**7 wards**
Locality Colour Code PNA 2022	Locality Colour Code PNA 2022	Locality Colour Code PNA 2022

Table 1. Showing wards in each locality of the Hartlepool HWB area for PNA 2022.

Figure 4 shows a locality map with wards in each locality.

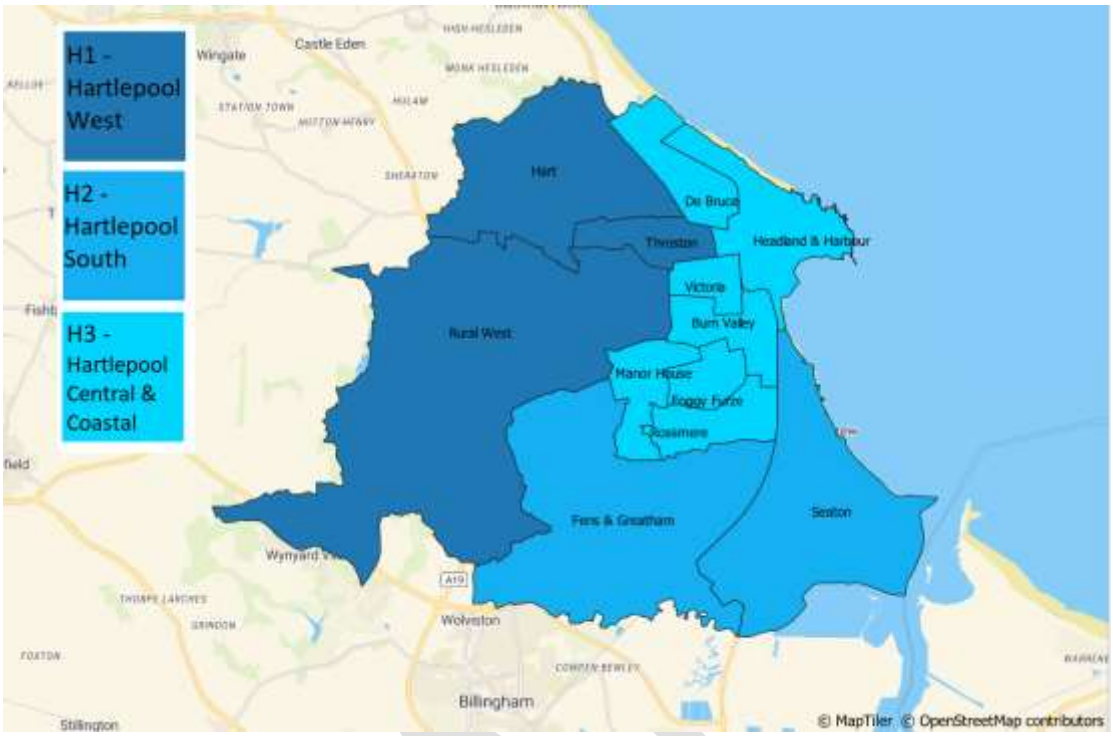


Figure 4. Locality map for PNA 2022

6.3 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 the current JSNA however the PNA needs to include sufficient information to function as a stand-alone document.

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, data available at ward or LSOA level may be aggregated to estimate a locality average. However, it can be more useful in this context to examine localities without aggregating the readily available ward data, as this is not always useful.

The population of each locality will be described using a range of indicators to contribute towards understanding protected characteristics and associated demography, that have implications for the assessment of pharmaceutical needs. The latest data sources will be used as appropriate. Where the data is extracted from the Census, 2011 data will be shown - the first data from the 2021 Census is not due to be published until July 2022.

6.3.1 Population and age/sex breakdown

Table 2 shows estimated population breakdown by broad age (ONS mid-year 2020 estimates) for the Hartlepool HWB area, by ward in each locality. The all-age population of the Borough was estimated to be 93,836, an increase of 1,343 (2.3%) on the mid-2015 estimate reported in 2018. One third of this increase is accounted for by children under 16 and there was a net loss of 134 adults of working age.

		ONS Mid Year Estimates 2020						
PNA Locality	Ward	Total Popn	0-15	16-64	65+	0-15	16-64	65+
		Numbers				Percent		
H1	Hart	7830	1582	4968	1280	20.2	63.4	16.3
H1	Rural West	6772	1110	3959	1703	16.4	58.5	25.1
H1	Throston	7593	1505	4772	1316	19.8	62.8	17.3
	Hartlepool West	***22,195***	***4,197***	***13,699***	***4,299***	***18.9***	***61.7***	***19.4***
H2	Fens & Greatham	6246	864	3446	1936	13.8	55.2	31.0
H2	Seaton	7143	1254	4195	1694	17.6	58.7	23.7
	Hartlepool South	***13,389***	***2,118***	***7,641***	***3,630***	***15.8***	***57.1***	***27.1***
H3	Burn Valley	8191	1449	5120	1622	17.7	62.5	19.8
H3	De Bruce	8354	1879	4942	1533	22.5	59.2	18.4
H3	Foggy Furze	8476	1484	5245	1747	17.5	61.9	20.6
H3	Headland & Harbour	8415	1494	5383	1538	17.8	64.0	18.3
H3	Manor House	8721	2109	5242	1370	24.2	60.1	15.7
H3	Rossmere	7678	1626	4663	1389	21.2	60.7	18.1
H3	Victoria	8417	1639	5535	1243	19.5	65.8	14.8
	Hartlepool Central and Coast	***58,252***	***11,680***	***36,130***	***10,442***	***20.1***	***62.0***	***17.9***
	Hartlepool	**93,836**	**17,995**	**57,470**	**18,371**	**19.2**	**61.2**	**19.6**

Table 2. Population breakdown (mid-year 2020 estimate) in Hartlepool by ward and locality.

People resident in the H1:West and H2:South localities account for 24% and 14% of the total population of Hartlepool whereas locality H3:Central & Coast accounts for nearer two thirds of the population or twice the other two localities put together.

Using the Tees Valley Combined Authority data available up to 2019 (prior to the boundary changes) the population of Hartlepool has increased by 1336 (1.4%) since 2015. Following the 2019 boundary review the total population of each ward is now (purposefully) broadly similar at around 8000 people (range 6246 to 8721). There are fewer than 7000 people resident in two of the newly designated wards; [Fens and Greatham] and [Rural West] wards have 6246 and 6772 persons respectively. Despite a reduction of 14% as consequence of the boundary change, [Manor House] ward still has the highest resident population (8721) of the twelve wards. A modest population increase is projected by 2028.

As the boundary review resulted in twelve wards where there were previously eleven, trends in time by ward are less easy to identify. It may be possible to estimate by suitable data analysis at small area level but this information is not

to be completed. Table 3 shows how re-distribution by the boundary changes of the resident population resulted in a reduction of between 11 and 22% in four of the nine wards whose names were retained. Just one ward [Headland and Harbour] showed a net gain in allocated population of 13%. The table also shows how this substantial average here incorporated a very substantial increase of 27% in the number of children and young people aged 0 to 17 included in that ward.

New wards % change where applicable				
	Population aged 0 to 17	Population aged 18 to 64	Population aged 65 and over	Total
Burn Valley	0%	-2%	5%	-0.3%
De Bruce	0.0%	0.0%	0.0%	0.0%
Foggy Furze	-6%	2%	-2%	-0.3%
Hart	-16%	-18%	-13%	-17%
Headland & Harbour	27%	12%	4%	13%
Manor House	-14%	-13%	-13%	-14%
Rural West	-10%	-10%	-14%	-11.2%
Seaton	-28%	-22%	-14%	-21.8%
Victoria	0.0%	0.0%	0.0%	0.0%

Table 3. Effect of 2019 boundary changes on population allocated to the nine wards with retained names.

- There is wide variability between the wards and localities in the proportion of children, working age adults and older people. Though it is a generalization, the more rural wards and localities [Rural West] in H1: Hartlepool West locality and both [Fens and Greatham] and [Seaton] wards of the H2: Hartlepool South locality have a generally higher proportion of those aged over 65. This is contributed to by the known pockets of elderly population in the more rural 'villages' of Elwick and Greatham. This age group accounts for more than 27% of the population of the H2:South locality, much higher than the Borough average of 19.6% and almost 10 percentage points higher than the H3: Central and Coast locality (17.9%). Historical poor life expectancy will drive down the proportion of older adults, however in some areas it may also reflect a later-life relocation of living area to managed housing facilities located in some wards, but not others.
- In contrast, there are wards in the H3: Central and Coast locality where children account for approaching a quarter of the population e.g., in [Manor House] (24.2%) and [De Bruce] (22.5%) wards. Pharmaceutical needs to support parents of younger children to have a healthier start in life and to support young people themselves manage their own health in their teen age years will be greater in this locality.
- The proportion of working age adults is highest at almost 66% in [Victoria] ward in the town centre and also in the [Headland and Harbour] ward, both of the H3: Central and Coast locality. Of course 'working age' does not necessarily mean working, however [Hart] ward to the north west also shows a high proportion of working age population. Here this may reflect the nature of new housing that has been dominating the development of this area of the Borough.
- Population information should be considered in conjunction with a consideration of rurality as described in section 6.3.12.2; lower

population density may not necessarily be an indicator of rurality in a heavily industrialised area of town. 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 in the context of pharmaceutical need.

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

Figure 5 shows that the gender balance across Hartlepool is not sufficiently skewed from the norms of the north east and England to influence pharmaceutical needs. Note there are fewer men in the 20-50 age group and more men and women aged 50 to 75 than in England. The most notable difference is in 16-24 year-olds who represent a substantially smaller proportion of the population than in either the north east or England.

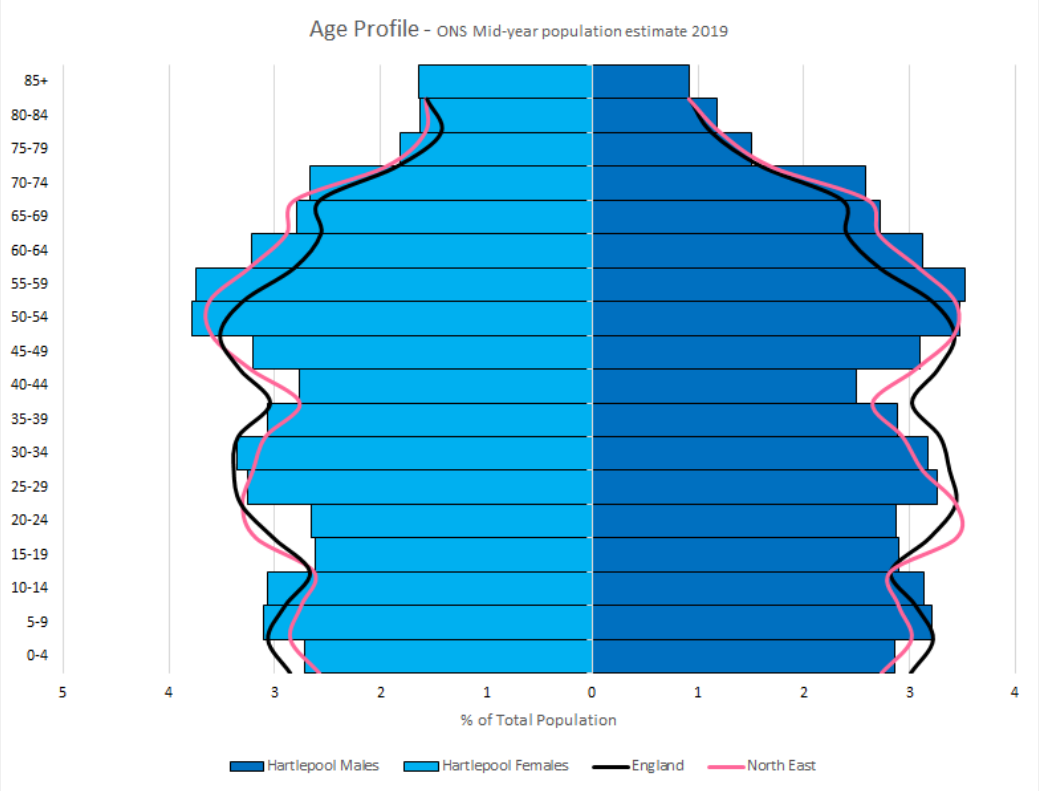


Figure 5. Population pyramid for Hartlepool (mid 2019 estimates) with North East and England comparator. Note scale difference.

There is no suitable reliable data on sexual orientation for the Borough.

6.3.2 Deprivation Profile: Index of Multiple Deprivation (IMD) 2019

The English Indices of Deprivation 2019 (IoD 2019) measure relative levels of deprivation in 32,844 small areas or neighbourhoods, called Lower-layer Super Output Areas (LSOAs), in England (Ministry of Housing Communities and Local Government, 2019). The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. LSOAs have an average population

of 1500 people or 650 households. In most cases, they are smaller than wards, thus allowing greater granularity in the identification of small pockets of deprivation.

IoD 2019 updates the IoD 2015 data used in the PNA 2018 and uses the same model of multiple deprivation which underpinned predecessors of the past 22 years. The model is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately and are experienced by individuals living in an area. The Index of Multiple Deprivation (IMD 2019) contains seven domains which relate to deprivation of income, employment, health and disability, education skills and training, barriers to housing and services, living environment deprivation, and crime.

People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.

Although the IoD is designed primarily to be a small-area measure of relative deprivation, LSOA level outputs are often aggregated and used to describe relative deprivation for higher-level administrative geographies, such as local authority districts. For IMD (2019), at the Borough level, out of 317 districts nationally, Hartlepool has the 10th highest proportion of LSOAs (36%) within most deprived 10% nationally; neighbouring Middlesbrough is ranked 1st on this basis with just under half (49%) LSOAs in the most deprived 10% nationally. These positions are the same as in 2015.

Table 4 shows data at ward level; i.e., the national rank for estimated ward scores for IMD(2019) for the 12 Hartlepool wards. The scores are placed in order of rank (where 1 is most deprived) for each ward of the 7201 wards in England. Shown alongside is the England and Borough quintile of ranked score, where quintile 1 is most deprived. A ranking in the top 10% nationally, or locally, is coloured red; the proportion of 'red' (see key) visually indicates the relative degree of deprivation experienced by the Hartlepool population. Though three wards are shown 'green', just one of the wards in Hartlepool is placed in the best (least deprived) quintile nationally.

Clearly the population of the H1: Hartlepool West 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 as the Borough.

- All seven wards in the H3: Hartlepool Central and Coast locality fall within the most deprived quintile for England and 5 of these (a population of 41,585 or 44% of all Hartlepool residents) are placed within the top 10% of deprived wards nationally.
- With boundary changes it is harder to be clear about movement in rank but it does seem that rank of the poorest wards got worse, whereas the rank of both wards in H1:Hartlepool West locality improved. Inequality in Hartlepool is worsening, along with other areas in the Tees Valley.

- What is clear is this dominance of deprivation will need to be recalled when considering pharmaceutical need, particularly when referencing national initiatives as the needs of the population of Hartlepool are unlikely to reflect national averages.

PNA Locality	Ward Name	England Rank 2019	England Quintile	LA quintile
H3	Manor House	138	1	1
H3	Headland & Harbour	196	1	1
H3	De Bruce	443	1	1
H3	Rossmere	470	1	2
H3	Victoria	499	1	2
H3	Foggy Furze	829	1	3
H3	Burn Valley	948	1	3
H1	Throston	1375	1	4
H2	Fens & Greatham	3596	3	4
H2	Seaton	4211	4	5
H1	Hart	4667	4	5
H1	Rural West	5896	5	5
Rank of 7201 Wards in England. 1 is most Deprived			Quintile 1 is most deprived	

Table 4. National and Borough ranks of estimated overall scores for IMD2019 – Hartlepool (2019) wards

6.3.3 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, the latest data available to review is from the 2011 census. This shows a contrasting picture to nearby neighbouring areas of the Tees Valley, where there are wards with up to 40% non-white population. The people of Hartlepool were mostly of white ethnic origin (97.7%), this is substantially higher than for both England (86%) and the Tees Valley (94.8%). Overall, 3.3% of residents in Hartlepool described themselves as from a non-white UK population (3104 people). This compared with 6.4% in the North East region and 20.3% for England.

Data is not shown here by subset of minority ethnicity, by ward, as in some cases numbers are very small. [Victoria] ward in the town centre had the largest non-white population in Hartlepool totaling 526 people. Those who describe themselves as Asian/Asian British made up the greatest proportion of the non-white community at 1.5% of the population of Hartlepool. Only in [Victoria] ward did this ethnic group represent more than 3% of residents. Language may present a barrier to accessing health and pharmaceutical services. In 2011, 0.4% of the population of Hartlepool (370 people) reported that they did not speak English very well or at all. This compared with 1.7% for England and 0.6% for the North East Region.

6.3.3.1 Migrants, refugees, asylum seekers and travellers

With ongoing global conflict and persecution, numbers of refugees seeking asylum and refuge in foreign lands are rising. On arrival, refugees may have significant physical, mental and emotional healthcare needs as a consequence of their experiences. Resettling in a new country involves many adjustments, including learning a new language, culture, and way of life. It also requires an ability to perform many practical tasks such as using public transport, and negotiating new and complex education, income support and health systems. Resettled refugees have been shown to exhibit a high prevalence of limited health literacy; health literacy being defined as 'the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health' (Kanj and Mitic 2009). They are at greater risk of mismanaging their medication, misunderstanding issues relating to their health and not being able to access the healthcare services they need.

In neighbouring Middlesbrough and Stockton on Tees there have been sufficient numbers of migrants including those seeking asylum, for specialist medical practice services to have been offered. Hartlepool has not seen the same level of arrivals into the town, but has more 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 as described.

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 immunisation, perhaps as a consequence of poor English literacy, may lead to longer term health implications.
Transient travelers 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 often poor in this population as children drop out of education aged between 11 and 13 years old. Some demographic data collection for current pharmacy services indicates access by the travelling community.

6.3.4 Benefits and Poverty

People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.

Table 5 shows recent data for the proportion of working age residents claiming benefits principally for the reason of being unemployed and the rates of households with fuel poverty by ward and locality in Hartlepool. Hartlepool statistics are worse than England or GB average even in the more rural least deprived wards in H1: Hartlepool West locality. The degree of variation in these measures across the wards is notable. The Department for Business, Energy and Industrial Strategy (BEIS) estimate that 6,292 homes in Hartlepool

experienced fuel poverty in 2019. The local authority continues to work to tackle fuel poverty by improving energy efficiency but with current trends in fuel prices this is likely to have even bigger impact. Whilst prescriptions are currently still free for children, older people and some eligible people on reduced income or specific exemptions, income deprivation may force people to choose between fuel, food and medicines.

PNA Locality	Ward Name	% Claimants Unemployed Related Benefits Aug 2021	Households with Fuel Poverty (%) 2019
H1	Hart	1.9	6.7
H1	Rural West	2.0	6.1
H1	Throston	8.0	14.9
H2	Fens & Greatham	2.2	10.3
H2	Seaton	2.9	8.6
H3	Burn Valley	10.6	17.1
H3	De Bruce	9.6	17.3
H3	Foggy Furze	8.7	15.3
H3	Headland & Harbour	9.3	16.4
H3	Manor House	9.6	19.2
H3	Rossmere	8.0	17.2
H3	Victoria	7.1	18.5
Hartlepool		**7.0**	**14.8**
England		**5.3**	**13.4**
	GB	5.2	

Table 5. Out of work benefit claimants (2021) and rates of fuel poverty (2019) by ward and locality in Hartlepool. Source ONS

6.3.5 Employment

There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into account the nature and quality of the work and its social context, and that worklessness is associated with poorer physical and mental health. As well as the direct association between income and health and mental health, employment status at population level may be a useful indicator of the potential pharmaceutical need 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 (August 2021) and as a sub-set, those 18-24 year olds unemployed.

- The proportion of people in employment in Hartlepool is similar to the North East average but below the national average. All wards in the H3: Central and Coast locality have unemployment rates substantially above the national average.
- Levels of youth unemployment in Hartlepool are twice the national rate. This may be improving however, the numbers of 16-24 year olds in

Hartlepool also varies from the England average. In the H1: Hartlepool West or H2: Hartlepool South localities rates are closer to those elsewhere in the North East - but in virtually all wards in the H3: Hartlepool central and Coast locality unemployment rates in this age group are higher than 10% in all but the [Victoria] ward.

- Conversely, demand for access to a pharmacy outside of '9-6' weekday hours may again be higher in the H1: Hartlepool West or H2: Hartlepool South localities, where employment is generally highest. However, given the more rural nature of both these areas, residents here may be more likely to have a car to facilitate access to pharmacy services nearer to where they work or shop. This is examined in the next section.

PNA Locality	Ward	Out of Work Benefits Claimant count aged 16+ (% of population aged 16+)	Out of Work Benefits Claimant count aged 16-24 (% of population aged 16-24)
		Aug-21	Aug-21
H1	Hart	1.9	3.3
H1	Rural West	2	4.5
H1	Throston	8	10.2
H2	Fens & Greatham	2.2	4.6
H2	Seaton	2.9	5.2
H3	Burn Valley	10.6	12.4
H3	De Bruce	9.6	11.9
H3	Foggy Furze	8.7	10.6
H3	Headland & Harbour	9.3	10.6
H3	Manor House	9.6	13.1
H3	Rossmere	8	11.1
H3	Victoria	7.1	7.3
Hartlepool		7	9.2
Tees Valley		6.6	8.1
England		5.3	5.5

Table 6. By ward and locality in Hartlepool at August 2021; unemployment rates for all those of working age and those aged 16-24 yrs.

6.3.6 Car ownership (need for public transport)

Table 7 shows data from the 2011 census recalculated for the 2019 ward boundaries. 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 wider choice of pharmacies further away from home. We are mindful that this data from the Census is now 10 years old as the new Census 2021 is timetabled to publish first data from later this year.

- 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: Hartlepool West where almost 40% of households have further access, i.e. to two or more cars.

PNA Locality	Ward	No cars or vans in household %	1 car or van in household %	2 or more cars or vans in household %
		2011	2011	2011
H1	Hart	15.75	42.69	41.56
H1	Rural West	7.66	39.57	52.76
H1	Throston	33.02	40.61	26.37
H2	Fens & Greatham	17.07	49.88	33.05
H2	Seaton	17.16	44.86	37.98
H3	Burn Valley	41.52	36.75	21.73
H3	De Bruce	43.13	39.61	17.26
H3	Foggy Furze	40.62	40.98	18.4
H3	Headland & Harbour	41.64	42.88	15.48
H3	Manor House	48.44	38.73	12.83
H3	Rossmere	43.96	41.31	14.73
H3	Victoria	49.99	36.84	13.16
Hartlepool		**35.29**	**40.99**	**23.73**
Tees Valley		30.48	41.8	27.72
England		**25.8**	**42.2**	**32.1**

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

- The availability of public transport across Hartlepool is generally very good. In the villages and beyond across Tees Valley the reliant population have access to Tees Flex in addition to any routine bus service. Tees Flex is an innovative solution to rural transport – a Demand Responsive service https://www.stagecoachbus.com/promos-and-offers/north-east/tees-flex(22Mo). The service for Hartlepool covers Dalton Piercy, Elwick, Greatham Village, Hart, Tofts Farm, West Park and Wynyard.

6.3.7 Housing, households and homelessness

The population of Hartlepool is now approaching 94 000 people. The data from the 2011 census shows occupation of 40 434 households but there has been some growth since then that will be seen when the 2021 census data is published. In 2011, the largest number of households were living in mortgaged or loaned properties (32%) with 27% owning their home outright. There are fewer owner occupied homes in Hartlepool than nationally, but the difference is relatively small in percentage terms. In [Manor House], 894 households were rented from the council, the highest number in any of the twelve wards. [Headland and Harbour] has the highest number of social renting households (770). Approximately 6 people are sleeping rough in Hartlepool at any given time.

The map in Figure 6 illustrates the predominant tenure in each Hartlepool ward.

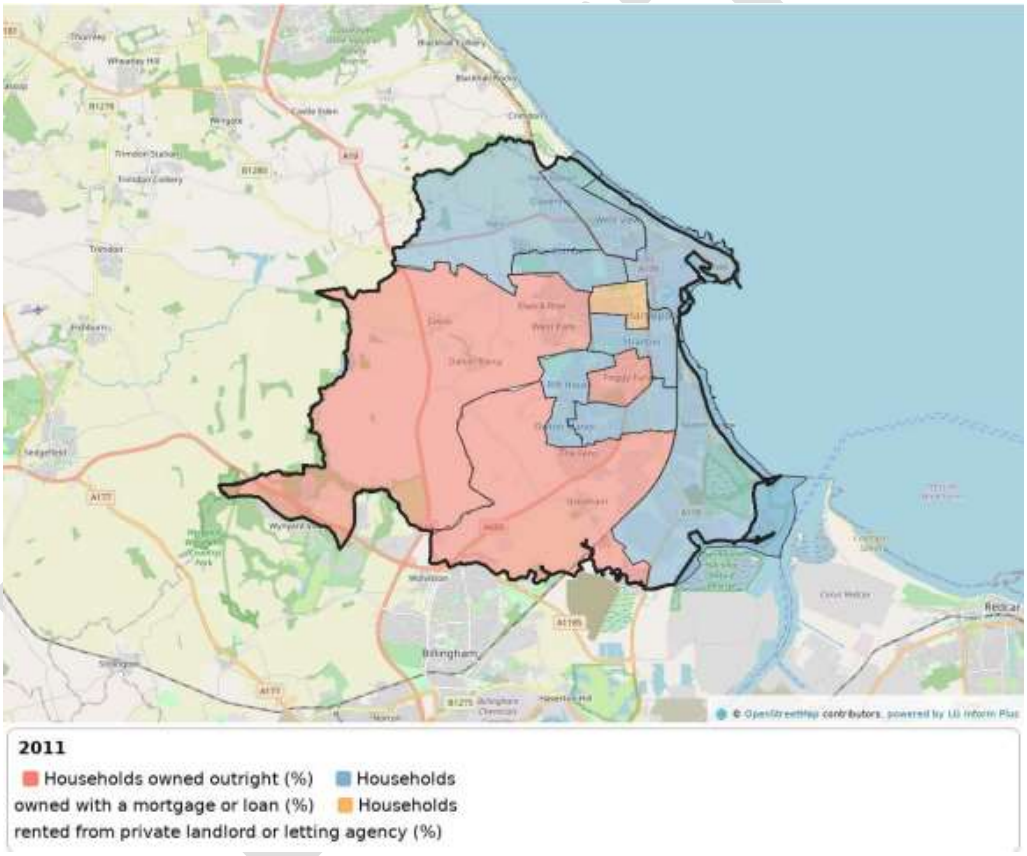


Figure 6. Household tenure by ward in Hartlepool Source Census: 2011 reproduced from Hartlepool Profile 2019.

Locality	Ward	Households owned outright (%)	Households owned with a mortgage or loan (%)	Households rented from council or equivalent (%)	Households rented from private landlord or letting agency (%)	Overcrowded households (%)
H1	Rural West	47.7	42	0.9	6	0.7
H1	Hart	26.7	51.8	2.5	7.3	1.9
H1	Throston	22.7	37.8	14.2	7.5	3.8
H2	Fens & Greatham	49	35.2	2.3	5.7	1.9
H2	Seaton	40.8	41.4	2	7.1	2.2
H3	Foggy Furze	33	30.8	3.2	19.8	2.9
H3	Burn Valley	24	31.1	7	21.8	6.1
H3	De Bruce	22.7	26.3	18.2	7.7	5.7
H3	Victoria	21.6	26.6	3.9	29.6	6.2
H3	Manor House	19.1	25.1	24.3	8.4	6.1
H3	Rossmere	18.3	28.7	21.5	8.3	5.6
H3	Headland & Harbour	17.2	24.1	13.5	22.9	5.6
Tenure		Owner occupied %		LA or HA rented %	Private rented %	Overcrowded %
Hartlepool		**60.3**		**23.5**	**16.1**	**4.3**
England		**64.3**		**17.6**	**18**	**8.5**

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

Error! Reference source not found. Table 8 shows data 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:

- Despite the high proportion of owner-occupier tenure across Hartlepool, in some wards private rented households are now more than 20% and in [Victoria] ward almost 30% of all households. Overall, approximately 23% of households are rented social housing with almost 15% rented from the private rented sector. However these averages mask the degree of variation.

- The proportion of houses that are owner occupied ranges from around one third in [Headland and Harbour] ward to more than three quarters or more in both wards of the H2:Hartlepool South locality and also in the [Rural West] ward that is close by.

- 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 e.g., [Rossmere]

and [Manor House] and others where private rental tenure dominates; [Victoria] and [Burn Valley].

- Overcrowding is defined as having at least 1 room too few for the size of the household. Within Hartlepool 4.3% of households are overcrowded, or 1,744 households. Rates of overcrowding are lower in Hartlepool than in the North East region (5.1%) or nationally (8.7% in England). Rates are poorest in the two wards where local authority rental tenure dominates. Within Hartlepool, Rural West has the lowest proportion of overcrowded households at 0.7% (17 households) and localities H1 and H2, Hartlepool West and South respectively have substantively lower rates overall than in the H3 Hartlepool Central and Coast locality. Victoria has the highest proportion at 6.2% (256 households) in mostly private rented accomodation.

- Hartlepool has a Rural Neighbourhood Plan (Hartlepool Rural Neighbourhood Plan (2016-31), 2018) which describes plans to develop sustainable communities in the rural parishes of Brierton, Dalton Piercy, Elwick, Greatham, Hart and the Parish Meeting of Newton Bewley.

6.3.8 Older people

Table 9 shows the proportion of 'all pensioners' and 'lone pensioner' households by ward and in the PNA localities. This proportion has increased since the 2011 census data.

Locality	Ward	Pensioners living alone - %
H1	Hart	36.5
H1	Rural West	22.1
H1	Throston	37.2
H2	Fens & Greatham	28.5
H2	Seaton	29.5
H3	Burn Valley	34.8
H3	De Bruce	34.2
H3	Foggy Furze	38.2
H3	Headland & Harbour	40.4
H3	Manor House	42.1
H3	Rossmere	43.3
H3	Victoria	44.2

Table 9. Households with pensioners living alone by ward in Hartlepool Source:

Most Hartlepool wards have rates of lone pensioner households higher than the England rate. 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 and support to manage their medicines alone. Some aspects of the PCN Directed Enhanced service may improve access to this pharmaceutical support as structured medication reviews target frailty.

2012 Ward name	Census - Household Composition - Lone Pensioner (%)	Census - Household Composition - All Pensioners (%)
	2011	2011
Hart	10.2	20.0
Rural West	13.4	23.7
Seaton	13.5	23.7
Fens & Rossmere	17.4	25.9
Burn Valley	11.5	30.2
Victoria	12.4	33.8
De Bruce	13.2	24.6
Jesmond	13.9	26.6
Headland & Harbour	14.8	36.9
Foggy Furze	14.9	24.5
Manor House	15.0	27.3
HARTLEPOOL	**13.7**	**27.3**
TEES VALLEY	**13.1**	**25.9**
NATIONAL	**12.4**	**26.3**

Table 10. Households with pensioners by ward in Hartlepool (Census 2011)(2012 wards)

6.3.9 Children

Just over 11% of households in the Borough have a child aged under 4 years; 29% of households have dependent children. Figures from 2014 suggest there are 5470 under 16s living in low-income families in Hartlepool. Rates of 29% are well above the national average of 18.6%.

Table 11 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 poorer than both the Tees Valley and England for all measures in the central and coastal areas.

The proportion of children living in 'out of work benefit claimant' households (2012) ranges from 32 to 48% in all town centre wards. The proportion of single parent households is greater than the national average in all wards in the H3: Hartlepool Central and Coast locality. Whilst the children of single-parent households will not always experience deprivation or poverty, the rates included here are able to show where this may be the case.

2012 Ward name	Children in Poverty (%)	Children living in Out Of Work Benefit Claimant Households (%)	Children Receiving Free School Meals (%)	Census – Lone parent with dependent children (%)
	2011	2012	2012	2011
Rural West	6.6	7.1	5.4	4.3
Hart	8.0	7.6	6.0	6.7
Fens & Rossmere	14.6	23.1	10.5	6.0
Seaton	14.8	20.9	17.4	7.9
Foggy Furze	24.9	32.0	28.5	9.5
Burn Valley	29.6	31.6	26.6	10.8
Jesmond	34.6	39.2	33.8	10.7
Manor House	36.3	42.1	37.9	15.7
Victoria	37.1	35.0	39.7	11.2
De Bruce	37.5	41.2	40.2	12.2
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 11. Selected data showing data measures related to children by ward and locality in Hartlepool. Source: Tees Valley Unlimited Ward data file: 2014 (2012 wards)

Rank	Income Deprivation Affecting Children Index (IDACI)	
	Local Authority District	Score - Proportion of children living in income deprived households
1.	Middlesbrough	32.7%
2.	Blackpool	30.7%
3.	Knowsley	30.3%
4.	Liverpool	29.9%
5.	Kingston upon Hull	29.8%
6.	Nottingham	29.8%
7.	Manchester	29.7%
8.	Hartlepool	28.3%
9.	Birmingham	27.6%
10.	Islington	27.5%
11.	North East Lincolnshire	27.4%
12.	Wolverhampton	27.1%
13.	South Tyneside	26.7%
14.	Tower Hamlets	26.6%
15.	Hastings	26.5%
16.	Sandwell	26.3%
17.	Walsall	26.1%
18.	Stoke-on-Trent	25.7%
19.	Redcar and Cleveland	25.6%
20.	Burnley	25.5%

The Income Deprivation Affecting Children Index (IDACI 2019) measures the proportion of all children aged 0 to 15 living in income deprived families. This is one of two supplementary indices and is a sub-set of the Income Deprivation Domain (Ministry of Housing Communities and Local Government, 2019).

Hartlepool is placed 8th in the top 20 local authority districts with the highest proportion of children experiencing income deprivation.

This data, and recent updates reveal 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.

6.3.10 Educational attainment

GCSE attainment in Hartlepool is worse than the England average and latest data shows no change the since the 2015/16 rates despite the proportion of children in low income families continuing to be high. Source: Public Health Outcomes Framework via Fingertips.

Table 12 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 12. Educational attainment by ward in Hartlepool (2015-16) (2012 wards)

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%) had dropped by 2 percentage points since the 2013 data 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:West and H2:South have much better achievement rates.
- 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 other parts of the Borough less than 5 miles away. Data for the following two years shows the average attainment in this measure dropping in Hartlepool, the Tees Valley and nationally.

Indicator Name	Date	Tees Valley	Hartlepool	England
Undergraduate and Postgraduate Passes (%)	2016/17	3.6	3.6	4.3
Undergraduate and Postgraduate Passes (%)	2017/18	3.8	4	4.4

A sustained poor level of educational attainment will contribute to low levels of adult literacy and numeracy which may translate to poor health literacy. The implication for pharmaceutical needs is substantial and wide ranging. Low levels of literacy and numeracy will create difficulty for individuals using and understanding the 'written word' in relation to general ill-health prevention, healthcare and social needs. More specifically in relation to medicines, poor literacy/numeracy may be a risk to the individual themselves or to those in their care, including children or elderly dependents or others with learning disabilities. Pharmaceutical services provision needs to be responsive to this.

6.3.11 Armed Forces Community

Currently, no-one knows how many of the armed forces community live, work or have family members in Hartlepool. There is insufficient robust local data (and therefore intelligence) to understand the needs of the armed forces communities in Hartlepool at a population level. It is understood that GP practices have a Quality welcome standard for this group of residents whose needs may be specific in relation to the previous career.

6.3.12 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'.

6.3.12.1 Population density

Population density varies quite markedly across the Tees Valley. Table 13 shows that the population density in Hartlepool and Stockton, both areas north of the river 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.

	Total Population [2020 data]	Area (hectares) [2011 census]	Population Density (persons per hectare)
Darlington	**107402**	19,748	5.44
Hartlepool	**93836**	9,386	10.01
Middlesbrough	**141285**	5,387	26.22
Redcar & Cleveland	**137228**	24,490	5.6
Stockton-on-Tees	**197419**	20,393	9.63

Table 13. Population density for Local authorities in Tees Valley. Source ONS 2011 (area); 2020 (population)

Hartlepool is also relatively small at under 9400 hectares, an area equating to just 1% of the area of the whole North East region of England. Divided into 12 wards, population density is varied across them as Figure 7 shows. Although the [Rural West] ward is the largest, representing almost 39% of the total area of Hartlepool, it has the lowest population density of 2 persons per hectare. In contrast, [Victoria] ward is the most densely populated with 53 persons per hectare.

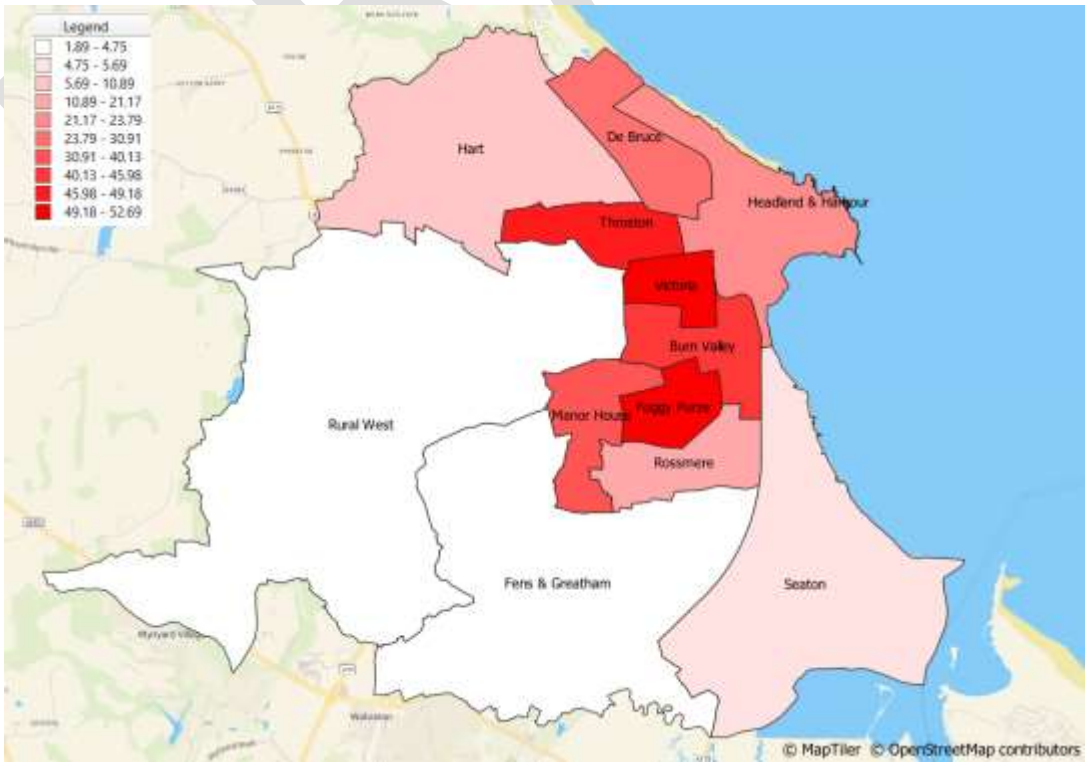


Figure 7. Population density of Hartlepool by ward. Source: ONS 2021

6.3.12.2 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).

Former PCTs with rural areas may have had controlled localities i.e. areas which are rural in character. Since April 2005 there may also have also been determinations of "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 last determination in 2008, there are no controlled localities in Hartlepool.

7.0 Local Health Needs

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. Hartlepool also has some of the highest inequalities in the country. Residents from the most deprived areas have a life expectancy that is approximately 12.5 years (males) and 10.4 years (females) lower than those from the least deprived areas. Life expectancy for both men and women is lower than the England average.

The health of people in Hartlepool is varied compared with the England average and deprivation is higher than average. About 28.6% (5,020) children live in low income families. The extent of these inequalities in health remain one of the biggest challenges to the health and wellbeing of the Borough and societies with greater inequality have poorer health overall. This presents a great challenge, in ensuring services are available to the whole population, whilst providing additional targeted support for the most vulnerable groups. Some of the key priorities which cause a significant burden of disease and death and increase inequalities in Hartlepool are obesity, smoking, alcohol, mental health including substance misuse and poverty.

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 (except breast cancer) 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.

Table 14 shows data from the 2011 Census for those with 'Limiting Long Term Illness' (LLTI) by ward and in localities in Hartlepool. The rate of people living with a LLTI, which includes those of working age, is higher in Hartlepool (23.2%) than the England (17.6% and Tees Valley (20.8) averages. The averages again mask the degree to which individual ward rates are varied from the local and national comparators. Highest rates are in [Manor House] and [Rossmere] and rates are varied across both wards and localities; rates are high (over 20%) of LLTI in 10 of the 12 wards in the Borough. Only the two more rural wards in the H1: Hartlepool West locality have rates broadly in line with national rates.

There are two wards for which the self- reported 'poor health' status is of the order of 8% which is 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 such as GP appointments, prescribing costs and hospital stays.

	Census data 2011	People reporting:			
		Limiting long term illness or disability (LLTI)	Good health (%)	Fair health (%)	Poor health (%)
	Ward name	%	%	%	%
H1	Hart	16.4	31.4	11.3	3.9
H1	Rural West	18.5	32.6	12.7	3.4
H1	Throston	22.6	30.9	14.8	6.7
H2	Fens & Greatham	24.0	35.1	16.4	5.4
H2	Seaton	22.1	32.8	14.8	4.9
H3	Burn Valley	22.7	33.3	15.8	5.8
H3	De Bruce	25.1	32.6	17.2	7.4
H3	Foggy Furze	23.4	35.3	16.4	6.3
H3	Headland & Harbour	23.7	33.2	17.2	7.1
H3	Manor House	26.7	31.6	17.9	8.3
H3	Rossmere	26.6	31.2	17.4	7.9
H3	Victoria	23.6	32.7	16.8	7.0
	Hartlepool	**23.2**	**32.7**	**15.9**	**6.3**
	Tees Valley	20.8	33.6	14.7	5.4
	England	17.6	34.2	13.1	4.2

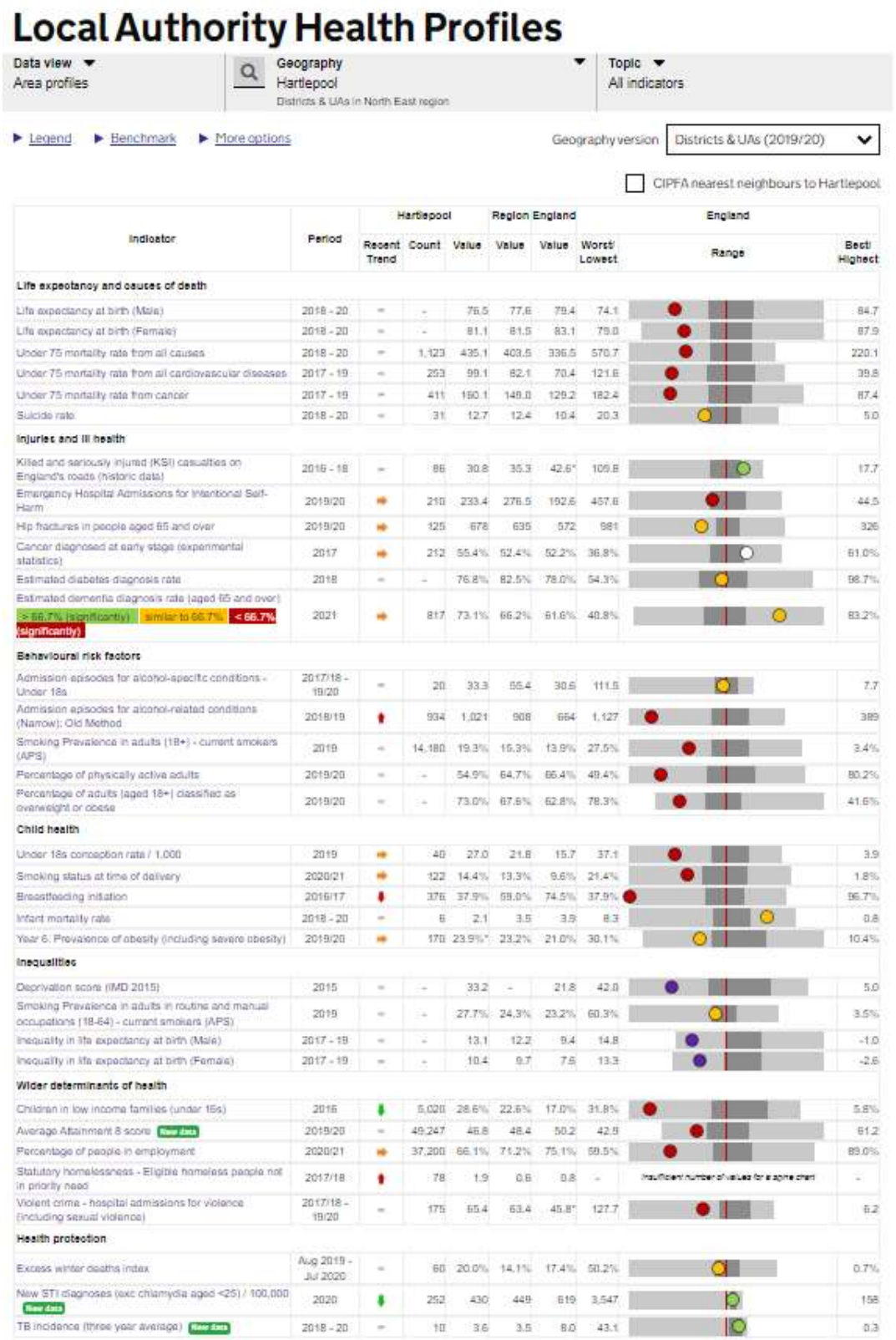
Table 14. Census data 2011 for people with Limiting Long Term Illness or Disability and indication of health status (by ward and locality) in Hartlepool. Source ONS 2011

Pharmaceutical needs are often substantial for those living with a LLTI. Those people of working age who are able to work and have secured employment, 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; which adds additional burden for the individual and their care providers.

It is clear from health data, future projections and strategic planning that the future sustainability of the NHS will be closely allied to how well patients with long-term conditions are managed and how successful we can prevent their development or deterioration. This this will be no less significant a factor for the people of Hartlepool.

The latest Local Authority Health Profile for Hartlepool gives a snapshot of health in the Borough. This includes a summary of the key public health indicators compared with the national average using a spine chart (Figure 8). The spine chart shoes that the health domain reported is generally worse or similar to the national average. The chart provides a simple graphic illustration

of our local health and wellbeing status. Of the 34 indicators in the spine chart, Hartlepool is statistically significantly worse than the national average for 17 of them and only 2 of these indicators are significantly better than England. Whilst the indicators are not all described separately here, we need to have regard for them in relation to pharmaceutical needs.



Local Authority Health Profiles

Data view: Area profiles | Geography: Hartlepool (Districts & UAs in North East region) | Topic: All indicators

▶ Legend ▶ Benchmark ▶ More options — Geography version: Districts & UAs (2019/20)

☐ CIPFA nearest neighbours to Hartlepool

Indicator	Period	Hartlepool			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy and causes of death									
Life expectancy at birth (Male)	2018 - 20	=	-	76.5	77.6	79.4	74.1		84.7
Life expectancy at birth (Female)	2018 - 20	=	-	81.1	81.5	83.1	78.0		87.9
Under 75 mortality rate from all causes	2018 - 20	=	1,123	435.1	403.5	336.5	570.7		220.1
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	=	253	99.1	82.1	70.4	121.6		39.8
Under 75 mortality rate from cancer	2017 - 19	=	411	160.1	148.0	129.2	182.4		87.4
Suicide rate	2018 - 20	=	31	12.7	12.4	10.4	20.3		5.0
Injuries and ill health									
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	=	86	30.8	35.3	42.6*	109.8		17.7
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	→	210	233.4	276.5	192.6	457.6		44.5
Hip fractures in people aged 65 and over	2019/20	→	125	678	635	572	981		326
Cancer diagnosed at early stage (experimental statistics)	2017	→	212	55.4%	52.4%	52.2%	36.8%		61.0%
Estimated diabetes diagnosis rate	2018	=	-	76.8%	82.5%	78.0%	54.3%		98.7%
Estimated dementia diagnosis rate (aged 65 and over)	2021	→	817	73.1%	66.2%	61.6%	40.8%		83.2%
> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)									
Behavioural risk factors									
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	=	20	33.3	55.4	30.6	111.5		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	↓	934	1,021	908	664	1,127		389
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	=	14,180	19.3%	15.3%	13.9%	27.5%		3.4%
Percentage of physically active adults	2019/20	=	-	54.9%	64.7%	66.4%	49.4%		80.2%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	=	-	73.0%	67.6%	62.8%	78.3%		41.6%
Child health									
Under 18s conception rate / 1,000	2019	→	40	27.0	21.8	15.7	37.1		3.9
Smoking status at time of delivery	2020/21	→	122	14.4%	13.3%	9.6%	21.4%		1.8%
Breastfeeding initiation	2016/17	↓	376	37.9%	58.0%	74.5%	37.9%		86.7%
Infant mortality rate	2018 - 20	=	6	2.1	3.5	3.9	8.3		0.8
Year 6, Prevalence of obesity (including severe obesity)	2019/20	→	170	23.9%*	23.2%	21.0%	30.1%		10.4%
Inequalities									
Deprivation score (IMD 2015)	2015	=	-	33.2	-	21.8	42.8		5.0
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	=	-	27.7%	24.3%	23.2%	60.3%		3.5%
Inequality in life expectancy at birth (Male)	2017 - 19	=	-	13.1	12.2	9.4	14.8		-1.0
Inequality in life expectancy at birth (Female)	2017 - 19	=	-	10.4	9.7	7.6	13.3		-2.6
Wider determinants of health									
Children in low income families (under 16s)	2016	↓	5,020	28.6%	22.6%	17.0%	31.8%		5.8%
Average Attainment 8 score New data	2019/20	=	49,247	46.8	48.4	50.2	42.9		61.2
Percentage of people in employment	2020/21	→	37,200	66.1%	71.2%	75.1%	59.5%		89.0%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	↓	78	1.9	0.6	0.8	-	Insufficient number of values for a spine chart	-
Violent crime - hospital admissions for violence (including sexual violence)	2017/18 - 19/20	=	175	65.4	63.4	45.8*	127.7		8.2
Health protection									
Excess winter deaths index	Aug 2019 - Jul 2020	=	60	20.0%	14.1%	17.4%	50.2%		0.7%
New STI diagnoses (exc chlamydia aged <25) / 100,000 New data	2020	↓	252	430	449	619	3,547		158
TB incidence (three year average) New data	2018 - 20	=	10	3.6	3.5	8.0	43.1		0.3

Figure 8: Extract from the Local Authority Health Profile 2022

The data 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 prevention and treatment of long term conditions. There is 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 adults smoke in Hartlepool (19%) than in England (14%). As an indicator of the impact of deprivation on smoking prevalence, adults in routine and manual occupations who smoke; 27% in Hartlepool versus 25% England average). There are about 13652 adult smokers in Hartlepool (2018 data). The smoking related death rate remains worse than the England average, with 85 deaths a year from lung cancer and

Smoking is a contributory factor in many other cancer-related or cardiovascular diseases this is a heavy burden for the population to carry at 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. More than 70% of adults in Hartlepool are overweight or obese, substantially higher than the national average of 62% and not improving; 27% of 10-11 year olds in Hartlepool are also obese, again higher than the national (20%) and northeast regional (23%) averages.

Sexual health
Sexual Health is a key Local Authority and Public Health priority area as it can have a significant impact on the population, the communities and individuals across Tees, as there are often a range of complexities associated with sexual health. Cases of sexually transmitted infections (STIs) are increasing in England. In 2018, there were 447,694 new diagnoses of STIs, a 5% increase on the 422,147 in 2017.

A Sexual Health Needs Assessment (SHNA) for Teesside was undertaken in 2013 when the LAs took on responsibility for sexual health services. This SHNA was being reviewed and updated in April 2020. Selected findings are:

Since the previous SHNA for Teesside, there have been changes in the type of acute STI infections diagnosed across the area, with reductions in infections such as gonorrhea and genital warts and increases in infections such as syphilis. The local system has changed significantly since the previous SHNA in 2014, with a significant reduction in the amount of providers of young people's services across the local area, and the development of local primary care networks. Rates of acute STI in Hartlepool were 668 per 100 000 population of

all ages in 2018 such that Hartlepool's rank was just outside the top 100 of all 317 LAs where 1 is poorest.

Chlamydia testing is measured by the diagnosis rate, which considers both the number of tests and cases found. In Teesside in 2018, only Hartlepool achieved and exceeded the national target of 2,300 chlamydia diagnoses per 100,000 population aged 15-24, with 20.1% of the eligible population tested – the highest in Teesside.

Similar to the previous SHNA, the key groups that have the highest burden of disease from poor sexual health including young people, MSM and those living in deprived areas. Although the rate of under 18 conceptions continues to decrease for the Tees area, the rate remains significantly higher than the national average, and the reduction not continuing at the same pace as the national average. Latest available rates for under 18's conception in Hartlepool is now 27 per 1000 compared with an England average of 16 and England 'best' of under 4 per 1000. Teenage pregnancy rates in Hartlepool vary considerably between wards with higher rates in more deprived wards. However wards with the highest rates of teenage pregnancies do not necessarily have the highest numbers. Teenage pregnancy correlates with deprivation; 75% of the variation of teenage pregnancies in England can be explained by deprivation.

Sexual health prevention and promotion must recognise the increasing role of the internet and social media in the life of most people and in particular for young people. Young people have wide access to websites and social media and use it to find information, advice and also to find local services.

Children and young people

Figure 7 shows the Child Health Profile 2021 for Hartlepool and gives a snapshot of child health in the Borough; this includes a summary of the key public health indicators compared with the national average using a spine chart.

Public Health England

Child Health Profile
March 2021

Hartlepool

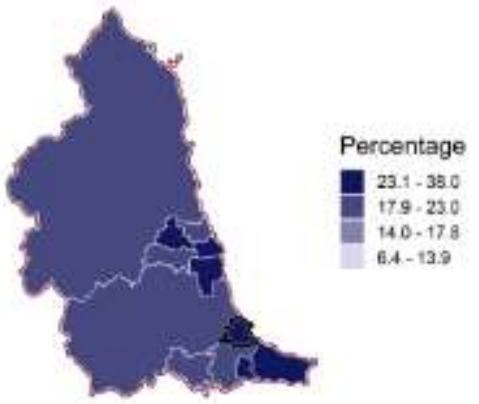
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

		Local	Region	England
Live births (2019)		938	25,742	610,505
Children aged 0 to 4 years (2019)		5,200 5.6%	141,700 5.3%	3,299,600 5.9%
Children aged 0 to 19 years (2019)		22,100 23.6%	594,600 22.3%	13,282,300 23.6%
Children aged 0 to 19 years in 2029 (projected)		21,000 22.4%	590,000 21.7%	13,483,800 22.9%
School children from minority ethnic groups (2020)		1,101 7.3%	49,005 12.8%	2,812,226 34.6%
School pupils with social, emotional and mental health needs (2020)		400 2.6%	11,863 3.0%	222,595 2.7%
Children living in poverty aged under 16 years (2018/19)		28.7%	23.7%	18.4%
Life expectancy at birth (2017-2019)	Boys	76.9	78.0	79.8
	Girls	81.3	81.8	83.4

Children living in poverty

Map of the North East with Hartlepool outlined, showing the relative levels of children living in poverty.



Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Hartlepool is mixed.

The infant mortality rate is similar to England with an average of 3 infants dying before age 1 each year. The number of recent child deaths (1-17 year olds) is not available.

Public health interventions can improve child health at a local level. In this area:

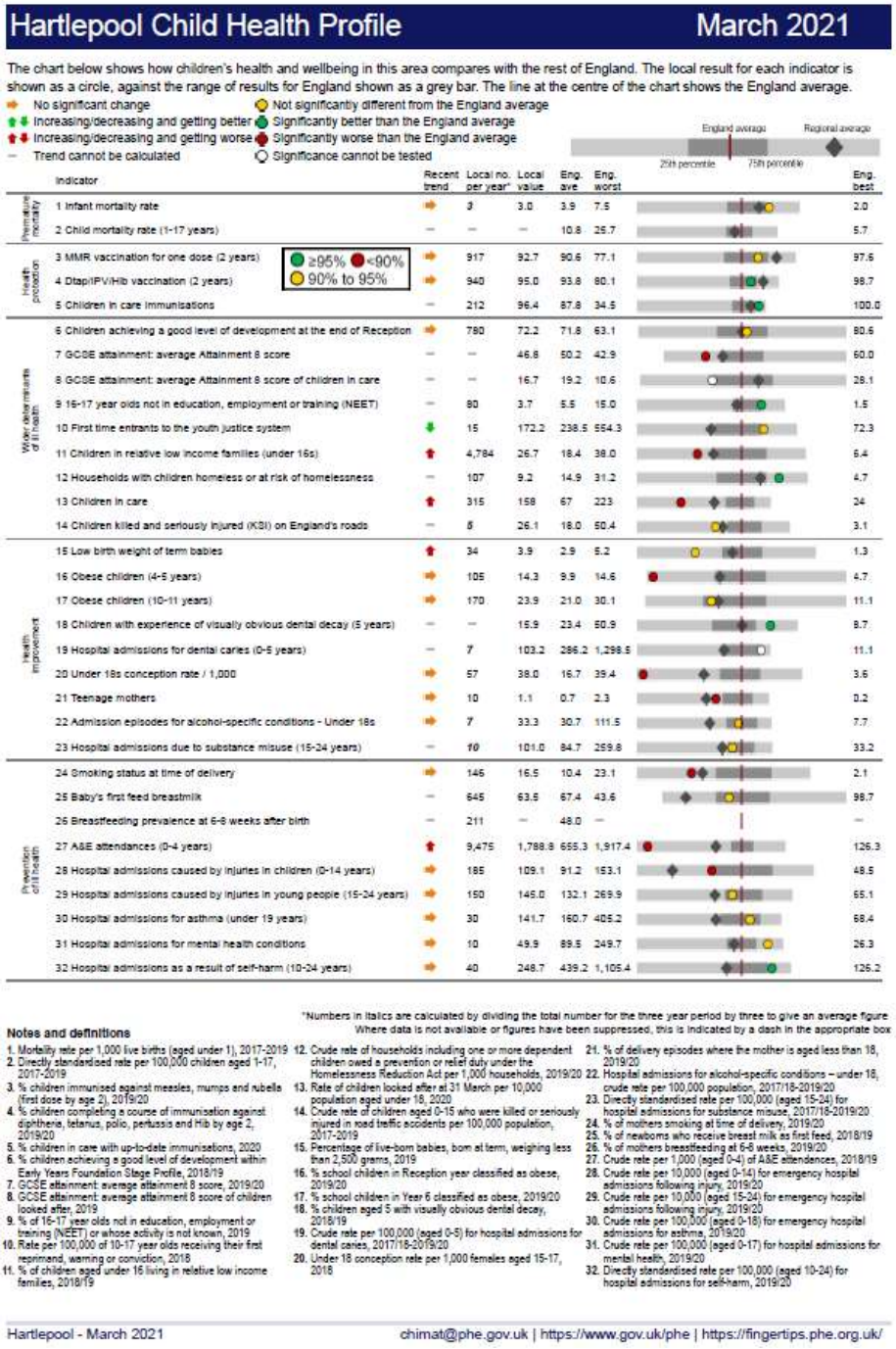
- The teenage pregnancy rate is worse than England, with 57 girls becoming pregnant in a year.
- 16.5% of women smoke while pregnant which is worse than England.
- 63.5% of newborns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 92.7% of children have had one dose.
- Dental health is better than England. 15.9% of 5 year olds have experience of dental decay.
- 14.3% of children in Reception and 23.9% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 49.9 per 100,000 is similar to England. The rate of self-harm (10-24 years) at 248.7 per 100,000 is better than England.

By age two, 95.0% of children have had Dtap/IPV/Hib immunisation, meeting minimum recommended coverage (95%). 96.4% of children in care are up to date with their immunisations, which is better than England.

In 2018/19, there were 9,475 A&E attendances by children aged four years and under. This gives a rate which is worse than England.

Figure 9. Extract from Local Authority Health Profiles Source: Office for health improvement and disparities: Public Health Profiles, 2022

The spine chart demonstrates that the health of children in Hartlepool is generally worse or similar to the national average. Of the 32 indicators in the spine chart, Hartlepool is statistically significantly worse than the national average for 14 of them, better in eleven.



Hartlepool Child Health Profile — March 2021

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- No significant change
- Increasing/decreasing and getting better
- Increasing/decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested
- ≥95% / <90%
- 90% to 95%

England average · Regional average · 25th percentile · 75th percentile

	Indicator	Recent trend	Local no. per year*	Local value	Eng. ave	Eng. worst	Eng. best
Premature mortality	1 Infant mortality rate	→	3	3.0	3.9	7.5	2.0
	2 Child mortality rate (1-17 years)	–	–	–	10.8	25.7	5.7
Health protection	3 MMR vaccination for one dose (2 years)	→	917	92.7	90.6	77.1	97.6
	4 Dtap/IPV/Hib vaccination (2 years)	→	940	95.0	93.8	80.1	98.7
	5 Children in care immunisations	–	212	96.4	87.8	34.5	100.0
Wider determinants of health	6 Children achieving a good level of development at the end of Reception	→	780	72.2	71.8	63.1	80.6
	7 GCSE attainment: average Attainment 8 score	–	–	46.8	50.2	42.9	60.0
	8 GCSE attainment: average Attainment 8 score of children in care	–	–	16.7	19.2	10.6	28.1
	9 16-17 year olds not in education, employment or training (NEET)	–	80	3.7	5.5	15.0	1.5
	10 First time entrants to the youth justice system	↓	15	172.2	238.5	554.3	72.3
	11 Children in relative low income families (under 16s)	↑	4,784	26.7	18.4	38.0	6.4
	12 Households with children homeless or at risk of homelessness	–	107	9.2	14.9	31.2	4.7
	13 Children in care	↑	315	158	67	223	24
	14 Children killed and seriously injured (KSI) on England's roads	–	8	26.1	18.0	60.4	3.1
Health improvement	15 Low birth weight of term babies	↑	34	3.9	2.9	5.2	1.3
	16 Obese children (4-5 years)	→	105	14.3	9.9	14.6	4.7
	17 Obese children (10-11 years)	→	170	23.9	21.0	30.1	11.1
	18 Children with experience of visually obvious dental decay (5 years)	–	–	15.9	23.4	50.9	8.7
	19 Hospital admissions for dental caries (0-5 years)	–	7	103.2	286.2	1,298.5	11.1
	20 Under 18s conception rate / 1,000	→	57	38.0	16.7	39.4	3.6
	21 Teenage mothers	→	10	1.1	0.7	2.3	0.2
	22 Admission episodes for alcohol-specific conditions - Under 18s	→	7	33.3	30.7	111.5	7.7
	23 Hospital admissions due to substance misuse (15-24 years)	–	10	101.0	84.7	259.8	33.2
Prevention and health	24 Smoking status at time of delivery	→	146	16.5	10.4	23.1	2.1
	25 Baby's first feed breastmilk	–	645	63.5	67.4	43.6	98.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	–	211	–	48.0	–	–
	27 A&E attendances (0-4 years)	↑	9,475	1,788.8	655.3	1,917.4	126.3
	28 Hospital admissions caused by injuries in children (0-14 years)	→	185	109.1	91.2	153.1	48.5
	29 Hospital admissions caused by injuries in young people (15-24 years)	→	150	145.0	132.1	269.9	65.1
	30 Hospital admissions for asthma (under 19 years)	→	30	141.7	160.7	405.2	68.4
	31 Hospital admissions for mental health conditions	→	10	49.9	89.5	249.7	26.3
	32 Hospital admissions as a result of self-harm (10-24 years)	→	40	248.7	439.2	1,105.4	126.2

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1), 2017-2019
2. Directly standardised rate per 100,000 children aged 1-17, 2017-2019
3. % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
5. % children in care with up-to-date immunisations, 2020
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
7. GCSE attainment: average attainment 8 score, 2019/20
8. GCSE attainment: average attainment 8 score of children looked after, 2019
9. % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
10. Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
11. % of children aged under 16 living in relative low income families, 2018/19
12. Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
13. Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
14. Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
15. Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
16. % school children in Reception year classified as obese, 2019/20
17. % school children in Year 6 classified as obese, 2019/20
18. % children aged 5 with visually obvious dental decay, 2018/19
19. Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
20. Under 18 conception rate per 1,000 females aged 15-17, 2018
21. % of delivery episodes where the mother is aged less than 18, 2019/20
22. Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2017/18-2019/20
23. Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
24. % of mothers smoking at time of delivery, 2019/20
25. % of newborns who receive breast milk as first feed, 2018/19
26. % of mothers breastfeeding at 6-8 weeks, 2019/20
27. Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
28. Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
29. Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
30. Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2019/20
31. Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
32. Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20

Hartlepool - March 2021 — chimat@phe.gov.uk | https://www.gov.uk/phe | https://fingertips.phe.org.uk/

Substance Misuse

Substance misuse (Drugs & Alcohol) is the cause of many health and social problems that can devastate individuals, families and communities. It is a significant driver of crime and anti-social behaviour in our local area which adds a significant cost to our local economy. The Local Authority (LA) recognises substance misuse as a major factor in child neglect, domestic violence,

acquisitive crime, antisocial behaviour and children being taken into care and is currently updating the Substance Misuse Policy. In December 2021 the Government released it's 'From Harm to Hope Strategy – A 10-year drugs plan to cut crime and saves lives'. Both Hartlepool and Middlesbrough were mentioned; Hartlepool as being ranked 3rd in England for opiate and crack cocaine use, with Middlesbrough being ranked 3rd for multiple and complex needs. There is a high prevalence of long term health problems, including mental health. Alcohol related hospital admissions in Hartlepool are significantly worse than the regional and national rates. Hartlepool has seen a dramatic rise in DRDs over the last six years – the 2018/20 rate of 16.3 per 100,000 population is more than a 300% increase on the 2012/14 rate. The rate has more than tripled in six years. Hartlepool's 2018/20 rate is the 3rd largest in England. Current treatment levels for both alcohol and opiates are significantly below national comparitors.

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 >500 individuals over the age of 14 years with a learning disability, as well as those with physical disabilities, is important. Pharmacy could 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 over 200 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.

Older People

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. For instance, the number of people who were aged 85 years or more in 2005 was 1,400; this increased to 2,100 by 2015 and will continue to increase to 3,330 by 2025 and to 4,700 by 2035. Although most people are living longer, the majority of their later years (approximately 20 years for males; and 26 years for females) are lived with poor health and wellbeing.

The impact of the health needs on pharmaceutical needs will be described in section 10.

Covid-19

At the time of preparation of the draft it is not possible discuss health needs in Hartlepool without considering the making reference to the impact of Covid-19 on both health and pharmaceutical care needs. It is too early to understand the true impact on all those who have experienced loss (of work and income, of schooling, of development, of leisure time, of loved ones) as we have yet to see where the near-end and recovery phase starts.

The pandemic twice caused the statutory timetable for production of this PNA following 2018 to be postponed; firstly by one year to April 2021, then latterly to October 2022. Alongside their health and care partners, the involvement of community pharmacy in the pandemic response has been considerable. Keeping the medicines supply going is a vital role and function that should not be underplayed even as new services and extended clinical contributions come on-stream. Extensive involvement in vaccination programmes and in support for the vulnerable was key. Six pharmacies continue to be engaged in the vaccination response as the draft PNA goes out to consultation.

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 the population of Hartlepool to access to these services.

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 to be provided. Examples include any sexual health, stop-smoking support or needle exchange services and PCN/ 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 surrounding location context 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 in 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 times 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 service provision, available to patients, carers and others.

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

8.1 Overview of pharmaceutical services providers

Pharmaceutical services are provided by a range of providers to the resident or visiting population of any given area. As well as community pharmacy contractors, including distance-selling (sometimes called NHS 'internet') pharmacies there are dispensing appliance contractors, dispensing doctor practices and others offering more specific services (including hospital pharmacies).

The national report on General Pharmaceutical Services in England 2015/16 to 2020/21 (NHS Business Services Authority, 2021) shows there were 11,600 active community pharmacies in England during 2020/21 compared to 11,688 in March 2016 as reported in the last PNA, a reduction of 88 (0.8%). This is the lowest number of active contractors in the five years since 2015/16 but retains an increase of 1728 (17.5 per cent) since 2005-06 when there were 9872 pharmacies (NHS Digital, 2016).

At October 2021, **616** of these community pharmacy contractors are located in the north east, excluding Cumbria (Source: NHSE&I). **Nineteen** of these community pharmacies are found in the Hartlepool HWB area, where there are no dispensing doctor practices. In the neighbouring HWB area of Stockton on Tees there are 40 community pharmacies (one of which is a distance selling pharmacy) and one dispensing doctor practice.

Table 15 shows the number of pharmacies in each of the three PNA localities of Hartlepool and the total in both the Hartlepool and Stockton HWB areas for comparison. Also shown are the pharmacies in these two neighbouring Boroughs contracted to open for 100 (core) hours per week or as 'distance selling'.

Locality	Number of pharmacies	Number open 100 hours per week	Number 'distance selling*'
H1: Hartlepool West	2	0	0
H2: Hartlepool South	2	0	0
H3: Hartlepool Central and Coast	15	2	0
Hartlepool HWB	***19***	***2***	***0****
Stockton-on-Tees HWB	***39 +1****	***8***	***1***

** There is an extant grant for one distance selling pharmacy in Hartlepool which will have 6 months from grant to open (subject to application for extension to that date)

Table 15. Pharmacies in each locality of Hartlepool also showing the number that open for more than 100 hours per week or are 'distance-selling'. Numbers in the nearby Stockton-on-Tees HWB area are also shown for information.

There are no Local Pharmaceutical Services[6] (LPS) area designations and no Local Pharmaceutical Services (LPS) providers in the Hartlepool HWB area.

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 in Hartlepool. However there is an extant grant for one new distance selling pharmacy with a Hartlepool address approved under this last remaining exemption category. Patients living in the Borough may already access any of the 382 NHS distance selling pharmacies contracted and registered in England[7], or in any UK location; such is the nature of that pharmacy business. A pharmacy with a 'distance selling' exemption contract is not permitted to provide essential pharmaceutical services face-to-face on the premises. However, any pharmacy with registered premises in Hartlepool may also offer 'distance-selling' or 'remote access' to services to the local population in the Borough and beyond by advertising or otherwise making available their NHS services, including via the internet.

Finally, NHS or other locally contracted services that meet a pharmaceutical need are experienced by the population of Hartlepool, 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 extended to meet future needs, will be described later.

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 locality, are shown in Table 16. Although the net number of pharmacies offering services is the same as at the last PNA in March 2018, there have been changes to the pharmaceutical list in the intervening time. Changes include one new pharmacy, one pharmacy closure, several changes of ownership and changes in associated pharmaceutical services provision by virtue of the days and times at which services are available. These changes were partly foreseen in the last PNA. Firstly, the extant grant did translate into a new pharmacy, opening at Middle Warren local centre in January 2019[8]. A pharmacy also closed in December that year (Lloydspharmacy, Park Road). The potential for a Lloydspharmacy to close was also identified in the 2018 last PNA as a consequence of the plans announced by Celesio UK to cease trading in approximately 190 of its Lloydspharmacy stores in England. At the time of the

[6] Local Pharmaceutical Services (LPS) Schemes [20] are an alternative to the CPCF national contract arrangements under which the majority of pharmaceutical services are provided. LPS contracts can be 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.

[7] Source: ePACT2 14 January 2022

[8] The 'extant grant' for this pharmacy was recorded in PNA 2018, in the Hartlepool locality then known as H1: Hart and Rural West, now Hartlepool West.

2018 PNA it was still too soon to know where those pharmacies might be located. There were five Lloyds pharmacies in Hartlepool at the time and as well as the pharmacy that closed, another changed ownership.

Pharmacy Trading Name	Full Address	Ward	PNA Locality 2022	Core hours: 40 or 100
Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool, TS26 0BF	Hart	**H1: West**	40
Lloyds Pharmacy	84 Wiltshire Way, Hartlepool, TS26 0TB	Throston		40
Well	416 Catcote Road, Fens Shopping Centre, Hartlepool, TS25 2LS	Fens and Greatham	**H2: South**	40
Seaton Pharmacy	68A Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	Seaton		40
Boots UK Limited	Hartlepool Health Centre, Park Road, Hartlepool, TS24 7PW	Burn Valley	**H3:Central and Coast**	**100**
Tesco Stores	Belle Vue Way, Hartlepool, TS25 1UP	Burn Valley		40
Westview Pharmacy	7 Brus Corner, Hartlepool, TS24 9LA	De Bruce		40
Winterbottom Pharmacy	Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN	De Bruce		40
Clayfields Pharmacy	76-78 Oxford Road, Hartlepool, TS25 5SA	Foggy Furze		40
Lloyds Pharmacy	15 Kendal Road, Hartlepool TS25 1QU	Foggy Furze		40
Asda Pharmacy	Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		40
Boots UK Limited	Anchor Retail Park, Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		**100**
Headland Pharmacy	1 Grove Street, Hartlepool, TS24 0NY	Headland and Harbour		40
Lloyds Pharmacy	29 Wynyard Road, Hartlepool, TS25 3LB	Rossmere		40
Boots UK Limited	89 Shopping Centre, Middleton Grange, Hartlepool, TS24 7RW	Victoria		40
Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	Victoria		40
M Whitfields	Birkdale, 30 Victoria Road, Hartlepool, TS26 8DD	Victoria		40
Well	The Health Centre, Victoria Road, Hartlepool, TS26 8DB	Victoria		40
Well	107 York Road, Hartlepool, TS26 9DH	Victoria		40

Table 16. Pharmacies in Hartlepool HWB area at January 2022, by locality

Pharmacies have been included in the description of numbers and locations of pharmacies up to January 2022. All pharmacies were included in patient/public and stakeholder engagement processes. Any changes regarding pharmacies (such as relocations/extant grants) or other relevant data received during the consultation period (starting in March 2022), or beyond up to the date of final publication before October 2022), will be updated.
The number of pharmacies and GP practices located in each ward of each of the three Hartlepool localities is shown in Table 17. Each locality has at least one general practice and a minimum of two pharmacies. The great majority of wards within localities also have a pharmacy.

Locality	Ward name	Pharmacies	100 hr pharmacies	General practices
H1: Hartlepool West	Hart	1	-	1
	Rural West	-	-	-
	Throston	1	-	1
	H1: 3 wards	**2**	**-**	**2**
H2: Hartlepool South	Fens & Greatham	1	-	-
	Seaton	1	-	1
	H2: 2 wards	**2**	**-**	**1**
H3: Hartlepool Central and Coast	Burn Valley	2	1	3
	De Bruce	2	-	2
	Foggy Furze	2	-	1
	Headland & Harbour	3	1	1
	Manor House	-	-	1
	Rossmere	1	-	1
	Victoria	5	-	3
	H3: 7 wards	**15**	**2**	**12**
HARTLEPOOL 12 wards in 3 localities		**19**	**2**	**15**

Table 17. Showing the distribution of pharmacies and general practices (or branch practices) by ward and locality in Hartlepool HWB area, including the location of pharmacies open 100 hours per week

The uneven distribution of pharmacies across the geography of the Borough is also apparent from the following two maps; Figure 10 which shows pharmacies in each ward and locality, indicating those which are open 100 hours per week, and Figure 11 which adds the location of the general practices in each locality. It is not surprising 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 (3). The ward with three pharmacies is an unusual shape taking in a large part of the coastline. Here, the one GP practice is located at the Headland which is geographically distinct from other parts of the ward. One of the three pharmacies of this locality is located immediately opposite this practice whilst the other two are found in the re-developed marina area, a destination location for shoppers and visitors. These latter two pharmacies may therefore meet the needs for pharmaceutical services to more than those who might live at a short distance away.

Lower population density and social traffic are important factors to consider in the geographically larger H1: Hartlepool West and to an extent, H2: Hartlepool South localities.

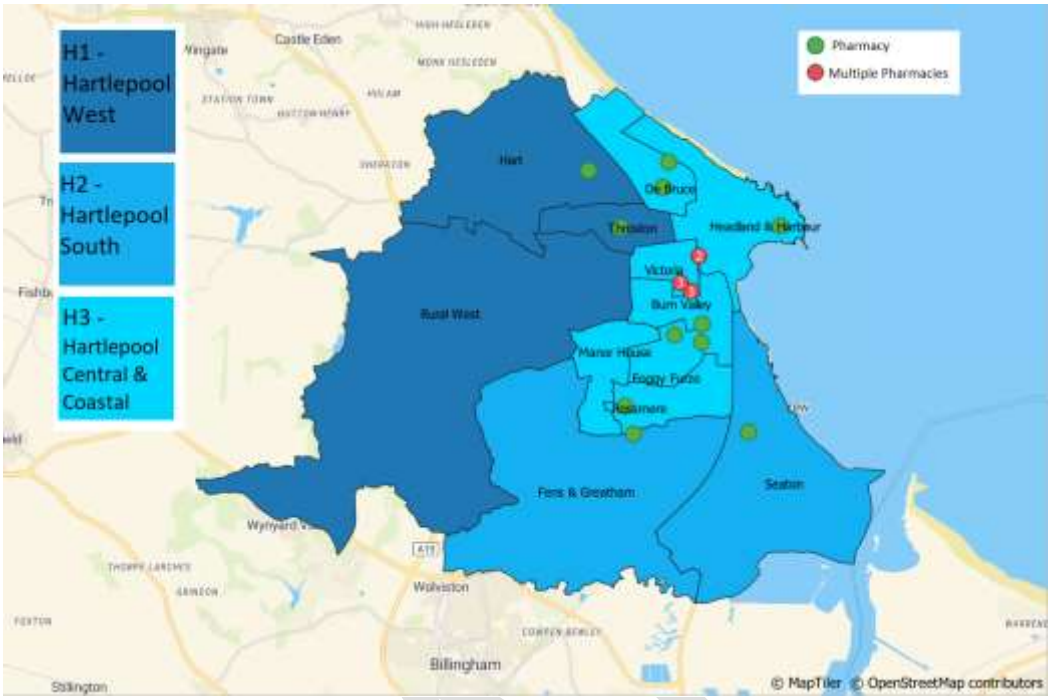


Figure 10. Map of Hartlepool showing location of community pharmacies including those open 100 hours per week at January 2022. Source: NHSE&I (pharmacies). NB Red dot here means more than one.

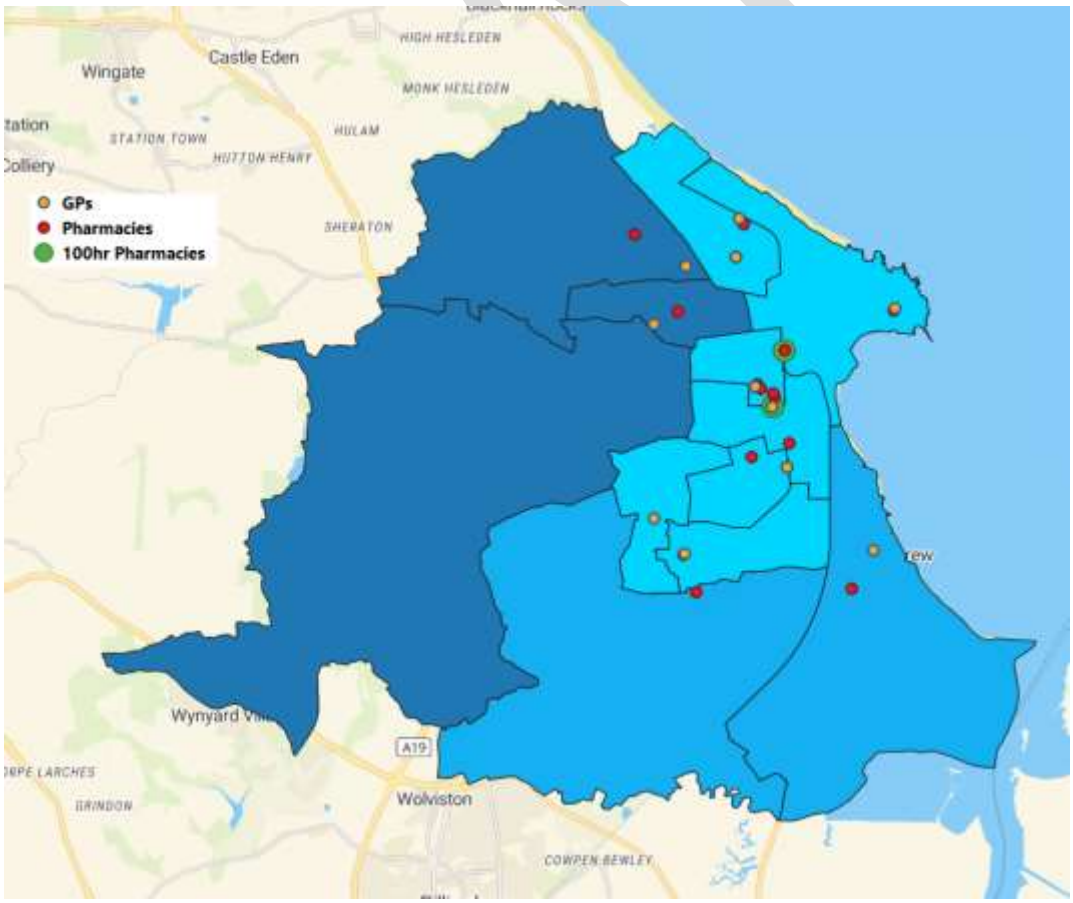


Figure 11. Map of Hartlepool showing location of community pharmacies and GP practices (including branch practices) in January 2022. There are no dispensing doctors or DACs in Hartlepool. Source: NHSE&I (pharmacies) and NECS for TVCCG (general practices)

Practice or branch surgery name	Postcode	Ward	PNA Locality 2022	PCN	Practices that are co-located
Hartfields Medical Centre (Branch)	TS26 0US	Hart	H1	Hartlepool Health PCN (Mackenzie Group)	
Throston Medical Centre (Branch)	TS26 0XT	Throston	H1	Hartlepool Health PCN (Mackenzie Group)	
Seaton Surgery	TS25 1AX	Seaton	H2	Hartlepool Network	
Bankhouse Surgery	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Road HC
Chadwick Practice	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Road HC
Havelock Grange Practice	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Road HC
Hart Medical Practice	TS24 9DN	De Bruce	H3	Hartlepool Network	
West View Millennium Surgery	TS24 9LJ	De Bruce	H3	Hartlepool Network	
McKenzie Group Practice (Main Site)	TS25 1QU	Foggy Furze	H3	Hartlepool Health	
The Headland Medical Centre	TS24 0NZ	Headland and Harbour	H3	Hartlepool Health	
Brierton Medical Centre Branch Surgery	TS25 4AZ	Manor House	H3	One Life PCN (part of Havelock)	
Wynyard Road Medical Centre (Part of McKenzie Group)	TS25 3DQ	Rossmere	H3	Hartlepool Health	
Drs Koh and Trory	TS26 8DB	Victoria	H3	Hartlepool Network	Victoria Road HC
Gladstone House Surgery	TS26 8DF	Victoria	H3	Hartlepool Network	Victoria Road HC
Victoria Medical Practice (Branch)	TS26 8DB	Victoria	H3	Hartlepool Health PCN (Mackenzie Group)	Victoria Road HC

Table 18. GP practice premises in Hartlepool area showing locality, ward and PCN (February 2022)

Hartlepool has 20.25 pharmacies per 100,000 head of population (mid-year 2020 estimates) which is better served than the average of 17.6 per 100,000 for England. Should the distance selling pharmacy with an extant grant subsequently open, this will increase the pharmacy per head rate still further, increasing competition for income derived from prescriptions without improving the access for face to face options for overall essential services. This illustrates well that, 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.

Following the introduction of the four exemption categories in 2005 , the number of pharmacies in England increased by 19%. With some exceptions, such as pharmacies opening in supermarkets or out-of-town shopping centres, new entrants tended to concentrate in localities already served by pharmacies. Of the 215 pharmacies opening in England in 2009-10, 72% were within 1km of the nearest pharmacy. This included co-location with GP surgeries, often in new premises and frequently utilising the 100 hours per week pharmacy exemption.

This is exemplified in Hartlepool where two pharmacies opened under the 2005 100-hr exemption. 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 (inside a supermarket) as to have the same postcode. The other 100-hour pharmacy is co-located in the Health Centre already well-served with a choice of pharmacies close by.

Patients often do not understand why these circumstances have arisen, despite the potential benefit of increased access as a result of longer opening hours on weekday evenings and weekends. There was also a suggestion that patients might benefit from existing services responding to the increased competition. In other industries such clustering might lead to consumer benefits through increased price competition. However, the main income generating activity of the majority of pharmacies is dispensing of NHS prescriptions at fixed price NHS fees and reimbursement to the contractor. To patients there is fixed prescription charge for those in the minority as in most cases NHS prescriptions are free at the point of dispensing. The potential benefits of price competition therefore cannot occur with regard to NHS prescriptions. The impact is now starting to be seen in pharmacy closures; more than 400 in England in 20/21 including one in Hartlepool in 2019 whose location was in the centre of town, near to one of the 100 hour pharmacies in the Park Lane Health Centre.

8.1.1.1 Pharmacy Access Scheme

There were 1356 pharmacies in England eligible for national Pharmacy Access Scheme funding in 2016. Of the 1405 eligible in the updated PhAS from January 2022, three of these are in Hartlepool;

- Middle Warren Pharmacy and (H1:Hartlepool West locality)
- Lloydspharmacy, Wiltshire Way (H1:Hartlepool West locality)
- Seaton Pharmacy (H2:Hartlepool South locality).

8.1.1.2 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,[9] according to the Pharmaceutical Regulations 2013 (as amended), alongside the necessary 'Fitness to Practice' checks, before NHSE&I 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 6 -12 months in which to open the pharmacy, or the application will lapse. 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.

There is one extant grant[10] in Hartlepool at January 31st 2022. 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 Supplementary Statements to the published 2022 PNA, as and when necessary.

[9] 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.
[10] For a distance selling pharmacy

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; Table 19 lists those DAC in the north east region.

Appliance Contractor Name	Address
Salts Healthcare Ltd	Leazes Park Road, Newcastle upon Tyne
BCA Direct Ltd	Markey Dock, Long Row, South Shields
Amcare Ltd	Pallion Trading Estate, Sunderland
B Braun Medical Ltd	Tunstall Road, Sunderland
Fittleworth Medical Ltd	Glaholm Road, Sunderland

Table 19. Dispensing Appliance Contractors (DAC) in the North East of England (Source: NHSE&I).

8.1.4 Other providers

As previously stated, 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 doctors described above. Services that impact on the need for the pharmaceutical services defined in the PNA are provided in connection with

- secondary care health provision – pharmacy / medicines supply services
- primary care pharmacy professionals
- mental health provision – pharmacy / medicines supply services
- community services provision (e.g., district nurses)
- CCG or local authority public health directly-provided community services or sub-contracted services including through pharmacies
- 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

Since the first PNA in 2011, there has been little change in pharmacy location but there have been more substantial changes in ward and locality boundaries. There has also been a small increase in population and some re-distribution of the population within the Borough. The following sections explore in more detail location and access to pharmacy premises and their associated essential services.

There are at least two pharmacies in each of the three PNA localities in Hartlepool. These are distributed across the town to the extent that ten of the twelve wards in Hartlepool also have at least one pharmacy as follows:

- Wards with no pharmacy = 2
- Wards with a single pharmacy = 5
- Wards with 2 pharmacies = 3
- Wards with 3 pharmacies = 1
- Wards with 4 pharmacies = 0
- Wards with 5 pharmacies = 1

Table 17 identified the two wards without a co-located pharmacy. The [Rural West] ward in the H1: Hartlepool West locality has a population of 6772, the second smallest population of all wards in Hartlepool. The other ward is [Manor House], population 8721, in the more densely populated locality of H3: Hartlepool Central and Coast. 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, social traffic and choice which may be impacted by other social or environmental factors.

One might suggest pharmacies per head of population as a useful indicator of the number of pharmacies that might be required. However, the number of pharmacies per head of population is very similar in Middlesbrough, Darlington and Stockton-on Tees (around 1 per 5000) despite their quite different geography and population distribution. This simple ratio takes no account of population density, demographic or deprivation affecting the need for pharmaceutical services. Nor does it take account premises size, opening times or number of staff.

To illustrate the importance of location in relation of population density. Refer back to Figure 10 (and below in Figure 12) showing the distribution of pharmacies on a map of Hartlepool. At first look it would seem that large areas of Hartlepool are distant from a pharmacy. However, Figure 12 shows population density for the Hartlepool HWB area at LSOA level. This shows the spread and location of pharmacies are broadly in-line with areas of higher

population density. Distance is also important as the geography of the Borough north-south and east-west is small in distance terms.

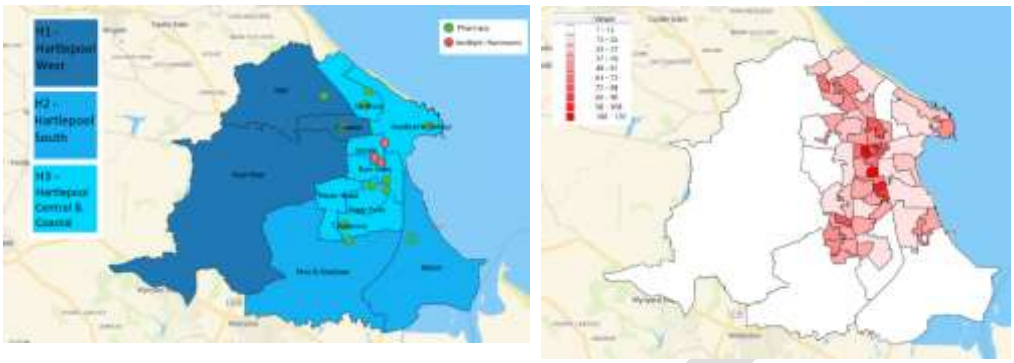
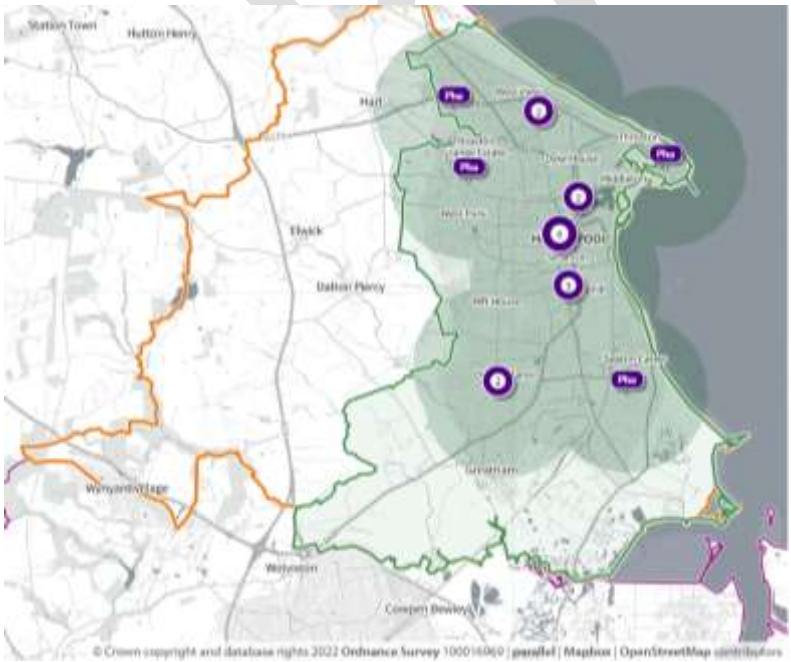


Figure 12. Comparing pharmacy location (re-print of Figure 10) with population density for the Hartlepool HWB area.

8.2.1.1 Pharmacy location and travel time

Using the SHAPE© mapping tool we can establish more clearly the accessibility of pharmacies for the resident and otherwise reliant population of the Borough. This may include visitors including college students, tourists, shoppers or workers in the town. It is important to assess both the access to, and choice of, a pharmacy in Hartlepool for the reliant population. We used the SHAPE mapping tool to electronically identify travel times to and from the pharmacies from where people might live, work or study. Travel times between the pharmacies can also give an indication of choice, whether on foot or in a vehicle. This can be supplemented with data analysis of the proportion of the population who can access any given pharmacy within a certain travel time standard, and is better than a simple measure of physical distance as the crow flies.



Starting with that measure, Figure 13 shows proximity of the pharmacies by adding a 1 mile inclusion radius around each of them.

We find that 97% of the population are within 1 mile radius of a pharmacy. What does this mean in real terms? Perhaps it is better to use walking or driving times?

Figure 13. 1 mile distance around each pharmacy in Hartlepool.

Most people in the patient engagement survey used a vehicle to get to their pharmacy. The map in Figure 14 shows again that 97% of the population can reach a pharmacy in Hartlepool within a 5 minute drive.

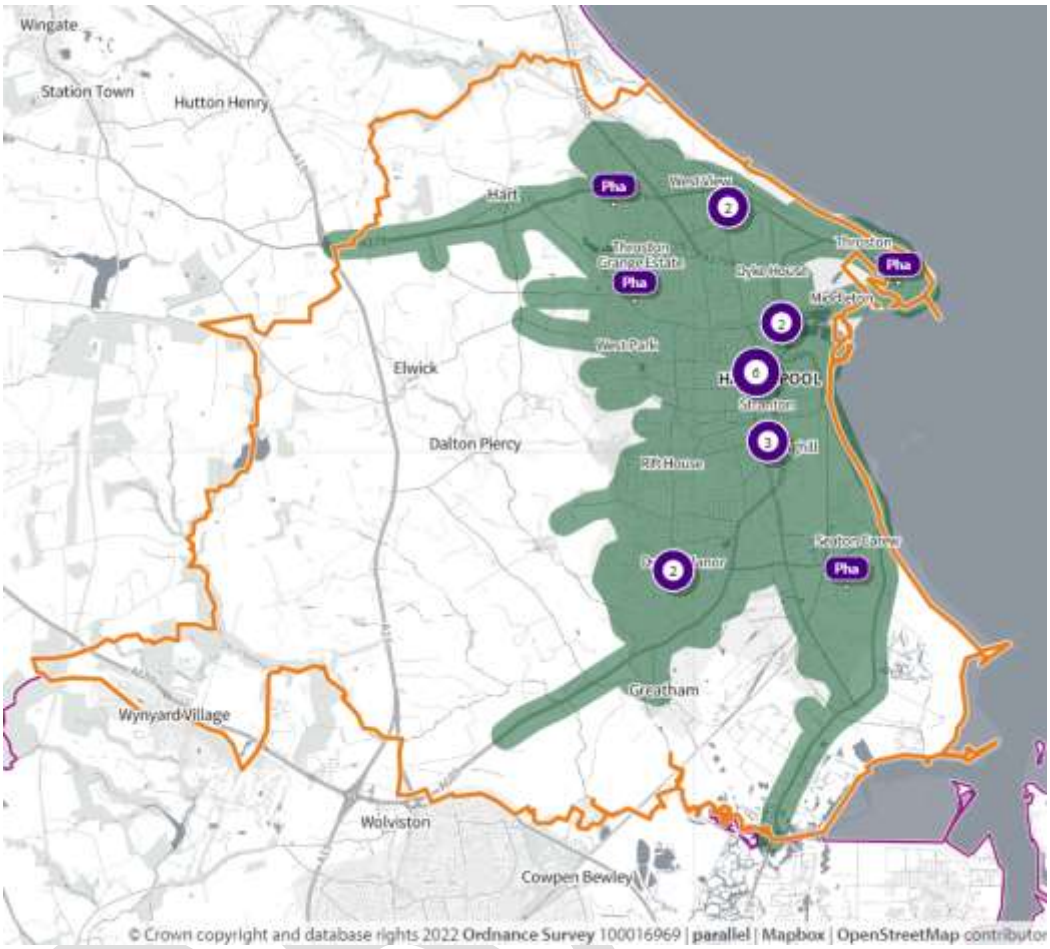


Figure 14. Population within a 5 minute drive of a pharmacy in Hartlepool (n=91189, 97%).

For those who choose to, or need to walk, in the urban environment of Hartlepool, a walk of between 15 and 20 minutes would perhaps be the longest travel time standard you might expect. Using the map tool, 85% of the population can reach a pharmacy within 15 a minute walk, rising again to 97% when allowing 20 minutes; see Figure 15.

In the more rural parts of the town, it might be reasonable to expect to use the car having made the choice to live in a more rural environment with fewer general amenities. Nevertheless, just ten minutes in the car covers 100% of the population of the Borough, including the villages of Elwick, Hart, Greatham and Dalton Piercy. With the Tees Flex request bus, this suggests that a similar journey time (plus allowing for request pick-ups), might get to a location in the town centre with a range of pharmacies offering choice, in a reasonable time frame.

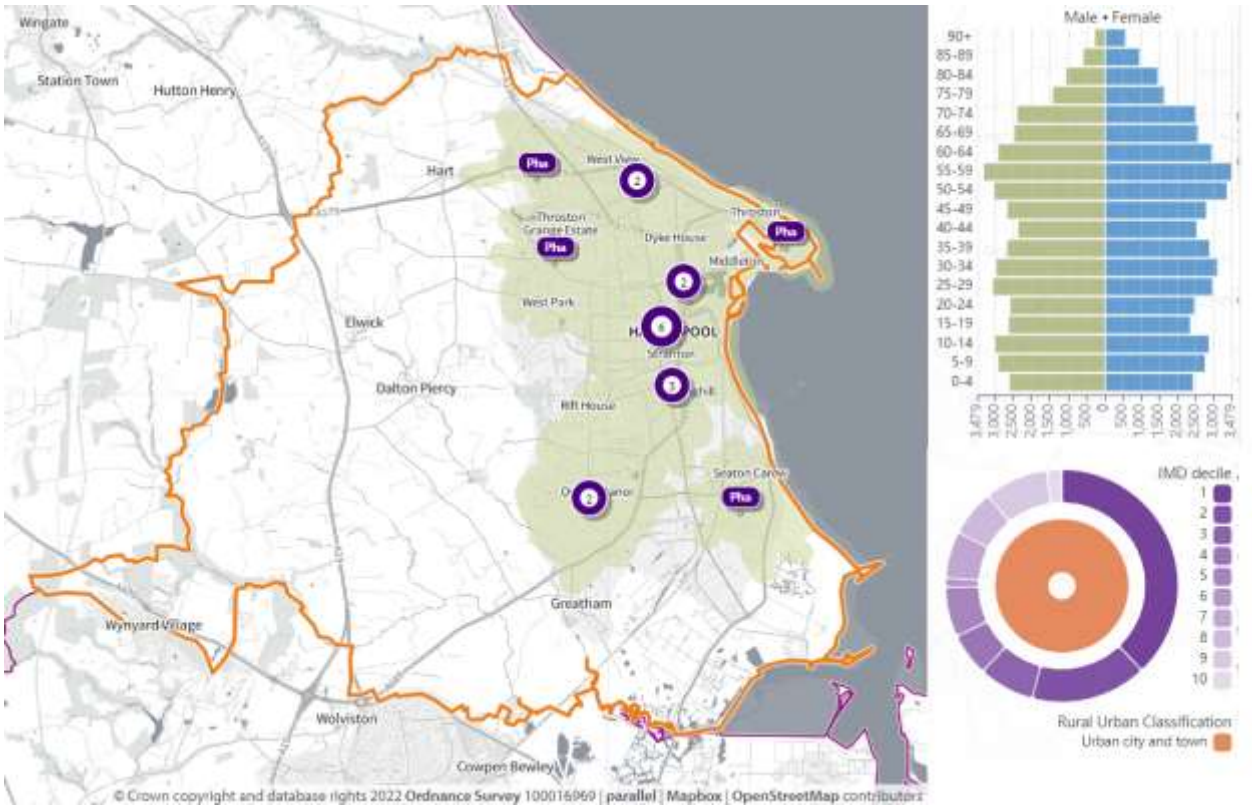


Figure 15. Population in Hartlepool who can reach a pharmacy within 20 minutes walk (n=97%).

Figure 16. Fifteen minute journey time by car to any pharmacy, for all the population of Hartlepool by car; including the pharmacy at Wynyard (within a 1 mile buffer zone of the Hartlepool boundary)

The pharmacy at Wynyard, in the Stockton HWB area, does provide access to a pharmacy and choice for those people who live on the 'Hartlepool side' at the new Wynyard developments as well as for anyone who already lives in Greatham area should they wish to travel out of town instead of into it. In the longer term, the pharmacy at Wynyard can offer pharmaceutical services to anyone who might move to a new household in that vicinity and potentially to those new households in the South West Extension, in the shorter term, though likely beyond the lifetime of this PNA.

8.2.1.2 H1: Hartlepool West locality

This locality has seen considerable activity from housing construction in recent years in both [Hart] and [Rural West] wards. The population of [Hart] ward is now 7830 and 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 included within the Headland and Harbour ward. The Hart Medical practice is therefore rather anomalously not located in [Hart] ward.

The closest pharmacy for the resident population of this geographically large locality will depend on where they live. Since the new pharmacy opened at Middle Warren in [Hart] ward in 2019, for many this will now be closest with choice offered from pharmacies nearby. The pharmacy they choose for acute prescriptions may be related to which GP practice they are registered with. This is because the three closest pharmacies to the Middle Warren area are all located close to an established GP surgery. The other pharmacy in the H1: Hartlepool West locality is at Wiltshire Way located in the new [Throston] ward beside Throston Medical Centre. The pharmacy at Surgery Lane is located beside Hart Medical Practice and West View Pharmacy is located close to West View Millennium Surgery. Though they are located in the [De Bruce] ward of the H3: Central and Coast locality, these pharmacies could be the first choice for patients following a visit to their respective GP surgery in person.

However, such visits may be less frequent with e-consult or phone consultations in general practice and electronic transfer of prescriptions too. There is a fourth (branch) medical practice, Hartfields, in this (H1) locality, also located in [Hart] Ward, not particularly central to the area but located within a retirement village for approximately 300 people. The pharmacy at Middle Warren is a short walk (albeit uphill) from the Hartfields practice[11]. Wiltshire Way is just over a mile by road from this practice in the Bishop Cuthbert area. The pharmacy at West View provides further choice for the residents of [Hart] ward. Another pharmacy at Winterbottom Avenue is also close by. It is only half a mile from the centre of the more populated Clavering area to the pharmacy at Middle Warren and less than a mile further to the pharmacy at West View.

For choice or preference it is just over 3 miles to the town centre from the most distant (Hart Village) area and less than this from the West Park, High Tunstall,

[11] NB The Hartfields practice is currently engaging with a consultation program regarding the possibility of this branch practice closing.

Middle Warren or Bishop Cuthbert areas. There are regular public transport services between these locations. For choice of access on late evenings and weekends it is just a few miles (and a short drive) 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. The increase of around 400 households so far, plus those frim future planned additions, can be accommodated by the several pharmacies accessible just outside the H1: Hart and Rural West locality, and the others in the town centre area.

It is recognised that there has been considerable housing growth in the Middle Warren area, as well as a recent permission for 570 new dwellings in the adjacent area of Upper Warren, also in [Hart] Ward. There are also housing developments planned in north east of the [Rural West] locality. As the population in the newer part of the area becomes established, patterns of behavior become more established, a new 'neighbourhood community' will be established, but this is likely to be beyond the lifetime of this PNA.

Indices of health and deprivation are commonly lowest in [Hart] and [Rural West] wards. As the population increases with new households, it is highly unlikely to have the highest levels of pharmaceutical need related to deprivation that are a feature of the Hartlepool wards in locality H3: Hartlepool Central and Coast. Car ownership rates are likely to be high and the likely future pharmaceutical needs could, on a distance-only basis, be easily met by the range of four pharmacies available within the shortest driving distances, or those in the town centre or Marina retail environments. Where necessary, public transport provides the population with additional access and extensive choice; the location being within accessible reach of the town centre pharmacies.

The total population of [Rural West] ward in the southern half of the locality is 7061. This is a large area encompassing the natural communities of the villages of Elwick and Dalton Piercy. It has a much lower population density as the ward is geographically large compared with other wards in Hartlepool. The Hartlepool average population density of almost 10 persons per hectare is still much lower than the Middlesbrough population density of over 25 persons per hectare. The population may therefore be '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 (separate) communities of Elwick and Dalton Piercy may be estimated at around 600 and 300 respectively. The village of Elwick is rural in nature, located to the west of Hartlepool centre close to the A19 with good north-south access, less than 4 miles by road to the town centre with all the pharmacy facilities there. There is also a pharmacy now at Middle Haven or in the [Throston] ward around 3 miles away providing closer access and more choice for the small community in this rural village.

Distances even across Hartlepool are so short, and loyalty to an existing general practice can be great; it is certainly possible that the largest proportion of those newly resident in the H1: Hartlepool West locality would continue to

use a general practice (and maybe even pharmacy) that they were registered with before they moved there.

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.

8.2.1.3 H2: Hartlepool South

The rural parish of Greatham is located in the south of the Borough within the new [Fens and Greatham] ward. Seaton is also located in this locality.
Pharmaceutical services are provided by two community pharmacy contractors, one located in the [Seaton] ward and one in the new [Fens and Greatham] ward. When these pharmacies are closed after 6pm on a weekday, on a Saturday afternoon (after 2pm) or Sunday, the nearest open pharmacies and the GP Extended Access facility at One Life Health Centre, are under 3 miles away in the H3: Hartlepool Central and Coast locality with regular public transport services between these locations.
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, in Hartlepool, 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. Journey times by care are short. There is regular public transport for those without a car, including via the Tees Flex bus service.

8.2.1.4 H3: Hartlepool Central and Coast

Pharmaceutical services are provided by 15 community pharmacy contractors. Five of these are in the town centre in [Victoria] ward, the remaining eleven are well distributed throughout the locality. Two of these 11 pharmacies are open 100 hours a week and are located immediately north and south of the central [Victoria] ward in [Headland and Coast] and [Burn Valley] wards respectively. There are also pharmacies in each of two large supermarkets located in the latter two wards to the north (Asda, in [Headland and Coast]) and slightly further south of the locality (Tesco, in [Burn Valley]). All four of these pharmacies are open late evenings and full days at weekends. Although pharmacy access is extended in these two cases by supplementary hours, the shopping destination of the social traffic and opening times of the wider store are considered to offer some protection.

Although four out of every five of the area's pharmacies are located here in this locality, this is mirrored by the location of the majority of population and general amenities for Hartlepool including general practices. Sixty two 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 even higher.

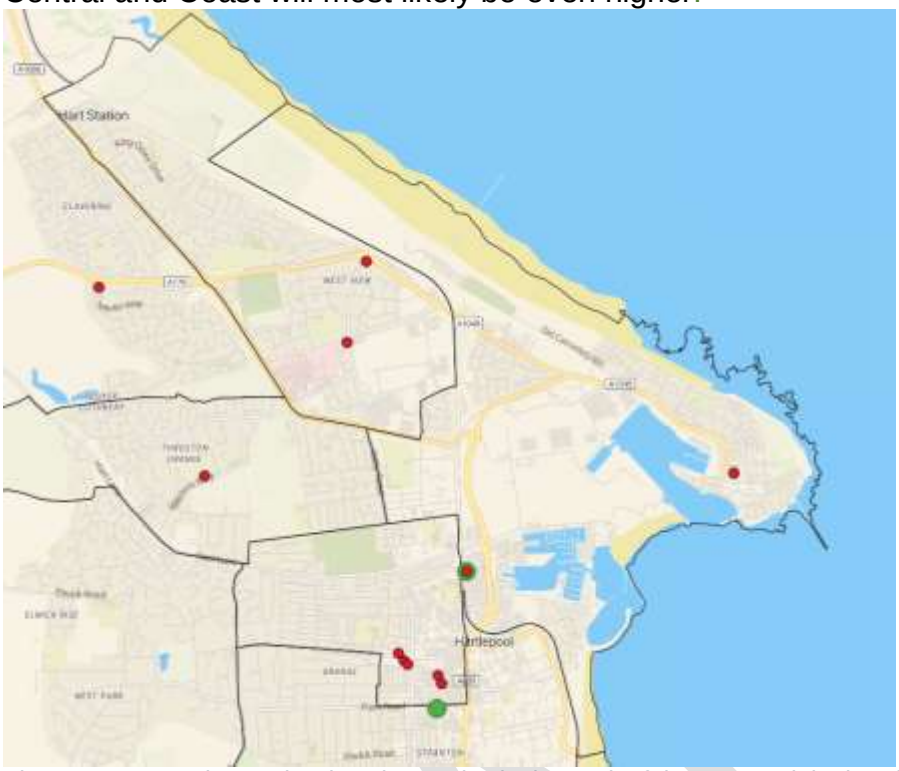


Figure 17. Zoomed map showing pharmacies in the north of the town and the location of the Integrated Urgent Care Facility

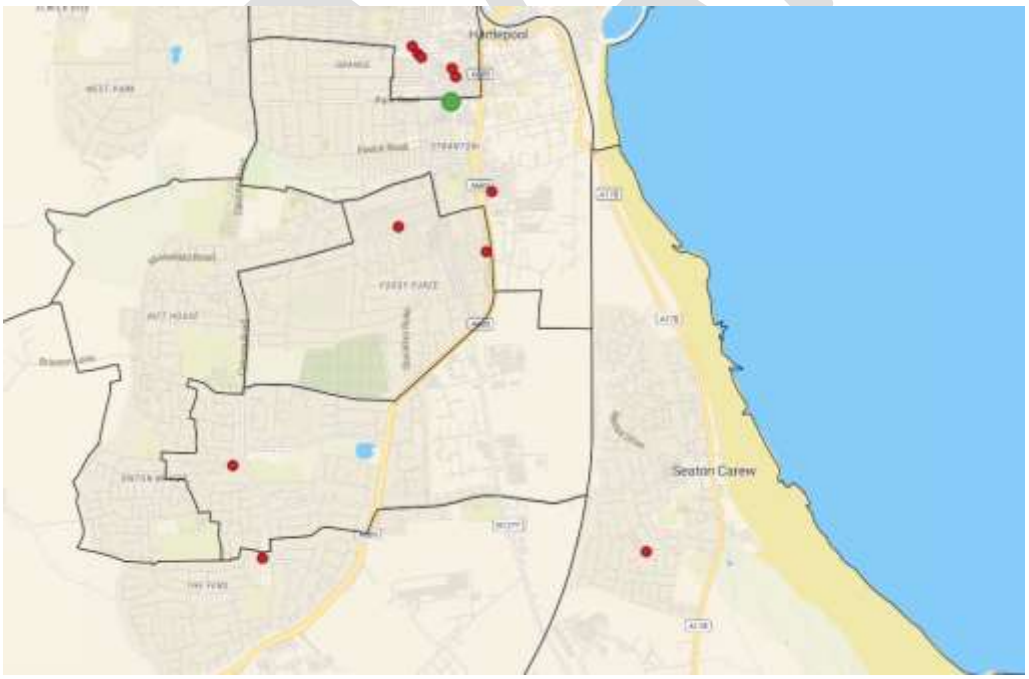


Figure 18. Zoomed map showing pharmacies in the south the town

Provision of pharmaceutical services within H3:Central & Coast locality 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 a GP Extended Access service 6.30 pm until 8pm weekdays and 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 very good public transport access throughout. Of the 15 pharmacies, even those furthest apart, situated at the northern and southern extremes of this locality have less than 5 miles between them, such that from any ward, a pharmacy is never likely to be more than 2 miles away and very often much closer than that. We have already observed the short travel times this generates. This provides access and choice for all varied by residential postcode and the direction people may choose to travel for health, business, or leisure.

The Local Plan (The Housing and Employment Topic Paper) stated *"Regarding travel to work, 67.1% of residents in employment live and work in Hartlepool and 73.5% of who work in Hartlepool also live in the Borough.""* This has implications for migration and commuting patterns for live/work/ social traffic in support of access and choice for use of a pharmacy in person.

8.2.2 Premises location- external setting

Figure 19 illustrates the environment in which pharmacies in Hartlepool are located according to a nominal 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 three localities. Although several of these may be in small shopping parades in residential areas, only those in large retail locations are counted with 'supermarkets' or 'town centre' to make the distinction from a 'community' location.

Several more pharmacies are close to GP practices but only two have been considered to be integral to a 'Health Centre' setting. For Hartlepool, the two largest health centre facilities with a co-located pharmacy are also in the 'central town' area but these are not counted twice. Four more pharmacies are in those central 'high street' locations (or just off the high street in central areas). All of these areas will have a high level of social traffic that make it possible for them

to meet the pharmaceutical needs of the resident, visiting or other relient populations in the Borough.

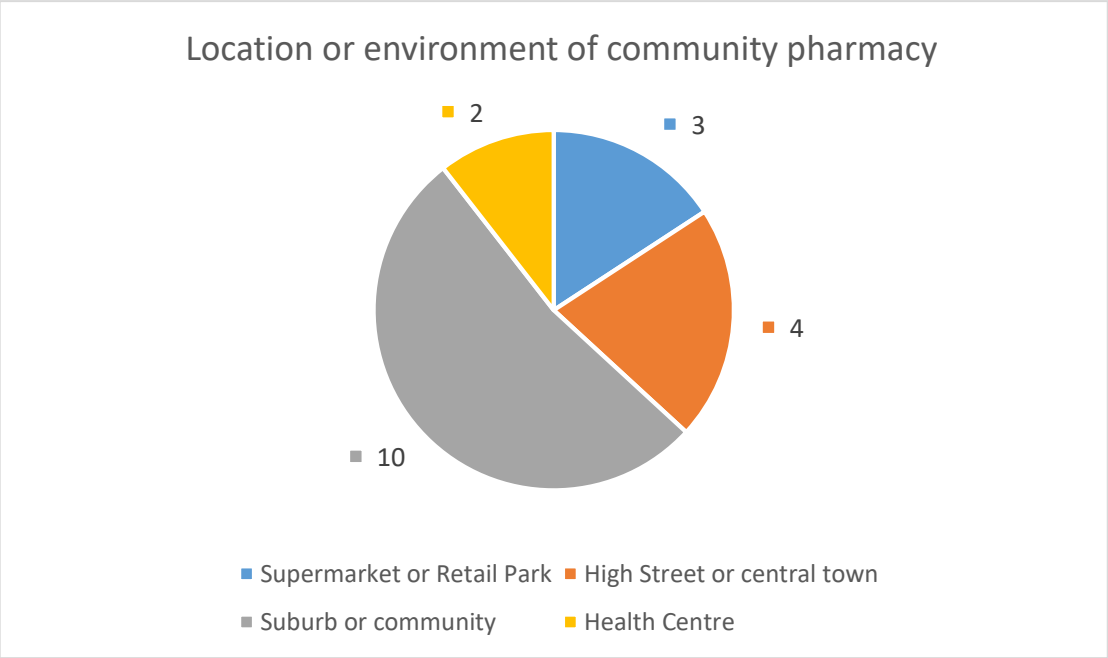


Figure 19. Distribution of pharmacies in Hartlepool (n=19 at 1st March 2022) according to 'location or environment'

Two pharmacies in Hartlepool are in a supermarket setting and a third is located on a retail park environment at the Marina. 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 co-location with other facilities. All of these areas will have a high level of social traffic that make it possible for them to meet the pharmaceutical needs

It is not always the case that health centre locations have good access for car parking but in Hartlepool overall access to pharmacies by car and by public transport links is good, in addition to those easily accessible on foot.

8.2.3 Premises standards

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

8.2.4 Premises facilities[12]

8.2.4.1 Consultation area(s)

The availability of a private consultation space that meets NHS contractual standards is the premises determinant of whether a pharmacy can undertake to deliver the advanced services of the CPCF such flu vaccination or the New Medicine Service. Premises also require a suitable private consultation area for enhanced or locally contracted services, such as emergency hormonal contraception (EHC).

Eighteen of the 19 pharmacies in Hartlepool replied to the 2021-2 pharmacy contractor survey by an extended closing date. All of those pharmacies reported having at least one private consultation room meeting the standards showing commitment to the current and future provision of services requiring a private consulting environment. Many pharmacies may also have a semi-private area, separate to the consultation room, to maximize flexibility in the services provided and support the provision of Healthy Living Pharmacy.

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. NHSE&I, local public health teams and others use the system under management of Tees LPC, for the data capture of patient episodes and contracting information, including the data return for the PNA. Most pharmacies would now access this system in the consultation room. Making consultation records for services such as EHC and vaccination electronically in real time provides a better patient experience, efficiency and governance. Significant self-care, lifestyle or other interventions, such as those initiated as part of the Healthy Living Pharmacy (HLP) approach may also be recorded directly in this way. It is an essential pre-condition of participation in the new Community Pharmacy Referral (and similar) services.

In line with the rest of England, community pharmacy facilities, secure IT access, services, information sharing and more in Hartlepool have improved further since the introduction of the CPCF contract and the on-going elements of the PQS. The routine existence of suitable private consultation facilities substantially improved the readiness of pharmacies to offer new or improved clinical services such as the CPCS and to dramatically increase responsiveness and activity in seasonal flu and COVID-19 vaccination. Implementation time and associated establishment costs are substantially reduced with these baseline facilities and staff preparedness.

NHS England has already done this and the increased offer of national advanced services within the last 3 years is testament to that.

If and when the dominance of the COVID response begins to shift into recovery, 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 and clinical networks. Some of the relationships built during the pandemic may act as enablers to closer working in the future. The PCN Directed Enhanced Service encourages new integrated ways of working.

[12] 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.

8.2.4.2 Support for people with disabilities (premises)

In previous surveys, pharmacies in Hartlepool reported unaided wheelchair access through the main entrance door, adjustments for a low counter and specific (premises) support for those with sensory loss. This data was not collected for this PNA as such reasonable adjustments would now be anticipated under the Equity Act.

8.2.5 Workforce training and development

8.2.5.1 Initial training

Pharmacists are highly trained professionals. Students graduate from University after four years with a Masters level foundation qualification in pharmacy. They must take a further Foundation 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 five 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. Initial education and training for pharmacists is currently undergoing a process of change such that all courses will be 5 years with integrated foundation training.

As well as pharmacists, other pharmacy professionals train extensively for support roles and with suitable qualifications may also register with the GPhC as Registered Pharmacy Technicians.

8.2.5.2 Foundation training

Hospitals, community pharmacies and more recently, GP practices, may elect to be a training facility to support the training of pre-registration pharmacy graduates. Trainers must also be committed to maintaining high standards of training practice. Where local pharmacies support foundation training, this may encourage new pharmacist recruitment into community pharmacy posts.

8.2.5.3 Post-qualification training – prescribing and beyond

Along with other non-medical professionals, pharmacists are increasingly undertaking an additional qualification that enables them to prescribe (legally initiate prescriptions) as an independent prescriber (IP). IP is widely established in the hospital sector and now increasingly at scale in primary care with substantial investment by NHS England as part of the GP Five Year Forward View. Substantive professional development programmes run alongside this and are directed for all staff as part of Advanced Services specifications, Healthy Living Pharmacy and PQS.

In primary care, clinical pharmacist IPs in general practices and supporting care homes are becoming commonplace. The legislative opportunity for pharmacists to train as a prescriber has not yet been followed up with substantial opportunities to use that training in a community pharmacy setting. However new funding sources from 2021/22 will increase the number of IPs in a community setting which may foster opportunities as part of integrated primary care clinical networks.

8.2.6 Digitising community pharmacy

Programmes continue to support the IT infrastructure to facilitate better ways of working through IT. Some of these were facilitated through the requirements of the CPCF directly, others facilitated through PQS. These developments have substantially enhanced digital connectivity and support a range of opportunities to provide improvement and better access to pharmaceutical services for patients.

8.2.7 Pharmacy opening hours; access to pharmaceutical services

Section 3.3.2 explained how community pharmacy contractor opening hours are defined and managed.

Although pharmacy opening hours are of course related to **providers** of services, they also describe the times of availability of **pharmaceutical services**. It is the responsibility of NHSE&I to maintain accurate records of the opening, closing, core and supplementary hours of every individual pharmacy, for every day of the week. NHSE&I share this information with the HWB for PNA purposes and with other local commissioners for onward publicity to the resident and reliant population of Hartlepool.

Opening hours for pharmacies are included in the Pharmaceutical List held, and maintained, by NHSE[13]. Hartlepool pharmacies were invited to confirm the contractual hours shown on the List provided by NHSEI were correct as part of the PNA contractor survey. All contractors confirmed this. Any queries on 'hours' are be directed to NHSEI 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 risks to access or availability of pharmaceutical services 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 by pharmacies whose application was approved under the '100 hour' exemption, as all of these 100 hours are 'core' hours. There has been no reduction in the range of core opening hours in Hartlepool since the PNA of 2011. However there have been some changes to supplementary hours.
Access to a community pharmacy that is open, by definition provides access to all the essential services and to any advanced services where these are provided, and in Hartlepool access is generally very good. Mapping of travel

[13] Pharmaceutical List for Hartlepool (provided by NHSE) included at Appendix 6

time showed that 97% of the population can access a pharmacy within 20 minutes walk or a 5 minute drive. 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, often much less, providing choice.

Seventeen of the 19 community pharmacies in Hartlepool hold standard NHS contracts which require them to open for 40 core hours per week. Only two hold 100-hour contracts[14]; one is within the central location of Hartlepool Health Centre co-located with GP practices with a total list size of around 34,500 patients. It is the Chadwick practice at this site that also currently offers a potential source of prescriptions that could generate the need for dispensing the evening Extended access appointments via NHS111 for any patient registered in the Borough s (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 in a popular and accessible retail location (H3: Hartlepool Central and Coast locality). Of the 17 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, and also substantive hours on a Sunday. One of these is in the [Headland and Harbour] ward, to the north and east of Hartlepool on the same retail park as one of the 100-hour pharmacies at the Marina, perhaps more accessible for those in the north-west wards of the H1:West locality. The other supermarket pharmacy is in [Burn Valley ward], perhaps nearer for those in the H2: Hartlepool South locality. Between them alone, the opening hours and location of these four pharmacies provide very good access to community pharmacy pharmaceutical services within the Borough from 7 am to midnight 6 days a week.

Table 20 summarises the location and opening times of these pharmacies. Engagement responses suggest that more people could be more aware of the availability of these services. People seem to know about the Boots at the Marina but are less aware of the others.

[14] 100-hour contracts were awarded as an exemption from the necessary or expedient regs See page/ section etc….

Name and location	Ward	Day	Opening time	Closing time
Boots Anchor Retail Park Marina Way TS24 0XR	Headland and Harbour	Monday to Saturday	7.30 am	midnight
		Sunday	10.30 am	4.30 pm
Boots Hartlepool Health Centre, Park Road TS24 7PW	Burn Valley	Monday to Friday	7.00 am	11.00 pm
		Saturday	7.00 am	9.00 pm
		Sunday	10.00 am	5.00 pm
ASDA Pharmacy Marina Way Hartlepool TS24 0XR	Headland and Harbour	Monday to Friday	8.30 am	10.00 pm
		Saturday	8.30 am	8.00 pm
		Sunday	10.00 am	4.00 pm
Tesco Pharmacy Belle View Way TS25 1UP	Burn Valley	Monday to Saturday	8.00 am	9.00 pm
		Sunday	10.00 am	4.00 pm

Table 20. Four pharmacies in Hartlepool with the longest opening times

Routine closures over lunch-times may sometimes be inconvenient to patients, but in Hartlepool, other pharmacies are always available; just one pharmacy in Hartlepool closes in the middle of weekdays. More usually, any break in core hours is covered by supplementary hours. At times during the COVID-19 pandemic from April 2020 some pharmacies were authorized to temporarily reduce their opening hours to keep the overall network of provision.

In assessing whether or not the existing pharmacy opening hours provided for the population of Hartlepool are suitable to meet the needs for access to pharmaceutical services, one important consideration is the facility to access a general practice / primary care appointment. General practice opening times might be used as a notional indicator of potential need for the pharmaceutical service of dispensing. It is recognised that dispensing is not the only consideration regarding suitability of pharmacy opening times; the population may need other services that are also essential; a GP practice as well as NHS111 may refer to CPCS; not every visitor to a primary care service will require a new acute prescription each time they visit.

Table 21 shows the earliest opening time and latest closing time of **any** pharmacy included in the pharmaceutical list in Hartlepool i.e. the range of opening hours and corresponding availability of pharmaceutical services at January 2022. This also indicates where any of these hours of service in each locality are secured by supplementary hours (abbreviated to supp) where this is relevant (i.e. longer than the core hours available). Also shown is the current best estimate of earliest opening and latest closing time of any general practice, including any extended availability beyond 6pm on weekdays, or on weekends.

In 2018, it was possible to describe the specific days and times at which an appointment with a primary care professional (usually GP or nurse, now this may include a pharmacist or others) might be available. Current circumstances are in a state of flux which makes the assessment of current and near future pharmaceutical need associated with general practice / primary care access outside of 8am to 6pm difficult to assess. An explanation of the pragmatic solution agreed with the CCG is shown in the box below.

	Monday to Friday			
Location	**Pharmacy earliest opening**	**Pharmacy latest closing**	**GP earliest opening**	**GP latest closing**
H1 core	9 am	5.30 pm	8 am	Most days and practices not later than 6 pm. From April 2022, potential for extended hours up to 8 pm in some practices on varied days of the week
H1 supp	-	6.00 pm		
H2 core	9 am	5.30 pm		
H2 supp	-	6.00 pm		
H3 core	7 am	Midnight	Most days and practices 8am	Most days and practices not later than 6 pm. Potential for extended hours up to 8pm as in H1 & H2. Plus Extended access for all patients via NHS111 up to 8pm from Hartlepool Health Centre (One Life) on Park Road.
Times in red indicate some potential for longer GP opening times compared to pharmacy in that locality				
Times in blue indicate pharmacy supplementary hours only				
'GP' is shorthand for any primary care professional appointment. As some GP access hours remain uncertain as a consequence of the pandemic, these are notional hours that will be described with more certainty once confirmation is available, before the final PNA is published. Unlikely to be longer than the hours shown here.				

	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 core	9 am	1 pm	-	-	-	-	-	-
H1 supp	-	-						
H2 core	9 am	2 pm	-	-	-	-	-	-
H2 supp	-	-						
H3 core	7 am	Midnight	10 am	1 pm	10 am	5 pm	11 am*	1 pm*
These hours are provided as Extended Access from Hartlepool Health Centre (One Life) on Park Road. These are the best estimate of times to be confirmed before final PNA.								

Table 21. Earliest opening and latest closing times for pharmacies (January 2022) and general practices (March 2022) in Hartlepool localities on weekdays and weekends

Current best estimate of times and days at which general practice / primary appointments might be available. GP Extended Hours and GP Extended Access in Hartlepool @ March 2022.

It is understood that currently whilst general practice is still responding to, or recovering from, the impact of the pandemic and the need to support COVID-19 vaccination, some elements of GP extended hours beyond routine 8 am-6 pm provision on weekdays, continue to temporarily operate flexibly. However, when operating as initially contracted, routine primary care access that may result in a prescription needing to be dispensed (i.e. not a visit to Urgent Care or A&E) was not available in Hartlepool earlier than 8 am or later than 8pm on weekdays so these hours may be used as current best estimate. Any changes in availability of extended hours from 1st April 2022 will be updated as current hours for the final PNA.

For near future needs, Extended Hours and Extended Access commissioning will transfer from CCG to PCNs from October 2022, when the situation may change. This should be monitored in the usual way to respond to any associated change in pharmaceutical need subsequently identified.

Considering weekdays first of all:

Localities H1 and H2 each have two pharmacies providing access to, and choice of, pharmaceutical services between 9am and 5.30 pm on weekdays. Additionally, one pharmacy in each locality offers services between 5.30pm to 6pm as supplementary hours[15]. In both localities, a person may be able to access their own general practice a short time before 9am each weekday and

[15] Reminder: Supplementary hours may be withdrawn OR ADDED, by giving NHSE&I three months notice

between 6 pm and 8 pm some weekdays, but not every day, once GP extended hours return to full activity, likely after 1st April 2022. Consequently, outside of these pharmacy opening times, access to, and choice of pharmaceutical services for prescription dispensing and other services is provided by pharmacies located in wards close by, but within the H3 locality.

For patients in H2 locality for the short time between 6pm and 8pm on one weekday each week (previously Monday) 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. With 17 pharmacies in the H3: Hartlepool Central and Coast locality, core pharmacy opening times more than adequately cover all the general practice routine and (best estimate of) Extended Access opening times seven days a week. Access and choice is very good, including Saturdays and Sundays.

Considering the availability of pharmaceutical services on weekdays in the H1: Hartlepool West, or H2: Hartlepool South localities. For the few prescriptions or CPCS referrals required on any given weekday evening beyond 6pm, it is considered reasonable that the choice of four nearby pharmacies in locality H3 offering services later, would meet the necessary population needs. Once firm plans for GP Extended Hours or Extended Access are known after October 2022 the potential for better access to pharmaceutical services in relation to weekday opening times beyond 6pm sits with the existing pharmacies. Should any of the pharmacies choose to respond by offering increased supplementary hours on a weekday evening they can do so on a trial basis at any time, giving 90-days notice of their intention to start and the same notice should they subsequently wish to withdraw these hours having tested activity.

Considering the availability of pharmaceutical services on weekends:
The PNA 2018 recorded that on Saturdays, only 4 of the 19 pharmacies in Hartlepool were closed all day. Table 22 shows this has increased to 6, but still leaves thirteen pharmacies whose opening times vary across the Borough. Ten pharmacies continue to provide pharmaceutical services on Saturday as part of their core hours. After 1pm the number of pharmacies contracted to open via core hours drops to six pharmacies. After 5.30 pm core provision drops to the two pharmacies open 100 hours per week, but the two further (supermarket) pharmacies remain open as part of their supplementary hours to extend the choice of Saturday evening access. The current situation is to be monitored; but should the pandemic workload recede, contractors may wish to consider the benefit of offering supplementary hours to secure better access to services and facilitate the provision of other services, including CPCS or Hypertension Case Finding.

Community pharmacies in Hartlepool open on a Saturday				
Name and location	**Ward**	**Opening time**	**Closing time**	**Core hours**
Pharmacies in Locality H1:Hartlepool West				
Middle Warren Pharmacy, Mulberry Rise TS26 0BF	Hart	9 am	1 pm	All
Pharmacies in Locality H2:Hartlepool South				
Seaton Pharmacy, Elizabeth Way, Seaton Carew, TS25 2AX	Seaton	9 am	12.45 pm	All
Well, Catcote Road, Fens Shopping Centre TS25 2LS	Fens and Greatham	9 am	2 pm	All
Pharmacies in Locality H3:Hartlepool Central & Coast				
Boots, Hartlepool Health Centre, Park Road TS24 7PW	Burn Valley	7.00 am	9.00 pm	All **except** 4.30 to 5pm
Tesco Pharmacy, Belle View Way TS25 1UP	Burn Valley	8.00 am	9.00 pm	09:00-13:30; 14:30-17:00
Asda pharmacy, Marina Way TS24 0XR	Headland and Harbour	8.30 am	8.00 pm	09:00-12:30; 14:30-16:00
Anchor Retail Park, Marina Way TS24 0XR	Headland and Harbour	7.30 am	midnight	All
Westview, 7 Brus Corner TS24 9LA	De Bruce	9 am	1 pm	All **except** 12 noon to 1 pm
Lloyds, Wynyard Road, TS25 3LB	Rossmere	9 am	12 noon	All **except** 9am to 9:45am
Boots Middleton Grange Shopping Centre, TS24 7RW	Victoria	9 am	5.30 pm	10:00-13:00; 14:00-17:30
Healthways, Middleton Grange, Shopping Centre, TS24 7RY	Victoria	9 am	4 pm	none
Well York Road, Hartlepool, TS26 9DH	Victoria	9 am	1 pm	none
Clayfields Oxford Road, TS25 5SA	Foggy Furze	9 am	5 pm	none

Table 22. Community pharmacies in Hartlepool open on a Saturday. January 2022

On a Sunday, eleven pharmacies in Hartlepool were offering some opening hours at March 2018 which is exceptionally good choice by many standards, particularly in a geographical area as small as the Borough of Hartlepool. Some of these hours were supplementary hours, previously increased by contractors in response to the GP Extended hours made available on a Sunday and support for 7-day collection or supervision prescribing by substance misuse services. Although Table 23 shows that number is now reduced to six, this is still a good offer across the Borough and may be impacted by retraction in response to the workforce challenges of the pandemic. However, it is noted that only the two '100 hour pharmacies' secure these hours as 'core' with the latest opening until 5pm. Existing pharmaceutical services providers and not only those currently open, should be mindful of the need to support the maintenance of a level of access and choice of pharmacy location offering necessary pharmaceutical services (including substance misuse services) between 9am and at least 4pm on a Sunday.

Community pharmacies in Hartlepool open on a Sunday				
Name and location	**Ward**	**Opening time**	**Closing time**	**Core hours**
Pharmacies in Locality H3:Hartlepool Central & Coast				
Boots Hartlepool Health Centre, Park Road TS24 7PW	Burn Valley	10.00 am	5.00 pm	All **except** 2.00 to 2.30
Tesco Pharmacy Belle View Way TS25 1UP	Burn Valley	10.00 am	4.00 pm	none
Asda pharmacy Marina Way TS24 0XR	Headland and Harbour	10.00 am	4.00 pm	none
Anchor Retail Park Marina Way TS24 0XR	Headland and Harbour	10.30 am	4.30 pm	All **except** 3.30 to 4.30
Boots Middleton Grange Shopping Centre, TS24 7RW	Victoria	10.00 am	4.00 pm	none
Well York Road 107 York Road, Hartlepool, TS26 9DH	Victoria	9 am	1 pm	none

Table 23. Community pharmacies in Hartlepool open on a Sunday. January 2022

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 current extended access general practice provision. However, beyond that the level of access 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 the range of their opening hours as creating a gap in the availability of necessary services and would wish to maintain the current level. The range of opening hours meets the needs for pharmaceutical services in the area 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 the essential services and also advanced and other NHS (locally commissioned) services, such as CPCS, flu vaccination and EHC, these pharmacies do much to provide improvement and better access, including choice for the population of the Borough. As before, other contractors may consider their response.

8.2.8 Choice of provider

In 2003, when the Office of Fair Trading (OFT) recommended that the control of entry regulations for community pharmacies should be abolished, the then government decided instead to initially introduce a more measured response. The criterion of 'reasonable choice' for consumers was added to the 'necessary or desirable' control test for applications from 2005/06 and retained in the 2013 Regulations. As dimensions of consumer choice are subjective, this measure can be difficult to administer in application panels. Nevertheless, it must also be considered in the assessment of pharmaceutical need.

The NHS Litigation Authority Appeals Unit and successor NHS Resolution 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 large parts of Hartlepool), there is a wide variety of providers, providing choice i.e. independent pharmacies and practices of both large and small 'multiple' pharmacy providers; pharmacies in the suburbs or in retail centres including supermarkets; those open for 40 hours and also those pharmacies open for 100 hours each week. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in areas such as this. A report published by the OFT in 2010 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 by pharmacies themselves when

any opening hours information changes. This data maintenance is a contractual requirement.

With 15 pharmacies in H3:Central and Coast 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 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 wide 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

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 CPCF (or LPS) contract. Consequently, the presence of a community pharmacy automatically defines availability of the majority[16] of all essential services provision to the population of any area. .

[16] DACs may also contribute some essential services and in areas with a dispensing doctor, certain specified people may have additional access to the essential service of dispensing only. In Hartlepool. there are no dispensing doctors and any contribution by DACs is provided from outside the HWB area

8.3.1.1 NHS Prescriptions

Dispensing of NHS prescriptions is still the most frequent pharmaceutical service provided by community pharmacies. The number of prescription items dispensed by community pharmacies in England in 2020/21 was 1.02 billion with a further 10 million items dispensed by the 112 appliance contractors (DACs). The number of items dispensed by community pharmacies in England in between 2019/20 and 2020/21 decreased by 1.83% from 1.04 billion to 1.02 billion (NHS Business Services Authority, 2021). Overall the number of items dispensed is still 2.16% higher than the 995 million items dispensed in 2015/16 and follows a historical prescription volume increase of more than 50% since 2004-05.

The number of items dispensed by appliance contractors in 2020/21 increased by 2.38% from 2019/20. In contrast to prescriptions dispensed by community pharmacy, this has increased each year since 2015/16, from 7.91 million to 10.0 million items, a five-year increase of 26.7%.

The average number of items dispensed per pharmacy contractor has decreased by 0.23% from 87,600 in 2019/20 to 87,400 in 2020/21. This is due to a greater reduction in the total number of dispensed items compared to the corresponding decrease in dispensing contractors. There is still an overall increase of 4.91% from the average of 83,300 items per contractor in 2015/16.

There were 84.6 million items dispensed by dispensing (doctor) practices in 2015/16 (NHS Digital, 2016). We did not identify similar data for this assessment, however as the are no dispensing doctors in Hartlepool this was not a factor to have regard to.

In the five years since 2015/16 the proportion of prescription items dispensed by pharmacies and appliance contractors via the Electronic Prescription Service (EPS) has increased significantly, and EPS is now the primary mechanism by which prescriptions are issued and dispensed. By 2020/21 there were 964 million prescription items dispensed via EPS by community pharmacies and appliance contractors, which was 94% of all items in the year. This is an increase of 16.6 percentage points from 2019/20, some of which may reflect the need to reduce face to face patient contact in general practice as a result of the pandemic. However, this followed a pre-existing trend of having increased by 58.6 percentage points between 2015/16 and 2020/21. In 2020/21, 99.8% of all contractors in England dispensed at least one prescription item via EPS. All contractors in Hartlepool use this facility.

Although in England prescription volume decreased from 2019/20 to 2020/21, in the Hartlepool area, prescription volume increased by just under 1% to 2.1 million items per year. There is no evidence to suggest that the existing pharmacy contractors are unable to manage the current volume of prescriptions in Hartlepool in the longer term, nor are they unable to respond to any predictable growth in volume which is likely to be proportionately small in the lifetime of the PNA given the efforts of primary care clinical professionals to contain it. Pharmacy premises and practices have 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) and other digitized workload management systems. However, there is no doubt that the additional pressures of new services (e.g., vaccination, COVID-19 lateral flow test supply, CPCS, increased requirements for PQS) on top of the workforce issues experienced by all sectors from self-isolation and illness, have placed a substantial demand on community pharmacy practices to keep ahead of demand.

The Extended Access service operating for 2 hours a day on weekdays and similar each day of the weekend issued between 50 and 60 prescriptions a week between March 2018 and March 2020. There are pharmaceutical services available in Hartlepool at these times and they will have no difficulty managing that prescription volume between them. 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 23% in 2020/21.
As repeat prescribed items are generally considered to account for at least 70% of all items, the scope for improvement in the repeat dispensing figures seems substantial. It should nevertheless be acknowledged that repeat dispensing will work best when patients are carefully selected and proceed as fully informed partners in the process; patients whose prescriptions are liable to frequent change are unsuitable. Prescription use is highest among lower income groups, those with long term limiting conditions and the elderly. These groups can least manage or afford unnecessary additional trips to manage their prescriptions but the NHS repeat dispensing service ensures that the patient remains fully in control of the medicines they receive. Those people in areas with fewer pharmacies and those with long term limiting conditions are somewhat more likely than others to rely on a single pharmacy. 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 Prescribing and dispensing of appliances

Prescriptions for appliances issued for patients in Hartlepool also need to be dispensed. Table 24 shows that for the last three years, virtually all appliances were dispensed by Hartlepool pharmacies, just 15-20% were dispensed by DACs (by definition ‘out of area’ as there are no DACs in Hartlepool).

The current situation regarding location of DACs has remained the same for at least 10 years and 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.

Appliances dispensed	Financial year			Prescription share		
	2018/2019	2019/2020	2020/2021	2018/2019	2019/2020	2020/2021
... in area by pharmacies	75,335	72,924	67,808	85%	83%	82%
...by DACs	13,416	15,176	15,295	15%	17%	18%
Total	**88,751**	**88,100**	**83,103**			

Table 24. Appliances dispensed by pharmacies in Hartlepool or by a DAC 2018-2021

The current situation regarding location of DACs has remained the same for at least 10 years and 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.

8.3.3 NHS Advanced services

The presence of a community pharmacy in an area is now almost certain to also indicate the availability of at least one of the national advanced services each pharmacy may elect to provide. This is in contrast to enhanced services (or their non-NHS local equivalent) which will only be available where a local NHS or local government organisation has chosen to commission them.

As these are not essential services of the CPCF, NHSE&I would not consider the overall pharmaceutical service of an individual pharmacy to be inadequate based only on no, or low, provision of any advanced service. However, on a population basis, and outside of the circumstances of a global pandemic, availability of advanced services might indicate responsiveness of pharmacy contractors to meet the pharmaceutical needs of the area. Every indication is that the pharmacies in Hartlepool are actively responding to the opportunities being presented to them to deliver additional services. Hartlepool HWB might consider if it is making best use of its community pharmacy resource. In particular, there are several new advanced services for health improvement/ health prevention services that pharmacies are beginning to sign up to provide. Pharmacies offering any of these prevention-related public health advanced services are also well-placed to undertake additional brief interventions during the provision of the primary service in line with the principles of 'Making Every Contact Count'. This can use their essential services offer for signposting and HLP to support the delivery of wider health messages about modfiable risk factors and enhance the reach of public teams into the community

8.3.3.1 New Medicines Service (NMS)

As described in section 3.3.4, the NMS service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. Since the service started in October 2011, the vast majority of community pharmacies in England have provided it to their patients. Even with the current constraints of the COVID-19 pandemic, by January 2022, 85% of

those pharmacies registered in England had delivered at least one NMS in the 2021/22 year to date (Source: Tees LPC).

In 2013-14, 14 of the 19 pharmacies in Hartlepool completed 1371 NMS interventions. All nineteen pharmacies now provide this service and together NHS England data reports their completion of 2563 consultations in the 2021/22 year to date (YTD; December 2021 data). Each pharmacy has completed at least six and all bar one have already achieved the threshold of 20 per year required for PQS. The simple average number of NMS per pharmacy in Hartlepool for the 2021/22 YTD (Dec 2021) is 135, better than both the Tees (117) and England averages (111; where 15% of registered contractors have not yet completed any). As was the case with MURs, the uptake of NMS is not evenly spread across the 19 pharmacy contractors, ranging from 6 to 378 in the same 9 month period of the YTD. Nine pharmacies in HBC have completed less than 100 in 9 months, five have done more than 200. Numbers were flat through the first part of 2021 when COVID restrictions were greatest but are showing an upward trend later in the year.

All localities well provided for NMS consultations with at least one pharmacy in each locality delivering well above the Borough average. The two pharmacies co-located with a Health Centre are undertaking the highest number of NMS in Hartlepool.

8.3.3.2 Seasonal Influenza Vaccination Advanced Service (SIVAS)

Hartlepool pharmacies were some of the first pharmacies in England to deliver an NHS community pharmacy seasonal flu vaccination service when this was first commissioned a small local pilot for the winter 2012 campaign. NHS England extended the pilot for the 2013-14 season when 10 pharmacies were recruited to provide the service in Hartlepool that year. The proportion of all of the NHS eligible population vaccinated by pharmacy in those early days was very small, but this proof of concept has nevertheless paved the way for the substantial expansion of the service, at a local and a national level, improving both access and choice for patients.

In participating pharmacies, the service is available at all times that a trained pharmacist is available on the pharmacy premises, and, other than at peak times, is often provided on a drop-in basis, with no prior appointment necessary. In 2020/21 there were 2.77 million flu vaccines administered by 9,820 community pharmacies in England, an average of 282 vaccines per pharmacy (NHS Business Services Authority, 2021). This was an increase of 61% on 2019/20, and a 365% increase on the 595 thousand vaccines administered by pharmacy in 2015/16.

Of the 18 pharmacies who responded to the pharmacy contractor survey for 2021, 17 (95%) reported having provided the seasonal flu vaccination service. This includes

- at least one pharmacy in H1 and H2 localities as well as the town centre area

- all four pharmacies that open 100 hours or are in a supermarket location providing substantially increased access for patients into the evening on weekdays and at weekends.

Of the residents of Hartlepool eligible for an NHS flu vaccination in the 2021/22 season, 8287 had their jab in a community pharmacy.

Around 100,000 patients responded to the NHS England patient satisfaction survey on the 2016–2017 flu vaccination programme; 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 importantly, 15% said they might not have had a flu vaccination if the service had not been available at a pharmacy (The Pharmaceutical Journal, 2017). There was evidence from feedback in the patient surveys that having a flu vaccination (or other vaccination) has now become a matter of routine.

8.3.3.3 Community Pharmacy Consultation Service (CPCS)

All pharmacies in Hartlepool have signed up to deliver the CPCS. Three pharmacies had not yet received a referral from NHS111 to enable delivery of a CPCS episode in the two years for which data was available (from 2019-2021). However, the total number of CPCS consultations completed by the other pharmacies increased from just under 500 in 2019-20 to more than 1600 in 2020-21 i.e. three times as many - and this was in the pilot stage and during a pandemic! As this corresponds to just two consultations per week per pharmacy it seems unlikely the service will still have capacity for further growth It is unsurprising that the pharmacies open for the longest times on evenings and weekends have the greatest number of CPCS transactions since the service is designed to support people of the Borough needing urgent access to a health care professional or a medicine and this is often outside of routine daytime hours.

Activity data for 2021-22 was not available at the time of publication on the draft PNA in March 2022 but will be accessed to update the PNA before final publication. However, all indications are that pharmacies in Hartlepool are responding to the offer and needs of this new service which is a welcome addition for the town. This is further supported by the description of a successful encounter with the CPCS service accessed via NHS11 reported by a resident during the face to face engagement for the PNA.

8.3.3.4 Hypertension Case Finding Service

This service has a different patient-facing name: the NHS Community Pharmacy Blood Pressure Check Service which supports risk identification and prevention of cardiovascular disease (CVD). This service was launched on the first October 2021 and will:

- identify people over the age of 40 who have previously not been diagnosed with hypertension (high blood pressure), and to refer those with suspected hypertension for appropriate management.
- promote healthy behaviours to service users.

- refer people identified as likely to have high blood pressure to general practice, for ongoing care to manage their blood pressure.

The Advanced service is intended to support the work that general practices and wider Primary Care Network (PCN) teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service. Five pharmacies in Hartlepool are signed up to provide this service. On the community pharmacy contractor survey a further four pharmacies indicated they were intending to offer it. Data from NHSE&I requested.

8.3.3.5 Smoking Cessation Advance Service - Referral from Secondary Care into Community Pharmacy

This service is just beginning to get under way in the spring of 2022 and relies on professionals in the hospital identifying patients who would like to quit smoking and supporting them with a referral to the community pharmacy service. It follows on from the Smoking Cessation Transfer of Care pilots which commenced in November 2020. Four pharmacies indicated in the contractor survey that they intend to sign up to offer this service. Pharmacy professionals will, as usual, be required to undertake additional training (such as NCSCT and CPPE training) as a minimum before signing up to the service. Local commissioners could make use of the arrangements for the training for this service to consider how pharmacy staff can enhance their offer into a commissioned pharmacological support service for people who wish to quit.

8.3.3.6 The Community Pharmacy Hepatitis C Antibody Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September 2020 and is timetabled to end 31st March 2022.

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

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

Provision of this service is more limited as there is not a universal demand. Just one pharmacy contractor in Hartlepool completed any AURs /SACs in 2013-14 but recent data from NHS England indicates five pharmacies in the Borough have now reported completion of AUR/ SAC reviews. This is supported by data from the 2021 pharmacy contractor survey for the PNA in which 3 of the 18 who responded) pharmacies indicated their provision of AURs, with one further planning to offer the service soon (and one not replied). Similarly one pharmacy indicated their provision of SAC reviews, with two further planning to offer the service soon. This activity shows an increase from previous PNAs.

8.3.4 NHS Enhanced services

8.3.4.1 Bank holiday and 'special day' opening hours

NHSE&I in the north east, currently working to a North East and North Cumbria (NENC) footprint has routinely but intermittently commissioned an enhanced service from community pharmacy contractors in Hartlepool to ensure suitable pharmacy access / opening hours on special holiday dates. Additional hours are directed 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. Suitable coverage for urgent access is facilitated by carefully supplementing any opening hours with directed hours, then rotating opening times / pharmacy location in neighbouring Boroughs throughout the (geographically compact) Tees Valley area. A directed (enhanced) service commissioned as far in advance as possible provides a suitable process for ensuring that pharmaceutical services will be available.

8.3.4.2 Emergency planning: supply of anti-viral medicines and vaccination

NHSE&I at all levels has key roles and responsibilities in the planning for, and response to pandemic and other scenarios. Before the start of the Covid-19 pandemic in early 2020, pandemic influenza was a recognised disruptive event and still remains high on the UK government national Risk Register. NHSE&I 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. Examples of NHSE&I actions in pandemic planning / management include identifying relevant local partners, systems and processes to provide antiviral collection points (ACPs)/ distribution systems, personal protective equipment (PPE), distribution routes, nightingale services and vaccine delivery processes.

NHSE&I worked closely with Public Health England initially and from 2021 with successor organisations including the new UK Health Security Agency (UKHSA) and other partners, to lead the on-going response to the current (at March 2022) Covid-19 pandemic. Post-pandemic, the organisations will continue to work together to ensure plans are aligned to facilitate a resilient response to coronavirus, pandemic influenza or other emerging infections and emergencies.

In situations where NHSE&I elect to use community pharmacies as ACPs or vaccination centres then a local enhanced service commissioning mechanism may be used to meet the pharmaceutical needs of the population in this highly specialist situation. This was enacted in 2009/10 during the pandemic influenza outbreak for distribution of anti-viral medicines to certain sectors of the population. This commissioning mechanism has been enacted again during the current COVID-19 pandemic response with pharmacies providing vaccination services, anti-viral supply and some home delivery services as well as the lateral flow test distribution advanced service.

It is still relatively early for reliable numerical data on just how great a contribution community pharmacy (including Hartlepool pharmacies) has made during the pandemic. However, we do know that

- community pharmacy continued to provide face to face 'routine' pharmaceutical services to maintain the medicines supply function even during lockdown periods when other primary care services closed their doors
- community pharmacy substantially enhanced their delivery rate of seasonal influenza vaccination in the 2020-21 and 2021-22 seasons to contribute significantly to this parallel vaccination effort alongside COVID-19 vaccination phases.
- pharmacies were recruited to contribute to the Covid-19 mass public vaccination campaign in several phases.

Pharmacies in Hartlepool responded and contributed to the response across all of the demands or opportunities required.

8.3.4.3 Covid-19 vaccination

NHS England commissions a COVID-19 vaccination service directly from community pharmacy where there is a local population need, where Pharmacy Contractors can meet the key designation requirements and where NHS England considers the contractor best placed to meet that need. The service is provided as a Local Enhanced Service (LES), commissioned by NHSE&I in consultation with the relevant Local Pharmaceutical Committees.

One of the 100-hour pharmacies in Hartlepool became a Covid-19 vaccine provider in the first phase of the vaccine roll-out to community pharmacy. In the most-recent phase extension, six pharmacies are now contracted to provide this enhanced service. Detailed data on their contribution was received from NHSE&I at the point of concluding this draft PNA, further detail may be analysed for inclusion in the final assessment. Initial review shows the combined numbers of the six pharmacies matching the three PCN-led sites in the Town Hall, One Life and Victoria Road Health Centres.

As a further illustration of the magnitude of contribution made by community pharmacy, data for the last 3-months of 2021 during the booster campaign, showed over half a million individuals in the Tees Valley CCG area were vaccinated against Covid-19. Community pharmacies in the area delivered **35%** of this number, between them 184,270 jabs, almost 86,000 of these in December. This was particularly remarkable as December is always a busy time for all primary care services; 2021 was particularly challenging with the urgency of the booster campaign and high circulation rates of Covid-19 affecting sickness absence / self-isolation of service providers as well as patients. Community pharmacy in Hartlepool can claim to have played a critical role in the success of the vaccination programme and related seasonal flu jabs service in 2021-22. Through their strong relationships in local places and neighbourhoods, community pharmacies have helped to tackle vaccine inequalities and improve vaccination take-up.

8.3.5 Locally commissioned services – public health and CCGs

Services locally commissioned services from pharmacies impact on the need for NHS pharmaceutical services as enhanced services to be commissioned by NHSE&I. Hartlepool Borough Council and TVCCG commission a small number of services. The number of these services has diminished since transferred from PCT in 2013 and no novel services have been developed.

Hartlepool Borough Council now commissions a small number of locally contracted services, some directly and others via sub-contract under a contract with a preferred provider. Sexual health services are still commissioned and largely managed on a Tees-wide basis, and the associated pharmacy-based service specifications still operate across Tees 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, one of which one continues to be commissioned and was updated by the Tees Valley CCG as part of the pandemic response. The current community pharmacy locally contracted services for Hartlepool are shown in Table 25.

Service	Commissioner
Supervised Self-Administration	Hartlepool Borough Council. Via sub-contracted arrangements under the HBC contract with Clinical Service provider for substance misuse
Community Pharmacy Needle and Syringe Supply	
Healthy Start Vitamins	Hartlepool Borough Council
EHC (via PGD) Chlamydia testing service C-Card service	Hartlepool Borough Council. Via sub-contracted arrangements with lead provider of the Tees-wise Sexual Health Service (SHT)
On demand availability of specialist medicines e.g., for palliative care access	Tees Valley CCG; change of commissioner required by 1st April 2023; if NHSE&I lead then will become an Enhanced Service

Table 25. Community pharmacy locally commissioned services in Hartlepool 2022

Supervised self-administration and emergency hormonal contraception (EHC) are the longest established services having been provided for over 20 years. The pharmacies currently identified as being locally commissioned to provide each services, in each locality in Hartlepool, at December 2022 are shown in .

Pharmacy Name	PNA Locality 2022	Supervised Self Administration	Needle Ex	Healthy Start Vitamins	EOL Specialist Drugs	EHC	Chlamydia Screening	C Card	100 hour
Middle Warren Pharmacy	H1: West	Yes				Yes	Yes	Yes	
Lloyds, Wiltshire Way		Yes				Yes	Yes	Yes	
Well, Catcote Road	H2: South	Yes		Yes	Yes	Yes	Yes	Yes	
Seaton Pharmacy		Yes		Yes					
Boots, Park Road	H3:Central and Coast			**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Tesco Pharmacy		Yes			Yes				
Westview Pharmacy		Yes		Yes	Yes				
Winterbottom Pharmacy		Yes				Yes	Yes	Yes	
Clayfields Pharmacy		Yes		Yes					
Lloyds, Kendal Road						Yes	Yes	Yes	
Asda Pharmacy		Yes		Yes	Yes	Yes	Yes	Yes	
Boots, Marina way		**Yes**	**Yes**	**Yes**		**Yes**	**Yes**	**Yes**	**Yes**
Headland Pharmacy		Yes	Yes	Yes					
Lloyds, Wynyard Road		Yes				Yes	Yes	Yes	
Boots, Middleton Grange		Yes		Yes		Yes	Yes	Yes	
Healthways									
Well, Victoria HC				Yes					
Well, York Road		Yes		Yes		Yes	Yes	Yes	
Whitfields		Yes							
	Providers:	**15**	**2**	**11**	**5**	**11**	**11**	**11**	

Table 26. Accreditation or provision of locally commissioned services by pharmacy in each locality in Hartlepool at February 2022.

Pharmacies seeking to become accredited to provide any service are required to be operating to contractual standards for provision of all essential services before they are eligible to provide both advanced and NHS England enhanced services. Other locally commissioned services will develop 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 26 and interpretation of service need, should be viewed in this context.

8.3.5.1 Supervised self-administration

Supervising the daily self-administration of methadone and buprenorphine in a pharmacy is an important component of any harm reduction and recovery service for people in treatment for substance misuse. Pharmacies with accredited pharmacists and premises are sub-contracted to provide this service by the lead clinical service provider, currently Foundations in Hartlepool. The treatment provider works closely with pharmacies, clients and the LA to ensure a suitable quality locally commissioned service. Given the nature of treatment, it should be possible to offer clients a choice of pharmacy to attend for their supervision and on-going collection of opioid substitute medication, the majority of which continues to be methadone though other treatments are available.
Records indicate that more community pharmacies are accredited to provide this service than are currently active; accreditations are shown in and as services begin to return to conditions more similar to those before the pandemic, reasons for inactivity may be explored. To maintain service resilience, this service should be commissioned from any pharmacy trained, and accredited to provide it in accordance with the service specification which usually requires the pharmacy to be open at least six days a week.

In 2020/21, nine pharmacies have recorded interactions with at least ten clients for supervised self-administration of either methadone or sublingual buprenorphine. Neither of the last two years have been typical for this service, so distribution of annual activity by pharmacy is not shown. However, it is noted that for the operational time of September to March in 2021, 8191 interactions with 721 individual registered clients were recorded. For the year to date up to February 2022, 9472 interactions with 759 individual registered service users were recorded.

Two pharmacies are currently providing more than 60% of all supervised interactions with a third pharmacy providing a further 20%. Though some pharmacies do provide a large proportion of all the supervised dose activity in Hartlepool, it is good to see that clients are having some choice regarding where they access this service. However the reasons why other pharmacies are not being used should be explored. Some pharmacies have opening hours into the evening on weekdays and also both days of the weekend, so treatment providers have the option of prescribing for a 7 day service (activity records show this is used). Clients may also attend a pharmacy outside of the usual 9 to 5 hours giving clients the opportunity to work. Supervision is a daily activity so it is important that clients can access a pharmacy of their choice easily.

All active pharmacies are located in the locality of greatest deprivation, H3: Hartlepool Central and Coast. It is important to acknowledge that the remaining pharmacies could improve access and choice to those other clients requiring the service and to retain pharmacies commissioned in each of the other localities for that purpose. The range of options in potential pharmacy locations across the town seems to demonstrate that these needs are being met. Activity, and the absence of feedback to the contrary, also 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. Aside from the particular circumstances of national lockdowns during the pandemic, activity remains stable. Responses to the pharmacy contractor survey support the conclusion that there is no indication that community pharmacy will not be able to continue to accommodate current and future needs for this service.

8.3.5.2 Needle exchange (Nx)

People who inject drugs (PWID) require sterile injecting equipment, information, advice and support to minimise the complications associated with injecting drug misuse. Hartlepool introduced a community pharmacy service in June 2016, though it had been available elsewhere in the Tees Valley for many years. Pharmacies responded to requests to take up this enhanced service and completed up to 12000 transactions per year from four or five locations. As well as geographical location and opening times, pharmacies were selected on the basis of service need in the context of current alternative arrangements of the lead substance misuse provider.

At March 2022, two pharmacies continue to provide the needle exchange service and these are both located in the north of the town in the [Headland and Harbour] ward. One of them is open 7 days a week and has continued to provide the service with a substantial level of engagement prior to, and throughout the last two years that have been affected by the pandemic. There was previously an active community pharmacy provider in the H2: Hartlepool South locality that was also open 6 days a week. The possibility of re-establishing this option could be explored.

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. Records show transactions are meeting a need in Hartlepool on weekdays and weekends, including Sundays. Approximately half of the interactions were with clients reporting to have accessed treatment services and return rates were similarly around 50%. These figures could be higher, and have been in the past. In the context of the update to the substance misuse strategy currently being prepared for Hartlepool, a full evaluation of the needle exchange provision would be timely to assess future pharmacy capacity, client satisfaction and consider how community pharmacy might continue to offer improvement or better access over the lifetime of this PNA. The possibility of re-establishing a pharmacy offer in the H2: South locality could be explored.

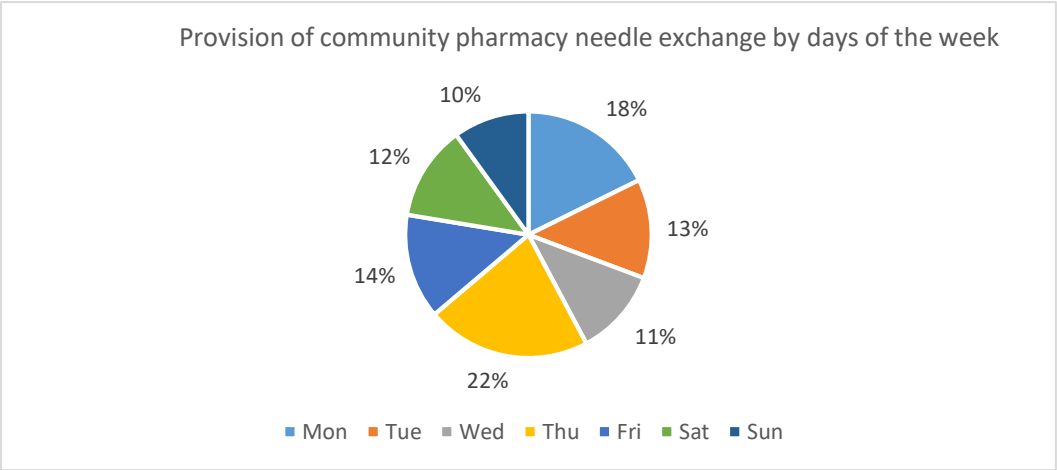


Figure 20. Pharmacy needle exchange transactions in Hartlepool by day of the week (2020-21 data)

8.3.5.3 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 and are effectively associated with the EHC service, i.e., those signed up to provide EHC are also contracted to deliver the other two.

The service is available (under a Patient Group Direction) to women and girls aged 13 years and over. SHT report that twelve pharmacies currently provide the service(s). The pharmacy contractor survey shows that four more were also willing to provide EHC. There are providers in all three localities including both pharmacies in the Borough that open 100 hours a week, as well as the Asda pharmacy (but not the Tesco) that open longer hours on weekdays and weekends.

Activity data provided by the SHT identifies that in 20/21 just over 800 supplies were made by these pharmacies. This is almost exactly the number provided in 2016/17 in the first year of the service but fewer than were made in the nine months for which data is available before the pandemic. Supplies are already showing up to 800 for the first 10 months of 2021 (up to October 2021) for which data was available. Covid has impacted on how sexual health services have been delivered with a telephone/online single point of access - this may have resulted in changes to how patients' needs have been managed. However, despite the impact of the pandemic community pharmacy has continued being able to support the delivery of this important service. Even in the absence of 'market share' data evaluation (i.e GP prescription data and SHT direct supply) this data shows that community pharmacy is an established provider of this necessary service. Pharmacy historically completed a substantial proportion of all EHC activity in the Borough (e.g., more than 60%) year on year.

It is not uncommon for women to seek a different pharmacy to that which they usually use, or that is not close by to where they live, or is in a large retailing or supermarket environment, to maintain anonymity in a consultation such as this. Analysis of the supply data for 2019-21 shows a strong client preference, with one pharmacy providing almost half of all the pharmacy EHC consultations each year. The pharmacies that deliver most EHC consultations are all open 7 days a week and located in Hartlepool where they are accessible by public transport, or in supermarkets or other pharmacies that are open the longest hours, including weekends. Data on client postcode/ ward/ age at attendance has not been analysed by the service but this might provide useful cross-boundary activity data across Tees to support further promotional activity with young people.

8.3.5.4 Chlamydia testing and C-Card service

These two services that support sexual health are also sub-contracted and managed by SHT in association with the provision of consultations for EHC, however, the services may also be offered to persons who do not access the EHC service. Pharmacies offering this service hold a supply of chlamydia testing postal kits and condoms 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. The C-Card service involves registering young people under 25 for the C-Card scheme, providing sexual health advice and free condoms according to the conditions of the service. All clients patients who access a pharmacy for EHC are assessed for their requirements and eligibility for chlamydia testing and condom supply.

Pharmacies in Hartlepool are just one outlet or opportunity to access both services this as a wide range of providers is part of a strategy to make the testing kits easily available to young people.

There are providers in all three localities including both pharmacies in the Borough that open 100 hours a week, as well as one supermarket pharmacy open longer hours on weekdays and weekends. Given the constraints imposed by Covid-19 both in pharmacies and in social arenas, it is not easily possible to evaluate the activity / efficacy of these services over the last few years. However, supplies beyond those associated with EHC are very small numbers. However, data shows the wider team of community pharmacy professionals (i.e. not only pharmacists) are engaging with the provision of this service.

Good potential access to the service does require all providers to promote the service if they are to be successful in meeting the needs of the population. It is not possible to judge the scope or value of this service further in the current circumstances of continued response to the pandemic. However, with renewed support, resources, and publicity, community pharmacy and other providers might be able to renew efforts to have greater impact going forward.

8.3.5.5 Stop smoking service

For several years prior to the 2018 PNA, five pharmacies in Hartlepool were directly contracted by the local authority using a tiered system that had been in operation since at least 2010. Pathways enabled support for clients including those with more complex needs such as pregnant women and young people aged 13+. Voucher pathways interventions initiated by midwives and work with young people through school nurses and youth workers.

The local authority de-commissioned the service in 2019 as part of their wider review of the stop smoking offer so there is no longer any 'free at the point of supply' function for NRT in the Borough other than to access via a prescription from general practice[17]. Other models in Hartlepool offer behaviour change and signpost to over-the counter purchase or GP. Hartlepool is out of step with other areas in the Tees Valley and beyond. However, the Covid pandemic has significantly altered how all smoking cessation services have been delivered over the last 2 years.

The current offer is undergoing review - client pathways need to be revised post-pandemic to create the best chance of success. As the most effective quit rates with NRT are achieved with both behavioural and pharmacological support supply, ideally with two products, a model without NRT access at all may benefit from consideration. There are co-facilitators and incentives should pharmacies also sign up to the new national stop smoking advanced service launching Spring 2022. Pharmacies may support the wider model with the offer of dispensing voucher-led options to increase access to NRT free at the point of supply for quit attempts supported in other settings. They may alternatively offer a so-called 'one-stop' pharmacy service which offers a full service from pre-quit, quit and for up to 12 weeks after, including NRT support. Pharmacies could offer services six or seven days a week across the Borough. Twelve of the 18 pharmacies who responded to the contractor survey are willing and able to respond to any request to provide.

8.3.5.6 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 specification of the CPCF. At the end of life, a patient's condition may deteriorate rapidly and demands for medicines may 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. A similarly urgent need may arise for patients requiring antibiotic prophylaxis as contacts of others with meningitis or tuberculosis for example.

Improvement or better access to the availability of specific medicines is achieved by commissioning selected community pharmacies to maintain a

[17] Subject to prescription charges for those who pay

suitable stock list of medicines. This service was first commissioned in 2011 and was updated by the TVCCG during the pandemic. Three pharmacies provide the service, all in the H3: Central and Coast locality. One of these is open 100 hours per week and conveniently centrally located next to Extended Access primary care services providing reasonable access at a wide range of days and times.

8.3.5.7 Antiviral Stock Supply Service

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 is currently commissioned by NHS Tees Valley CCG It is understood that one pharmacy is currently providing this service in Hartlepool (data update requested).

8.3.5.8 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 poor at the time of the changes to the NHS architecture in 2013. Uptake of the Healthy Start Vitamins in eligible groups was similarly poor, despite good use of the vouchers for other parts of the scheme.

In 2014, Public Health teams in Tees area collaborated to develop a pharmacy service which substantially improved universal access to the vitamins (i.e. not just to those eligible for national Healthy Start vitamins. In Hartlepool, there were 12 pharmacies across all localities who were supplying vitamins to eligible pregnant women or mothers/ carers of children. In June 2020 the delivery model for HSV changed from universal access to targeted provision which meant that only pregnant women, new mothers with a child under 1 year old, and children aged 0-4 in receipt of Healthy Start Vouchers would be eligible for free vitamins from a community pharmacy. At this point in time, the new model

[18] NICE guidance update August 2017 in response to Scientific Advisory Committee on Nutrition (SACN) report Vitamin D and Health 2016

struggled to gain traction due to the pressures on community pharmacies from the COVID-19 pandemic, which still remain. This coincided with a supply chain issue with the HSV product. Access to the service has fallen away dramatically. The most recent previous providers are shown in the Table 26 and a total of 14 of the 18 community pharmacies who responded to the contractor survey would be willing to provide it. There is a need to improve the delivery of HSV and a thorough review of the current service is required to ensure a suitable delivery model is in place to meet current and future needs for this service. In Stockton-on-Tees the scheme is moving from a paper based to a digital system from April 2022 which Hartlepool may be able to benefit from adopting.

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 prior to the new advanced service, cholesterol testing, private screening or private vaccinations such as flu for those not eligible under the NHS service specification). 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. This can be confusing for patients who might be charged if they are requesting delivery only for convenience, and not for any other disability support for vulnerability.

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 currently. 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 2021 (n=18 replies) showed that 15 of the pharmacies offered collection and delivery services (three do not offer delivery). Most offered the service free to eligible patients though some larger organisations did request a charge for everyone.

Other private or patient-funded services reported in the survey from the 18 who responded included:

Screening or testing:
- All pharmacies offered at least one privately funded screening service (some suspended in the pandemic)

- Examples include diabetes screening, cholesterol testing alongside this, chlamydia test and treat (which is not available free through pharmacy locally)

Vaccination:
- 17 of the 18 pharmacies offered at least one patient-funded vaccination service; all of these offered patient-funded flu jab (to those not eligible for NHS vaccination)
- offered travel vaccinations, Hep B vaccination, pneumococcal vaccination, HPV vaccination

Multi-compartment compliance aids (sometimes called NOMAD or dosette boxes)
- reasonable adjustment following an assessment may be offered free. Trays for convenience may be charged

Further analysis of patient-funded services may provide evidence of any demand (or otherwise) and any services not provided by the NHS or other commissioner.

8.3.7 Pharmaceutical services provided to the population of Hartlepool from pharmacies in neighbouring HWB areas or beyond (cross boundary activity)

The population of Hartlepool may access pharmaceutical services outside of the HWB area if they wish. This may involve access in person or remotely e.g., via the internet, telephone or electronic transfer of prescriptions.
Examples of how this might arise include:

- convenience when people travel in connection with their leisure or occupation/ place of work
- the nearest pharmacy for a small nuber of some areas of Hartlepool is in situated 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 – very early mornings on weekdays, later on Sundays or on Bank holiday (or equivalent) days, though for Hartlepool this would only rarely be necessary
- preference or choice to use a remote or distance selling service
- choice to access pharmaceutical services elsewhere e.g., for dispensing of appliances, 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 three miles away in Blackhall Colliery. At the southern boundary into Stockton-on-Tees, the closest pharmacy is situated in Wynyard; the Borough boundary goes through the Wynyard area. Slightly further but just under three miles away in Billingham there are at least five pharmacies.

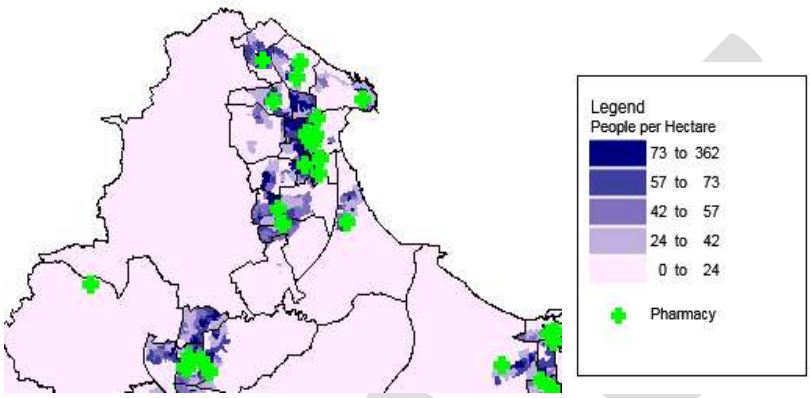


Figure 21. Showing population density across Hartlepool and approximate pharmacy locations (green crosses) to illustrate the potential for cross-boundary dispensing activity 'locally'.

The location of Hartlepool in relation to these neighbouring HWB areas indicates that opportunity exists for patients to travel either to, or from, a neighbouring County (Durham) to the north/west, or to another Borough authority to the south, in order to access pharmaceutical services. **Error! Reference source not found.**

Figure 23. Responses to patient survey about travel to pharmacies (2017 and 2021) shows pharmacy location overlaid on a population density map for Hartlepool showing boundaries between Hartlepool and Stockton-on-Tees to the south and Redcar and Cleveland to the south east corner. 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, lifestyle movement of the population and transport links, suggests that residents of Hartlepool, and the associated reliant population, are more likely to mostly access pharmaceutical services within Hartlepool.

This is confirmed with cross boundary prescription analysis. In 2010, 99% of all prescriptions initiated in Hartlepool were also dispensed in Hartlepool. By 2018/19 the proportion of prescriptions dispensed 'out of area' had increased only slightly to 2% (41,384 items), then again to 2.8% (60,472 items) in 2020/21. Table 27 shows data for the last three years showing that between a quarter and a third of this out of area dispensing is accounted for by appliances dispensed by DACs.

	Prescriptions dispensed OUT OF AREA (Items)			
Financial year	All prescriptions	Appliances	Medicines	Appliances % of all out of area
2018/2019	41,384	13,416	27,968	32%
2019/2020	47,927	15,176	32,751	32%
2020/2021	60,472	15,295	45,177	25%
Grand Total	**149,783**	**43,887**	**105,896**	
% increase from 2018/19 to 2020/2021	26%	1%	38%	

Table 27.Prescriptions for medicines and appliances dispensed 'out of area' for Hartlepool 2018-2021. Source: NECS for TVCCG (ePACT)

The pandemic may have driven some of this 26% average increase in 'out of area' dispensing (2019/20 to 2020/21) as more people elected for remote access to pharmaceutical services during extended periods of national lockdown, vulnerability or social distancing. This increase was mostly accounted for by out of area dispensing of medicines, and is likely to include some use of distance selling pharmacies.

Importantly, patients' needs for dispensing are still almost always (more than 97% of all items and 82% of appliances) met by a pharmacy contractor located in Hartlepool. It is not therefore considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Hartlepool, this level is more likely to represent choice or convenience. The pharmacy at Wynyard in the Stockton-on-Tees HWB area is very close to the Hartlepool Borough, but still 'out of area' in terms of dispensing data.

In analysis of data for advanced services such as flu vaccination and other locally contracted services service such as EHC, it is also clear that patients do sometimes choose to travel to access services. The limited data did not identify a pattern that would be suggestive of any failure to meet the need in Hartlepool. However, it was useful to see our view confirmed that persons in H1: Hartlepool West locality, particularly in the [Rural West] ward, might for choice or convenience visit the pharmacy in Wynyard, a very short distance into the Stockton HWB area.

8.4 Description of existing NHS services or other contracted services in Hartlepool delivered by pharmaceutical or other providers i.e., other than community pharmacy contractors

As previously stated, 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
- clinical pharmacists and pharmacy professionals in primary care
- 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 the work that they do may have implications for pharmaceutical services. For example, demand for the discharge medication service that is now part of essential services of the CPCF will be generated by the activity of the NHS Trusts in the operation of their secondary care provision. Similarly the Integrated Urgent Care service operating on the University Hospital Hartlepool site could generate activity for CPCS via triage of patients who could be directed to NHS111, or direct to a community pharmacy. It is understood that the IUC service does not generate acute prescriptions as it operates in the 'Out of Hours' period between 6pm and 8am. 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 is part of the North Tees and Hartlepool NHS Foundation Trust and is situated on Holdforth Road, TS24 9AH in the De Bruce ward of H3:Hartlepool Central and Coast locality of Hartlepool. Each NHS 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.

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.

Pharmacist-led prescribing support to primary care is a long established need.

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 current services

8.5.1 Overview

There were 236 responses to the PNA patient / service user surveys completed January 2022 compared with 273 in 2014 and 338 in 2017 (though these were not during a pandemic or close to Christmas. There were almost 300 visitors to the electronic survey pages and 35 people completed a survey on paper. Every household in Hartlepool was notified about the engagement process via the 'Hartbeat' free publication, prepared and distributed by Hartlepool Borough council at the start of the process.

When reporting results as percentages in this section, this will be as a fraction of those who responded to that question not the overall number who responded to any question, unless otherwise stated. Some questions were skipped in design by survey logic (e.g., where follow-up questions do not apply to that individual using a simple 'if ..then..' based on a previous question). Skipping questions may also be in response to offered choice (e.g. skipping the demographic questions) or it may be a sign of 'survey fatigue'. The other reason for clarity on denominator in percentages is that there were two patient/public surveys, one of which was shorter to encourage completion and avoid attrition during the process. The data suggests that most eligible visitors who started one of these surveys also completed it. Figure 22 shows the age bands of respondents to the main survey who answered the question…

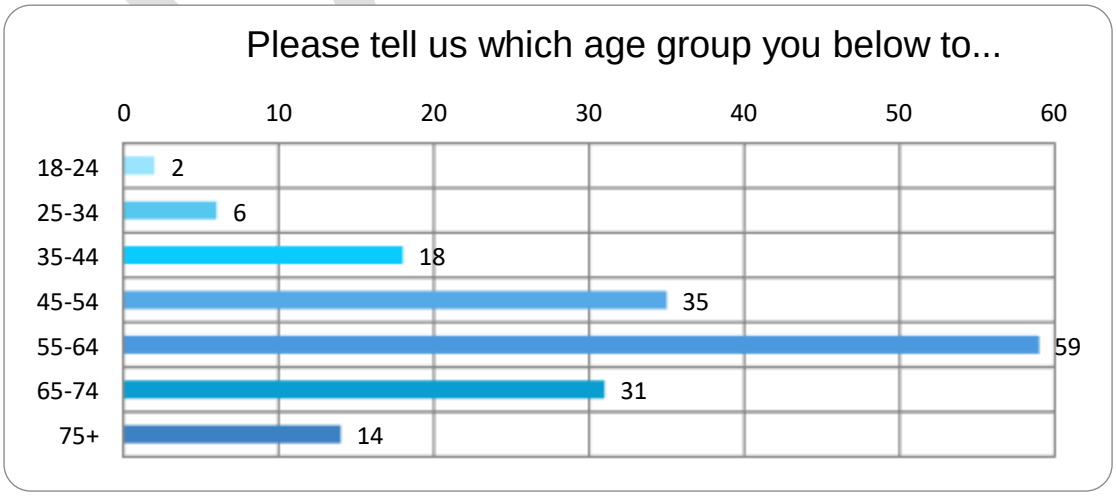


Figure 22. Please tell us which age-group you belong to? (n=166)

Completion rates were;

- 55 people completed the short survey, ten of these (18%) on paper
- 176 completed the main survey (25 on paper)
- 5 young people aged 16-24 years old completed the separate survey plus nine more answered the segmented 'under 25' questions on the main survey.

Although numbers are small for the young people's survey, engagement with people in this age group has been notable by its absence in previous years. There is a gender bias with 65% (of n=162 who gave a response to this question) identifying as female. This compares more favourably to 77% in 2017, close to the 60% in 2014 and a much better balance than in 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 response bias does reflect usual pharmacy attendance. This year, the survey asked the question to understand informal caring better; "**You can answer this survey based on your own personal experiences or on behalf of someone you care for, support, or represent. Are you answering the survey...**" and found that 85% (n=166) were answering for themselves with 4% relating their answers on behalf of someone else and the remaining 10% for both.

8.5.2 Detailed analysis of results

Of the 166 replies to the request for the first part of their postcode, 153 (92%) were attributable to Hartlepool postcodes TS24, TS25 and TS26. Table 28 shows the distribution of respondents alongside the number of pharmacies located in each of these postcode areas.

Postcode	Number of pharmacies in the postcode area	Descriptive illustration of postcode area in Hartlepool	Survey respondents % of n=166
TS24	8	Hartlepool Town Centre, Headland, Stranton, Belle View, Marina	13%
TS25	6	Seaton Carew, Fens, Rift House, Owton Manor	37%
TS26	5	Middle Warren, Upper Warren, Bishop Cuthbert, Throston, West Park, Rural West	42%
TS27 or 'other' or postcode not known account for the remaining 8%			

Table 28. Distribution of patient survey respondents by postcode with the number of pharmacies located in each of these postcode areas.

The quick survey did not request postcode but excluded people from participating if they did not live, work or shop in Hartlepool and had not visited a pharmacy in Hartlepool in the last three years. This ensures that the 55 responses are referencing recent and relevant experiences. For the main survey, 95% (n=177) responded that they used, or were likely to use a pharmacy in Hartlepool in the future. The remainder were excluded from the rest of the survey.

Table 29 shows that

- more than three quarters of all responders (74%) in the main survey indicated that they usually use a pharmacy in the area in which they live; an increase from 69% in 2014 and 2017.
- there was a similar increase to 83% (from 74% in 2017) of people reporting 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% of people identified pharmacies available within a short bus ride of where they live or work, only around 10% thought that this was not the case as a similar number (17; 10%) did not know. This may result from either unfamiliarity with bus transport or with pharmacy locations; free text suggests both
- an addition for this year, given the number of pharmacies in Hartlepool located in shopping locations including supermarkets/retail areas as well as the town centre, 91% (n=160) reported that there was a pharmacy near where they might shop.

	Yes	No	Don't Know	Total	% Yes
Do you usually use a pharmacy in the area in which you live? [2017]	203	89	1	293	69%
Do you usually use a pharmacy in the area in which you live? [2021]	121	42	1	164	**74%**
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins? [2017]	217	73	2	292	74%
Are there pharmacies near where you live (or work) that you could get to by walking for less than 15 mins? [2021]	132	26	2	160	**83%**
Are there pharmacies near where you live (or work) that you could get to by a short bus ride? [2017]	232	27	28	287	81%
Are there pharmacies near where you live (or work) that you could get to by a short bus ride? [2021]	130	17	13	160	**81%**

Table 29. Pharmacy user survey results 2017 and 2021; pharmacy use and access on foot or by bus

These results are positive for being able to access to pharmaceutical services by virtue of where they are located.

As surveys were shared for completion some 20 months into the Covid-19 pandemic and at a time of renewed concern about the Omicron variant, it was helpful to know how people were accessing services. In the short survey, people were asked about their last visit **"Did you visit the pharmacy in person?** One person used the phone or a delivery service and for two other

people someone else went on their behalf, but 95% (n=55) of people did visit in person even in these challenging times.

Just over 76% (n=55) described these pharmacies they had used before as 'good or very good' with just over 10% rating them as 'poor or very poor' and others ambivalent. All these ratings were made by those who mostly used the same (65%), or one or two (87% in total) pharmacies.

Figure 23 shows the responses to the question **'If or when you go to a pharmacy in person, how do you usually get there?'** This shows the current survey response (n=222) alongside the response from the 2017 survey (n=290). Responses are remarkably similar given the circumstances and small numbers, which adds greater confidence to use of the data. The proportion who travelled by car was in the same area, 59%, in 2014). Around a quarter of people usually walk, down from just over one third (35%) in 2014. Those using public transport or taxi accounted for around 6% of the total.

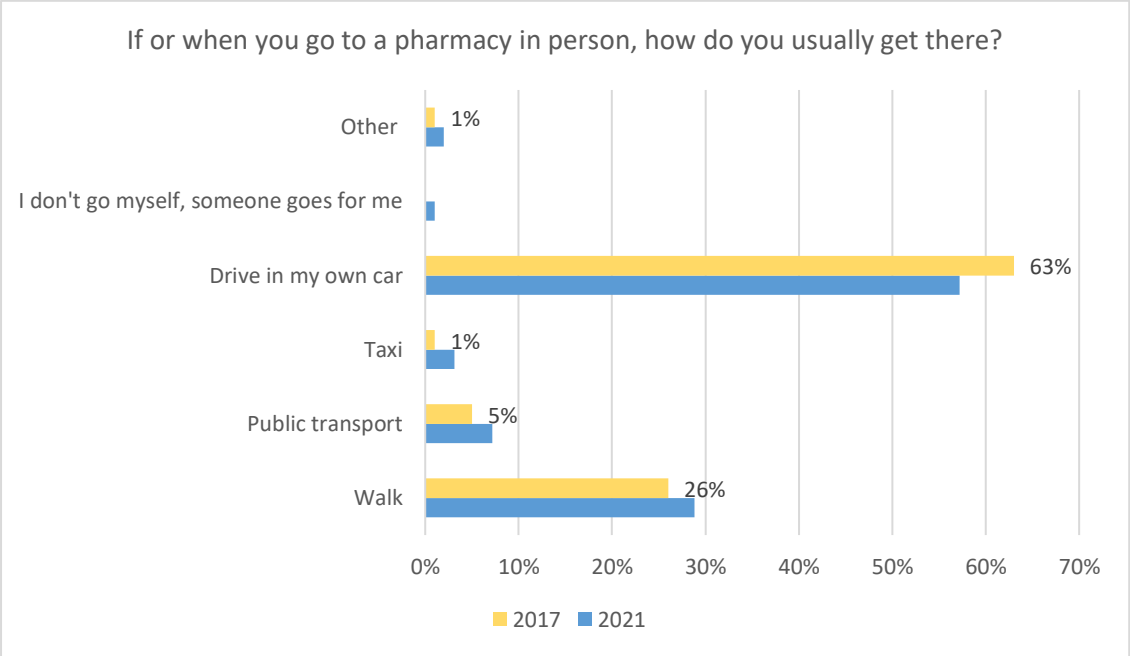


Figure 23. Responses to patient survey about travel to pharmacies (2017 and 2021)

It is good to note that 77% of those who replied (166) reported that it was extremely easy (41%) or quite easy (further 36%) for them to visit a pharmacy when they needed to. Overall 94% expressed no difficulty in access. That is not to ignore the 10 individuals who found it difficult. These are small numbers but reasons were a combination of issues, mostly related to their disability or long standing illness, for some it was their working hours or transport problems. The quick survey explored how long I took the people to get to their pharmacy; for two thirds this was less than ten minutes and the remainder it was 10-20 minutes. This gives an indication of what reasonable travel times might be in Hartlepool for those services assessed as necessary (including being able to access a pharmacy).

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.

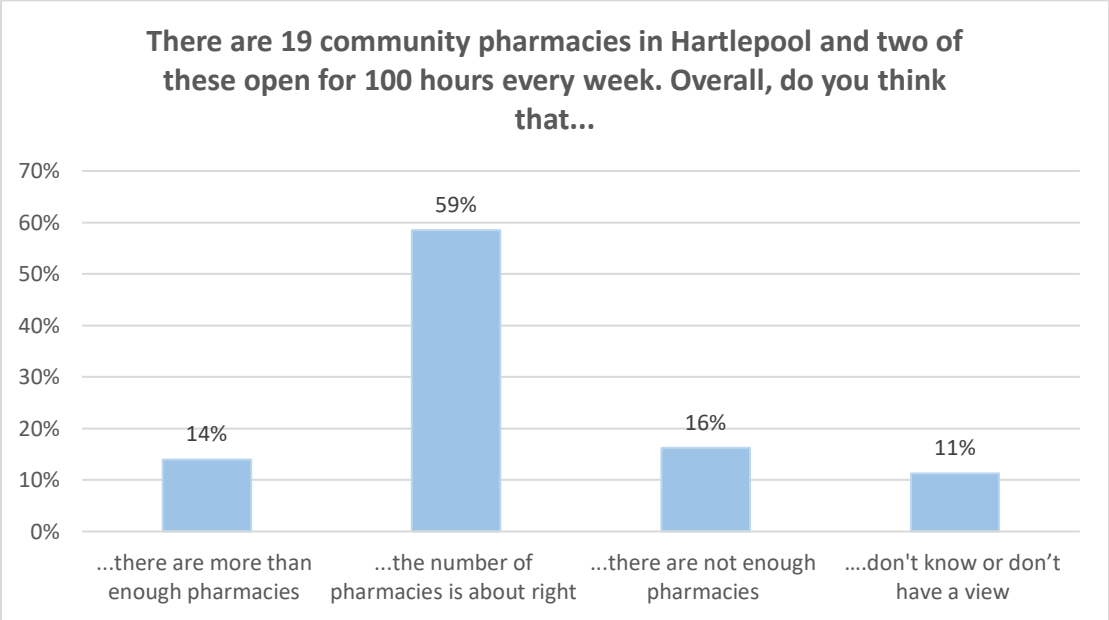


Figure 24. Survey views on the number of pharmacies in the Borough (n=222)

In response to '**How would you rate the pharmacy or pharmacies that you have used or usually use?'** between 75% and 85% of the Hartlepool respondents rated their pharmacy as good or very good.

To gain a view on whether people think the number of pharmacies in Hartlepool is about right, we asked the question directly as shown in

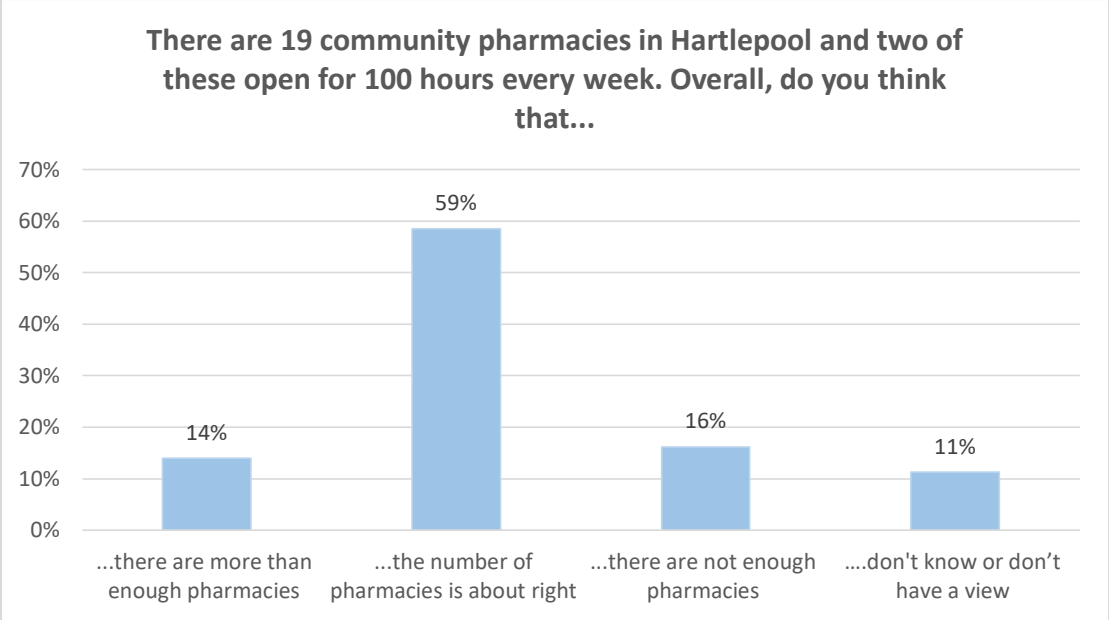
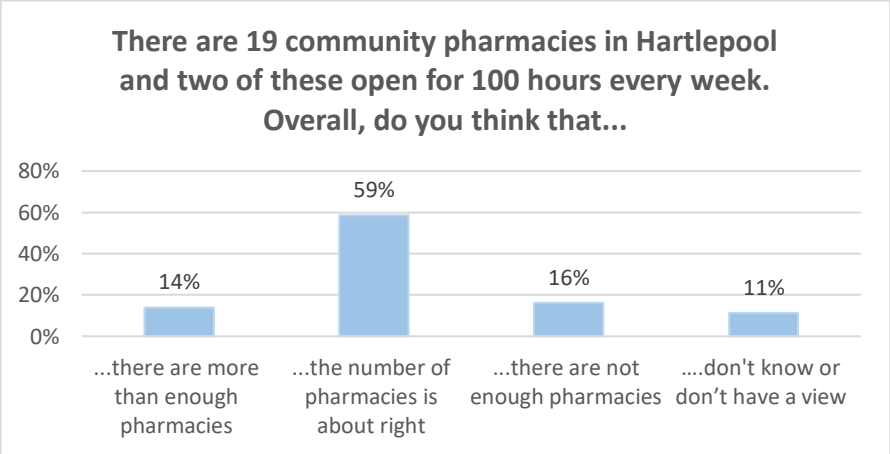


Figure 24.

Excluding those who don't know or don't have a view, 82% of those who responded (n=197) though there were more than enough or the number was about right. Looking at reasons why people felt there were not enough.



There are some quotes below in support of their answer:

There seem to be plenty of pharmacies in the town within a small bus ride.
I think there's enough
I can only speak for the centre of town but there are a number of pharmacies within walking distance of each other. I do think that the pharmacies outside of Middleton Grange Shopping Centre are more convenient and accessible.

NEVER HAVE A PROBLEM FINDING THE SUPPORT I NEED WITHIN A SHORT DISTANCE FORM MY HOME
it appears there are plenty available throughout town and in different neighbourhoods
Half the time there is no customers in the shop *Pharmacy at ….send a text when prescription in ready for collection and its a quick pick up*

There were themes in the responses reflecting

- concern for level of service, out of stocks, waiting times, workload and capacity of pharmacy (though mitigated by experiences of choice *"I would rather take a bus ride to Oxford road for a better pharmacy".*
- awareness of the amount of construction going on in the town
- views similar to *"there should be a pharmacy on every estate"*
- a sense that new services (e.g., vaccination, advice) would mean there was not enough time for the dispensing function
- some comments about opening times, though these were mitigated by some incorrect knowledge about pharmcies open late and at weekends across the town

There was an expressed concern at how busy pharmacies were. There was also frustration that even when calling in advance, items were not available meaning they had to wait.

I see the pharmacist under pressure with all the prescriptions and normal systems. I don't think there is enough pharmacists in each chemist.

Overall I have good access to a number of pharmacies within the town. At times some pharmacies have quite a lengthy waiting time when collecting medication, probably due to how busy they are these days.

It does seem that that the perception is that pharmacies are very busy, and indeed that is likely to have been be true, particularly in the last two years. It has indeed been an extremely busy time for pharmacies in the pandemic and workforce pressures have been significant. One response suggested

"if that needs more staff or more hours then so be it".

It is difficult to separate planned from unplanned regarding staffing issues ie, do pharmacies choose to operate the pharmacy with fewer staff than would make workload more manageable, or is this a reflection of these demanding times, with workforce issues due to an expansion in primary care roles as well as with COVID sickness/ self isolation?

It is certainly true that as pharmacies take on more roles, this does need to be balanced with the capacity to deliver on necessary essential services. This can be managed with staff and skill mix, not just another pharmacy, especially if people want to use the pharmacy they already do.

Three quarters of people were happy with current opening times and 94% of people indicate that they could find a pharmacy open when they needed to. Where there were comments around opening times, for some there was a reflection of choice ie wanting their own pharmacy to be open longer, but not that there wasn't any option available.

Would be nice if local pharmacy was open after 6pm - as have to travel a further distance after 6pm or on a Sunday.
Spaced too far apart. Not enough 24 hour pharmacies available
I would have to look it up to find the open one.

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. More than 90% knew a pharmacy that was open on Saturdays. There is a clear indication that people are only aware of the 'one' pharmacy that opens late evenings or on Sundays. There are two pharmacies open 100 hours a week, another two open until 9 or 10pm weekdays and Saturdays and more than these four on Sundays. There needs to be a concerted campaign to raise awareness of opening times as well as location for choice as well as convenience.

In response to the question **"What do you usually go to the pharmacy for?"** 96% of the 166 individuals who responded would usually visit to get a prescription dispensed for themselves and 92% would do this on behalf of someone else.

In 2014, 21% reported visiting for advice whereas in 2021 42% reported this which does seem to indicate some positive behavior change in relation to pharmacy use for advice.

With no access to free medicines for low acuity conditions at the point of care in a pharmacy, and general practice being discouraged from prescribing these items, there has been a recurring question regarding the impact of the cost of OTC medicines. **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?**

Table 30 shows that in 2014 10% reported that it had, in 2017 this number had increased almost 3-fold and this time it was in between. The CPCS referral service does facilitate access to consultations and the ICS has piloted a medicines supply addition for those who do not pay for their prescriptions.

If you have a minor complaint:				
Answer Options	**Yes**	**No**	**Response Count**	**% Yes**
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 2021 survey:	18	149	166	18%

Response to 2017 survey:	68	176	244	28%
Response to 2014 survey:	27	231	258	10%

Table 30. Looking at patient experience of not being able to pay for self-care medicines from pharmacy for minor complaints

Around 60% of the 222 respondents usually use the same pharmacy and when added to those who usually use the same one or two pharmacies (indicating choice) this rises to 87% who use the same pharmacy regularly. So virtually 9 out every 10 people surveyed, 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 also be related to the increased use of prescriptions being sent electronically to their pharmacy (now at about 94%). There was an impression that this may be constraining given opening times. Patients may need to understand that they can change their nomination, in just the same way as they used to be able to walk to any pharmacy with a prescription, if that is convenient to them at the time, or if the service experience is not what they would wish.

Once more usual day to day behaviour resumes, the data supports the potential for opportunitistic public health interventions as around two thirds of the 222 responses already visit a pharmacy in person monthly and the remainder at least as often as four times a year. That creates a significant number of opportunities for intervention especially as the vast majority in Hartlepool still prefer to visit their pharmacy in person.
Almost 70% of respondents (n=161) were aware that pharmacies can offer free advice on healthy lifestyle choices. Less than 10% had used their pharmacy for healthy lifestyle advice, lower than previously, which may reflect recent months. However, far more people than previously (85%) were aware of the availability of a consultation room (perhaps because of using them for vaccination services). Givenn one choice, Figure 25 shows the options people thought that they might ask their pharmacy about.

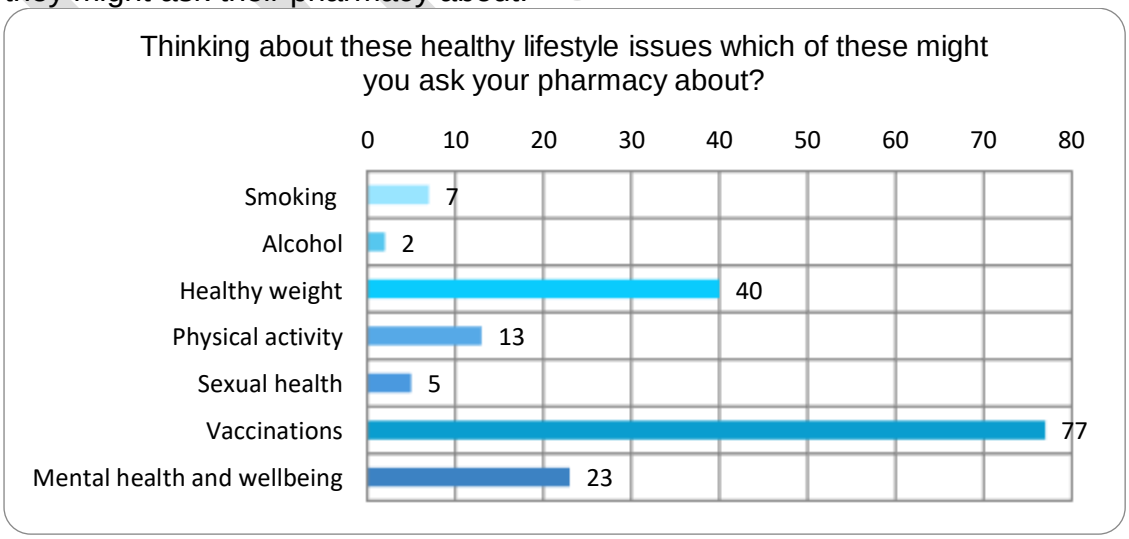


Figure 25. Lifestyle options people indicated that they might ask their pharmacy about.

A 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 responses were many and varied (166 respondents gave 431 responses) reflecting similar trends in previous years. The most frequent response clearly indicates that in 2021 the people of Hartlepool prioritise being near to where they live as a reason for choosing a pharmacy. Knowledge of the population behavior in Hartlepool suggests that people also commonly travel to the town centre for many of their needs, even by public transport, and so may use a pharmacy there rather than nearer to home. (This reflects dispensing volume by pharmacy). Of those who reported using a pharmacy that was easy to access on foot or by public transport, this may not necessarily mean from home as others also reported being 'near to where they work' or shop 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 only the distance from home. Good customer care was the second highest option selected.

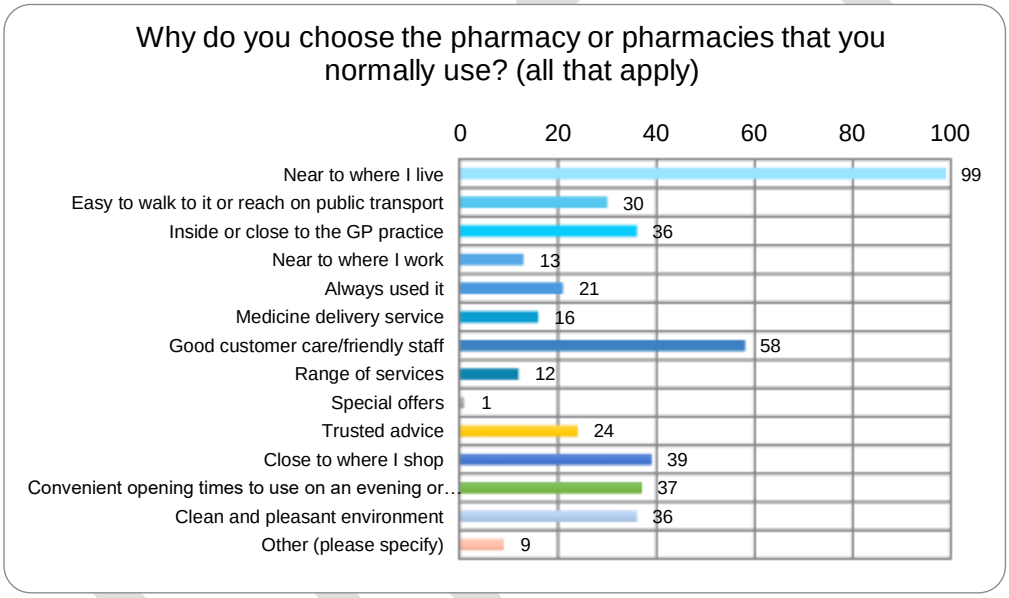


Figure 26. Reasons for choosing the pharmacy normally used by patients/ carers

In the main survey, 85% (n=164) get medicines regularly on prescription.

With a slight reduction since 2017, the great majority (75% of n=167, compared with 85% previously) had their medicines delivered; 10% always had, and 5% got them delivered sometimes. The change may be accounted for by new options; 5% said someone else collected for them and a surprisingly low 7% had only started getting them delivered during the pandemic. Of those giving a reason for having them delivered, 17% noted that it was because they would find it difficult to collect themselves; for 40% it was convenience, 10% because of the pandemic and for another 10% the reason was because it was free.

Although 15% of those completing the main survey did so on paper, 98% of whole 167 survey who answered this question had access to the internet – availability on paper in the hubs may have made it more accessible.

8.5.3 Patient surveys summary

- Most of the respondents described visiting the pharmacy in person, despite the circumstances and influences of the pandemic in the 20 months prior to the surveys.
- Numbers too small for young people's survey but indicated usually access a pharmacy they know or one convenient, their prior experience was good and they would like to be able to have remote access to pharmacy services. Good to note had accessed via NHS111 for CPCS service.
- The great majority of people in Hartlepool (based on the response to this survey) do not get their prescriptions delivered.
- Many 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.
- However, there were examples of long waiting times and poor service seemingly because of being too busy
- 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 the most 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. Insight by free comments suggested that people do not know what is available and when
- Respondents did use pharmacies for information and advice offered by pharmacies, and knew about the privacy of a consultation space
- Free text comments and suggestions made by patients/ public in the engagement exercise will be shared (anonymously) in the relevant places to consider and respond to day to day service improvements
- It is important to note that one in five of respondents had experienced a situation in which the medicines they were offered following self-care advice from a pharmacy were too expensive to buy
- Numbers too small for young people's survey but indicated usually access a pharmacy they know or one convenient, their prior experience was good and they would like to be able to have remote access to pharmacy services. Good to note had accessed via NHS111 for CPCS service.

- Some questions targeted individuals whose first language was not English and in answer to the question “How has it been for you to get the help you need or understand the services available from a pharmacy?” six of eight reported it was easy or very easy.

8.5.4 Other patient experience information: NHS Community Pharmacy Patient Questionnaire (CPPQ) and NHS Complaints

NHSE&I receive and manage patient reports on complaints. This data has not been accessed however NHSE&I did not identify anything of note for consideration as part of the PNA engagement and data collation process.

8.6 Results of stakeholder surveys or feedback related to existing provision

The stakeholder survey process is described in Section 4.3.1.1.
There were 26 visitors to the site but just 14 completed responses, however six of these were on behalf of an organisation. Given the small numbers, most question responses are not presented as charts or percentages.
All either worked for an organisation that involves working with community pharmacy providers of pharmaceutical services, or their own role involved this. Additionally, the work of all 14 responders involved direct provision, or experience of, other providers of pharmaceutical services (in the lay sense i.e., hospitals or general practice). The work of 8 of 17 responses involved experience of either clinical pharmacy in general practice or pharmaceutical services to support organisations (e.g., LA/ CCGs) and five of these involved experience of mental health or prison/ offender pharmaceutical services. It is good that responses include such a diverse set of experiences, but all the more disappointing that total numbers were not greater to be able to add more weight to some of the collective views and experiences presented.

It is useful to note that half of the individuals worked in social care services and also that a good range of wider settings was represented including general practice, local authority, acute sector, nursing, substance misuse service, commissioning organisation.

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? –** the great majority (70% of n=14) did not know enough to say. Just one person thought that there might be an area which might benefit, but in free text mentioned this was for more Sunday opening for 7-day access for supervised consumption rather than the need for additional premises.

Regarding the nationally contracted essential services, the majority of respondents were aware of the essential services that pharmacies provide, fewer aware of ‘promotion of heathy lifestyles’ and Discharge Medicine service. remote access as shown in

There was no strong response suggesting a specific ward or locality might need a new pharmacy or services. The majority of stakeholders who responded did not know enough or did not have a view about several of the questions which makes some aspects of interpretation more difficult – except to suggest that community pharmacy could be more visible in what is being provided.

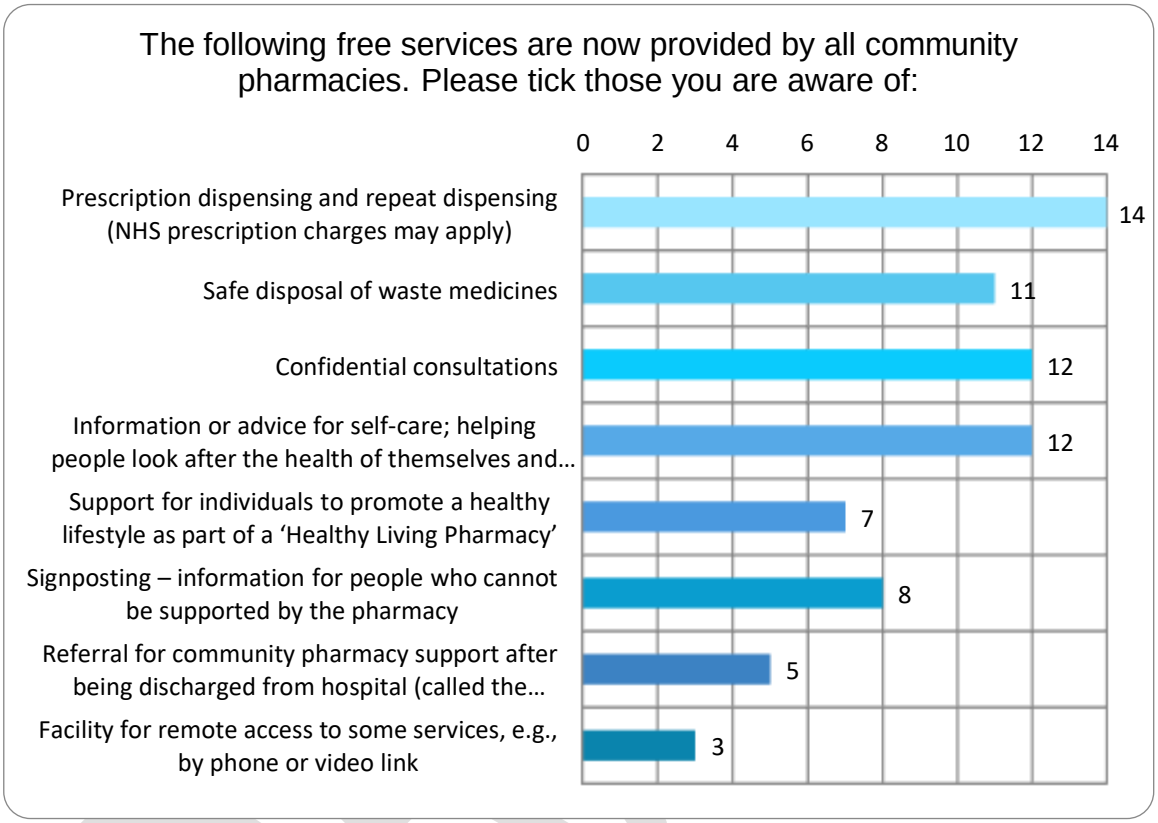


Figure 27.Stakeholder awareness of some essential services (n=14)

There was variation in the advanced services, they considered to be needed in Hartlepool – perhaps hypertension can be identified elsewhere?

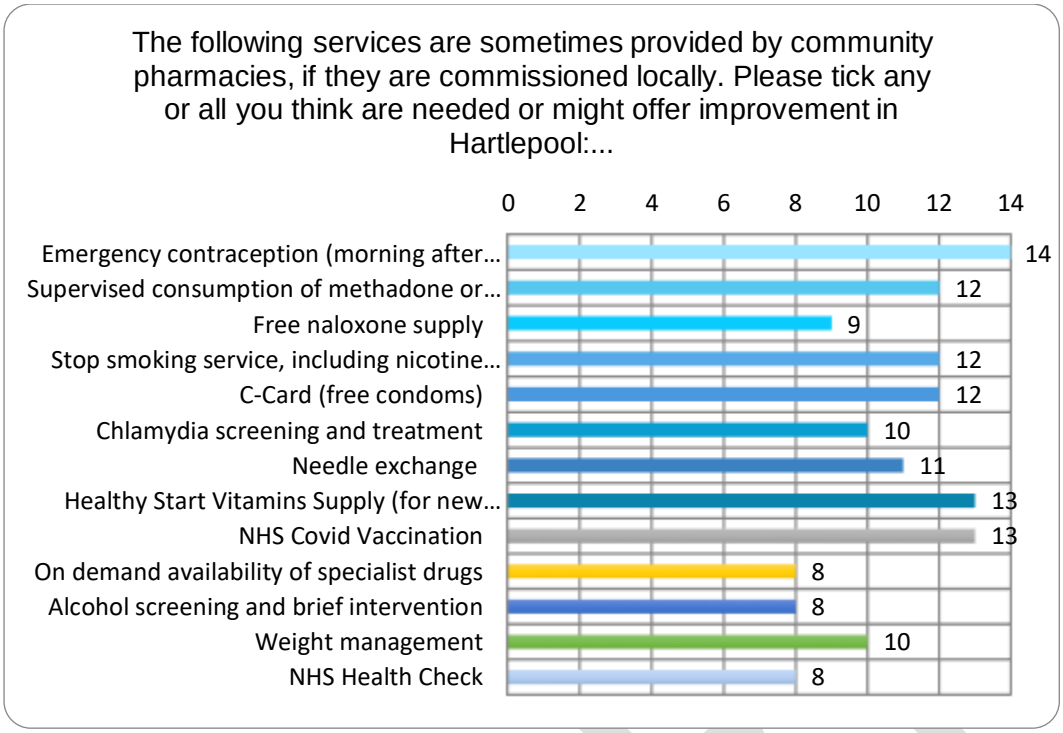


Figure 28 Locally commissioned services – which are needed or might offer improvement in Hartlepol?

Consensus was stronger for the locally commissioned services Figure 28.

- When asked "**Do you think that the existing community pharmacies could be better used to contribute to meeting the health and wellbeing needs of the local population?"** Nine of the ten who expressed a view thought that they could; free text suggestions were given.

- Free text comments regarding support for the deaf community might also apply to others with sensory loss, who are more vulnerable, are digitally excluded or require interpreters. Comments were well made and as a critical friend were constructive. They will be shared with those who can respond with action.

It is important to acknowledge positive comments as well as ones where improvement is required:

Selected freetext positive feedback:

"Community pharmacies offer a fantastic service once a hearing person has made contact on behalf of someone with sensory loss. Pharmacies tend to be much more approachable and helpful than GP surgeries"

"Support for the new substance misuse service was excellent".

"Community pharmacy tend to have good relationships with ….when discharge discrepancies etc. majority are really helpful and work with us"

Room for improvement:

"Currently all NHS services in Hartlepool including community pharmacies rely on telephone contact. Text messaging service would help Deaf and Hard of Hearing people to make contact"

"..services have not been offered with BSL interpreter support to offer equitable access. Interpreters are available from NHSE"

We experience significant difficulty contacting some Pharmacies.

"Better support with practicalities and physical management options - for older people or LD support in managing meds"

8.6.1 Current providers; engagement response

Current providers were encouraged to respond to the PharmOutcomes survey for the pharmacy and submit views as a patient or stakeholder where relevant. A response rate of 95% (n=18) was achieved for the PharmOutcomes contractor survey after extended deadlines. Efforts to secure a 100% return will continue prior to the final PNA. Some questions are used for factual data checking where answers are reported elsewhere and others for views of current and future provision, including the ability to the respond to any identified need to provide current or new services. Recognising that the demand for services is increasing, just one of the 18 who completed the survey, considered that it would be difficult to respond. The other 16, reported that they had the capacity to respond either with or without adjustment. This is an important factor in understanding how contractors might consider their response to invitation for new services, either from NHS England or other local commissioners. The evidence of their responsiveness has already been shown with their activity rates in vaccination and other services. Similarly, there were only isolated cases of individual pharmacies noting that they would not elect to offer one of the services on the large list included on the survey. Responses were overwhelmingly 'willing and able' to provide.
There was also substantive evidence of adjustment to support older people or disabilities from their survey responses.
Several pharmacies were mentioned by name in the patient surveys. Many (but not all) positive.

As part of the community pharmacy data collection survey, 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 languages 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, and also offered by them.

8.7 Consultation Response

Notification of commencement of the consultation period for the Hartlepool HWB draft PNA will be sent by email to statutory consultees and wider stakeholders. The closing date will be set to allow all parties the required statutory 60 days to be able to respond.

The framework of questions to facilitate consultees providing their feedback in response to the consultation will be included in Appendix 4 of the final PNA.

9.0 Local Health and Wellbeing Strategy and Future Developments

The health status of the people in Hartlepool, some of whom 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 quality and sufficient quantity in order to improve health of the local population. Historically, Hartlepool was highly dependent on heavy industry for employment which left a legacy of industrial illness and long term illness. This, coupled with a more recent history of higher unemployment as the traditional industries retracted, led to significant levels of health deprivation and inequalities that rank amongst the highest in the country. Hartlepool and the wider Tees Valley face on-going challenges around the major causes of death and the gap in life expectancy, with statistics worse than England for several indicators of health and wellbeing including obesity, smoking, mental health and more.

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, to improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

9.1 Strategic Themes and Commissioning Intentions

The Health and Social Care Act (2012) established Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) and this, the Pharmaceutical Needs Assessment (PNA) for their area. Hartlepool HWB is a committee of the Council with the mandate to address the health and wellbeing needs of Hartlepool and help reduce health inequalities. The Board brings together leaders from local organisations as strong influencers of health and wellbeing, including the commissioning and provision of health, social care and public health services.
The JSNA identifies strategic themes towards meeting the identified health and wellbeing needs of Hartlepool and a range of existing plans are already in place The work of the Board is guided by the Hartlepool Health and Wellbeing Strategy 2018-2025, published just after the previous PNA in 2018, with priorities the HWB feel are most important for local people, based on the JSNA and other relevant sources of information

The ambition of the current Hartlepool Joint Heath and Wellbeing Strategy is to improve health and wellbeing outcomes and reduce inequalities for our population. It is based on the Strategic strands of Starting, Working, Ageing, Living and Dying Well with a joint ambition to support people to make healthier

choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all. The last two years have required a different focus in response to the pandemic, which is not yet over. Nevertheless, new strategic plans may need to be developed for many aspects of the work of the HWB to reflect on the impact of COVID-19 and work into recovery.
Additionally, the role of the TVCCG is being dissolved as the new ICS takes shape and the role of Primary Networks evolve further.

With the structure of the CPCF as part of the enactment of the NHS Long Term plan, pharmaceutical services providers can continue to play an important role in that recovery and the wiser system to address health and wellbeing challenges and inherent inequality.

9.2 Future developments of relevance

In seeking to identify known future needs for pharmaceutical services, guidance from the Department of Health and Social Care 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
- introduction of special services commissioned by clinical commissioning groups or their successor organisations.

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 realistically, sooner. This is sensible as any identified pharmaceutical need for a new pharmacy could only be addressed by application. Timescale for opening is limited by the application process itself (approximately 18 months to two years maximum from commencing the application). However, the addition of supplementary hours can be intruduced with just 90 days notice.

9.2.1 Housing development and changes in social traffic

The National Planning Policy Framework (NPPF), updated in 2021, sets out the Government's planning policies for England and how these should be applied. It provides a framework within which locally-prepared plans for housing and other development can be produced. The purpose of the planning system is to contribute to the achievement of sustainable development. The Hartlepool Local Plan (2018), which was developed in conformity with national guidance in terms of the NPPF and National Planning Practice Guidance (NPPG), sets out a strategic vision for how the Borough will develop over a 15 year period to 2031. The Local Plan includes a number of large scale housing developments along with some smaller scale housing allocations within the urban area and within some of the villages. All known plans (submitted and approved or pending) have been considered in making this assessment. Local plans also take into account the potential for demolitions and other losses to the existing housing stock of the Borough and development of affordable housing at an indicative level of 18%. The PNA may therefore have regard to all these factors.

At any point in time, plans for development may be at various stages in the process from submission to completion. The PNA will have regard to 'firm plans' in this context, with full planning permission granted and deliverable sites identified, likely within three years. The PNA in 2018 referenced the "Five year supply of deliverable housing sites: 1st April 2017 to 31st March 2022" for Hartlepool and a summary of major development potential in the Borough at the time was reported. Developments have been reviewed afresh for this 2022 PNA in the context of current local plans with expertise from members of the working group from the relevant local authority teams.

Figure 29 shows the location and numbers of new-build dwellings completed in the three years from publication of the PNA in 2018 using the ward boundaries in place at the time. There is often uncertainty in the housing / construction market which means that planned developments may not come to completion. Recent years have been particularly affected by the pandemic however, the pace of activity is now returning.

With the substantial boundary changes towards the south and south west of the town affecting the boundary between the PNA localities now named H1: Hartlepool West and H2: Hartlepool South, this may make it more difficult to compare locations from 2018 to 2022 and going forward. A 'blank' map of the new ward boundaries has been included here (Figure 30) for ease. The 'completions' map will be extended to include data up to the end of year in March 2022, plus location and projections of 'firm plans' to 2025 (using the new ward boundaries) for better visual review in the final PNA.

However, it remains true that where completions (as shown on Figure 29), or firm plans include small numbers of households in any one location this would have little impact in the context of the PNA.

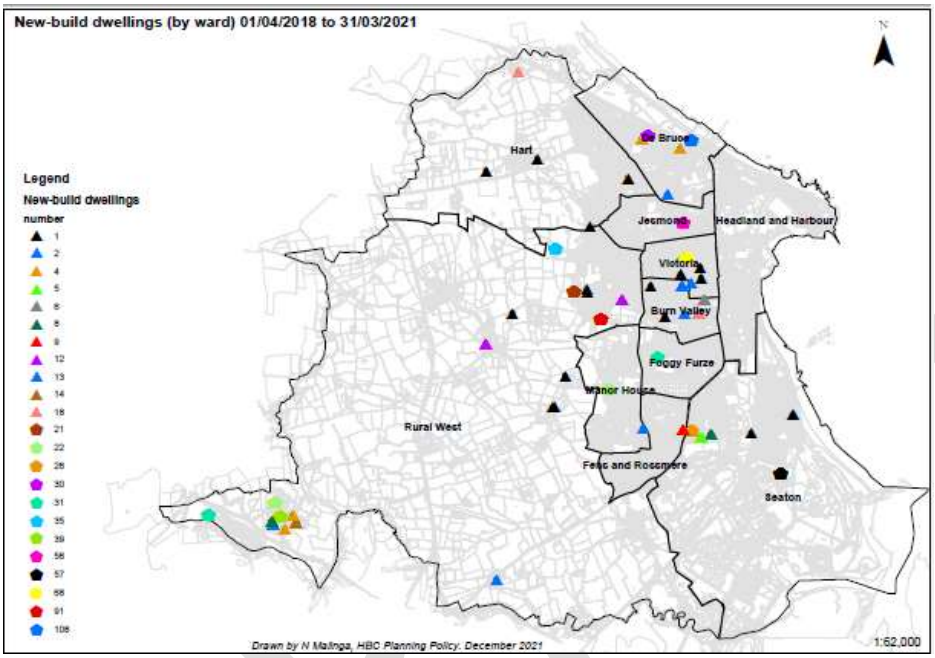


Figure 29. Location and numbers of completed new-build dwellings 2018 -2021

Figure 30. Outlines of new 2019 wards to support recognition of location of household completions and future development

Access to GP or pharmacy is not a daily function[19]. The number and location of completions are not sufficiently large to have changed population or social traffic in such a way as to generate a substantive new need for pharmaceutical services. Data from the TV Combined Authority showed that despite all the construction work that residents might see, the population increased by just 1300 from 2015 to 2020. This is not close to a number which would see existing pharmacies struggle to accommodate their associated pharmaceutical needs. The population of the [Hart] and Rural West ward increased by about 800 over the same time period and may still be increasing as the data lag will ultimately show. However, the population in all the new-build areas of H1:West locality are likely to be generally younger and more mobile by virtue of where they have chosen to live.

New households in the [Hart] ward now have the benefit of a pharmacy at Middle Warren. New households already completed, and still planned, in the north east of the [Rural West] ward may make a choice to use this new pharmacy in this locality too, or the pharmacy in the [Throston ward] of this locality. However, in that part of the [Rural West] ward, residents are also located to the immediate west of the town central wards of [Victoria] and [Burn Valley] with a total of seven pharmacies, including one open 100 hours per week where the GP Extended Access service (weekday evenings and some hours weekend mornings) is also located.

New households to the north in [De Bruce]/ [Headland and Harbour] areas of H3: Hartlepool Central and Coast including those on the former Britmag site are well serviced by existing pharmacies to respond to any additional pharmaceutical needs.

H1: Hartlepool West:

The more substantial active and future developments in the context of the 2021 PNA are in locality H1: Hartlepool West, particularly in the south west corner of the [Rural West] ward in the area of Wynyard on the Hartlepool side of Wynyard village. This is addressed separately in Section 9.2.1.1.

Updates for 2021 on the other largest developments*:*

- High Tunstall Farm: numbers reduced, up to 1200 homes to be developed up until 2033, includes plans for 'public amenity' development. It is envisaged that works will **commence** on site within the next two years but no substantial completion within the life of this PNA.
- Quarry Farm 2; up to 220 dwellings, not all within the next 3 years
- Upper Warren: application for 570 households approved; commenced but completed numbers timetable will not approach one third of this within the life of the PNA.

In H2: Hartlepool South

South West Extension; permission for 1260 households (reduced numbers) but over the course of ten years. This is a large area of land between Brierton and the A689 behind the Fens estate. See map in section Work may start small sometime soon (information at March 2022) and within three years but no impact considered on pharmaceutical needs within the life of this PNA. Development on this site will be closely monitored for progress.

[19] apart from substance misuse services

In H3: Hartlepool Central and Coast:

- Former Britmag site at Old Cemetery Road in Headland and Harbour Ward continues up to 483; completed dwellings up to 2021 shown on Figure 28.

Aside from completion rates, new builds may not always create new households but rather re-distribute social traffic and demand. It may no longer be the case that Hartlepool continues to be a self-contained area in the context of the housing market. Nevertheless, given the geography and demography of Hartlepool, the current status of firm future plans and the existing community pharmacy provision both within the Borough and that close to the Borough boundary (such as at Wynyard in Stockton-on Tees, it is not considered that any identified redistribution of the population or small net influx, will create a new need for pharmaceutical services that will require a new pharmacy to accommodate any change within the lifetime of this PNA.

As new areas of housing develop towards 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 small, even as its populated area expands. For any individual 'contained' home relocation, particularly one that does not necessitate a change of employment, school, or other social mobility, people may similarly maintain some of their previous patterns of movement to access healthcare or pharmaceutical needs.

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.

9.2.1.1 Wynyard development

The development area known as Wynyard Park is located within the Borough Council areas of Stockton-on-Tees and Hartlepool and has been the subject of a significant amount of planning history.

Development at Wynyard Park began a number of years ago following the grant of the original outline planning consent in the late 1990's, and the site continues to grow, providing a significant number of new dwellings, employment opportunities and presenting the need for local facilities and services. The Wynyard Park area has been identified as a major location for housing and employment growth over the next 15 years.

Future plans can be explored in Stockton-on-Tees Borough Councils 'Wynyard Masterplan – Strategic Framework and Delivery' document (November 2019) and permits assessment of any associated potential for pharmaceutical need foreseeable at this point in time.

Figure 31. Map included in the Wynyard Master Plan to show location of development in relation to Hartlepool (and the planned South West Extension)

In addition to the significant housing delivery in the area, (latest estimates 700 – 900 households on the Hartlepool side), the Framework also includes the provision of additional employment land growth, as both Councils recognise that the Wynyard area will continue to provide an important location for future inward investment.

Of key importance is the delivery of primary arterial routes that link separate developments into a single community, in particular the link connecting existing development at the west of Wynyard Park (Hartlepool Borough) to new homes to the east (Stockton-on-Tees Borough).

A primary School opened on the Stockton side of the development in January 2019. Development of a second primary school and initially a 4-form secondary school may come forward towards the end of the PNA lifetime, but more likely after. The Hartlepool Local Plan identifies a need for sports pitches, changing facilities and parking at Wynyard Park; planning permissions will secure the delivery of these to ensure timely delivery of these elements. There may also be an opportunity in the future, when education facilities are provided, to secure other associated sports and leisure facilities for the area. This can be achieved by a community use agreement and may include use of a school hall for community usage on an evening or weekend. Development such as this may contribute to the longer term sustainability of the existing pharmacy and should it look likely that facilities may bring sufficient social traffic in the longer term, could prompt the current provider to respond with the offer of additional supplementary opening hours.

In 2019 Councils liaised with the Hartlepool and Stockton Clinical Commissioning Group (CCG), a predecessor to the TVCCG who provided information about GP practice access for the current residents of the Wynyard site. This indicated that almost

50% of the population attended GP health facilities in Sedgefield, with the majority of the remainder accessing facilities in Billingham, just 5% also at Stillington.

The CCG also offered information to support understanding of the strategic approach to commissioning of health services in the area. This identified that in the future primary care will be delivered through practices working together through Primary Care Networks at a scale that ensures the sustainability of primary care and manages workforce gaps in the sector. This is a significant change in the way practices interact not only with each other, but the wider health and social care system. Practices will move away from delivering services at individual practice level and will work together and with other local health and care providers around natural local communities that make sense geographically, to provide coordinated care through integrated teams. Therefore while the settlement could be of a size to theoretically support new provision of health facility, the change in the primary care model results in future uncertainty.

The impact of the pandemic and imminent change in strategic health infrastructure as the CCG makes way for Integrated Care Boards from April 2022-23 will impact this. The Wynyard masterplan will safeguard the site within the Local Centre site at Wynyard Park for health facilities. There is no essential requirement for a pharmacy to be co-located with a general practice to support the pharmaceutical needs of the community. Community pharmacy is also an NHS contractor in primary care, whose income streams are also significantly dominated by NHS sources. With the current national funding model for community pharmacy, it should not be anticipated or that expected that community pharmacy provision would contribute substantially to supporting the funding of the healthcare facility.

Subsequently, any additional social traffic for health purposes is likely to support the viability of the existing pharmacy, which is currently recognised as eligible for national PhAS funding to support its sustainability. Given that patients currently access health care largely out of the area into the Durham side and /or into Billingham, service users may already have established patterns of behaviour with respect to pharmacy services.

It is acknowledged that existing plans will be significantly exceeded in light of the government approving the Garden Village site at Wynyard which will see the settlement develop further north into the North Burn area, and result in Wynyard having over 6000 homes across Hartlepool and Stockton when it is all built out. However, needless to say this will not be for at least 20 years and does not fall into the assessment for this PNA.

Current firm plans do not indicate that the future need for pharmaceutical services in the Wynyard area would require a second pharmacy for those needs to be met. As the community grows towards completion of the Wynyard Park scheme, also likely beyond the lifetime of this PNA, particularly given the delays of the pandemic, the option for the current provider to respond with the offer of additional supplementary opening hours on a weekend may be evaluated. However this would be for convenience as an element of improvement or better access, carrying much less weight than other influences in other areas of substantially greater deprivation in the HWB area. There is considerable access to pharmaceutical services just a short distance away by car into Billingham, with the option of Hartlepool within 15 minutes drive, plus elsewhere in Stockton and in Sedgefield. Several pharmacies in Billingham alone offer a choice of core opening hours including into the late evening on weekdays and longer hours on weekends.

In summary, at March 2022;

Current firm plans do not indicate that the future need for pharmaceutical services in the Wynyard area would require a second pharmacy for those needs to be met. It is forseable that firm future plans in the Wynyard area within the lifetime of this PNA will support the important longer term sustainability of the existing pharmacy rather than trigger the need for access to a second. Should near future plans come to fruition towards the end of the lifetime of this PNA, but more likely beyond, the existing contractor may respond with the offer of some supplementary hours to support choice of improvement or better access on a weekend.

9.2.2 Health care and GP practice estate

Tees Valley CCG indicated that there are no known plans to commission additional general practice facility in Hartlepool.

There is an on-going process of consultation taking place on potential closure of a branch medical practice at Hartfields. Should that progress to close, patients will still be living where they are and need to access pharmaceutical services from home in the same way wherever their GP registration is. Given current patterns of in-person use of pharmaceutical services, this may not impact on needs for related pharmaceutical services in the area. This should be kept under review by the HWB in respect of any subsequent change or re-distribution of pharmaceutical need arising from any changes, but this is considered unlikely at this stage.

There was a historical trend towards the assumption of incorporation of a pharmacy into any new general practice estate. However, in current and near future times, it should not be considered essential that a pharmacy is co-located with a general practice when the population of the area in which that primary care facility is located is already adequately served with pharmaceutical services. A new community pharmacy provider of pharmaceutical services might be considered of value in those unlikely circumstances that 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 significant need for extended opening hours.

Acute prescriptions - issued during a face to face consultation - account for an increasingly small proportion of all prescribing. Repeat prescriptions are not usually issued following an face-to-face consultation with a prescriber, but remotely. This is particularly true now with widespread implementation of the Electronic Prescription Service (EPS); 94% of prescription items dispensed in 2020/21 were dispensed in this way. On this basis, just 6% of patients leave a consultation with their prescription in their hand. It is unlikely that these are routine daily consultations. An e-prescription can be sent to a pharmacy anywhere, including one close to where the patient lives or works, for convenient collection (or delivery) at any time.

Subsequent to the change in primary heathcare behavior following the pandemic, far fewer will originate as a result of a visit to the GP surgery at all.

The 2018 PNA reported research that showed 65% of all visits to a pharmacy to dispense a prescription did already originate from home and only 27% from the GP surgery – and visits to a pharmacy for prescriptions are now not the sole reason people may want to visit pharmacies.

Where it is possible to influence this, planning and commissioning should consider whether existing local community pharmacy networks may be put at risk if there is not the same opportunity for these networks to deliver new services as estate develops. Without careful planning, the introduction of an additional pharmacy with the associated long-term cost to NHSE&I 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 or community setting may also be considered important issues in certain geodemographic areas, depending on if, or where, those facilities relocate.

In summary, we are not aware of any other near future developments of note in relation to healthcare estate in Hartlepool. Other than the Hartfields consultation, we were not advised of any firm plans for changes in the overall number and/or sources of prescriptions e.g., changes in providers of primary medical services in the area. Should there be any new consideration as the Integrated Commissioning Boards become established (by April 2023), any change or re-distribution of pharmaceutical need arising from any changes is unlikely to impact within the near future lifetime of this PNA.

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 i.e. the need to have a prescription, dispensed is just one of the fundamental pharmaceutical services that are required.

As well as dispensing, it is considered that these additional fundamental needs for pharmaceutical services 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 for pharmaceutical services that are **necessary** to be available 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, and ill-health prevention, 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
- discharge medicines service.

The requirement to have pharmaceutical services available to meet these **necessary** needs of the people of Hartlepool is therefore without question, the more subjective part of the determination is related to access to that provision. What constitutes sufficient access, including choice within the context of the Regulations, to these fundamental services and to any other pharmaceutical services provision considered necessary to meet the current and future 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 those services are available and the personal circumstances of the individuals, or groups that make up the population served by that pharmacy. Personal circumstances may variously include 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 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 for essential services in Hartlepool

10.3 Pharmaceutical needs particular to Hartlepool

Necessary services
There is a pharmaceutical need for a service to dispense day to day prescriptions with reasonable promptness
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 lower 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 to better support 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 prescriber (medical, pharmaceutical, nursing or non-medical healthcare 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

[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.

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 and to 'make every contact count' for health improvement and ill-health prevention. Routine shared decision-making, and feedback two/from a patient about their medicines-use, 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**.

Many long-term conditions have substantial 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** used to treat conditions such as hypertension, asthma, cardiovascular disease and diabetes. As well as clinical monitoring of outcomes of medicines-taking such as 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, 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 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 integrated 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 already provided by the 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 domiciliary 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' 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 (Nazar H B. S., 2016).

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?'
Uptake of screening services could be improved with high quality and targeted support in a wider range of areas.

There is a pharmaceutical need for access to EHC, ideally free at the point of access and for ages below the limit for sale-only supplies. This clinical service is 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.

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. The needs of young people 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. Opportunities to improve rates of use of these services delivered through community pharmacies have 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. People living with long-term health conditions 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, potential for naloxone supply, good quality information, screening and vaccination services. The 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 now introduced as part of CPRS but aspects regarding costs of any OTC need exploring.

Pharmaceutical needs of in-patients in the acute hospitals are provided for by the acute trust. Processes should take place in the trust to facilitate timely 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. The Discharge Medicine Service can help this process run smoothly.
Clinical pharmacy professionals in general practice and also working in care homes can help support medicines reconciliation at transfer of care and wider patient safety processes.

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 pharmaceutical services are available.

Other strategic pharmaceutical needs of the population 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
- clinical pharmacy professionals in primary care developing new ARRS funded roles alongside other healthcare professionals including physicians associates and social prescribers as well as GPs, nurses and others
- pharmaceutical advice to support the patient safety and CPCF 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 which is continuing at pace in general practice and the hospital sectors
- 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. The new medicines service and adoption of an approach to 'Shared decision making' across all sectors will help that.

Finally there is increasing evidence again from this PNA engagement exercise that patient access to a pharmacy may be constrained by a lack of knowledge of service availability and empowerment to act (e.g., to change nomination on ePS). 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.

10.4 Current pharmaceutical needs particular to Hartlepool localities

10.4.1 Locality H1: Hartlepool West

The wards of [Hart] and [Rural West] are characterized by their relative 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 the northern part of this locality. The emphasis on pharmaceutical needs based on demographics is mixed, particularly with the inclusion of the [Throston] ward in this locality which has closer associations with the H3: Central and Coast locality in parts but extends into the space which is for this locality. 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.

10.4.2 Locality H2: Hartlepool South

A characteristic of this locality is a generally lower level of children and higher proportion of older people and it is important that the needs of these ward populations are not overlooked. Service provision often focuses on the needs and demands in the H3: Central and Coast locality.

10.4.3 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 Integrated Urgent Care Service located at the NTFT site in Holdforth Road and GP Extended Access service located at the One Life Health Centre in this locality here are also to be met.

11.0 Statement of Need for Pharmaceutical Services in Hartlepool

How can pharmaceutical services contribute to shaping the future of health and wellbeing in our Borough as well as responding to current pharmaceutical needs?
This section will have regard to all the information collated and considered 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. Regulations do not include a definition of what is a necessary service and what is not, so the HWB has discretion and may or may not give weight to certain factors as it chooses.

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 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 also be those that are currently identified or are identified in relation to an anticipated **future benefit from improvement or access.**

Finally, 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: essential services provide by dispensing doctors or DACs

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. There are no Dispensing Appliance Contractors in Stockton-on-Tees. DACS located out of the Stockton-on-Tees HWB area continue to contribute to meeting some of the **necessary** essential services for the dispensing of appliances in the HWB area.

11.2 Statement of need: pharmaceutical need for essential services provided by community pharmacy contractors

11.2.1 Borough of Hartlepool – all localities

The essential services of the CPCF are **necessary services** in all localities of Hartlepool. They are available from the 19 **current** community pharmacy providers of pharmaceutical services from locations described in section 8.0. 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 days and times that those services are provided being one of the few variables with respect to Essential services) and the small contribution made by service providers outside of the Hartlepool 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 able to meet the current and likely future pharmaceutical needs for Essential services in all three 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 majority of respondents stated that it was easy to visit a pharmacy and that they could find a pharmacy open when they needed one. For the pharmaceutical needs for the **necessary** essential services 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 100-hour pharmacies in Hartlepool are **necessary providers** of pharmaceutical essential services during their core opening hours, particularly at evenings and weekends, to the whole of the Hartlepool area. The HWB would regard any reduction in their services by virtue of reduced opening hours as creating **a gap** in availability of **necessary services** 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: Hartlepool West some of the need is met by providers of pharmaceutical services just outside the locality. Some providers of pharmaceutical services outside the HWB area provide 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 having had regard to provision of population based (not practice based) GP Extended Access from Chadwick Practice located in H3: Hartlepool Central and Coast locality at One Life Centre, Hartlepool and 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. Patients book via NHS111. The HWB has also had regard to the GP Extended hours that are likely to be available in all three localities on weekdays at similar times. Current providers in the H3: Central and Coast locality are available to meet any pharmaceutical need for Essential services at these times, e.g., to dispense a prescription. Existing providers in the other localities may consider the opportunity to offer improvement or better access to pharmaceutical services between 6pm and 8pm on (some) weekdays, via supplementary hours, once the dimensions of the new Extended hours service is known.

Taking all into account, based on current needs and near future needs, there are **no gaps in pharmaceutical services provision** of **essential services** that could not be addressed through the existing contractors and commissioned directed services. There is therefore no current need for any new provider of community pharmacy essential services in Hartlepool.

The local health needs of the Borough of Hartlepool 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 both premises and staff; there is a greater opportunity cost of not maximizing the potential of these services.

Appliances: There is a need for appliances as well as medicines to be dispensed as part of the essential pharmaceutical services available.

The HWB assessed the annual number of prescription items for appliances from all practices in the area and the year on year increase in items. The HWB had regard to the fact that there are no Dispensing Appliance Contractors in Hartlepool which is a long established situation. The HWB also had regard to the information that 85% of prescriptions for appliances issued for the people of Hartlepool are dispensed by pharmacies located within the area and recognises the contribution made to support access to this essential service from DACs out of the area. The HWB noted that patients have a choice of where to access the service of dispensing for the appliances given the number of pharmacies shown to be dispensing appliances and the five DACs that are accessible remotely.

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 all of the above, the HWB considers there is currently **no gap** in the provision of this pharmaceutical service for dispensing of appliances. Given volume growth and items and numbers of providers there is no need or near future need that cannot be met by existing providers 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 health, public health and wellbeing intervention within the H3: Hartlepool Central and Coast locality. All pharmacies should be recruited to actively pursue all opportunities through the **necessary** essential services. Clear strategies for intervention and reporting could be developed and supported.

Since the last PNA in 2018 a pharmacy in this locality has closed. There are six other pharmacies in the immediate vicinity and existing contractors have ben able to respond. The opening of a new pharmacy in the H1:Hartlepool West locality maintained the same number of contractors overall, with improved distribution of access to **necessary** essential services.

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: Hartlepool South

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 area described above. Some providers outside the HWB area, including Wynyard pharmacy in Stockton on Tees, may

offer 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 limited housing development is underway in this locality currently, 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.

There are two pharmacies in the H2: Hartlepool South 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~~ The continuation of national Pharmacy Access Service (PhAS) funding ~~allocated by national government to~~ is for Seaton pharmacy acknowledges this necessary pharmacy in this locality. The current support package began in January 2022 and will run until the next PhAS review, which will be no earlier than April 2023. Existing contractors may be mindful of the opportunity to offer improvement or better accesss to essential services with supplementary hours should a GP Extended Hours be offered in this locality.

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.
Considering the future needs of the population of this locality, there are plans for new housing provision as part of the South West Extension in this locality. However, best estimates of firm plans suggest that this will not impact on the need for essential services in this locality within the lifetime of this PNA. All known plans (submitted and approved or pending) have been considered in making this assessment.

11.2.2.3 Locality H1: Hartlepool West

Section 8.2.1 describes the availability of existing services in some detail. This locality has had the benefit of a new provider of pharmaceutical services opening here since the last PNA. This now secures the **necessary** essential services in this locality. This pharmacy is eligible for the pharmacy access payment which may support as it becomes established.

It is acknowledged that some of the population of Rural West require transport to be able to access the essential pharmaceutical services that are provided only short distances away outside of their ward. However, car ownership is high and the choice of pharmacies within a few miles is great.

Considering the future needs of the population of the Rural West ward, there are plans submitted, and some approved, for further household construction in this ward. All known plans (submitted and approved or pending) have been considered in making this assessment. There has been, and continues to be visible housing development on-going in the Bishop Cuthbert/ Middle Warren area of the Hart and Rural West wards. However, the net gain in persons is smaller than construction activity might suggests. There is no substantial new

need for pharmaceutical services that cannot be met by existing providers, particularly with a new provider of pharmaceutical service in the locality. 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:Central& Coast and car ownership rates are likely to be high; the current and likely near future pharmaceutical needs could easily be met by the large range of pharmacies available, within a very 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.

Both H1 and H2 Localities. Considering the availability of pharmaceutical services on weekdays in the H1: Hartlepool West, or H2: Hartlepool South localities. For the few prescriptions, or other essential services, or CPCS referrals required on any given weekday evening beyond 6pm it is considered that the choice of four nearby pharmacies in locality H3 offering services later, would meet the necessary population needs. Once firm plans for GP Extended Hours or Extended Access are known after October 2022 the potential for better access to pharmaceutical services in relation to weekday opening times beyond 6pm sits with the existing pharmacies. Should any of the pharmacies choose to respond by offering increased supplementary hours on a weekday evening they can do so on a trial basis at any time, giving three months notice of their intention to start and the same notice should they subsequently wish to withdraw these hours having tested activity.

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 located in this locality to meet the needs for **necessary** pharmaceutical services in the locality.

The need for essential services may change beyond the lifetime of this PNA. The HWB would wish to note that any potential new provider of pharmaceutical essential services that would be located in Locality H1:Hartlepool West or H2:Hartlepool South and within two miles of any existing provider (including that at Wynyard in the Stockton-on-Tees HWB area), that did not offer any regular core hours on each weekday evening after 6pm and until at least 8.30 pm, nor any substantial core provision at weekends (particularly on Saturday and Sunday afternoons until at least up to 5pm, would not offer any unforeseen benefits. Any potential new provider of essential services in any locality must offer improvement or better access to the days on which and times at which core pharmaceutical services are available now, on weekday evenings and on weekends.
Current firm plans do not indicate that the future need for pharmaceutical services in the Wynyard area would require a second pharmacy for those needs to be met. It foreseeable that firm future plans in the Wynyard area within the lifetime of this PNA will support the important longer term sustainability of the existing pharmacy rather than trigger the need for access to a second. Should near future plans come to fruition towards the end of the lifetime of this PNA, but more likely beyond, the existing contractor may respond with the offer of

some supplementary hours to support choice of improvement or better access on a weekend.

11.3 Pharmaceutical need for advanced services

11.3.1 Hartlepool – all localities

11.3.1.1 New Medicines Service (NMS)

Services to support people managing their medicines are pharmaceutical services which provide **improvement or better access** towards meeting the pharmaceutical needs of the population. 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

11.3.1.2 Community pharmacy NHS seasonal flu vaccination service

Year on year the provision of this service through community pharmacy is increasing, and recently substantially. The majority of service provision for seasonal flu vaccination remains with general practices and as such, the pharmacy service is not yet considered 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.

11.3.1.3 Community Pharmacy Consultation Service

It is too early to understand the impact of this service but preliminary indications suggest that patients will experience **improvement or better access** to medicines via the service. All providers in Hartlepool have signed up to provide the service and volume is increasing. This supports additional interventions with patients to support integration into urgent care, support self and better management of repeat medication.

11.3.1.4 Appliance use reviews (AURs)

AURs may provide **improvement or better access** for patients managing appliances. Data suggests that pharmacy contractors have engaged with this service as appliance dispensing has increased.

11.3.1.5 Hypertension Case Finding Service

It is too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides **improvement or better access** for patients.

11.3.1.6 Community Pharmacy Hepatitis C Antibody Testing Service

It is too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides **improvement or better access** for patients.

11.3.1.7 Stop smoking on discharge from hospital service

It is too early to understand the impact of this service but it is envisaged that provision of this service commissioned by NHS England provides **improvement or better access** for patients.

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 Covid vaccination service

This service is only temporarily commissioned it remains to be seen what the on-going need for this service will be.

11.4.1.2 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 where 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.

11.4.1.3 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 as they have done so recently.

11.4.2 Common Ailments & Sore Throat Test and Treat

Although still listed in the enhanced services that may be commissioned by NHSE&I this service has largely been superseded by the Community Pharmacy Consultation 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 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

11.5.1.2 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 volume of provision of this **other NHS service** and determines that the EHC locally commissioned service is **necessary** provision by community pharmacies in all 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.

11.5.1.3 Stop smoking Service

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, a contribution from community pharmacy to this service would offer **improvement or better access** 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 but instead use a 'voucher' system for patients to access a pharmacy for dispensing or where GP practices have little capacity. 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 **a gap** in the provision of this pharmaceutical service that an 'other NHS service' might have the opportunity to meet.

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. Commissioners are currently re-starting this service post pandemic. **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 pharmacy 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.

11.5.1.6 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 medicines (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.

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

PWID 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, and availability on a Sunday, 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. Several 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 CPCS service is offering some opportunity to manage low acuity conditions. As this service is develops there may be opportunity to review the place of supportive services. There is **no gap** in provision in this '**other relevant service'** is identified. New information published as a consequence of the CPCS pilot service will be evaluated fo consideration of future need.

11.6.2 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.

11.6.3 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 Primary Care Networks. 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.

11.6.4 Disease specific medicines management service

Having regard to current NHS provision to support patients with long term conditions in PCNs, there is **no identified gap** in local provision via community pharmacy

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.

11.6.5 Gluten free (GF) food supply service

Where national guidance is followed locally, it not considered that a locally commissioned community pharmacy service is required. The enhanced service specification remains in legislation should an alternative supply pathway be considered in the future.

11.6.6 Home delivery service

Other than for the pandemic response, 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 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 and widespread arrangements to support domiciliary delivery of both medicines supply itself, but also some pharmaceutical services.

11.6.7 Alcohol brief intervention service

Whilst the essential services of the CPCF 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.

11.6.8 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 evidence of a need to improve signposting information available for the commissioned language access service to improve support for patients accessing community pharmacy services.

11.6.9 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.

11.6.10 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 essential services of the pharmacy contract and to support hospital, 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.

11.6.11 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.[21]

11.6.12 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** for vaccinations other than seasonal flu, such as hepatitis B for example.

[21] 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.

11.6.13 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 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.

11.6.14 Schools service

Schools have certain responsibilities in relation to medicines that would benefit from pharmaceutical advice. Having regard to the current level of provision available there is considered to be **no gap** in provision based on current needs.

11.6.15 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 nationally have at times been 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 first attempted locally.

11.6.16 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. For example, a successful pharmacy- based service for Hepatitis C and B screening has been promoted by the Hepatitis Trust. The patient and professional Cost-effectiveness and ability to target areas of current poorest uptake might influence likely future needs.

11.6.17 Supplementary prescribing service

Opportunities for pharmacies, or pharmacists in other locations such as general practice settings, to prescribe for minor ailments and conditions and also to operate specialist clinic services such as for INR monitoring, stop smoking, long term condition management or services for drug users are being explored via national policy and strategy with respect to pharmacists training as supplementary or independent prescribers may provide improvement or better access to such pharmaceutical services in the future.

12.0 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.

There has been little change in the Pharmaceutical List in the Hartlepool HWB area since the last PNA (2015) with just one extant grant for a new pharmacy being approved within the statutory consultation period of this, the 2018 version. 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, the current provision thereof (including that extant grant for a new pharmacy) 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 providers other 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.

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, 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 become more integrated into the strategic work undertaken for 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 that may wish to know or understand more about the need and provision of pharmaceutical services to the population of Hartlepool, it is suggested that an easy read guide to the PNA is produced alongside the statutory document.

It is important to invest effort and resource to work with existing providers to ensure that the best standards of quality and value for money and the optimum range of all services are delivered. This is particularly true when new services are implemented or exiting services are updated. The on-going support of the LPC in this regards is acknowledged. It requires all commissioners to maintain contract specifications and engagement with contractors.

3. 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

4. There is great benefit to be achieved by better public and professional access to accurate and timely information on pharmacy opening hours, services and location to ensure that all the population, including those with a protected characteristic, may benefit. Suggestions from the patient survey and consultation for the PNA should be further evaluated and shared with those who can act upon it.

5. There is scope for improvement in the delivery of the advanced services of the CPCF 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.

6. 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 Working and Steering groups wish to acknowledge the contribution made by all of those who have been involved with the development of this PNA including those patients and members of the public who responded to the engagement processes.

14.0 Glossary of Terms

Abbreviation	Explanation
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
CNTW	Cumbria Northumberland Tyne and Wear
CPCF	Community Pharmacy Contractual Framework
CPNx	Needle Exchange
CPPQ	Community Pharmacy Patient Questionnaire
CPRS	Community Pharmacy Referral Service
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
FYFV	Five Year Forward View
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
LDC	Local Dental Committee
LOC	Local Ophthalmic Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MAS	Minor Ailment Scheme
MUR	Medicines Use Review
NHS	National Health Service
NHSCB	NHS Commissioning Board (NHS England)
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
NUMSAS	NHS Urgent Medicine Supply Advanced Service
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
P	Pharmacy only medicine
PCT	Primary Care Trust
POM	Prescription Only Medicine
PERMSS	Pharmacy Emergency Medicines Supply Service
PharmOutcomes	Community Pharmacy Contractor Platform
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
(PhwSI)	Pharmacist with a Special Interest
PNA	Pharmaceutical Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
SOAs	Super Output Areas
SSS	Stop Smoking Service
SSSS	Specialist Stop Smoking Service
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TVPHSS	Tees Valley Public Health Shared Service

15.0 List of Appendices

APPENDIX 1. Transcript of PharmOutcomes® Community Pharmacy Survey Questions

APPENDIX 2. Engagement and Consultation Plans

APPENDIX 3. Engagement Surveys. Paper versions of the two patient surveys and a 'blank' of the Stakeholder and Young Persons surveys.

APPENDIX 4. Summary of Consultation, including the Consultation framework questions used; to be included here in the final PNA.

APPENDIX 5. Distances between pharmacies in the Hartlepool HWB area.

APPENDIX 6. The full Pharmaceutical List of community pharmacies contracted to the NHS in the Hartlepool HWB area, showing Core, Supplementary and Opening Hours.

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PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Service Design

- **Browse Service Library**
- **View service accreditations**
- **Edit Service Design**

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire **ONCE** ONLY to report the facilities and services offered by your

2021 PNA PHARMACY CONTRACTOR Questionnaire Stockton/ Hartlepool (Preview)

Date of completion 14-Mar-2022

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, available here, that you will check as part of this PNA process. You must USE THIS NAME when completing the box above.

Trading Name of Pharmacy

Address of Contractor

Post Code

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

IMPORTANT: Any information entered on this questionnaire must match the information on the Pharmaceutical List held by NHSE&I - a copy of the list is provided for you to check. Any discrepancies should be raised

pharmacy.

If you have any questions about how to fill out this questionnaire using PharmOutcomes, contact your local LPC - Sandie Keall via sandie.keall@nhs.net

Entitled to Pharmacy Access Scheme payments?

- ○ Yes
- ○ No

directly with NHSE&I. The information must also match the information on both the NHS Website and Directory of Services.

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Premises specific NHS email account

Pharmacy telephone

Pharmacy website address
If no website write no website

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

Consent to store this data on Pharmoutcomes & use for PNA ○ Yes ○ No

Change to Terms of Service

REMINDER ONLY: Terms of Service Changes From November 2020, changes were made to the Terms of Service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the approvals under them. (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan). See PSNC for details

Opening Hours

Your CORE Opening Hours are either 40 or 100 per week. Please tick one box as applicable.

Pharmacy Opening Hours per Week ○ 40 ○ 100

Is the information held by NHSE&I, about your current opening hours, correct? ○ Yes ○ No

If you think your opening (core or supplementary) hours on the Pharmaceutical List provided here may be incorrect, select the No option, then YOU, the PHARMACY CONTRACTOR MUST contact NHS England to apply or notify any changes to hours required. Email contact is ENGLAND.Pharmacyandoptometry@nhs.net If you are a multiple pharmacy then contact your line manager in the first instance.

Consultation Facilities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2020 set out requirements for consultation rooms and timescales for compliance. Please tick the statement below that reflects the current position for your pharmacy.

Availability of consultation room:

- ☐ Room available as per current Regulations
- ☐ Room not available (Exemption)
  Exemption approved due to pharmacy size
- ☐ Room not available (Exemption pending)
  Exemption applied for
- ☐ Room not available (Planned)
  Room planned before 1st April 2023
- ☐ Distance Selling Pharmacy - exempt
  Consultation room exemption for DSP

Remote Consultation

From 8 November 2020 Terms of Service changes included facilitation of remote access to pharmacy services with requirement for phone/ video link location to avoid being overheard. Please tick the statement below that reflects the current position for your pharmacy

Facilities for remote consultation

- ☐ Phone in consultation room
- ☐ Video-link facilities in consultation room
- ☐ Suitable phone elsewhere
  location avoids being overheard
- ☐ Video-link elsewhere
  location avoids being overheard
- ☐ Other
  indicate any plans if you wish

Essential Services (appliances)

In this section, please tick the option which best describes the dispensing of appliances in your pharmacy.

Appliance dispensing:

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

Essential Services (dispensing adjustments)

Does the pharmacy have the facility to apply any of the following reasonable adjustments when dispensing?

Large print labels ☐ Yes ☐ No

Easy-open containers ☐ Yes ☐ No

Provision of medication in Multi-Compartment Compliance Aid (MCCA) ☐ Yes ☐ No

Reminder charts ☐ Yes ☐ No

Advanced Services

Please tick which of these Advanced Services your pharmacy provides

New Medicine Service ☐ Yes ☐ No

Appliance Use Review ☐ Yes ☐ No

Stoma Appliance Customisation Service ☐ Yes ☐ No

Flu Vaccination Service ☐ Yes - provided before ☐ Yes - starting this year 2021 ☐ No

Hover over the options for more description

Lateral flow test distribution ☐ Yes ☐ No

Hover over the options for more description

Community Pharmacy Consultation Service (CPCS) ☐ Yes ☐ No

Pandemic delivery Service (when in ☐ Yes ☐ No

Hover over the options for more description

operation)

Hypertension Case Finding Advanced service (started 1.10.21)

☐ Yes ☐ Yes - intend to provide ☐ No
Hover over the options for more description

Planning to provide Smoking Cessation Adv Service starting 1.1.22

☐ Yes ☐ No
Hover over the options for more description

Note the above service is a NEW Advanced Service for patients referred from a hospital setting. DO NOT CONFUSE with any Local Commissioned Service

Enhanced Service - COVID Vaccination

This service has been commissioned in phases. Please tick which applies to your pharmacy

COVID Vaccination NHSE Enhanced Service

- ☐ Yes - provided from Phase 1/2
  provided 2021 and intend to continue
- ☐ Yes- from Phase 3
  Started from Phase 3 and intend to continuet
- ☐ Yes - plan start Phase 3
  Have not provided as yet but intend to start
- ☐ Provided before but now stopped
- ☐ No
  no plans to provide this service

Locally Commissioned Services

These are services commissioned by Local Authorities or the CCG (for now). They may also be commissioned by other providers who have been commissioned by the Local authority or CCG, for example Sexual Health or Substance Misuse Services. Important: If you provide any of these as a private service please record this is the later section headed 'PRIVATE SERVICES', not here. This is a long list and we know many

are not commissioned locally, but the PNA considers possible services as well as existing ones. So for each service please tick the statement that best applies to your pharmacy. CP - currently providing this commissioned service WA - not providing now but 'willing and able' to do so if commissioned and trained X - not providing and not willing to provide this service

Emergency Hormonal Contraception (via PGD)	○ CP ○ WA ○ X Hover over the options for more description
C-Card (registration or supply)	○ CP ○ WA ○ X Hover over the options for more description
Chlamydia (test only)	○ CP ○ WA ○ X Hover over the options for more description
Chlamydia (test and treat)	○ CP ○ WA ○ X Hover over the options for more description
Healthy Start Vitamin Supply - free to those with voucher	○ CP ○ WA ○ X Hover over the options for more description
On demand availability of specialist drugs	○ CP ○ WA ○ X Hover over the options for more description
Supervised Self-Administration Methadone and Buprenorphine	○ CP ○ WA ○ X Hover over the options for more description
Needle and Syringe Exchange	○ CP ○ WA ○ X Hover over the options for more description
Hepatitis B vaccination (at risk workers or patients)	○ CP ○ WA ○ X Hover over the options for more description

The service above is an optional service for pharmacies delivering needle exchange service in Stockton

BBV testing Kit Supply ○ CP ○ WA ○ X
Hover over the options for more description

The service above is an optional service for pharmacies delivering needle exchange service in Stockton

Naloxone Supply ○ CP ○ WA ○ X
Hover over the options for more description

The service above is an optional service for pharmacies delivering needle exchange service in Stockton

Smoking Cessation Services

Smoking Cessation (full 'One Stop') ○ CP ○ WA ○ X
Hover over the options for more description

Stop Smoking Service - NRT Dispensing Only Service ○ CP ○ WA ○ X
Hover over the options for more description

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

Other Services

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

Contraception Supply - new service being piloted NHSE ○ CP ○ WA ○ X
(not an EHC service)
Hover over the options for more description

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

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

Gluten Free Food Supply (not via FP10)	○ CP ○ WA ○ X i.e not supply on FP10 prescription Hover over the options for more description
Adherence support for Long Term Conditions e.g., hypertension, diabetes etc	○ CP ○ WA ○ X Hover over the options for more description
Anticoagulant monitoring	○ CP ○ WA ○ X Hover over the options for more description
NHS Health Check	○ CP ○ WA ○ X Hover over the options for more description
Sharps Disposal eg diabetic not needle ex	○ CP ○ WA ○ X Hover over the options for more description
Independent Prescribing	○ CP ○ WA ○ X Hover over the options for more description
Directly Observed Therapy eg., drugs for TB or HIV	○ CP ○ WA ○ X Hover over the options for more description

Screening Services

Alcohol Brief Interventions	○ CP ○ WA ○ X Hover over the options for more description
HIV Screening	○ CP ○ WA ○ X Hover over the options for more description
Gonorrhoea Screening	○ CP ○ WA ○ X Hover over the options for more description
Hepatitis B screening	○ CP ○ WA ○ X Hover over the options for more description

Cholesterol Testing ○ CP ○ WA ○ X
Hover over the options for more description

Diabetes Screening ○ 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 are not currently commissioned locally. Please indicate of you are
[B]WA - willing to provide if commissioned
X - not willing to provide

Childhood vaccinations ○ WA ○ X
Hover over the options for more description

HPV Vaccination ○ WA ○ X
Hover over the options for more description

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

Other (please state)

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 Testing
- [ ] Diabetes Screening
- [ ] COPD Screening
- [ ] HIV Screening
- [ ] Hepatitis B Screening
- [ ] Gonorrhoea Screening
- [ ] Chlamydia (test only)
- [ ] Chlamydia (test & treat)
- [ ] Full sexual health screen
- [ ] H. pylori Testing
- [ ] Alcohol Brief Intervention
- [ ] Medication Review Service
- [ ] Medicines Assessment and Compliance Service
- [ ] Medicines Optimisation Service
- [ ] Emergency Supply Service
- [ ] Other

Next, vaccination services

Private services provided - vaccination

- [ ] HPV Vaccination
- [ ] Hepatitis B Vaccination
- [ ] Travel vaccine(s)
- [ ] Childhood vaccine(s)
- [ ] Varicella Vaccination
- [ ] Pneumococcal pneumonia vaccination
- [ ] Flu vaccination to those not eligible for NHS service
- [ ] Other

Other services

Private services provided, continued

- [ ] Medicines sales for self care
- [ ] Cardiovascular risk
- [ ] EHC Supply
- [ ] LARC Supply and Administration
- [ ] 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 check
- [ ] Medicines delivery (see later)
- [ ] Other

Collection and Delivery services

Collection and delivery services are not part of the NHS Terms of service for dispensing , however, we know some pharmacies offer these so we need to understand what the local population may have access to currently

○ Yes ○ No

'Collection' of prescriptions from surgeries Hover over the options for more description

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

MDS - compliance aid delivery ◯ Yes - all charged ◯ Yes - charge based on assessment ◯ Yes - free of charge ◯ No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following questions:

What languages other than English are spoken in the pharmacy?

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

Do you use a Translation Service?

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

Additional Information

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

Any other private services offered?

Are there any services you consider would be particularly valuable to the population who visit your pharmacy? If so, describe here

We understand that all pharmacies have been directly impacted by COVID and appreciate it has been a very challenging and difficult 18 months. To understand how this has affected pharmaceutical services in this period it would be helpful to know:

○ Yes ○ No

Has your pharmacy applied for and been granted adjustment to opening hours at any point during the pandemic?

Has your pharmacy stopped providing any advanced or locally commissioned / enhanced services during the course of the pandemic?

○ Yes ○ No

Looking to the Future

The PNA looks forward to the next three to four years. Putting current issues of the pandemic to one side, this question is asking you to consider the capacity of your pharmacy to respond and adapt as future demand for services increases. Consider carefully and please tick one best answer.

Capacity to respond to demand

- ☐ Have capacity to respond
  have capacity to manage increased demand within existing premises and staffing levels
- ☐ Capacity to respond - with adjustments
  could make adjustments in premises or staffing to manage increased demand
- ☐ Would be difficult to respond to increased demand
  don't have sufficient premises or staffing capacity to adjust

CONTACT IN CASE OF QUERY

Please tell us who has completed this form in case we need to contact you. In completing this form you are declaring that basic premises

information and opening hours is correct. In the case of opening hours if not correct I have notified NHSE&I .

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

Sent to 86.145.78.23 from node 17 in 0.155secs (6MB) A/prim

APPENDIX 2
Engagement Plan (29th November 2021 to 24th December 2021) – extended to 11th January 2022

Working Document

1. **Direct circulation of surveys to public or stakeholder organisation by email to:-**
   - All HBC Councillors
   - All HBC Staff
   - All members of the Health and Wellbeing Board
   - All stakeholder organisations that will be statutory consultees on the draft PNA:
     - LPC
     - LMC
     - All Pharmacies in Hartlepool
     - Healthwatch and Youthwatch
     - Any other patient, consumer, or community group in the area which the Health and Wellbeing Board believes has an interest in the provision of pharmaceutical services:
       - The Youth Council
       - Post-16 education and training organisations (colleges)
       - Existing adult forums (e.g. the Learning Disability partnership Board, Mental Health Forum, 50+ Forum Armed Forces Liaison Group) and community groups (Inc. minority groups)
       - Hartlepool Voluntary and Community Sector Organisations
     - Any NHS trust or NHS foundation trust in the Health and Wellbeing Board's area":
       - North Tees and Hartlepool NHS FT (HWB member)
       - Tees Esk and Wear Valley NHS FT (HWB member)
     - NHSE&I (HWB member)
     - Parish Councils
     - Housing provider
     - Covid Community Champions

   - PNA Working Group members (in addition to those already included in above lists e.g. CCG)

   - Other stakeholders not otherwise included:
     - Integrated Care Board / Integrated Care Partnership representative
     - GP Federation
     - Local Dental Committee
     - Local Optometry Committee
     - NECS as provider of primary care medicines optimisation
     - Hartlepool residential/nursing care homes
     - Providers (other than residential homes) e.g. adult social care provider, children's social care provider, domiciliary care provider
     - Providers identified via public health teams contacts e.g. Drug and alcohol service provider(s), Sexual health service provider, Stop smoking service provider, 0-19 service provider
     - Alice House Hospice
     - Hartlepool Businesses (including those involved in the Better Health at Work Scheme)

2. By snowball cascade from above e.g.:

- All HWB partners asked to publicise with their staff
- LPC share with community pharmacies and promote via their Social media pages.
- GP federation to cascade to general practices and Primary Care Network leads if possible
- Lead HBC officer and Hartlepower to cascade across the VSC
- Staff to share with their suitable contacts
- Covid Community Champions to cascade to contacts

3. Via focus group/ meeting attendance with representatives of:

- NHSE/I
- LPC
- Healthwatch
- CCG
- Public health pharmacists group (north east)

4. Paper copies available via:

- Community Hubs and satellite centres (x5)
- Civic Centre
- Upon request via post – email to request further information / postal copy included on the website where surveys are held / promoted and on promotional material e.g. posters / Hartbeat etc.

5. Other promotion of opportunities to get involved:-

i) Posters encouraging completion of public/ service user 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)
- Hartlepool Care homes
- All Hartlepool pharmacies
- Hartlepool Police Station
- Colleges

ii) Web sites (HBC / Hartlepool Now)

iii) Press releases

iv) Hartbeat

v) Social media promotion:

- Facebook
- Twitter

Appendix 3

Pharmacy Users Survey

We are inviting you to tell us about pharmaceutical services in your area. This is to help understand what local people might need from pharmacies and their services using a process called a 'Pharmaceutical Needs Assessment' or PNA. The PNA will look at what is already available and identify any gaps or improvements that might be made to meet your needs, and those of your family or neighbours. For example, whether a pharmacy is needed in a particular area, or more pharmacies need to offer a particular service, now or in the future.

There are 19 NHS community pharmacies (sometimes called chemists) in your council area. Pharmacies can be found in shopping centres, local high streets, inside supermarkets or based within local health centres, but they are all NHS pharmacies offering 'pharmacy services'.

The local Health and Wellbeing Board in Hartlepool is preparing a new report on pharmacies and their 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 patient experience and public views of pharmacy services. Completing this survey will help us to do that. In the new year there will also be a full consultation on the draft PNA report when patients and the public will be able to contribute again.

Please complete this survey if you can. It will only take about 10 minutes to help us to understand how you might use pharmacy services, where 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 combined with others so the information will not be linked to you.

If you have any questions or help completing the survey please contact Joan Stevens on 01429 284142

Closing date: 17th December 2021

1. Do you live, work or study in Hartlepool?

Yes	❑ 1
No – Thank you for your time but we only require views from people from Hartlepool	❑ 2

2. You can answer this survey based on your own personal experiences or on behalf of someone you care for, support, or represent. Are you answering the survey…

...based on my own experience	❑ 1
...on behalf of someone else that I care for , support or represent	❑ 2
…both	❑ 3

3. Do you currently use a pharmacy service in Hartlepool or think you might need to use one in the future?

Yes, I use or will use pharmacy services in Hartlepool	❑ 1
No, I do not use pharmacy services in Hartlepool	❑ 2

PHARMACY ACCESS AND CHOICE

4. Please look at the following questions and tick one box on each line:

	Yes	No
Do you usually use a pharmacy in the area in which you live	❑ 1	❑ 2
Are there pharmacies near where you live, or work, that you could get to by walking for less than 15 mins	❑ 1	❑ 2
Are there pharmacies near where you live, or work, that you could get to by a short bus ride?	❑ 1	❑ 2
Is there a pharmacy near where you might shop	❑ 1	❑ 2

5. There are 19 community pharmacies in Hartlepool and two of them are open for 100 hours every week. Overall do you think that…?

…there are more than enough pharmacies	❑ 1
…the number of pharmacies is about right	❑ 2
…there are not enough pharmacies	❑ 3
…don't know or don't have a view	❑ 4

6. If you think there are too many or not enough pharmacies, please tell us why?

7. In general, which of the following statements would you agree with about pharmacies in Hartlepool? (Please tick all that apply)

I am happy with the current opening times of pharmacies that I use or in my area	❑ 1
I can usually find a pharmacy that is open when I need to	❑ 2
I know a pharmacy that is open after 6pm on a week day	❑ 3
I know a pharmacy that is open on a Saturday	❑ 4
I know a pharmacy that is open on a Sunday	❑ 5

8. Some pharmacies have changed their opening times recently. Have you noticed any changes in the opening times of the pharmacies you usually use?

Yes	❑ 1
No	❑ 2

9. If there has been a change has this change affected you?

Yes	❑ 1
No	❑ 2

10. If applicable please explain how the changes have affected you…

11. Thinking about the last two years and from now on. Why might you usually use a pharmacy for yourself? Please tick all that apply.

Prescription	❑ 1
Advice	❑ 2
To buy a medicine that a doctor, pharmacist or NHS111 recommends to you	❑ 3
Something else	❑ 4

12. Why might you usually use a pharmacy on behalf of someone you care for, support, or represent?

Prescription	❑ 1
Advice	❑ 2
To buy a medicine that a doctor, pharmacist or NHS111 recommends to you	❑ 3
Something else	❑ 4
I don't use a pharmacy on behalf of someone else	❑ 5

13. If you, or someone you care for, had a MINOR health problem or concern would you visit, or contact, a pharmacy for advice?

Yes	❑ 1
No	❑ 2
Maybe	❑ 3

14. In the last 3 years, have you needed to go to A&E, the urgent care service or your GP with a minor health problem because pharmacy medicines were too expensive for you to buy?

Yes	❑ 1
No	❑ 2

15. Do you have access to the internet?

Yes	❑ 1
No	❑ 2

16. If your pharmacy, or other pharmacies in Hartlepool offered more services via the internet, do you think you would use them?

Yes	❑ 1
No	❑ 2
Don’t know	❑ 3

PHARMACY USE

17. When was the last time you used a pharmacy?

In the last week	❑ 1
In the last month or so	❑ 2
More than 3 months ago	❑ 3

18. Please tell us which statement matches you best?

I always use the same pharmacy	❑ 1
I usually use one or two pharmacies	❑ 2
I use any pharmacy, whichever I choose or is convenient when I need one	❑ 3

19. How often do you go to a pharmacy in person?

More than once a week	❑ 1
Weekly	❑ 2
Monthly	❑ 3
4 times a year	❑ 4
Less than 4 times a year	❑ 5

20. How often do you use a pharmacy service but do not visit in person (e.g. by delivery, or on the phone?)

More than once a week	❑ 1
Weekly	❑ 2
Monthly	❑ 3
4 times a year	❑ 4
Less than 4 times a year	❑ 5

21. If, or when, you go to a pharmacy in person, how do you usually get there?

Walk	❑ 1
Public transport	❑ 2
Taxi	❑ 3
Drive in my own car	❑ 4
I don’t go myself, someone goes for me	❑ 5
Other (please specify)	❑ 6

22. How easy is it for you to visit a pharmacy when you need to?

Extremely easy	❑ 1
Easy	❑ 2
Neither easy nor hard	❑ 3
Hard	❑ 4
Extremely hard	❑ 5

23. If you think it is quite hard or extremely hard for you to visit the pharmacy , please tell us why… (please tick all that apply)

My disability	❑ 1
No transport	❑ 2
Caring responsibilities	❑ 3
My working hours	❑ 4
Long-standing illness	❑ 5
I don't know where they are	❑ 6
Other (please specify)	❑ 7

24. Do you get medicines regularly on prescription?

Yes	❑ 1
No	❑ 2

25. Do you have your prescription medicines delivered by a pharmacy?

Yes, always, for at least the last 3 years	❑ 1
Yes, starting during the COVID-19 pandemic	❑ 2
Yes, sometimes	❑ 3
No, but someone else collects them for me	❑ 4
No, I don't have them delivered	❑ 5

26. If you do, why do you have the medicines delivered?

For convenience	❑ 1
Because I find it difficult to collect them myself	❑ 2
Mostly because I am eligible for it and it's free	❑ 3
Because of the COVID-19 pandemic	❑ 4
Other	❑ 5

27. If you do have your medication delivered, do you pay for this service? (Please note prescription delivery is not required to be offered free on the NHS)?

Yes	❑ 1
No	❑ 2
Prefer not to say	❑ 3

28. Do you usually pay for your prescriptions?

Yes	❑ 1
No	❑ 2
Don't know	❑ 3
Prefer not to say	❑ 4

29. How would you describe the pharmacy or pharmacies that you have used or usually use?

Very good	❑ 1
Good	❑ 2
Neither good nor poor	❑ 3
Poor	❑ 4
Very poor	❑ 5

30. Why do you choose the pharmacy or pharmacies that you normally use? Please tick all that apply

Near to where I live	❑ 1
Easy to walk to it or reach on public transport	❑ 2
Inside or close to the GP practice	❑ 3
Near to where I work	❑ 4
Always use it	❑ 5
Medicine delivery service	❑ 6
Good customer service/friendly staff	❑ 7
Near to my children's or grandchildren's school	❑ 8
Range of services	❑ 9
Special offers	❑ 10
Trusted advice	❑ 11
Close to where I shop	❑ 12
Convenient opening times to use on evening or weekend	❑ 13
Clean and pleasant environment	❑ 14
Other (please specify)	❑ 15

HEALTHY LIFESTYLE AND PHARMACY SERVICES

31. 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). Members of the public are encouraged by the NHS to use a pharmacy for this type of advice:

	Yes	No
Do you know that pharmacies could offer free advice on healthy lifestyle	❑1	❑2
Have you ever used your pharmacy for healthy lifestyle advice	❑1	❑2
Do you know that all pharmacies have a private consultation room that you can ask to use at any time when seeking advice?	❑1	❑2

32. Thinking about these healthy lifestyle issues which of these might you ask your pharmacy about? Please tick all that apply.

Smoking	❑1
Alcohol	❑2
Health weight	❑3
Physical activity	❑4
Sexual health	❑5
Substance misuse	❑6
Vaccinations	❑7
Mental health and wellbeing	❑8

33. Have you used any of these pharmacy services in Hartlepool? Please tick all that apply.

Disposal of unwanted medicines	❑1
Stop smoking service	❑2
Free emergency contraception (morning after pill)	❑3
C- Card (free supply of condoms)	❑4
Chlamydia screening	❑5
NHS Flu vaccination	❑6
NHS Covid vaccination	❑7
COVID 19 Lateral Flow Test collection	❑8
Hepatitis C testing	❑9
Substance misuse service (e.g. methadone)	❑10
NHS 111 urgent medicine service (when you run out of prescription medicines)	❑11
NHS 111 Community Pharmacy Consultation Service	❑12
Discharged medicine service (advice after hospital discharge)	❑13

34. Would you use any of these services from a pharmacy in Hartlepool in the future? Please tick all that apply.

Disposal of unwanted medicines	❑ 1
Stop smoking service	❑ 2
Free emergency contraception (morning after pill)	❑ 3
C- Card (free supply of condoms)	❑ 4
Chlamydia screening	❑ 5
Health heart check	❑ 6
Needle exchange	❑ 7
Health start vitamins (for new mums and children)	❑ 8
NHS flu vaccination	❑ 9
NHS COVID vaccination	❑ 10
COVID 19 lateral flow test collection	❑ 11
Hepatitis C testing	❑ 12
Substance misuse service (e.g. methadone)	❑ 13
NHS111 urgent medicines service (when you run out of prescription medicine)	❑ 14
Discharge medicines service (advice a hospital discharge)	❑ 15
Blood pressure measurement	❑ 16
NHS 11 Community pharmacy consultation service	❑ 17

35. Please tell us of any other services you would like to be able to use at a pharmacy in Hartlepool…

36. How long would it take you to get to any pharmacy from where you live, where you work or where you shop?

10 mins	❑ 1
10 to 20 mins	❑ 2
More than 20 mins	❑ 3

37. There are 19 community pharmacies in Hartlepool and two of them are open for 100 hours every week. Overall do you think that…?

…there are more than enough pharmacies	❑ 1
…the number of pharmacies is about right	❑ 2
…there are not enough pharmacies	❑ 3
…don't know or don't have a view	❑ 4

38. If you think there are too many nor not enough pharmacies, please tell us why?

16-24 YEAR OLDS

39. The next questions are only for people aged 16 -24 years old. Are you 16 to 24 years old?

Yes	❑ 1
No – If no please go to Q44	❑ 2

40. Have you already completed the shorter online survey for young people?

Yes	❑ 1
No	❑ 2

41. If you needed advice on physical health, mental health, domestic abuse, contraception / sexual health or anything else, would you feel comfortable and welcome in a pharmacy you can get to in Hartlepool?

Yes	❑ 1
No	❑ 2

42. If no, please explain why. What you would need to feel comfortable or welcome?

43. Where would you normally go to a pharmacy?

Pharmacy you know already	❑ 1
Pharmacy in a supermarket or on a retail park	❑ 2
Any pharmacy close by or convenient	❑ 3
Online pharmacy	❑ 4
Other (please specify)	❑ 5

RESPONDENTS WHERE ENGLISH IS NOT THEIR FIRST LANGUAGE

44. The questions are for people, or their representatives, whose first language is not English and who sometimes struggle with the language. Does this apply to you?

Yes, myself	❑ 1
Yes , I represent someone whose first language is not English	❑ 2
No – If no please go to Q48	❑ 3

45. Do you use a local community pharmacy?

Yes	❑ 1
No	❑ 2

46. How has it been for you to get the help you need or understand the services available from a pharmacy?

Very easy	❑ 1
Easy	❑ 2
Neither easy nor hard	❑ 3
Hard	❑ 4
Very hard	❑ 5

47. If no, please explain why. What you would need to feel comfortable or welcome?

PHARMACIES AND THE COVID PANDEMIC

48. You can skip these questions on the pandemic if you wish?

Yes skip please go to Q52	❑ 1
No	❑ 2

The COVID pandemic has affected everyone in the last 18+ months. It has affected pharmacies, GP practices and other health and social care services as well as patients and members of the public

49. Have you used, or do you use your pharmacy differently since the start of the pandemic?

Yes	❑ 1
No	❑ 2

50. If yes please tell us how or why below…

51. We would be interested to hear about your experiences of pharmacy services before and during the pandemic. If you would like to tell us about an experience in the last two years, you can do that here…

52. Finally is there anything else you think might be important to take into account when looking at pharmacy services in Hartlepool as part of the PNA?

ABOUT YOU…

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 and also know a bit more about who has responded to this survey.

53. Please tell us which age group you belong to…

Under 18	❑ 1
18-24	❑ 2
25-34	❑ 3
35-44	❑ 4
45-54	❑ 5
55-64	❑ 6
65-74	❑ 7
75+	❑ 8

54. Do you have a limiting long-term condition? For example this might include arthritis, diabetes, high blood pressure or other heart conditions like angina, asthma, COPD, epilepsy, Parkinson's disease, depression or other physical or mental health conditions?

Yes	❑ 1
No	❑ 2
Prefer not to say	❑ 3

55. Please tell us of any impairments listed below which affects you (Please tick all that apply

Physical impairment	❑ 1
Mental health impairment	❑ 2
Longstanding illness	❑ 3
Sensory impairment	❑ 4
Learning disability/difficulty	❑ 5
Prefer not to say	❑ 6
Other (please specify)	❑ 7

56. Tell us the first part of your postcode…

TS22	❑ 1
TS24	❑ 2
TS25	❑ 3
TS26	❑ 4
TS27	❑ 5
My postcode isn't shown here	❑ 6
I do not know my postcode	❑ 7

57. What sex are you?

Male	❑ 1
Female	❑ 2
Prefer not to say	❑ 3
Other (please specify)	❑ 4

58. Is the gender you identify with the same as your sex registered at birth?

Yes	❑ 1
No	❑ 2
Prefer not to say	❑ 3

59. If you answered 'No' to the previous question, please use this space to write in your gender identity.

60. How would you best describe yourself?

Employed or self-employed (full-time)	❑ 1
Employed or self-employed (part time)	❑ 2
Unemployed/unavailable for work	❑ 3
Permanently sick or disabled	❑ 4
In further education/government supported scheme	❑ 5
Full time student	❑ 6
Retired	❑ 7
Looking after the home	❑ 8
Full time parent	❑ 9
Full time carer	❑ 10
Other (please specify)	❑ 11

61. How would you describe your ethnic origin?

White British	❑ 1
Mixed/multiple ethnic group	❑ 2
Asian or Asian British	❑ 3
Black African, Caribbean or Black British	❑ 4
Other ethnic group (please specify)	❑ 5

Thank you for taking the time to complete the survey. Please return paper surveys to either to your local hub and post in the return boxes provided or use the return envelope provided.

Appendix 3

Pharmacy Users – Quick Survey.

We are preparing a new report about pharmacies and services they offer now or could provide in the future. Tell us your views or experiences of pharmacy services in Hartlepool – take our quick **anonymous** survey here.

If you have any questions please contact Joan Stevens through joan.stevens@hartlepool.gov.uk with 'PNA Survey' in the subject line.

Closing date: 17th December 2021

1. Do you live, work or study in Hartlepool

Yes	❑ 1
No – Thank you for your time but we only require views from people from Hartlepool	❑ 2

2. Have you used a pharmacy service in Hartlepool in the last three years?

Yes	❑ 1
No	❑ 2

3. Do you visit the pharmacy in person?

Yes	❑ 1
No, I use a delivery service, the phone or the internet	❑ 2
No, someone else went on my behalf	❑ 3

4. Overall, how would you describe the pharmacy or pharmacies you have used before?

Very good	❑ 1
Good	❑ 2
Neither good nor poor	❑ 3
Poor	❑ 4
Very poor	❑ 5
I don't have a view	❑ 6

5. Please tell us which statement matches you best?

I always use the same pharmacy	❑ 1
I usually use one or two pharmacies	❑ 2
I use any pharmacy, whichever I choose or is convenient when I need one	❑ 3

6. To visit a pharmacy how would you usually get there?

Walk from where I live, work, or shop	❑ 1
By car, either by myself or someone else would take me	❑ 2
By bus or train	❑ 3
By taxi	❑ 4
I have a choice of pharmacies I can use, so it depends which one	❑ 5
I would not visit a pharmacy in person myself	❑ 6

7. How long would it take you to get to any pharmacy from where you live, where you work or where you shop?

10 mins	❑ 1
10 to 20 mins	❑ 2
More than 20 mins	❑ 3

8. There are 19 community pharmacies in Hartlepool and two of them are open for 100 hours every week. Overall do you think that…?

…there are more than enough pharmacies	❑ 1
…the number of pharmacies is about right	❑ 2
…there are not enough pharmacies	❑ 3
…don't know or don't have a view	❑ 4

9. If you think there are too many nor not enough pharmacies, please tell us why?

10. Which of the following statements would you agree with about pharmacies in Hartlepool?

	Yes	No
I can usually find a pharmacy that is open when I need to	❑1	❑2
I know a pharmacy that is open after 6pm on a weekday	❑1	❑2
I know a pharmacy that is open on a Saturday	❑1	❑2
I know a pharmacy that is open on a Sunday	❑1	❑2
I am satisfied with the current opening times of pharmacies	❑1	❑2

11. If you answered no to any of the statement above please state why, where and when you are not satisfied with the current opening times

12. Local pharmacies offer some of their services remotely (e.g. by telephone or online), and they may do this more in future. Tell us which of these answer best applies to you:

I prefer to use a pharmacy in person	❑ 1
I would like to have the option to access some pharmacy services remotely	❑ 2
I would prefer to access pharmacy service by phone or online	❑ 3

13. Do you have additional needs that make it more difficult for you to use a pharmacy service?

Yes	❑ 1
No	❑ 2

14. If yes what would make using a pharmacy service easier for you?

15. Have you used any of the pharmacy services below? Please tick all that apply

Prescription dispensed	❑ 1
Information or advice	❑ 2
Getting rid of unwanted medicines	❑ 3
Emergency contraception (morning after pill)	❑ 4
Supervised consumption of methadone or buprenorphine	❑ 5
NHS Flu vaccination	❑ 6
NHS Covid vaccination	❑ 7
Hepatitis C testing	❑ 8
Sent by your doctor or NHS111 (called the Community Pharmacy Consultation Service)	❑ 9
Sent after being discharged from hospital (called Discharge Medicines Service)	❑ 10
Collecting free Covid 19 Lateral Flow tests	❑ 11
Covid 19 medicine Delivery Service (when in operation)	❑ 12

16. Do you think you might use any of these pharmacy services in the next three years? Please tick all that apply.

Information about medicine	❑ 1
Information about how to keep healthy (mental, physical or sexual health)	❑ 2
Getting rid of unwanted medicines	❑ 3
Collecting free Covid 19 Lateral Flow tests	❑ 4
Free emergency contraception (morning after pill)	❑ 5
Supervised consumption of methadone or buprenorphine	❑ 6
Free naloxone supply	❑ 7
Hepatitis C testing	❑ 8
Stop smoking service, including nicotine replacement	❑ 9
C-Card (free condoms)	❑ 10
Chlamydia screening	❑ 11
Needle exchange	❑ 12
Healthy Start Vitamins Supply (for new mums and their babies)	❑ 13
NHS Flu vaccination	❑ 14
NHS Covid vaccination	❑ 15
Referral from your doctor or NHS111 (called the Community Pharmacy Consultation Service)	❑ 16
Referral after being discharged from hospital (called Discharge Medicines Service)	❑ 17

17. **Are there any other services you would like to be able to get from a pharmacy in Hartlepool?**

18. **If you would like to share with us something you like about a pharmacy you have used in Hartlepool, please do that here**

Thank you for taking the time to complete the survey. Please return paper surveys to your local hub and post in the return boxes provided.

Stakeholders Pharmaceutical Needs Assessment Survey

We are inviting you to tell us about the pharmaceutical services in your area.

The Health and Wellbeing Board in Hartlepool is required to update the statutory Pharmaceutical Needs Assessment (PNA), last published in 2018. This process looks at what local people might need from pharmacy services, what is already available and possible improvements that might be made now or in the near future.

We need your views

It is important for us to understand stakeholder views of pharmaceutical services as we complete the process of this PNA, so please complete one of our surveys if you can. It should take less than 10 minutes.

We are seeking responses on behalf of any interested organisation or group, as well as individual employees or volunteers or whose work (paid or unpaid) might provide them with a view or experience of pharmaceutical services. You do not need to give your name, so answers will not be identifiable to you, but will be collated with other responses. However, it is helpful if you provide information about the sector you work in or type of work you do.

Patients and members of the public are also key to our understanding of the community pharmacy user experience. There are separate surveys for patients or members of the public who live, work or access pharmaceutical services in Hartlepool. You will find a link at the end of this stakeholder survey and also HERE.

In early 2022, we will also consult patients, the public and wide range of other stakeholders on the draft PNA report.

If you have any questions or need help to complete the survey, please contact Joan Stevens by email to joan.stevens@hartlepool.gov.uk with 'PNA stakeholder survey' in the subject line.

Who you are....

Please tick which of these options applies to you

(Choose any one option)

- ☐ I am completing this survey as a representative of, or on behalf of, my organisation
- ☐ I am completing this survey as an individual who works (paid or unpaid) in a role which involves experience of pharmaceutical services .

This section of the survey is for those completing the survey on behalf of an organisation

Are you a community pharmacy contractor in Hartlepool?

(Choose any one option)

- [ ] Yes
- [ ] No

Does the work of your organisation involve working with community pharmacy providers of pharmaceutical services or related services?

(Choose any one option)

- [ ] Yes
- [ ] No

Does your organisation provide health or social care services, or represent contractor organisations that do (e.g., LDC, LOC, LPC, and LMC)?

(Choose any one option)

- [ ] Yes
- [ ] No

Which of these best describes the organisation you represent, or best describes the work you do?

(Choose any one option)

- [ ] NHS hospital/ foundation trust
- [ ] NHSE/I
- [ ] General practice or GP Federation
- [ ] Primary Care Network
- [ ] NECS
- [ ] Local authority – public health
- [ ] Local authority – other
- [ ] Care home
- [ ] Community nursing or school nursing
- [ ] Optometrist
- [ ] Dental practice
- [ ] Mental health trust
- [ ] CCG or ICB
- [ ] Healthwatch
- [ ] Sexual health services provider
- [ ] Home care provider
- [ ] Third sector organisation - please specify in the next question
- [ ] Substance misuse services provider
- [ ] Criminal justice system
- [ ] Other - please specify in the next question

If you ticked third sector organisation OR OTHER please specify your organisation here

Now thinking about pharmaceutical services OTHER THAN community pharmacy services

Does the work of your organisation involve direct provision, experience of, or work with, any of the following providers of pharmaceutical services?

(Please tick all that apply)

(Choose all that apply)

- [ ] Hospital 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 pharmacy professional support
- [ ] Dispensing doctors in rural areas
- [ ] Services provided by Appliance Contractors (DACs)

If you have any brief comments about how any of the above services (i.e., excluding community pharmacy services) meet the pharmaceutical needs of the population of Hartlepool, please write them here.....

Select this box below to continue on behalf of your organisation

(Choose any one option)

- [ ] To continue select this box

This section of the survey is for responders to answer the questions as INDIVIDUALS whose work (paid or unpaid) gives experience of community pharmacy services.

Do you work in a community pharmacy in Hartlepool?

(Choose any one option)

- [ ] Yes
- [ ] No

Does your role, or the work you do, involve working with community pharmacy providers of pharmaceutical services or related services?

(Choose any one option)

- [ ] Yes, often, day to day
- [ ] Yes, sometimes
- [ ] No, not usually

How would you rate your own knowledge of community pharmacy providers of pharmaceutical services or related services in Hartlepool?

(Choose any one option)

- [ ] Good
- [ ] Average
- [ ] Limited

Do you work in health or social care services?

(Choose any one option)

- [ ] Health care
- [ ] Social care
- [ ] Neither

Which of these best describes the organisation you represent, or best describes the work you do?

(Choose any one option)

- [ ] NHS hospital/ foundation trust
- [ ] NHSE/I
- [ ] General practice or GP Federation
- [ ] Primary Care Network
- [ ] NECS
- [ ] Local authority – public health
- [ ] Local authority – other
- [ ] Care home
- [ ] Community nursing or school nursing
- [ ] Optometrist
- [ ] Dental practice
- [ ] Mental health trust
- [ ] CCG or ICB
- [ ] Healthwatch
- [ ] Sexual health services provider
- [ ] Home care provider
- [ ] Third sector organisation - please specify in the next question
- [ ] Substance misuse services provider
- [ ] Criminal justice system
- [ ] Other - please specify in the next question

If you ticked Third sector organisation or other please specify your organisation here

Now thinking about pharmaceutical services OTHER THAN community pharmacy services

Does the work of your organisation involve direct provision, experience of, or work with, any of the following providers of pharmaceutical services?

(Please tick all that apply)

(Choose all that apply)

- [ ] Hospital 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 pharmacy professional support
- [ ] Dispensing doctors in rural areas
- [ ] Services provided by Appliance Contractors (DACs)

If you have any brief comments about how any of the above services (i.e., excluding community pharmacy services) meet the pharmaceutical needs of the population of Hartlepool, please write them here.....

About Community Pharmacy Services

The following questions are about community pharmacies in Hartlepool and the services they provide.

There are 19 community pharmacies in Hartlepool. To meet pharmaceutical needs of the population, do you think that overall...

(Choose any one option)

- ☐ ...there are more than enough pharmacies
- ☐ …the number of pharmacies is about right
- ☐ ...there are not enough pharmacies
- ☐ ...Don't know or don't have a view

Is there a ward, neighbourhood area or locality in the local authority area where you think there are more pharmacies than are necessary?

(Choose any one option)

- [ ] Yes
- [ ] No
- [ ] Don't know enough to say

If yes, please state the ward or area below where you think there are more pharmacies than needed and explain why

Please tick below to skip to questions with regards to pharmacy service

(Choose any one option)

- [ ] Skip to next question

Is there a ward, neighbourhood area or locality in the Hartlepool local authority area where you think a new pharmacy might be needed, or could offer benefit?

(Choose any one option)

- [ ] Yes
- [ ] No
- [ ] Don't know enough to say

If yes, where do you think a new pharmacy might be needed, or could offer benefit? Please state the ward or area below

Now please tick the reason(s) why you think that

(Choose all that apply)

- [ ] There is no pharmacy in that area
- [ ] No reasonable choice of pharmacy in that area
- [ ] Poor or costly public transport to existing pharmacy or other service
- [ ] Other (please specify)

Is there a ward, neighbourhood area or locality in the Hartlepool local authority area where you think that more pharmacy services from the existing pharmacies are needed, or could be of benefit?

(Choose any one option)

- [ ] Yes
- [ ] No
- [ ] Don't know enough to say

If you answered yes, please tick the reason(s) why you think that

(Choose all that apply)

- [ ] Existing services would be improved in this area if there were better access resulting from longer opening hours, especially on weekdays
- [ ] Existing services would be improved in this area if there were better access resulting from longer opening hours, especially on Saturdays
- [ ] Existing services would be improved in this area if there were better access resulting from longer opening hours, especially on Sundays
- [ ] Existing services would be improved in this area if there were better access resulting from longer opening hours, especially on bank holidays
- [ ] More pharmaceutical services are needed, or would offer improvement, where they are not available from existing pharmacies.

If you wish to further explain your reasons (eg what area, day, times of day, name specific pharmaceutical services) the please do that below

Based on the last two years, and the pharmacy services you are aware of, how would you rate the community pharmacy services in Hartlepool local authority area overall?

(Choose any one option)

- [ ] Very good
- [ ] Good
- [ ] Neither good nor poor
- [ ] Poor
- [ ] Very poor
- [ ] Don't know enough to say

The following free services are now provided by all community pharmacies. Please tick those you are aware of:

(Choose all that apply)

- [ ] Prescription dispensing and repeat dispensing (NHS prescription charges may apply)
- [ ] Safe disposal of waste medicines
- [ ] Confidential consultations
- [ ] Information or advice for self-care; helping people look after the health of themselves and their families
- [ ] Support for individuals to promote a healthy lifestyle as part of a 'Healthy Living Pharmacy'
- [ ] Signposting – information for people who cannot be supported by the pharmacy
- [ ] Referral for community pharmacy support after being discharged from hospital (called the Discharge Medicines Service)
- [ ] Facility for remote access to some services, e.g., by phone or video link

The following national 'advanced' services are often provided by community pharmacies. Please tick any you think are needed in Hartlepool:

(Choose all that apply)

- [ ] NHS Flu vaccination
- [ ] Community Pharmacy Consultation Service (referral from doctor or NHS111 (e.g., for low acuity conditions or urgent supply of prescription medicines)
- [ ] Providing Covid 19 Lateral Flow tests
- [ ] Covid 19 Medicines Delivery Service (when in operation)
- [ ] Hypertension Case finding service
- [ ] New medicine service; additional support when patients start new medicines,
- [ ] Stoma appliance / customisation service
- [ ] Hepatitis C testing (until March 2022)
- [ ] Stop smoking service for patients recently discharged from hospital (from January 2022)

The following services are sometimes provided by community pharmacies, if they are commissioned locally. Please tick any or all you think are needed or might offer improvement in Hartlepool:

(Choose all that apply)

- [ ] Emergency contraception (morning after pill)
- [ ] Supervised consumption of methadone or buprenorphine
- [ ] Free naloxone supply
- [ ] Stop smoking service, including nicotine replacement
- [ ] C-Card (free condoms)
- [ ] Chlamydia screening and treatment
- [ ] Needle exchange

- [ ] Healthy Start Vitamins Supply (for new mums and their babies)
- [ ] NHS Covid Vaccination
- [ ] On demand availability of specialist drugs
- [ ] Alcohol screening and brief intervention
- [ ] Weight management
- [ ] NHS Health Check

Do you think that the existing community pharmacies could be better used to contribute to meeting the health and wellbeing needs of the local population?

(Choose any one option)

- [ ] Yes
- [ ] No
- [ ] Don't know

Use the space below if you want to give reason for your answer.

Do you work with any users of pharmacy services or members of the public that have protected characteristics or additional needs?

(Choose any one option)

- [ ] Yes
- [ ] No

Please explain the protected characteristics or additional needs and describe anything you aware of that would make using a pharmacy service easier for you and/or them?

And finally..

Please add anything else you would like to highlight for consideration in this PNA. Reflecting on the last two years, tell us about positive experiences of community pharmacy services, or identify services for improvement.

Pharmacy Users Survey for 16 to 24 Year olds

Are you 16-24 years old?

We are preparing a new report about pharmacies and services they offer now or could provide in the future. Tell us your views or experiences of pharmacy services in Hartlepool – take our quick **anonymous** survey here.

Are you 16 to 24 years old?

(Choose any one option)

- ☐ Yes
- ☐ No

Do you live, work or study in Hartlepool?

(Choose any one option)

- [ ] Yes
- [ ] No

Have you used a pharmacy in Hartlepool before?

(Choose any one option)

- [ ] Yes
- [ ] No

What have you used a pharmacy for? (Please tick all that apply)

(Choose all that apply)

- [ ] Prescription dispensed
- [ ] Information or advice
- [ ] Getting rid of unwanted medicines
- [ ] Emergency contraception (morning after pill)
- [ ] Supervised consumption of methadone or buprenorphine
- [ ] NHS Flu vaccination
- [ ] NHS Covid Vaccination
- [ ] Hepatitis C testing
- [ ] Sent by your doctor or NHS111 (called the Community Pharmacy Consultation Service)
- [ ] Sent after being discharged from hospital (called Discharge Medicines Service)
- [ ] Collecting free Covid 19 Lateral Flow tests
- [ ] Covid 19 Medicines Delivery Service (when in operation)

Overall, how would you describe the pharmacy or pharmacies you have used before?

(Choose any one option)

- [ ] Very good
- [ ] Good
- [ ] Neither good nor poor
- [ ] Poor
- [ ] Very poor

If you needed a pharmacy in Hartlepool, where would you choose to go?

(Choose any one option)

- [ ] a pharmacy I've been to before
- [ ] a pharmacy in a supermarket or on a retail park where they don't know me
- [ ] any pharmacy close by or convenient
- [ ] none of these
- [ ] Don't know

How easy is it for you to use a pharmacy when you need to?

(Choose any one option)

- [ ] Very easy
- [ ] Quite easy
- [ ] Neither easy nor hard
- [ ] Quite hard
- [ ] Very hard

Please tell us why it is not easy for you to use a pharmacy when you need to

To use a pharmacy in Hartlepool in person, how would you get there?

(Choose any one option)

- [ ] Walk
- [ ] Bus or train
- [ ] Taxi
- [ ] Drive or be driven
- [ ] I don't go myself, someone goes for me

There are 19 pharmacies in Hartlepool. Overall, do you think that...

(Choose any one option)

- [ ] ...there are more than enough pharmacies
- [ ] ...the number of pharmacies is about right
- [ ] ...there are not enough pharmacies
- [ ] ….don't know or don't have a view

If you think there are too many, or not enough pharmacies, please tell us why.

Did you know that all pharmacies have a private consultation room that you can ask to use at any time if you need advice?

(Choose any one option)

- [ ] Yes
- [ ] No

If you needed advice on physical health, mental health, domestic abuse, drugs/ alcohol or smoking, contraception / sexual health or anything else about your health and wellbeing, would you feel comfortable and welcome in a pharmacy in Hartlepool?

(Choose any one option)

- [ ] Yes
- [ ] No
- [ ] Don't know

What would you need to feel comfortable and welcome in a pharmacy?

Pharmaceutical Needs Assessment

Your Say Our Future

Local pharmacies sometimes offer some of their services remotely (e.g., by telephone or online), and they may do this more in future. Tell us which of these answers best applies to you

(Choose any one option)

- [ ] I prefer to use a pharmacy in person
- [ ] I would like to have the option to access some pharmacy services remotely
- [ ] I would prefer to access pharmacy services by phone or online

Look at the following list of pharmacy services. Do you think that you, or someone else you know aged 16-24, might need or want to use any of these pharmacy services in Hartlepool within the next 3 years? Please tick all that apply.

(Choose all that apply)

- [ ] Information about medicines
- [ ] Information about how to keep healthy (mental, physical or sexual health)
- [ ] Getting rid of unwanted medicines
- [ ] Collecting Covid 19 Lateral Flow
- [ ] Free emergency contraception (morning after pill)
- [ ] Advice about drugs and alcohol
- [ ] Supervised consumption of methadone or buprenorphine
- [ ] Free naloxone supply
- [ ] Free hepatitis C testing
- [ ] Stop smoking service, including nicotine replacement
- [ ] C-Card (free condoms)
- [ ] Chlamydia screening
- [ ] Needle exchange
- [ ] Healthy Start Vitamins Supply (for new mums and their babies)
- [ ] NHS Flu vaccination
- [ ] NHS Covid Vaccination
- [ ] Referral from your doctor or NHS111 (called the Community Pharmacy Consultation Service)
- [ ] Referral after being discharged from hospital (called Discharge Medicines Service)

Are there any other services you would like to be able to get from a pharmacy in Hartlepool?

Appendix 5

Hartlepool community pharmacies shown in postcode order			Headland Pharmacy, Grove Street	Asda Pharmacy, Marina Way	Boots, Marina Way	Boots, One Life	Boots, Middleton Grange	Healthways, Middleton Grange	Winterbottom Pharmacy, Winterbottom Ave	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**	**Middle Warren Pharmacy**	Victoria Pharmacy Ltd, Victoria Road	M Whitfield Ltd, Victoria Road	Well, York Road
Distance between pharmacies (miles)*	**Locality**	**POSTCODES**	**TS24 0NY**	**TS24 0XR**	**TS24 0XR**	**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 0BF**	**TS26 8DB**	**TS26 8DD**	**TS26 9DA**
Headland Pharmacy, Grove Street	**H3**	**TS24 0NY**		2.0	1.9	2.7	2.7	2.7	2.1	2.0	3.3	3.2	5.1	5.2	4.9	3.4	3.1	3.2	2.6	2.6	2.8
Asda Pharmacy, Marina Way	**H3**	**TS24 0XR**	2.0		metres	0.7	0.5	0.7	1.5	1.9	1.6	1.3	3.4	3.2	3.0	1.5	2.1	3.1	0.7	0.8	0.9
Boots, Marina Way	**H3**	**TS24 0XR**	1.9	metres		0.7	0.5	0.9	1.5	1.9	1.6	1.3	3.3	3.2	3.0	1.5	2.1	3.1	0.7	0.8	0.9
Boots, One Life	**H3**	**TS24 7PW**	2.7	0.7	0.7		0.4	0.4	1.7	2.1	1.1	0.8	2.5	2.7	2.5	0.8	2.2	3.0	0.6	0.6	0.2
Boots, Middleton Grange	**H3**	**TS24 7RW**	2.7	0.5	0.5	0.4		0.7	1.5	1.9	1.3	1.1	2.9	3.0	2.8	1.3	2.0	2.7	0.2	0.2	0.7
Healthways, Middleton Grange	**H3**	**TS24 7RY**	2.7	0.7	0.9	0.4	0.7		1.8	2.1	1.1	0.9	2.8	2.8	2.6	0.8	2.3	3.0	0.6	0.6	0.2
Winterbottom Pharmacy, Winterbottom Ave	**H3**	**TS24 9DN**	2.1	1.5	1.5	1.7	1.5	1.8		0.5	2.6	2.7	4.8	4.6	4.4	2.3	1.1	1.6	1.5	1.5	1.8
West View Pharmacy , Brus Corner	**H3**	**TS24 9LA**	2.0	1.9	1.9	2.1	1.9	2.1	0.5		3.0	3.2	5.1	5.1	4.9	2.8	1.6	1.3	2.0	2.0	2.3
Lloydspharmacy, Kendal Road	**H3**	**TS25 1QU**	3.3	1.6	1.6	1.1	1.3	1.1	2.6	3.0		1.1	2.0	1.9	1.7	0.7	3.1	3.6	1.4	1.5	1.0
Tesco Instore Pharmacy, Belle Vue Way	**H3**	**TS25 1UP**	3.2	1.3	1.3	0.8	1.1	0.9	2.7	3.2	1.1		2.5	2.6	2.4	0.9	2.7	3.5	0.9	1.0	0.7
Seaton Pharmacy, Seaton Carew	**H2**	**TS25 2AX**	5.1	3.4	3.3	2.5	2.9	2.8	4.8	5.1	2.0	2.5		2.0	2.1	2.3	4.8	5.2	3.0	3.1	2.6
Well, Catcote Road	**H2**	**TS25 2LS**	5.2	3.2	3.2	2.7	3.0	2.8	4.6	5.1	1.9	2.6	2.0		0.6	2.2	3.5	4.8	3.2	3.3	2.8
Lloydspharmacy, Wynyard Road	**H3**	**TS25 3LB**	4.9	3.0	3.0	2.5	2.8	2.6	4.4	4.9	1.7	2.4	2.1	0.6		1.7	3.1	4.4	2.6	2.6	2.3
Clayfields Pharmacy, Oxford Road	**H3**	**TS25 5SA**	3.4	1.5	1.5	0.8	1.3	0.8	2.3	2.8	0.7	0.9	2.3	2.2	1.7		2.8	3.4	1.1	1.2	0.7
Lloydspharmacy, Wiltshire Way	**H1**	**TS26 0TB**	3.1	2.1	2.1	2.2	2.0	2.3	1.1	1.6	3.1	2.7	4.8	3.5	3.1	2.8		1.8	2.0	1.9	2.4
Middle Warren Pharmacy	**H1**	**TS26 0BF**	3.2	3.1	3.1	3.0	2.7	3.0	1.6	1.3	3.6	3.5	5.2	4.8	4.4	3.4	1.8		2.6	2.6	2.9
Victoria Pharmacy Ltd, Victoria Road	**H3**	**TS26 8DB**	2.6	0.7	0.7	0.6	0.2	0.6	1.5	2.0	1.4	0.9	3.0	3.2	2.6	1.1	2.0	2.6		0.1	0.5
M Whitfield Ltd, Victoria Road	**H3**	**TS26 8DD**	2.6	0.8	0.8	0.6	0.2	0.6	1.5	2.0	1.5	1.0	3.1	3.3	2.6	1.2	1.9	2.6	0.1		0.6
Well, York Road	**H3**	**TS26 9DA**	2.8	0.9	0.9	0.2	0.7	0.2	1.8	2.3	1.0	0.7	2.5	2.8	2.3	0.7	2.4	2.9	0.5	0.6	
Wynyard pharmacy		TS22 5QQ											8.2	7.0							
***Source Google maps March 2022**																					
Blue = 100 hour pharmacy																					

Pharmacy Name	Trading Name	Full Address	Phone No.	Core hours: 40 or 100	Core Hours	Supplementary Hours	Opening Hours
Alrahi & Singh Limited	Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	01429 863 504	40	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: None Sun: None	Mon: None Tue: None Wed: None Thu: None Fri: None Sat: 09:00-16:00 Sun: None	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
Ascent Healthcare Limited	Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool TS26 0BF	01429 222 136	40	Monday: 09:00-13:00; 14:30-17:30 Tuesday: 09:00-13:00; 14:00-17:30 Wednesday: 09:00-13:00; 14:30-17:30 Thursday: 09:00-13:00; 14:00-17:30 Friday: 09:00-13:00; 14:30-17:30 Saturday: 09:00-13:00 Sunday: Closed	Monday: 13:00-14:30; 17:30-18:00 Tuesday: 13:00-14:00; 17:30-18:00 Wednesday: 13:00-14:30; 17:30-18:00 Thursday: 13:00-14:00; 17:30-18:00 Friday: 13:00-14:30; 17:30-18:00 Saturday: None Sunday: Closed	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: 09:00-13:00 Sunday: Closed
Ascent Healthcare Limited	Winterbottom Pharmacy	Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN	01429 866 032	40	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: None Sun: None	Mon: 08:30-09:00; 12:30-13:00, Tue: 08:30-09:00; 12:30-13:00, Wed: 08:30-09:00; 12:30-13:00, Thu: 08:30-09:00; 12:30-13:00, Fri: 08:30-09:00; 12:30-13:00, Sat: None, Sun: None,	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: Closed Sunday: Closed
Asda Stores Limited	Asda Pharmacy	Marina Way, Hartlepool, TS24 0XR	01429 239 010	40	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: None	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

Pharmacy Name	Trading Name	Full Address	Phone No.	Core hours: 40 or 100	Core Hours	Supplementary Hours	Opening Hours
Bestway National Chemists Limited	Well	416 Catcote Road, Fens Shopping Centre, Hartlepool, TS25 2LS	01429 274 548	40	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: None	Mon: 12:30-14:00; 17:30-18:00, Tue: 12:30-14:00; 17:30-18:00, Wed: 12:30-14:00; 17:30-18:00, Thu: 12:30-14:00; 17:30-18:00, Fri: 12:30-14:00; 17:30-18:00, Sat: None Sun: None	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: 09:00-14:00 Sunday: Closed
Bestway National Chemists Limited	Well	The Health Centre, Victoria Road, Hartlepool, TS26 8DB	01429 270 168	40	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: None Sun: None	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: None Sun: None	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
Bestway National Chemists Limited	Well	107 York Road, Hartlepool, TS26 9DH	01429 274 036	40	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: None Sun: None	Mon: 08:30-08:45; 12:45-13:30; Tue: 08:30-08:45; 12:45-13:30; Wed: 08:30-08:45; 12:45-13:30; Thu: 08:30-08:45; 12:45-13:30; Fri: 08:30-08:45; 12:45-13:30; Sat: 09:00-13:00, Sun: 9:00-13:00,	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: 09:00-13:00 Sunday: 09:00-13:00
Boots UK Limited	Boots UK Limited	Hartlepool Community Health Centre, Park Road, Hartlepool, TS24 7PW	01429 860 871	**100**	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: None Tue: None Wed: None Thu: None Fri: None 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
Boots UK Limited	Boots UK Limited	89 Shopping Centre, Middleton Grange, Hartlepool, TS24 7RW	01429 272 718	40	Mon: 09:00-13:00; 14:00-17:30, Tue: 10:00-13:00; 14:00-17:30, Wed: 10:00-13:00; 14:00-17:30, Thu: 10:00-13:00; 14:00-17:30, Fri: 10:00-13:00; 14:00-17:30, Sat: 10:00-13:00; 14:00-17:30, Sun:	Mon: 13:00-14:00, Tue: 09:00-10:00; 13:00-14:00, Wed: 09:00-10:00; 13:00-14:00, Thu: 09:00-10:00; 13:00-14:00, Fri: 09:00-10:00; 13:00-14:00, Sat: 09:00-10:00; 13:00-14:00, Sun: 10:00-16:00	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: 09:00-17:30 Sunday: 10:00-16:00

Pharmacy Name	Trading Name	Full Address	Phone No.	Core hours: 40 or 100	Core Hours	Supplementary Hours	Opening Hours
Boots UK Limited	Boots UK Limited	Anchor Retail Park, Marina Way, Hartlepool, TS24 0XR	01429 224 068	**100**	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: None Tue: None Wed: None Thu: None Fri: None Sat: None 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
Fursewood Limited	Westview Pharmacy	7 Brus Corner, Hartlepool, TS24 9LA	01429 263 868	40	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: None	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: 12:00 - 13:00 Sun: None	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: 09:00-13:00 Sunday: Closed
Gill & Schofield Pharmaceutical Chemists Limited	Headland Pharmacy	1 Grove Street, Hartlepool, Cleveland, TS24 0NY	01429 266 152	40	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: None Sun: None	Mon: 17:00-18:00, Tue: 17:00-18:00, Wed: 17:00-18:00, Thu: 17:00-18:00, Fri: None Sat: None Sun: None	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, Cleveland, TS25 1QU	01429 273 461	40	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: None Sun: None	Mon: 12:30-13:30 Tue: 12:30-13:30 Wed: 12:30-13:30 Thu: 12:30-13:30 Fri: 12:30-13:30 Sat: None Sun: None	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: Closed Sunday: Closed

Pharmacy Name	Trading Name	Full Address	Phone No.	Core hours: 40 or 100	Core Hours	Supplementary Hours	Opening Hours
Lloyds Pharmacy Limited	Lloyds Pharmacy	84 Wiltshire Way, Hartlepool, Cleveland, TS26 0TB	01429 863 651	40	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: None Sun: None	Mon: 12:30-13:30, Tue: 12:30-13:30; Wed: 12:30-13:30, Thu: 12:30-13:30; Fri: 12:30-13:30, Sat: None Sun: None	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: Closed Sunday: Closed
Lloyds Pharmacy Limited	Lloyds Pharmacy	29 Wynyard Road, Hartlepool, Cleveland, TS25 3LB	01429 273 641	40	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: None	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: None	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: Closed
M.Whitfield Limited		Birkdale, 30 Victoria Road, Hartlepool, Cleveland, TS26 8DD	01429 275 211	40	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: None Sun: None	Mon: None Tue: None Wed: None Thu: None Fri: None Sat: None Sun: None	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
Norchem Healthcare Limited	Seaton Pharmacy	68A Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	01429 268 540	40	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: None	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: None Sun: None	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

Pharmacy Name	Trading Name	Full Address	Phone No.	Core hours: 40 or 100	Core Hours	Supplementary Hours	Opening Hours
P.S. Pendergood Limited	Clayfields Pharmacy	76-78 Oxford Road, Hartlepool, Cleveland, TS25 5SA	01429 274 279	40	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: None Sun: None	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: 09:00-17:00, Sun: None	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: 09:00-17:00, Sunday: Closed
Tesco Stores Limited	Tesco Stores	Belle Vue Way, Hartlepool, TS25 1UP	0191 6933245	40	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: None	Mon: 08:00-09:00; 13:30-14:30; 17:00-21:00, Tue: 08:00-09:00; 13:30-14:30; 17:00-21:00, Wed: 08:00-09:00; 13:30-14:30; 17:00-21:00, Thu: 08:00-09:00; 13:30-14:30; 17:00-21:00, Fri: 08:00-09:00; 13:30-14:30; 17:00-21:00, Sat: 08:00-09:00;13:30-14:30; 17:00-21:00, Sun: 10:00-16:00,	Monday: 08:00-21:00 Tuesday: 08:00-21:00 Wednesday: 08:00-21:00 Thursday: 08:00-21:00 Friday: 08:00-21:00 Saturday: 08:00-21:00 Sunday: 10:00-16:00