



Pharmaceutical Needs Assessment 2025

Version control

HWB	Version	Date of this version
Hartlepool	FPP 250929 FINAL	29 th September 2025 <small>2909 issue</small>

Publication date: 30th September 2025

Subsequent statutory full review date: within three years of publication, subject to monitoring of any change in pharmaceutical need.

Welcome and Introduction

Pharmaceutical Needs Assessment 2025

Every health and wellbeing board is required to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. This Pharmaceutical Needs Assessment (PNA) provides the basis on which NHS England makes decisions on the location and shape of pharmaceutical services. It outlines the varying needs of our population across Hartlepool both in terms of pharmaceutical services currently available and considering needs for the near future.

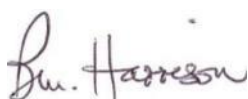
The PNA has been developed through a wide consultation and engagement process with a range of professionals, service users and the public to understand the views of stakeholders on the current availability and provision of pharmaceutical services locally and makes recommendations to inform future decision-making.

Community pharmacies have a major role to play in improving health and wellbeing and reducing health inequalities among the population of Hartlepool and are a key partner in the delivery of plans to address the prevention and management of ill health.

Pharmacies are often placed in the very heart of communities close to where Hartlepool people live, work or shop providing easy access to services. Beyond providing access to prescribed medicines and advice on how to use them, they increasingly provide advice and a range of treatments or other services without needing to visit a general practice first. In doing this, they are supporting people in the area to make healthier lifestyle choices whilst also signposting to other available services.

It is vital that the planning of pharmaceutical services provision should be considered alongside other available health and social services. The Health and Wellbeing Board has an overview of this, based on the Joint Strategic Needs Assessment. This PNA was developed and approved on behalf of the HWB in accordance with our statutory duty under the Health and Social Care Act 2012.

We are pleased to present the Hartlepool PNA 2025. It is hoped that you find it a useful basis for the future for planning, development and commissioning of pharmaceutical services according to the needs of the people of Hartlepool.



Councillor Brenda Thompson
Leader of Hartlepool Borough Council, Chair of the Health and Wellbeing Board



Craig Blundred
Director of Public Health, Hartlepool Borough Council
September 2025

Contents

1.0	Executive Summary	7
2.0	Introduction.....	21
2.1	What is a Pharmaceutical Needs Assessment?	21
2.2	What are Pharmaceutical Services?	21
2.3	Why has the Hartlepool Health and Wellbeing Board prepared a PNA?.....	21
2.4	Who has produced it?	23
2.5	How will it be made available?	24
2.6	How often will it be completed?	24
2.6.1	Supplementary statements and subsequent Assessments	24
2.6.2	HWB related duties with respect to pharmacy consolidation applications	25
2.6.3	Process for maintaining Hartlepool Health and Wellbeing Board PNA.....	25
2.7	How will it be used?	26
3.0	Background and Policy Context.....	26
3.1	National policy and the Pharmaceutical List.....	26
3.1.1	Regulations- Control of Entry	26
3.1.2	Regulations- Market Entry and the use of PNAs.....	27
3.2	Applications for a new pharmacy	28
3.2.1	Necessary Services.....	28
3.2.2	Other Relevant Services	28
3.2.3	Unforeseen Benefit Applications	29
3.3	Providers of Pharmaceutical Services.....	29
3.4	Community Pharmacies and the Community Pharmacy Contractual Framework (CPCF).....	29
3.4.1	Opening times: core and supplementary hours providing pharmaceutical services	30
3.4.2	Functions initiated by CPCF in 2016 and still relevant to PNA	30
3.4.3	CPCF from 2025	31
3.4.3.1	Community Pharmacy Essential services	32
3.4.3.2	Community Pharmacy Advanced Services	32
3.4.3.3	Community Pharmacy Enhanced Services.....	36
3.4.4	Distance selling pharmacies	37
3.5	Appliance Contractors (DACs) and Dispensing Doctor practices	37
3.5.1	Dispensing appliance contractors (DACs)	38
3.5.2	Dispensing Doctors	38
3.6	Other NHS Services	38
3.7	Recent national policy drivers	39
4.0	Process	40

4.1	Data Sources, Collection and Validation	40
4.1.1	Strategic Health Needs	40
4.1.2	Defining localities	41
4.1.3	Demographic information at locality level.....	43
4.1.4	Data collection for Community Pharmacies and services	43
4.1.5	Dispensing (doctor) practices and Dispensing Appliance Contractors (DACs)	43
4.1.6	GP practices	43
4.1.7	Rurality definition, maps and designated neighbourhoods for LPS purposes	44
4.2	Consultation and Engagement.....	44
4.2.1	Engagement	44
4.2.2	Consultation	45
4.3	Approval	45
5.0	Localities – definition and description	46
5.1	Local context	46
5.2	Ward boundary changes and IMD updates in 2019; impact on locality definition for PNA 2022 and 2025	47
5.3	Localities – population	48
5.3.1	Population age and sex	49
5.3.2	Deprivation Profile: Index of Multiple Deprivation (IMD) 2019	53
5.3.3	Ethnicity.....	54
5.3.4	Benefits and Poverty	56
5.3.5	Employment and economic inactivity	57
5.3.6	Car ownership	60
5.3.7	Housing, households and homelessness.....	62
5.3.8	Older people	64
5.3.9	Children	67
5.3.10	Educational attainment.....	69
5.3.11	Armed Forces Community	71
5.3.12	Population density and rurality	71
6.0	Local Health Needs and Inequalities.....	73
7.0	Current Pharmaceutical Services Provision	84
7.1	Current providers of pharmaceutical services in Hartlepool	85
7.1.1	Community pharmacy contractors	87
7.1.2	Dispensing Appliance Contractors (DACs)	93
7.1.3	Providers of other NHS services	94
7.1.4	Premises location: distribution in localities and wards of localities	94
7.1.5	Premises - external setting.....	104
7.1.6	Premises standards.....	105
7.1.7	Premises facilities.....	106

7.1.8	Workforce training and development	106
7.1.9	Pharmacy opening hours; access to pharmaceutical services	107
7.1.10	Choice of provider	112
7.2	Current pharmaceutical services: provided by community pharmacy contractors in Hartlepool.....	114
7.2.1	NHS Essential services	114
7.2.1.1	Prescribing and dispensing of appliances	117
7.2.2	NHS Advanced services	118
7.2.3	NHS Enhanced services	122
7.3	Other NHS services	124
7.3.1	Locally commissioned community pharmacy services	127
7.4	Patient funded non-NHS services	133
7.5	Pharmaceutical services provided to the population of Hartlepool from pharmacies in neighbouring HWB areas or beyond (cross boundary activity)	134
7.6	Results of public engagement survey; feedback on current pharmaceutical services	136
7.6.1	Overview	136
7.6.2	Detailed analysis of results.....	137
7.6.3	Public survey summary	146
7.6.4	Other lived experience information	148
7.6.5	Current providers; engagement response.....	148
7.6.6	Other stakeholders; engagement response	148
7.7	Consultation Response.....	149
8.0	Strategic Plans or Relevant Future Developments	150
8.1	Strategic Themes and Commissioning Intentions	151
8.2	Housing development and changes in social traffic.....	151
8.2.1	Wynyard	154
8.2.2	Health care and GP practice estate	157
9.0	Pharmaceutical Needs - description	158
9.1	Fundamental pharmaceutical needs	158
9.2	Considering pharmaceutical needs particular to Hartlepool; support for determination of necessary services or other relevant services	159
9.3	Current pharmaceutical needs particular to Hartlepool localities	164
9.3.1	Locality H1: Hartlepool West.....	164
9.3.2	Locality H2: Hartlepool South.....	164
9.3.3	Locality H3: Hartlepool Central and Coast	164
10.0	Statement of Need for Pharmaceutical Services in Hartlepool	165
10.1	Necessary services and other relevant services	166
10.2	Necessary services – current provision.....	167

10.2.1	Borough of Hartlepool – all localities	167
10.2.2	Locality specific needs including likely future needs	170
10.2.3	Future needs – summary for all localities.....	173
10.3	Other relevant services – current provision	173
10.3.1	Advanced services in Hartlepool – all localities	173
10.3.2	Enhanced services in Hartlepool – all localities	174
10.3.3	Community pharmacy enhanced services currently commissioned by NHS England and available in Hartlepool	176
10.4	Statement of need: other NHS services taken into account when making the assessment for	177
10.4.1	Other community pharmacy services <i>currently locally commissioned</i> in Hartlepool	177
11.0	Narrative Conclusion	178
12.0	Acknowledgements	181
13.0	Glossary of Terms and Abbreviations	182
14.0	List of Appendices	183
15.0	References and Bibliography	184
16.0	List of Figures and Tables.....	187

1.0 Executive Summary

Background

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This is an analysis and mapping of pharmaceutical services against local health needs for the people of Hartlepool.

The 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

- describes pharmaceutical services currently available
- identifies pharmaceutical services needed for the population now and for the near future, recognising local health needs and inequalities
- determines if what is available meets the needs of the population to identify any gaps and thereby
- guides the local health and care system, particularly NHS England (NHSE) in their application of legislation to the decision-making processes affecting pharmaceutical services locally.

The primary purpose of the PNA is a very specific application. The North East and North Cumbria Integrated Commissioning Board (NENC ICB), under delegation from NHSE, must use it when responding to applications to 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, alongside the legislative framework that covers what must be included in the PNA, and how NHSE will use it, substantially influence the content and some of the language used, reflecting that used in the legislation and decision-making processes.

The Health and Wellbeing Board needs to understand both the location and services currently provided by pharmacies and other providers where applicable, and the needs of the population. In the context of the legislative framework which describes it, the PNA provides this, reflecting an assessment and consideration of

- localities; geographical subdivision of the population of Hartlepool
- current need for pharmaceutical services and anticipated need for those services in the near future
- any gaps in services available to meet identified needs currently, and to consider options for improvement or better access to services now, and in the future
- access and choice of pharmaceutical services from pharmacies and others (including dispensing appliance contractors and dispensing doctors if applicable)
- public and other stakeholder views.

The assessment considers the needs of anyone who may access a pharmaceutical service in the Borough - sometimes called the 'reliant population' i.e., thinking beyond residents to include people who are patients, carers, learners, employees, shoppers and other visitors as users, or potential users, of pharmaceutical services in the town.

This PNA has been produced under the leadership of a Steering Group on behalf of the HWB, in accordance with the 2013 Regulations as amended and Department of Health Guidance¹ and with the support of our local stakeholders including NENC ICB, local pharmacy contractors, Healthwatch Hartlepool and the local pharmaceutical committee known as Community Pharmacy Tees Valley² (CPTV). The PNA is built on the foundation of robust processes followed in previous years to produce the needs assessments published in 2015, 2018 and 2022. This was supported by a culture of collaboration with a near neighbour HWB in Tees (Stockton-on-Tees) and also across the whole ICB area of the North East, North Cumbria and North Yorkshire. The information presented in the document is correct at May 2025, unless stated otherwise.

The PNA Regulations require HWBs to consider, and justify, sub-division of their geographic area into localities for the purposes of this assessment, and for determining 'market entry' for new pharmacies in the future. The Hartlepool HWB area is geographically small but is sub-divided for the PNA into three localities based on electoral ward-level mapping of Indices of Multiple Deprivation (IMD 2019). Three 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.

The HWB has considered responses to public, professional and other stakeholder engagement, including Healthwatch Hartlepool, and other information available about current pharmaceutical services. Engagement during the development of this draft PNA generated valuable insight into the current and future provision of pharmaceutical services. This included public/service user surveys in November /December 2024 returning 275 responses and stakeholder engagement seeking the opinions of clinical/non-clinical professionals and others on behalf of the 'client group' they represented. The purpose of this activity was to provide opportunity for people to contribute their views on pharmaceutical services, not necessarily to identify a representative sample of the population.

The draft PNA was approved and published for consultation from 4th July 2025 for the statutory minimum 60-day consultation period, concluding 4th September 2025. The draft PNA was updated in response to the consultation and approved by the HWB prior to publication before the statutory deadline of 29th September 2025. Any subsequent changes in need, or services available, will be monitored. Changes to the availability of pharmaceutical services will be reported via supplementary statements, published alongside the PNA as needed, including any new maps when required by Regulation.

Pharmaceutical services.

In England, pharmaceutical services are provided by pharmacy and dispensing appliance contractors (DAC) from premises that are included in a statutory pharmaceutical list for the HWB area. In some areas this will include dispensing doctors or 'LPS' pharmacy contractors but there are none of these in Hartlepool. The Hartlepool PNA considers the full range of pharmaceutical services provided by community pharmacies and dispensing appliance

¹ The first Department of Health Guidance to the 2013 Regulations for PNAs was published in 2013 (Department of Health, 2013), then updated in 2021 (Department of Health, May 2013 (updated October 2021)) with an Information Pack. The DHSC Guidance was updated again during preparation of this PNA on 31st July 2025 (DHSC, 2025)

² Formerly Tees Local Pharmaceutical Committee

contractors (DAC; who deal with dressings, catheters and other appliances but not medicines). For the PNA, the definition of pharmaceutical services does not include any services commissioned from pharmacy contractors by local authorities, or sub-contracted by commissioned lead organisations e.g., for substance misuse, stop smoking or sexual health services. Nevertheless, 'other' NHS and local services like these must be considered in the assessment as they affect the determination of any gaps in provision of the pharmaceutical services described in the 2013 Regulations and defined by the HWB. A full description is in the PNA³.

Pharmacy contractors provide services under the Community Pharmacy Contractual Framework (CPCF) which sets out three levels of service:

- Essential Services negotiated nationally by the Department of Health & Social Care, NHS England and Community Pharmacy England. All pharmacies must provide all these services.
- Advanced Services, also negotiated nationally. Pharmacy contractors may choose which, if there are any, of these services they wish to provide.
- Enhanced Services. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended, set out the enhanced services that may be commissioned from pharmacy contractors. There are two national enhanced (vaccination) services. Locally, ICBs determine which enhanced services they wish to commission to meet local health needs. Service specifications are negotiated by ICBs with local pharmaceutical committees, which for Hartlepool would be CPTV.

Applying a systematic process of identifying needs, and seeking to address them, the PNA describes pharmaceutical services that are currently delivered, any options for improvement within existing pharmaceutical services and supports consideration of the need for new pharmacies or services. In making this assessment of current and anticipated future pharmaceutical needs, the HWB has had regard to, in so far as it is practicable to do so, all regulatory requirements when considering access and choice of both provider and services available⁴.

Consideration of access to pharmaceutical services might include the

- range of pharmaceutical services providers (type), influencing choice
- number, location and distribution of their premises and facilities across the HWB area or accessible nearby, or at a distance (e.g., online)
- specific pharmaceutical services they provide
- days on which and times at which those services are provided
- other NHS services or other local services which may increase demand for pharmaceutical services (e.g., general practices in working hours and in the so-called extended access period, or the provision of urgent care/treatment services, or NHS 111) and other services which may reduce the need for a pharmaceutical service as defined (e.g., GP personally administered items or services commissioned from pharmacies or other providers by the local authority).

³ 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 and hereafter referred to as the 2013 Regulations.

⁴ included in regulation 3-9 of Part 2 of the 2013 Regulations, including the additional matters for consideration in Regulation 9

Conclusions

Context

It has been a challenging few years for healthcare since the publication of the last PNA for Hartlepool in 2022 when systems were just beginning the process of recovery from the height of the Covid-19 pandemic. Providers of NHS pharmaceutical services showed extraordinary resilience and made significant contributions to care during this most difficult time. All HWB areas have subsequently seen the impact of national economic and workforce pressures on local availability of pharmaceutical services. The number of 'traditional' 'bricks and mortar' pharmacies in England is now the lowest it has been for 20 years and there have been some noticeable losses of high-profile providers of pharmaceutical services. Our neighbouring borough of Stockton-on-Tees has seen three pharmacies close completely and all eight of their '100 hour' pharmacies reduce their opening times following national changes in Regulations allowed that to happen.

Hartlepool has experienced a reduction in the availability of pharmaceutical services because of reduced opening times, but no permanent closure of any pharmacy. Most of this reduction is a result of the two pharmacies subject to the 100-hour condition⁵, each now offering a minimum of 72 hours per week. Other smaller reductions in service availability since 2022 due to a reduction in opening times are also described. Hartlepool has only two '100 hour' pharmacies, so the loss of service availability is not as great here as for Stockton-on-Tees.

In the engagement survey, 78% of (n=273) respondents were happy with the current opening times of pharmacies in Hartlepool. This is slightly higher than in 2021/22 when overall opening times were greater and ten percentage points more than in a nearby HWB area where the range of opening times is also greater. 87% stated that they could **"usually find a pharmacy that is open when I need to"** which is a slightly reduced proportion to previous surveys, but nevertheless a high agreement. In the public survey, 85% of all of those who responded to the survey had either not noticed, or been unaffected by, recent changes to opening times.

For balance, Hartlepool has seen two new pharmacies open since the consultation stage of the PNA in 2022, increasing the number of pharmacies located here to 21. These are both 'distance selling' pharmacies (DSP) so do not contribute to the 'in person' face-to face or 'walk-in' access for the essential pharmaceutical services of the national NHS community pharmacy contract. However, data indicates that they are already delivering additional capacity for dispensing, and by implication other essential services. The DSPs with an address in Hartlepool - like all DSPs in England - are also required to provide NHS services by delivery, which can be especially valuable for people who may find it challenging to get to a pharmacy in person, or who simply prefer to make that choice. Any delivery services provided by 'traditional' (non-distance selling) pharmacies are not NHS services and not part of the CPCF, nor the PNA.

Statement of Need

Having regard to the regulatory requirements, in making this assessment, the HWB has considered the current provision of pharmaceutical services available to the residents and any visiting population of Hartlepool, their demographic characteristics, including protected characteristics and the health needs of the population.

⁵ See section 3.1.2

The HWB has reviewed information available at the time and assessed whether this current provision meets the needs of the population or whether there are any potential gaps in the provision of pharmaceutical services now, or within the (near) future i.e., the likely lifetime of the PNA. Having regard to all the information collated and considered as part of this assessment, section 10.0 includes the Hartlepool PNA Statement of Need for 2025 which should be read alongside this summary Statement. The Statement of Need identifies (as required by the 2013 Regulations)

- 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.

The statement will also identify if these necessary services and other relevant services are

- currently provided or not and
- if they are provided in the HWB area and
- if there are any services currently provided outside the area that nevertheless contribute towards meeting the need for pharmaceutical services in its area.

In summary:

The HWB has determined three localities in Hartlepool, shown on the map in Figure ES1 (labelled as 1, 2, 3). They are Locality H1: West, Locality H2: Hartlepool South and H3: Hartlepool Central and Coast. However, although there are some differences in demographic character between these localities in Hartlepool, there is also a collective identity, and pharmaceutical need, for the whole town, and geographic size is small.

For this PNA, the HWB has determined as ‘necessary services’ in all localities

- the essential services provided at the premises of those on the pharmaceutical list.

The HWB has determined the following as ‘other relevant services’ i.e., the availability of these services offer improvement, or better access, to these pharmaceutical services for the reliant population of the borough, in all localities

- the national advanced services of the CPCF and
- the national enhanced services of the CPCF currently provided including COVID-19 vaccination and the local enhanced services for Bank holiday/ out of hours provision (which may or may not be directed); emergency planning, supply of antivirals/vaccination.
- essential services provided by dispensing appliance contractors
- essential services provided by the ‘distance-selling’ pharmacies, including their delivery of dispensed medicines.

The impact of what are known as ‘other NHS services’ and other locally commissioned services which may increase or reduce the demand for pharmaceutical services in Hartlepool has also been considered when making this assessment.

The HWB has adopted, as a guide, a travel time standard of 20 minutes by car, based on national access standards. However, travel times to access necessary pharmaceutical services particularly in working hours (defined as 9 am to 6pm), and outside of working hours, and at times or on days defined by the HWB, are for most people very much shorter in all Hartlepool localities, both by car and on foot. Travel times of up to 30 minutes and outside of the HWB area, might be considered reasonable in some out of hours periods (after 9pm weekdays and Saturdays and after 5pm on Sundays), or on Bank holidays.

Pharmaceutical services are currently provided by **21 community pharmacy contractors** in the Hartlepool HWB area. There are no dispensing doctors and no appliance contractors. The number and locations of the 19 non-DSP, 'bricks and mortar', contractors which may provide pharmaceutical services on the premises included on the Pharmaceutical List for Hartlepool HWB area are the same now as for the previous PNA in 2022.

Two of these 21 pharmacies are regulated as 'distance selling' (DSP) therefore cannot provide face-to-face essential services from the premises, but must do so remotely via phone, email or a website. Another two of the 21 are subject to the '100-hour' condition, each offering pharmaceutical services during 'core' opening hours, for a minimum of 72 hours per week from their premises. Both '100-hour' pharmacies are in the H3: Central and Coast locality but provide services accessible to all localities in Hartlepool, by virtue of their location and the short travel time to reach either of them from anywhere in the borough.

A map of locations of pharmacies within the HWB area is a requirement of the PNA⁶. This map will also be available separated to the main PNA (as Appendix 6), for ease of updating as required by Regulation. A simple map of pharmacy locations in their localities is shown in Figure ES1 on page 12. The companion Table ES1 lists the 21 pharmacy contractors with their ward and locality.

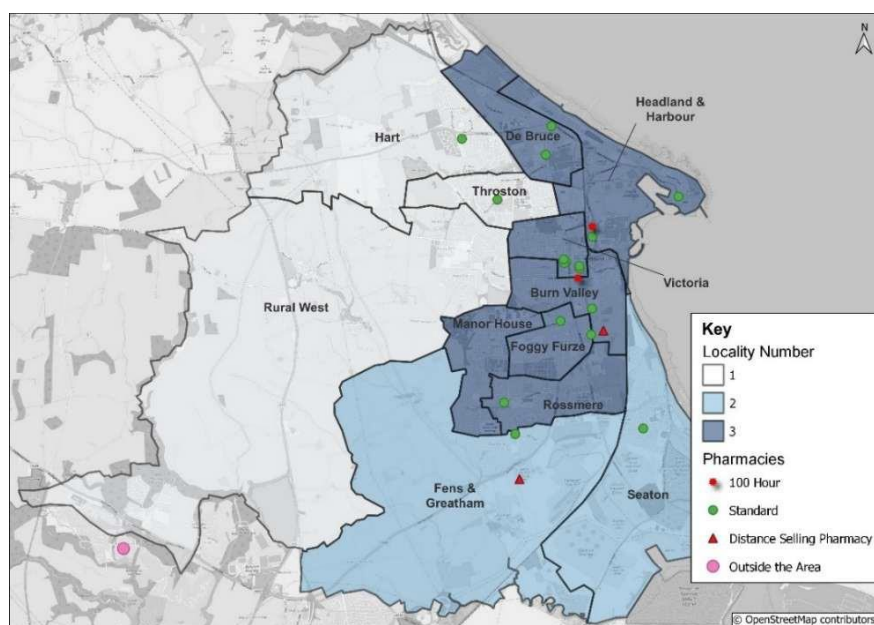


Figure ES1. Map of Hartlepool showing location of community pharmacies (n=21) at 1st June 2025. Two '100-hr' pharmacies⁷ are denoted by a red circle. Two 'distance-selling' pharmacies⁷ are denoted by a triangle. The pharmacy shown as 'outside of the area' is Wynyard Pharmacy. Source of data: NENC ICB.

⁶ (pursuant to paragraph 7 of Schedule 1 of the 2013 Regulations)

⁷ See explanation of these terms in the text

Table ES1. NHS Community Pharmacies in Hartlepool at 1st August 2025.

Pharmacy Trading Name	Full Address	Ward	PNA Locality 2025	‘100-hr’ pharmacy	
Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool, TS26 0BF	Hart	H1: West	no	
Wiltshire Pharmacy	84 Wiltshire Way, Hartlepool, TS26 0TB	Throston		no	
Well	416 Catcote Road, Fens Shopping Centre, Hartlepool, TS25 2LS	Fens and Greatham	H2: South	no	
Well	68A Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	Seaton		no	
Pharmacy Express	Hartlepool Health Centre, Park Road, Hartlepool, TS24 7PW	Burn Valley	H3:Central and Coast	yes	
Tesco Stores	Belle Vue Way, Hartlepool, TS25 1UP	Burn Valley		no	
Westview Pharmacy	7 Brus Corner, Hartlepool, TS24 9LA	De Bruce		no	
Winterbottom Pharmacy	Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN	De Bruce		no	
Clayfields Pharmacy	76-78 Oxford Road, Hartlepool, TS25 5SA	Foggy Furze		no	
Kendal Road Pharmacy	15 Kendal Road, Hartlepool TS25 1QU	Foggy Furze		no	
Asda Pharmacy	Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		no	
Boots UK Limited	Anchor Retail Park, Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		yes	
Headland Pharmacy	1 Grove Street, Hartlepool, TS24 0NY	Headland and Harbour		no	
Wynyard Road, Pharmacy	29 Wynyard Road, Hartlepool, TS25 3LB	Rossmere		no	
Boots UK Limited	89 Shopping Centre, Middleton Grange, Hartlepool, TS24 7RW	Victoria		no	
Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	Victoria		no	
M Whitfield	Birkdale, 30 Victoria Road, Hartlepool, TS26 8DD	Victoria		no	
Well	The Health Centre, Victoria Road, Hartlepool, TS26 8DB	Victoria		no	
Well	107 York Road, Hartlepool, TS26 9DH	Victoria		no	
Hartlepool Pharmacy	Unit 5 Enterprise Court, Queens Meadow Business Park, Hartlepool, TS25 2FE	Located in [Fens and Greatham] ward of locality H2: Hartlepool South. Providing pharmaceutical services on a ‘Distance-Selling’ basis, 40 hours per week (Mon-Fri)			
Longhill Pharmacy	Unit 2c Longhill Ind Est, Ullswater Road, Hartlepool, TS25 1UE	Located in [Burn Valley] ward of locality H3: Central and Coast. Providing pharmaceutical services on a ‘Distance-Selling’ basis, 40 hours per week (Mon-Fri)			

The PNA also includes a second map of pharmacies together with the location of general practices in the area, including the location of general medical (NHS) services provided in the extended access period. For Hartlepool this is: 6.30 pm until 9 pm on weekdays; 9 am to 5 pm on Saturday; 9 am to 1pm on Sunday.

97% of the population live within a 20-minute walk of a 'bricks and mortar' (non-DSP) pharmacy in Hartlepool. Figure ES2 shows travel times for the 97% of people who live within a 5 to 30-minute drive of a pharmacy located in Hartlepool, on weekdays between 9 am and 6 pm (excluding DSP). The pharmacy at Wynyard (located in Stockton HWB area) is not included on this map for illustrative purposes. However, travel time mapping has shown that travel time to a pharmacy is reduced to less than 15 minutes by car for the whole of the population of Hartlepool when the choice of this pharmacy is available.

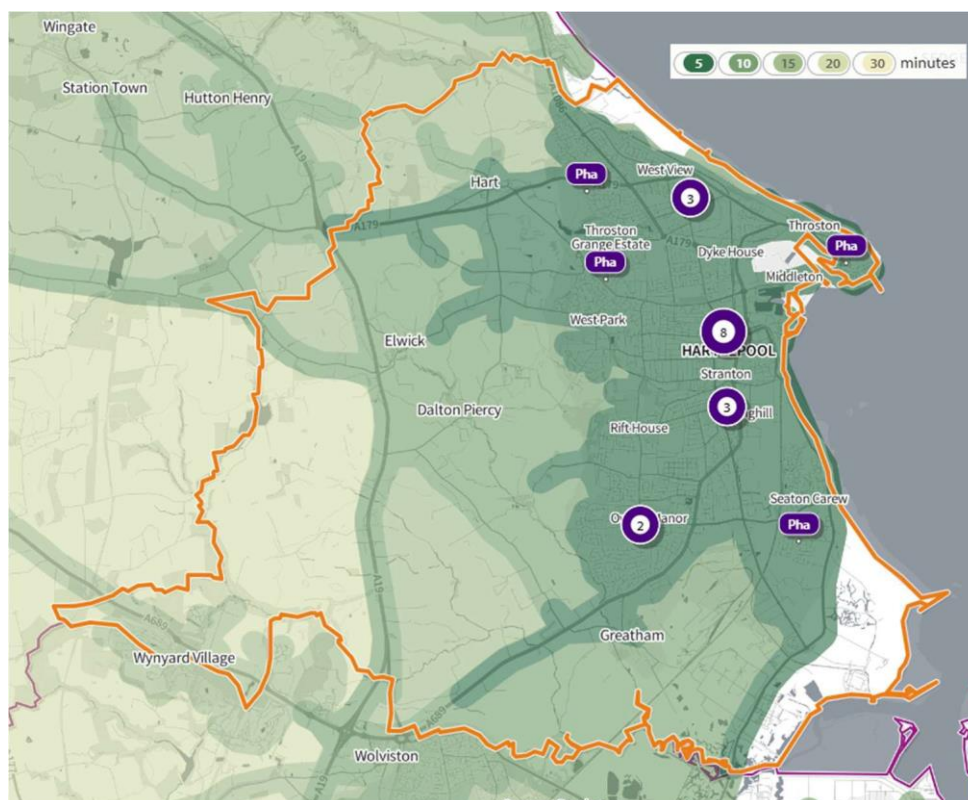


Figure ES2. Population living within a 5 to 30-minute drive of a pharmacy on a weekday (excluding DSP) in Hartlepool (n=90784, 97%). The pharmacy at Wynyard is not included here but is discussed in the PNA. This pharmacy reduces maximum travel time to under 15 minutes by car for the whole of Hartlepool. Source: SHAPE

The number of current providers of pharmaceutical services, the general location in Hartlepool of premises from which the services are provided (where relevant), and the range of hours of availability of those services, combine to meet the need for the necessary pharmaceutical services. The providers, location and services are considered to meet the current and likely near future pharmaceutical needs for essential pharmaceutical services of the CPCF in all localities of the Hartlepool HWB area. Considering population demographics, characteristics, projections, and known firm housing and healthcare projections and plans, the HWB is satisfied that the current providers of pharmaceutical services will also be able to meet local needs in the near future, other than in specified future circumstances described below.

- As well as between 9 am and 6pm, the availability of pharmaceutical services after 6pm and to 9pm on weekdays and Saturdays and from 10 am to 5pm on Sundays from the '100- hour' pharmacies, (as core hours), secure the availability of the necessary and other relevant services the HWB has identified. In particular, but not exclusively, the pharmaceutical needs for essential services arising from a person having had contact with

a general practice provider in the 'extended access' time periods, an urgent treatment provider, or NHS111. The advanced and enhanced services provided by these pharmacies offer better access to these 'other relevant services' as defined by the HWB, during daytime hours and in the wider hours as described above.

- Necessary services available during core hours from the pharmacies in Hartlepool open on Saturday and Sunday meet the needs of the population for these services.
- Pharmaceutical services available during supplementary hours from two pharmacies in locations in Hartlepool additional to those where services are available as core hours, offer improved access and choice, after 6pm on weekdays and also on weekends, to the necessary essential services and other relevant services (advanced and enhanced services) they provide. Taken together, whilst choice is reduced compared with weekdays 9am-6pm, the HWB is satisfied that it is sufficient.
- It is not a condition of this assessment that only providers of pharmaceutical services located in Hartlepool may be included. Pharmaceutical services provided by pharmacies outside the HWB area contribute to meeting the need for necessary and other relevant services, but are not necessary for those needs to be met. DAC providers from outside of the HWB area offer the benefit of improvement or better access to the essential services for provision of appliances.
- Necessary services (essential services) provided by the pharmacy at Wynyard, which is outside of the HWB area but less than one mile from the boundary with Stockton-on-Tees area, provide convenience and better access to meet the current and likely future needs of the population of both Hartlepool and Stockton-on-Tees on weekdays. Whilst there is a pharmacy contracted to provide pharmaceutical services here, the HWB is satisfied that there is no need for an additional pharmacy in the Wynyard area to meet the needs for, or to provide improvement or better access to, essential and other relevant pharmaceutical services for the population in this vicinity for the lifetime of this PNA.
- In the specific circumstances that there should be a complete and permanent loss of pharmaceutical services available from the current pharmacy in the vicinity of Wynyard, the HWB is of the view that this would create a gap in the essential services and other relevant pharmaceutical services which offer improvement or better access to the reliant population. As the nearby resident population expands, the pharmacy contractor may consider offering services on a weekend to further improve choice. However, given the characteristics of the resident and visiting population in this location, good access to necessary services is currently available nearby in both Hartlepool and in Stockton-on-Tees HWB areas, and well within the standard travel times on evenings and at weekends. Should the availability of pharmaceutical services of the existing pharmacy remain just as they are currently, this would not be considered to create a gap which would need a second pharmacy in the vicinity of Wynyard to fill it.
- There are pharmacies in Billingham and in the Stockton town centre area of the Stockton-on-Tees HWB which offer improvement or better access to necessary and other relevant services for the population of Hartlepool on weekday/Saturday evenings after 9pm, and on Sundays after 5pm. Travel times for the majority of the Hartlepool population are still within, or close to the in-hours travel time standard where these pharmacies are included.

- In future, if there were to be a complete and permanent loss of the pharmaceutical services available after 5pm on Sunday from all the pharmacies in Stockton-on-Tees which retain the 100-hour condition, the HWB are satisfied that this would create a gap in the improvement or better access to necessary pharmaceutical services available to the reliant population in Hartlepool.
- Not everyone who visits the Urgent Treatment Centre (UTC) in Hartlepool will require a new medicine as an outcome of their visit. Not everyone who does require a new medicine needs to be able to have that medicine dispensed from a community pharmacy immediately, since the UTC should provide any urgent and necessary medicines as part of their commissioned service. When pharmaceutical services are not available in Hartlepool, or within a reasonable travel time of twenty minutes by car, should an urgent treatment service issue a prescription to a person, the person should be advised that dispensing of that prescription can wait until pharmaceutical services in Hartlepool, or within a travel time standard of 20 minutes by car, are available.
- Having regard to access to essential services during the 'out of hours period' and following contact with the urgent treatment centre in Hartlepool (or Stockton-on-Tees), providers of these other NHS services are expected to make provision for access to medicines which in their view are 'urgent and necessary'. Service providers should be aware of the availability of pharmaceutical services from community pharmacy contractors in Hartlepool, or within a reasonable travel time standard, in the 'out of hours' period. It should be made clear to users of those services (of an urgent treatment centre) that issuing a prescription does not in itself make it urgent or necessary to have it dispensed in advance of the time that the next pharmacy in Hartlepool is open. Pharmacies located at distances within the travel time standard of 20 minutes and up to 30 minutes offer choice for the many people using the urgent treatment service who do have access to a car.
- Necessary pharmaceutical services for the dispensing of appliances are available to the population of Hartlepool such that the pharmaceutical needs for these essential services are met. People in Hartlepool have a choice of service provider. Most appliances are currently accessed from pharmacy contractors located in the HWB area. People also make good use of the DACs located outside of the area, having a choice of more than 100 available in England, including five in the northeast region.
- The advanced services of stoma appliance customisation and appliance use reviews are available from some few pharmacy contractors in Hartlepool and also from DAC outside of the area. These 'other relevant services' offer improvement to pharmaceutical services for the people of Hartlepool who use stoma appliances or other appliances.
- The HWB is satisfied that all the advanced services of the CPCF are available from a good choice of community pharmacies in Hartlepool such that the improvement or better access to these other relevant services is currently met. Providers are responding to the opportunities to provide these services in all localities of Hartlepool. The impact of recent changes to the CPCF will be monitored.
- The HWB is satisfied 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, the necessary essential services and the other relevant services are provided.

- There are necessary (essential) pharmaceutical services available in Hartlepool (from pharmacies) seven days a week including after 6pm and until 9pm on weekday evenings. A very good offer on Saturday mornings becomes a lower offer on Saturday afternoons and on Sundays. There are some differences between localities but people in all localities may access the use of pharmaceutical services across the town. The days and times at which these services are available meet the need for necessary services.
- Existing contractors may be minded to consider responses to the PNA engagement survey and opportunities for improvement or better access to pharmaceutical services, including the other relevant services they already offer, and which are valued by the public, which could be afforded by additional (supplementary) opening hours. However, the HWB is satisfied that there is no need for a new pharmacy contractor anywhere in Hartlepool to meet the needs of the population for necessary services or other relevant services. Any additional pharmacy located in Hartlepool, providing essential services during weekdays 9-6 would be considered overprovision, with the potential to impact on current provision of necessary services during those times. There is no improvement or better access to pharmaceutical services overall to be gained from a new provider of pharmaceutical services in Hartlepool between 9am and 9pm on weekdays and Saturdays or between 9am and 5pm on Sundays if this could provoke the realistic probability of permanent loss of necessary pharmaceutical services at currently available times and at any of the current locations of pharmaceutical services. This is particularly true for those most distant from the centre of the town located in communities so important to the people of Hartlepool, including those in H1 or H2 localities, and in [De Bruce] ward or at the Headland of H3 locality.
- The range of pharmaceutical services provided and access to them is good; there are pharmacies close to where people live, work or shop. People may not always start their journey to access pharmaceutical services from home or a general practice. However, travel times have been mapped, finding that 67% of the population live within a 10-minute walk of a pharmacy; 97% live within 1 mile, a 20-minute walk, or a 5-minute car journey of their nearest pharmacy. Even though there are some small differences between localities reflecting the nature of their populations and environment, the whole of the Borough can access at least one pharmacy within a 10- to 15-minute drive, particularly when the pharmacy at Wynyard is included; located in Stockton-on-Tees but within a very short distance and less than 1 mile from the boundary with Hartlepool. This is comfortably within a travel time standard of 20 minutes by car. Travel times of 5 to 30 minutes (excluding the pharmacy at Wynyard for illustrative purposes) are shown in the SHAPE map of Figure ES2. Public transport is also good across the town, though reduced outside of working hours.
- The population of Hartlepool may choose to access pharmaceutical services from providers located outside the HWB area. From the perspective of prescriptions, which include prescriptions for medicines as well as appliances (noting all dispensing appliance contractor (DAC) providers of pharmaceutical services are out of the HWB area), this

accounts for less than 4% of all items prescribed in the area and has been steady for several years. Other than for appliances, these (out of area) services are therefore providing improvement to and /or better access in terms of choice of services, but these are not necessary providers of services.

- The HWB is mindful that other NHS services offering evening and weekend access to primary care appointments (sometimes known as extended access) may vary their opening times during the lifetime of this pharmaceutical needs assessment. It is unlikely that any change would mean that such a service is available when pharmaceutical services are not also available in the town. However, this should be considered as part of any commissioning arrangements. NHS England may direct pharmacies to open to meet any substantial differences in opening hours. Existing pharmacy contractors may also adjust their supplementary opening hours in response to such future changes. The HWB is therefore satisfied that any likely change in extended access to primary care appointment will not create a gap which requires a new pharmacy contractor in Hartlepool to fill it.
- The HWB has determined that the direction/enhanced service, commissioned by NHS England for Bank holidays or other special holidays such as Easter Sunday is a necessary service to meet the needs of the population of Hartlepool for essential (and necessary) pharmaceutical services and increasingly, the improvement or better access provided by advanced services such as Pharmacy First. The extent of this provision should be under on-going review to ensure the needs of the population are met. The availability/provision of urgent and necessary medicines by any provider of primary care or urgent treatment services in these timeframes would be an important part of this review.
- Pharmacies in Hartlepool have responded very well to the offer of national advanced services such as Pharmacy First and seasonal influenza vaccination, supporting increasing integration with other parts of the healthcare system and providing better access for people. Provision of these 'other relevant services' deliver substantial improvement or better access for patients and their contribution will continue to be monitored as new advanced services, including bundled services, develop with the CPCF.
- All known plans for housing or infrastructure development (submitted and approved) have been considered in making this assessment of pharmaceutical need. The HWB had regard to 'firm plans' with full planning permission granted and deliverable sites identified, with projections likely within three years based on the routine data collated for deliverable housing sites. Sites of major development potential in the Borough have been reported in previous PNAs and all developments have been reviewed afresh for this 2025 PNA. There is nevertheless often uncertainty in the housing / construction market which means that planned developments may not come to completion. Despite the construction work that residents might see, new build dwellings may not always create new households but rather re-distribute social traffic and potential demand. Population projections have not yet indicated a change that reflects the new households.
- 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), the HWB is satisfied that any identified redistribution of the population or small net influx, will not create a new need for pharmaceutical services that will require a new pharmacy in any of the PNA localities to accommodate any such change within the lifetime of this PNA.

- 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. Other than in particular and specified circumstances included in Section 10, **no likely future needs** have been identified that could not also be similarly addressed. There is therefore no current or known near future need for any new pharmacy contractor or appliance contractor provider of pharmaceutical services in Hartlepool.
- Locally commissioned services from pharmacies impact the need for enhanced services to be commissioned by NHS England. Whilst they are currently commissioned, current population **needs are met**. Supervised self-administration of medicines for the treatment of substance misuse would be a necessary pharmaceutical service in Hartlepool were it not for the availability of the locally commissioned service. Similarly, the provision of urgent medicines for palliative care (now also part of essential services of the CPCF), needle exchange, stop smoking services (including maternal services) and the 'Think Pharmacy First' service all provide improvement or better access to services which would be considered 'other relevant services' if these locally commissioned services were no longer available.

Hartlepool Health and Wellbeing Board acknowledge their duties and responsibilities for maintenance of the PNA 2025 following publication and has established processes to ensure:

- the HWB responds to requests from Primary Care Support England (PCSE) on behalf of the NENC ICB (or any subsequent organisation) for representation on applications to provide new pharmaceutical services, or amend existing provision, including the potential application for consolidation of pharmacy contractors⁸ and
- activity that supports on-going maintenance of the PNA, including the publication of Supplementary Statements, subsequent reviews, including where necessary in response to identified changes in need, and/or a full revised assessment within 3 years of this PNA.

Additional notes:

A copy of the statutory Pharmaceutical List (as at August 2025) provided by NENC ICB is included as Appendix 5. Amendments to the List consequent to the outcome of any contractor applications or notifications which were concluded and notified to the HWB by 1st August 2025 are included in the published PNA. Thereafter, changes which affect the Pharmaceutical List will be managed by due process for maintenance of a published PNA, including the requirement to publish a Supplementary Statement if required.

The HWB had regard to known strategic plans, including for new housing development, and will identify ways to continue to monitor progress of the largest of these developments from the perspective of the need for pharmaceutical services. Any new data which identifies a

⁸ See section 2.6.2

new need for pharmaceutical services, including during the out-of-hours period will be monitored by the HWB, in order to make an appropriate response.

Responses to the public engagement and consultation processes suggest there may be opportunities to support people in Hartlepool to get the best out of pharmaceutical services available from a community pharmacy (or a DAC) by improving their awareness and understanding of what is available. The HWB will continue to work with partners and stakeholders in the area to promote access to information about new and existing pharmaceutical services available to the residents of, and visitors to, Hartlepool from community pharmacies and from pharmacy professionals in other settings (such as general practice), including the times, days and places that these services are available. This may include information on what to expect when accessing urgent care.

It is beyond the scope of this PNA to assess availability of services provision in the context of pharmacy workload, staffing, and medicines availability. A conclusion of 'no gap' in pharmaceutical services in the PNA does not necessarily equate to the meaning of 'no gap' in this context. The views and experiences of members of the public provided in response to the PNA engagement survey and consultation are valued in this regard. Views and experiences will be monitored for consideration of changes to need for pharmaceutical services, including essential services, during the lifetime of the PNA 2025.

Acknowledgements. The Steering and Working Groups on behalf of the Health and Wellbeing Board are very grateful to all those who contributed local knowledge, data and information to support the development of the PNA 2025 including colleagues at NENC ICB and North East Commissioning Support (NECS) on behalf of the ICB, Community Pharmacy Tees Valley (CPTV), members of the public and their representatives at Healthwatch Hartlepool as well as Councilors and officers of Hartlepool Borough Council and all commissioned or contracted service providers.

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) sets 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 '2013 Regulations' and implies reference to those Regulations as amended.

The PNA identifies what is needed at a local level to support 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. The 2013 Regulations define these services for the PNA (see explanation in Box 1).

The PNA will therefore assess the need for these pharmaceutical services as defined, to include

- **essential, advanced and enhanced services** provided by community pharmacies
- **essential and advanced services** provided by Dispensing Appliance Contractors (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.

At the time of preparing this version for publication (August 2025), NHS England is responsible for the commissioning of pharmaceutical services, delegated to the Northeast and North Cumbria Integrated Care Board (NENC ICB) for the area of England which includes Hartlepool. A review of the structure and function of NHSE/ ICBs and their relationship to DHSC is underway. However, until changes and timeframes are finalised, this PNA for 2025 will continue to refer to NHSE as commissioner in this context.

2.3 Why has the Hartlepool 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 NHS Primary Care Trusts (PCTs) to publish a PNA (see Box 2).

The Health and Social Care Act 2012 (Department of Health, 2012) established HWBs and 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 2013 Regulations referred to in section 2.2 set out the legislative basis for developing and updating PNAs within the new commissioning architecture from April 2013.

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 and 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, which is currently NHSE.
- NHSE hold, and must publish, what is known as the '**pharmaceutical list**'
- '**persons**' on the pharmaceutical list include:
 - **pharmacy contractors** (i.e. each community pharmacy) and
 - **dispensing appliance contractors (DACs)**; 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 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 or others, including by PSNE, on behalf of other commissioners, in the north east. 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 directly 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 0)
 - **local pharmaceutical services (LPS) contractors** who provide a level of pharmaceutical services in some (few) HWB areas as a result of largely 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 were invited to do so on behalf of other local commissioners.

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 how local partners including ICBs and local authorities describe the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. Their aim is to 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 (updated October 2021)) and (DHSC, 2025).

BOX 2 Regulatory Changes and time steps to the PNA 2025	
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 1 st 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 1 st 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 25 th March 2015 replaced the 2011 PCT document within the statutory timescale in place at the time.
7.	Subsequent PNAs were published as required in March 2018 and on 30 th September 2022, the latter following Regulations to delay statutory publication dates due to the Covid-19 pandemic.

2.4 Who has produced it?

The Hartlepool PNA has been produced in accordance with the 2013 Regulations, as amended, with reference to Department of Health guidance (Department of Health and Social Care, May 2013; updated October 2021)⁹ and with the support of NENC ICB and our local stakeholders including the Local Pharmaceutical Committee (Community Pharmacy Tees Valley; CPTV). The current PNA builds on the robust processes followed between 2011 and 2022 to produce the four previous needs assessments which remained fit for purpose.

Preparation of the 2025 PNA for Hartlepool was led by a 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. Development progressed alongside the corresponding PNA processes and wider co-operation of the public health pharmacists and leads supporting PNAs across the northeast of England and North Yorkshire. Collaborative work promotes mutual understanding of pharmaceutical services in neighbouring HWB areas, and their impact on meeting local pharmaceutical needs.

⁹ New Guidance regarding PNAs was published by DHSC on 31st July 2025

2.5 How will it be made available?

The PNA will be published on the Hartlepool Borough Council website; NENC ICB (NHSE) will be notified. A printed copy 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 2025 is not a 'once and for all' statement of pharmaceutical need. However, unlike other needs assessments, it is not possible to simply update sections of the PNA to reflect changes to need or provision. This is because the process of updating is also set out in the 2013 Regulations requiring a fundamental review of the PNA at least every three years, including the minimum 60-day public consultation. Any updates to a considered change in pharmaceutical need within 3 years would also require a 60-day consultation.

The HWB is also required to keep this PNA 2025 up to date by maintaining the map of pharmaceutical services¹⁰, 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 NENC ICB for NHSE 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 deciding as to whether changes warrant a new assessment, HWBs will need to determine whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

This is separate to the provision for Supplementary Statements which are statements of fact, making no 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 to changes to the availability of pharmaceutical services, they cannot be used to provide updates on pharmaceutical need as the latter may only be achieved following full review of the Pharmaceutical Needs Assessment.

Primary Care Support England (PCSE) is responsible for notifying the Health and Wellbeing board when:

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

¹⁰ Pursuant to para7 of S1 regulation 4(2) to the 2013 Regulations

NHS England 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.

Part 2 of the 2013 Regulations make provision for HWBs to issue a Supplementary Statement to the PNA. 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's website, any Supplementary Statement would become part of the PNA and so should be taken into consideration when NENC ICB for NHSE considers any applications subsequently submitted.

2.6.2 HWB related duties with respect to pharmacy consolidation applications

The 2013 Regulations were amended in 2016 (Department of Health, 2016) to allow two pharmacies to apply to merge, then provide services from one of the two existing premises. If PCSE notify the HWB of an application to 'consolidate' two pharmacies in this way, the HWB must respond and make a statement or representation to the ICB within 45 days, stating whether the consolidation would or would not create a gap in the provision of pharmaceutical services. NENC ICB then convene a panel to consider the consolidation application, taking into account the representation made by the HWB. The ICB informs the HWB of the outcome of their determination. 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 PCSE or NHSE are received on behalf of the Health and Wellbeing Board by the Statutory Scrutiny Manager and the Director of Public Health (DPH). The HWB has an approved process of delegated authority to the DPH and Chair of the Board to respond to requests for representations 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. Responses, decisions made, and any Supplementary Statements required are considered by the HWB for ratification or approval. Supplementary statements are published on the HWB website pages of Hartlepool Borough Council.

2.7 How will it be used?

PNAs are the basis for determining market entry to NHS pharmaceutical services provision (see section 3.1.2). Once published, this PNA and any subsequently issued Supplementary Statements will be used by NHSE in their decision-making process when applying the Regulations to the process of application to, and management of, the Pharmaceutical List. At August 2025 NENC ICB currently undertakes these statutory processes therefore the HWB must make the PNA and associated Supplementary Statements available to them.

Primary Care Support England, on behalf of NHSE 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 public) that may wish to know or understand more about the need and availability of pharmaceutical services to the population of Hartlepool.

3.0 Background and Policy Context

There are several definitions and explanations of policy, practice and services relevant to be mindful of when making or 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 must apply to the NHS to be included in a pharmaceutical list. This is commonly known as the NHS “market entry” system. At August 2025, pharmaceutical lists are compiled by NHSE, held locally by NENC ICB, and are publicly available from the NHS Business Services Authority (NHSBSA)¹¹.

The 2013 Regulations indicate that a person who wishes to provide pharmaceutical services must apply to NHSE to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or offer improvements or better access to, pharmaceutical services as set out in the relevant¹² pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the PNA or, prior to June 23rd 2025, for providing pharmaceutical services on a distance-selling (internet or mail order only) basis¹³.

The first pharmaceutical needs assessments were published by Primary Care Trusts by February 2011. HWBs became responsible for this in April 2013.

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. This is relevant to the current availability of pharmaceutical services because four exemptions to this test were introduced in 2005. Being ‘exempt’ from the established ‘Control of Entry’ requirements meant that PCTs were required to admit these applicants to the list. Exemptions were

¹¹ Catalyst | NHSBSA

¹² i.e., the PNA which relates to the address from which pharmaceutical services will be provided.

¹³ NB DSP exemption will cease 23 June 2025 following Regulatory amendments (Parliament, 2025)

- 1 pharmacies in 'approved retail areas' of more than 15,000 square metres gross floor space located away from town centres¹⁴
- 2 pharmacies required to open for more than 100 hours per week
- 3 pharmacies located in a one-stop primary care centre under the control or management of a consortium (the centre not the pharmacy)
- 4 pharmacies that will operate wholly by internet or mail order (known as 'distance selling'¹⁵).

3.1.2 Regulations- Market Entry and the use of PNAs

The basis for decisions made using previous Regulations became largely founded on case law because of the large number of appeals to the former NHS Litigation Authority (NHSLA)¹⁶. The 2012 Regulations governing pharmaceutical lists and applications to join, (Department of Health, 2012) changed the basis of decision-making for entry. Both the 'control of entry test' based on neighbourhoods and the 'adequacy test' of the 'necessary or desirable' criteria were removed as PNAs were introduced instead as 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 from 2005 (described in section 3.1.1), retaining only the 'distance selling' option¹⁷. Nevertheless, these exempt categories had stimulated the 'market' and a substantial number of pharmacies had joined the Pharmaceutical List in this 7-year period. This policy context is relevant to the needs assessments of today as

- although the 'distance-selling' exemption is now closed to new applicants, at June 2025 there may be applications pending approval not yet known to the HWB. There are also pharmacy contractors continuing to operate under the terms of service of that exception to the market entry test. Under the distance selling condition, the applicant agreed to open a pharmacy operating wholly by internet or mail order, not based on pharmaceutical needs assessments. Provided that all professional 'fitness to practice' conditions were met then this application to join the list would be approved by NHSE. Distance selling pharmacies are described further in section 3.4.4.
- the '100-hour exemption' is also no longer available¹⁸ should any new need be identified for a pharmacy with such extended core opening times
- amendments to the 2013 Regulations were introduced in 2023 (Department of Health, 2023) for pharmacies which were approved to open based on the 100-hour exemption including, that any core opening hours will continue to be
 - not less than 72 per week
 - maintained on Monday to Saturday between 17.00 and 21.00
 - maintained on Sunday between 11.00 and 16.00¹⁹ and total Sunday hours cannot be reduced from those previously approved
- those pharmacies that retain the '100-hour condition' may still secure the core opening hours required to provide access to services outside of weekday working hours and at weekends, as well as elements of choice of pharmaceutical services described in current PNAs.

The terms '100-hour pharmacy', '100-hour exemption' or '100-hour condition' will therefore continue to be used throughout this PNA because of the carry forward of these regulatory

¹⁴ A pharmacy at Teesside Retail Park in the Tees Valley near to Hartlepool was approved under this exemption

¹⁵ The term 'distance selling', abbreviated to DSP, will be used throughout this PNA

¹⁶ Now NHS Resolution

¹⁷ Announced on 2nd June 2025. The DSP exemption will close on 23rd June 2025.

¹⁸ The exemption category for new applicants was removed from regulations in 2012

¹⁹ Other than to include a rest break

conditions. The term “100-hour pharmacy” is now used to describe any pharmacy that is, or has ever been, subject to the 100-hour condition irrespective of whether they have subsequently successfully applied to reduce their total number of core opening hours.

Since 1st April 2013 and continuing as at August 2025, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list sits with NHS England. For the Hartlepool HWB area, this responsibility is undertaken by the NENC ICB.

3.2 Applications for a new pharmacy

If a person (potential contractor) wishes to join the pharmaceutical list (i.e. to apply to open a new pharmacy under existing ‘market-entry’ Regulations), there are various categories under which they might make a ‘routine application’ (to NHS England) to do so. These categories are:

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

This shows the key role of the PNA in the applications process. This PNA for Hartlepool must clearly identify what the current and future needs for pharmaceutical services are in the area, and whether there are any pharmaceutical services which could improve what is currently available, including access to those services now, or in the near future.

The PNA must also identify if those needs or the potential benefit(s) of improved services are met or will be met when they are needed in future. It is only if there are gaps in availability of these services (either necessary or other relevant services see section 3.2.1 and 3.2.2) which are identified by the PNA, that an applicant can apply to fill that gap. Alternatively, the applicant believes they have identified a gap not included (i.e., unforeseen) in the PNA. They may then apply to try to fill that gap, submitting evidence to convince NHSE to permit them to fill it (see section 3.2.3).

3.2.1 Necessary Services

The 2013 regulations require the HWB to include a statement in the PNA on those pharmaceutical services the Board identifies as being necessary to meet the need for pharmaceutical services in the area. There is no definition of necessary services within the Regulations, and the HWB therefore has complete freedom in this matter. The HWB must then assess if the current population needs for those services are met. If they are, there is no opportunity for a new provider to apply to provide those services.

The PNA must also identify if there are any near future needs for those services considered to be necessary and whether those future needs are, or will be, met.

3.2.2 Other Relevant Services

The HWB must also identify ‘other relevant services’. These are services that the HWB is satisfied are not necessary to meet the current need for current pharmaceutical services, or a future need, but their provision or availability will secure improvement or better access to those services for their population. Once the HWB has determined which of all the pharmaceutical services already provided in or to its area are necessary services, the remainder will be other relevant services, identified for current provision or in the future.

3.2.3 Unforeseen Benefit Applications

If the PNA identifies needs for, or improvements or better access to, a range of pharmaceutical services or one specific service that is not currently provided, this would enable applications to be made to meet those needs or to secure those improvements or better access as listed in section 3.2. The final type of application which may ultimately lead to the opening of new pharmacy premises, is for those offering ‘unforeseen benefits’. In 2020, approximately 94 percent of the applications submitted to NHS England to join the pharmaceutical list were either for unforeseen benefits (27 percent) or for a DSP (67 percent).

Where an applicant submits an unforeseen benefits application, they contend to offer to meet pharmaceutical needs, or will provide improvements or better access to pharmaceutical services, that were not considered foreseen when a PNA was published but, the applicant contends, and must offer evidence to justify, would now confer significant benefits on the people who use pharmaceutical services (the reliant population) in that HWB area.

3.3 Providers of Pharmaceutical Services

Section 2.2 introduced the term ‘pharmaceutical services’ and the ‘persons’ who might be able to provide them which are

- pharmacy contractors (i.e community pharmacies)
- dispensing appliance contractors (DACs)
- dispensing doctors (in certain specific circumstances)

To assess the need for pharmaceutical services the HWB must understand how and by whom they might be provided in the HWB area.

3.4 Community Pharmacies and the Community Pharmacy Contractual Framework (CPCF)

The NHS contractual framework for community pharmacy was introduced in April 2005. NHSE 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 to these 2013 regulations²⁰ are used to update the Terms of Service as and when required, when changes to the CPCF are agreed. Service updates and associated funding usually follow a five-year plan. The latest CPCF was announced later than planned, during the development of this PNA.

Compliance with CPCF specifications is monitored by NHSE using the Community Pharmacy Assurance Framework (CPAF). The NHSBSA also undertake provider assurance and post payment verification (PPV) processes for some pharmaceutical services. The standards describe both the NHS services pharmacies must provide, some they can choose to provide, and the days and times when those NHS services must be available. The public, and some health and social care professionals may not be aware of these substantial NHS contractual standards, and their monitoring, for services provided by NHS pharmacies.

The CPCF describes three levels of NHS pharmaceutical service: essential, advanced and enhanced. The first two levels have nationally agreed funding and specifications whereas enhanced services are usually funded and commissioned locally by NHSE 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. The pharmaceutical services included in the CPCF are described in more

²⁰ Schedule 4 of the 2013 Regulations

detail in Sections 3.4.3.1, 3.4.3.2 and 3.4.3.3. Information is also available on the website of Community Pharmacy England (formerly the Pharmaceutical Services Negotiating Committee) at <https://cpe.org.uk/national-pharmacy-services/>.

3.4.1 Opening times: core and supplementary hours providing pharmaceutical services

The days on which, and times at which, any community pharmacy is open and providing pharmaceutical services are often abbreviated to their 'opening hours'. Opening hours are an important consideration for the PNA when considering access for the population as they determine when all NHS essential pharmaceutical services are available.

Since the start of the national CPCF contract of 2005, all pharmacies must specify their opening hours as either 'core' or 'supplementary' hours. A standard contract requires a pharmacy to agree 40 core, contracted hours per week²¹. Any number of additional hours may be specified as supplementary hours. Pharmacies admitted to the pharmaceutical list by virtue of the previous '100 hour exemption' (Section 3.1.1 and 3.1.2) must now provide a full pharmaceutical service for at least 72 core hours per week to include weekday evenings, Saturdays and Sundays.

Any 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 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 for these hours within three years of the date of the premises being included in the relevant pharmaceutical list (i.e. the date the pharmacy opens). However, this creates some uncertainty about the availability of these additional hours in the longer term when consideration is given to including them as part of an assessment of need.

It is an important distinction that pharmacies may only change their core hours by formal application to and approval of (currently) NENC ICB on behalf of NHSE. However, supplementary hours may be changed simply by giving notice to the ICB in the required minimum timeframe. Pharmacies may *increase* their supplementary opening hours overnight. They must give just five-week notice if they wish to *reduce* their supplementary hours. As such, supplementary hours create some uncertainty in on-going provision, yet also potential responsive flexibility for providers.

3.4.2 Functions initiated by CPCF in 2016 and still relevant to PNA

The community pharmacy funding settlement '*Community Pharmacy 2016 and Beyond*' included substantially reduced remuneration for essential services but introduced the Pharmacy Integration Fund (PhiF), the Pharmacy Access Scheme (PhAS) and the first community pharmacy Quality Payments Scheme for the CPCF.

Pharmacy Access Scheme

The purpose of the national Pharmacy Access Scheme (PhAS), funded centrally from CPCF, is to contribute towards protecting a baseline level of access to NHS community pharmaceutical services in England. The Scheme is intended to identify pharmacies which are strategically important for maintaining access to pharmaceutical services, specifically those pharmacies where patient/public access would be materially affected should they close. The PhAS therefore takes relative 'isolation' of a pharmacy and local population need into account. Pharmacies eligible for the PhAS may be one aspect to consider when identifying 'necessary' services in the area.

²¹ The term "40-hour pharmacy" or 'standard' pharmacy will be used in the PNA to describe any pharmacy that is not, or has never been, subject to the 100-hour condition, irrespective of the total number of core opening hours they may have.

At the first scheme in 2016, 1356 pharmacies in England were identified as eligible for enhanced financial support. Revised and updated in January 2022, eligibility for national funding varies from the 2016 scheme but continues to be based on both the dispensing 'volume' of the pharmacy (i.e., the number of prescription items dispensed annually, since lower volume equates to lower NHS income) and distance from the next nearest pharmacy, modified in areas of high deprivation. 1405 pharmacies were eligible across England at the time of publication of the PNA in 2022 which increased to 1445 following an appeals process. Pharmacies will not be removed from, nor added to the list until the next PhAS review, the timescale for which is unknown²².

Pharmacy Quality Scheme

The first community pharmacy quality incentive scheme introduced a range of optional quality criteria to the CPCF (NHS England, 2016). Usually updated annually, varied subsequent schemes have supported improvements to promote or enhance service provision, clinical effectiveness and patient experience. Criteria for the Pharmacy Quality Scheme (PQS) agreed for 2025/26 include evidence of completing required training or quality standards such as audits.

Pharmacy Integration Fund

Between 2021 and 2025 the pharmacy integration programme invested in providing registered pharmacy professionals with advanced clinical training, including independent prescribing, to help them thrive in integrated multi-professional teams in community and primary care. This initiative, part of broader pharmacy education reforms, sought to address workforce needs and support flexible, collaborative, patient-centred care²³. This phase of the pharmacy integration programme focused on:

- clinical examination skills training for community pharmacists
- independent prescribing
- advancing the role of community pharmacy technicians
- increased access to educational, prescribing, and clinical supervisors
- portfolio recognition and improved access to approved courses for pharmacy professionals in primary care
- general practice pharmacy technician medicine optimisation training programme.

Some of this training has been able to underpin the fast-paced introduction of newer clinical services into community pharmacy such as Pharmacy First. However, there have also been some unintended consequences for the pharmacy professional workforce and funding.

3.4.3 CPCF from 2025

In March 2025 the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England agreed funding arrangements for the CPCF in 2025/26 including changes to advanced services. Gateway criterion to the current PQS payments will reward community pharmacies for delivering quality criteria in two domains: Medicines Optimisation and Patient Safety. Pharmacy owners must have signed up to deliver the Pharmacy First Service and the (bundled) Pharmacy Contraception Service by the end of August 2025 and remain registered for both services until the end of the current PQS on 31st March 2026. Some staff training requirements for 2025/26 may require timely updates²⁴. Details of the current PQS are available in Part VIIA of the NHSBSA Drug Tariff <https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

²²<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

²³ Pharmacy Integration Programme | NHS England | Workforce, training and education

²⁴ <https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/pharmacy-quality-scheme-outcomes/>

3.4.3.1 Community Pharmacy Essential services

All pharmacies are required to provide essential services, comply with their specifications and participate in an acceptable system of clinical governance and healthy living support. Compliance is part of the CPCF contract monitoring undertaken by NENC ICB on behalf of NHSE, called the Community Pharmacy Assurance Framework (CPAF).

At August 2025 the essential services are:

- dispensing of prescriptions for medicines (including electronic prescriptions via EPS)
- dispensing of prescriptions for appliances
- dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' supply of medicines. For example, an electronic repeatable prescription may indicate that the prescription interval is every 28 days, and it can be repeated six times. This would give a person access to approximately six months' total supply of their medication, dispensed by the pharmacy at 28-day intervals, with the prescriber only needing to authorise 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 two national public health campaigns and two when requested to do so by the local ICB.
- 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, dealing with referrals from NHS 111 or changes to the person's lifestyle.
- the Healthy Living Pharmacy (HLP); pharmacies have been required ensure they were compliant with the HLP requirements from 1st January 2021. Operating as an HLP aims to achieve a consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- 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. With 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, professional standards and governance can be found in Schedule 4 of the 2013 regulations as amended.

3.4.3.2 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 advanced services. Contractors²⁵ may opt to provide them but can only do so if they meet the standards required for accreditation which may include both premises standards (such as the requirement for a suitable private consultation area) and personal (provider professional) standards.

²⁵ dispensing appliance contractors and / or community pharmacy contractors

DSP contractors were previously permitted to provide advanced or enhanced services on the premises, though they were restricted from providing any essential services at the same time. However, from October 2025, DSP contractors will be required to cease face-to-face provision of directed pharmaceutical services, although they will be able to deliver advanced services for provision of flu and COVID-19 vaccinations until 31 March 2026.

There have been several changes to the advanced services of the CPCF since the last PNA in 2022; some have been decommissioned, and new ones have been launched. At May 2025 there are nine advanced services within the CPCF. Pilot predecessors to several of these clinical services were started in the northeast of England. The first advanced services were Medicines Use Reviews (MUR)/Prescription Intervention Service, and the New Medicines Service (NMS) for community pharmacists only plus Appliance Use Reviews (AUR) and the Stoma Appliance Customisation Service (SAS). Seasonal flu vaccination (SIVAS) was added as a fifth advanced service for the 2015-16 flu season (Department of Health, 2016). Following several changes and updates, the current advanced 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 for England and Wales. Pharmacies may now choose to provide any of the advanced services listed below. Dispensing appliance contractors may offer AURs and the SAS.

- Appliance Use Review (AUR) and Stoma Appliance Customisation (SCS) Service
- New Medicine Service (NMS)
- Flu Vaccination Service (SIVAS)
- Pharmacy First service
- Hypertension case-finding service (HCFS)
- Smoking cessation advanced service (SCAS)
- NHS Lateral flow device (LFD) Service
- NHS Pharmacy Contraception Service (PCS)

In making this assessment, the HWB will need to consider each of these services, determine which are considered necessary (in the context of the PNA) for Hartlepool and assess current and future needs for their provision. Information about each service in the following paragraphs supports this assessment.

The Medicines Use Review (MUR) and closely associated Prescription Intervention Service are now de-commissioned services, however these first advanced services paved the way for the introduction of non-dispensing clinical services in a community pharmacy setting. The MUR service involved a one-to-one private consultation with a pharmacist to discuss a person's 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 specific clinical condition(s) or circumstances (e.g., recently discharged from hospital). The MUR service was withdrawn largely in name, as elements were incorporated into other parts of the CPCF including the NMS and Discharge Medicines Service.

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 them 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.

New Medicine Service (NMS)

The New Medicine Service (NMS) was the fourth Advanced Service, added to the CPCF in 2011. The service provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence. Adherence can be defined as the extent to which a person is taking their medicine matches their agreed recommendations. It is focused on specific patient groups and conditions.

The purpose of the NMS is to promote the health and well-being of people as they start a newly prescribed medicine, seeking to reduce symptoms and complications of their long-term condition, and identify any problems or any need for further information or support. The NMS is intended to help patients with long term conditions:

- make informed choices about their care,
- self-manage their long term conditions,
- adhere to agreed treatment programmes, and
- make appropriate lifestyle changes.

The service is split into various stages of patient engagement, intervention and follow up. The specific conditions/therapies included in the NMS are regularly updated; thirteen additional conditions were added to the specification list in September 2021. From October 2025 the service will be expanded to include depression within the conditions and associated medicines covered by the service. A person must be prescribed a medicine for one of the conditions listed for an NMS intervention to be applicable. Service evaluation has found NMS to offer both clinical and economic benefits (University of Nottingham, 2014).

Seasonal Influenza Vaccination Advanced Service (SIVAS)

Seasonal flu vaccination is now a well-established choice for eligible patients each season from Autumn to March. For people who are considered by the NHS to be at risk of developing more serious complications from the virus, the accessibility of pharmacies, extended opening hours and availability often without an appointment, has proved popular. For the 2025/26 flu season a new Children's Flu Vaccination Service (via nasal spray) will be piloted and evaluated.

NHS Pharmacy First Service (PF)

The Pharmacy First service was announced as part of the 2023 delivery plan for recovering access to primary care after the pandemic. Though PF started in January 2024 it incorporates elements of a previous advanced service, the NHS Community Pharmacist Consultation Service (CPCS). CPCS was launched in October 2019 to begin the better integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes and support people to manage lower acuity conditions (sometimes called 'minor ailments'). The full PF service includes three elements:

- Pharmacy First (clinical pathways), a newer element
- Pharmacy First (urgent repeat medicine supply), previously commissioned as the CPCS
- Pharmacy First (NHS referrals for minor illness), previously commissioned as the CPCS

As a free NHS service, Pharmacy First allows people to get quick access to healthcare advice as they can walk into a pharmacy and access the service, removing the potential delay of having to wait for a GP appointment. The person will be offered consultation with a

pharmacist in a private consultation room, with some pharmacies (particularly DSPs) also offering the service remotely as a video consultation. A person can also be electronically referred by certain healthcare professionals, including NHS11 and a person's GP, to a pharmacy of their choice for the service.

The PF service supports the following seven conditions within specific age ranges²⁶:

- Earache (aged 1 to 17 years)
- Impetigo (aged 1 year and over)
- Infected insect bites (aged 1 year and over)
- Shingles (aged 18 years and over)
- Sinusitis (aged 12 years and over)
- Sore throats (aged 5 years and over)
- Urinary tract infections (UTIs) in women (aged 16 to 64 years)

The pharmacist will provide advice and, if clinically necessary, a prescription medicine to treat the condition. An NHS prescription charge will apply for the medicine if the person normally pays for medicines supplied on prescription. An electronic message will be sent to the person's GP surgery so their NHS GP health record can be updated.

Pharmacies have been encouraged to register to undertake PF and to complete consultations. Between February and May 2024, NHSBSA data showed that almost 600 thousand consultations had been completed for patients on one of the six pathways in England. Referrals to pharmacy from general practice or NHS111, resulted in 36% for acute sore throat, 26% for uncomplicated UTIs and 14%/12% respectively for acute otitis media and sinusitis.

Following the success of the uptake of Pharmacy First nationally, in early 2025 it was announced the PF service would now be 'bundled' with two other advanced services from spring 2025. Pharmacy contractors would need to register to provide the hypertension case finding (blood pressure check) service (HCFS) and the pharmacy contraception services (PCS), as well as the required number of PF consultations, to receive the Pharmacy First monthly payment. As well as minimum requirements, from spring 2025 new caps on clinical pathways consultations were introduced, with a monthly allocation which will be updated each month to reflect actual delivery of the service by each individual pharmacy. Activity above the monthly cap will not receive the consultation fee. The HCFS and PCS remain separate services, but being bundled for their commissioning, more patients will have more choice about where and how to access these services.

NHS Community Pharmacy Hypertension Case-finding Advanced Service (HCFS)

This service was launched in October 2021 and is referred to as the NHS Blood Pressure Check service to potential service users. The service will identify eligible people who have not previously been diagnosed with hypertension (high blood pressure), and refer those with suspected hypertension for appropriate management, whilst also promoting healthy behaviours to service users. The service is also intended to support the work that general practices and wider Primary Care Network (PCN) teams undertake on CVD prevention and management as part of PCN Directed Enhanced Services (PCN DES).

NHS Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include initiation as well as on-going supply of OC. From October 2025, subject to some updates to community pharmacy clinical services IT systems, the service will be expanded to include Emergency Hormonal Contraception (EHC). This has implications for the locally commissioned

²⁶<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

services currently sub-contracted from community pharmacies by the sexual health service lead provider commissioned jointly by the four Tees local authorities, including Hartlepool.

NHS Community Pharmacy Smoking Cessation Advanced Service

Launched in March 2022, the service offers on-going stop-smoking support, including NRT, for patients who start their stop smoking journey in hospital then need to transfer their quit attempt to a community setting. The service is limited to 12 weeks of treatment including any undertaken at the NHS Trust. Consultations will usually be every two weeks in line with the supply of Nicotine Replacement Therapy (NRT) which can be for a maximum of a 2-week period. Pharmacy professionals must undertake additional training from the National Centre for Smoking Cessation and Training (NCSCT) and Centre for Pharmacy Postgraduate Education (CPPE) as a minimum before signing up to the service.

NHS Lateral flow device (LFD) Service

The supply of lateral flow device tests (LFD) for patients potentially eligible for COVID-19 treatments was commissioned as an Advanced service from November 2023. Although the service was previously planned to stop after 2024-25 it has been maintained for 2025-26, though eligibility criteria have been reduced.

3.4.3.3 Community Pharmacy Enhanced Services

National Enhanced Services (NES)

The facility for a National Enhanced Service (NES) was added via the 2013 Regulations. Under this type of service, NHS England commissions an enhanced service that is nationally specified in the same way as the nationally specified and nationally funded essential and advanced services provided by persons on a pharmaceutical list. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated program. There are currently two NES commissioned which are the COVID-19 Vaccination Service and the Respiratory Syncytial Virus (RSV) and Pertussis Vaccination Service.

Local Enhanced Services

Some pharmaceutical 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 which took place in April 2013, all locally commissioned services were known as community pharmacy enhanced services. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 (as amended) authorised PCTs to arrange for the provision of a range of enhanced services, should that PCT elect to commission them. These Directions were replaced by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (Department of Health, March 2013), and have undergone several amendments.

Locally contracted services may now only be described as enhanced services if they are directly commissioned by NHS England, since it is that body which holds the national CPCF contract with a (pharmacy) contractor. Pharmaceutical services that may be commissioned in this way are listed in the 2013 Regulations (Part 4, Schedule 14 (as amended) and below. This is also an important distinction for the PNA as only locally contracted services commissioned by NHS England (or by NENC ICB on their behalf) may be included in the needs assessment as 'pharmaceutical services'. The following list shows the enhanced services which could be commissioned locally by the NENC ICB 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
- 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
- Supplementary Prescribing Service

Should other commissioners such as local authorities choose to develop and commission services locally from pharmacies, including any of those services included in the above list, they must be considered differently in this assessment as they are no longer 'pharmaceutical services' in the scope and context of the PNA. However, the existence of any services locally commissioned from pharmacies (including for example those which support the public health function such as stop smoking services), would impact on the need for enhanced services of the CPCF to be commissioned by NHSE. These services are therefore described with 'other NHS services' of the 2013 Regulations in this assessment (Section 3.6).

3.4.4 Distance selling pharmacies

Distance selling premises (DSP) are NHS contracted pharmacies, required to provide essential services and participate in the system of clinical governance and promotion of healthy living as all pharmacies. However, a DSP must provide these services remotely i.e., the Regulations do not permit them to provide essential services to people on a face-to-face basis, on the premises. A DSP 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 e.g., by courier. They must provide essential services to anyone, anywhere in England, when requested to do so. They may also choose to provide advanced services. Previously, DSPs were allowed to provide advanced services in person at the registered premises, 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". However, regulatory changes which came into force on 23 June 2025 mean that DSPs are no longer able to do so.

At January 2025, there were 411 distance selling premises in England, an increase of 21 (6%) since the last PNA in September 2022. Although not every HWB will have one in their area, it is likely that some of their residents will use one, whether the address of that DSP is local to them or not. New applications for distance-selling pharmacies (DSPs) will no-longer be accepted from 23 June 2025 following regulatory changes introduced as part of the CPCF 2025-26 agreement.

3.5 Appliance Contractors (DACs) and Dispensing Doctor practices

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.

3.5.1 Dispensing appliance contractors (DACs)

Medicines are the most common healthcare intervention. A large proportion of the population of Hartlepool will at some time be prescribed medicine which must be dispensed by a pharmacy²⁷. A smaller number of people will need access to prescribed 'appliances'. Appliances 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 (medicines) and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and DACs may choose which appliances they provide in their normal course of business. They may choose to provide only certain 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 DACs based in other parts of the country.

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.

3.5.2 Dispensing Doctors²⁸

Most people living in any HWB area will have their prescriptions dispensed by a pharmacy. Some people living in specific, pre-determined, non-urban areas may have them dispensed by their GP practice. 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 permission for the area where the patient lives.

3.6 Other NHS Services

There are various other NHS services (as defined by the 2013 Regulations) which the population of Hartlepool may experience. Some of these services will impact the need for the pharmaceutical services defined in the PNA and so the HWB must have regard to them when making this assessment. This will include a wide range of NHS services other than those provided by the community pharmacy contractors, DACs and dispensing doctors described. It may include services that are provided by general practices or other prescribing services, or arranged by an NHS Trust/Foundation Trust (such as hospital pharmacy services), or are

²⁷ Or dispensing doctor where applicable; does not apply in Hartlepool

²⁸ Does not apply in Hartlepool

provided by pharmacy professionals in primary care, or (somewhat confusingly) those commissioned by a local authority for public health.

Where a service is commissioned from a community pharmacy (other than directly commissioned by NHSE) or from another NHS provider, the outcome will be a service provided which may increase or reduce the need for pharmaceutical services, identified in the PNA.

3.7 Recent national policy drivers

Prior to the Covid-19 pandemic, there was relative stability in the Pharmaceutical List afforded by market entry. Alongside their health and care partners, the involvement and impact of community pharmacy in the pandemic response was considerable. Maintaining the medicines supply is a vital role and function that should not be underplayed even as new services and extended clinical contributions are initiated.

Recent years have also seen a rapidly changing policy environment providing context, and some uncertainty, to the consideration of future needs and impacting the pharmaceutical list. Pharmacist and pharmacy technician roles have evolved significantly in response to rapid changes in healthcare and pharmacy practice and there is a growing demand in the NHS for clinical, patient-facing and accountable pharmacy professionals across all sectors²⁹.

Some key current policy documents of relevance include:

Integration and innovation. Working together to improve health and social care for all.
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

The *Fuller Stocktake* from 2022 built a vision for integrating primary care with three essential elements: streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary team of professionals; and helping people stay well for longer. The intention was to consider how to accelerate the implementation of integrated primary care incorporating the four pillars of general practice, community pharmacy, dentistry and optometry across systems.

In 2024, Lord Darzi led an independent investigation into the NHS considering patient access to healthcare, the quality of healthcare being provided and the overall performance of the health system. This informed the national government's new 10 Year Health Plan published in the spring of 2025 intending to deliver the 3 big shifts for the NHS to be fit for the future: from hospital to community, from analogue to digital, and from sickness to prevention. There are implications for the role of local health systems in helping tackle inequalities and the place of community pharmacy as one of those pillars of primary healthcare.

The 10-year Health Plan for England: Fit for the future 2025
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

The General Practice Forward View (GPFV) in 2016 included £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21 – this has had significant implications for channel shifting of workload within primary healthcare but also within pharmacy and pharmaceutical services across all sectors.

National policy is translated into services commissioned from the primary care sector, including those services delivered by general practices as members of Primary Care Networks (which includes clinical pharmacy services in a general practice setting) and the services available from community pharmacies. Consequently, the nationally negotiated GP contract,

²⁹Pharmacy Integration Programme | NHS England | Workforce, training and education

including directed enhanced services (DES) for primary care and the national CPCF for community pharmacy are important contractual drivers for the success of primary care (including community pharmacy) in England.

Primary Care Network Directed Enhanced Service (DES)

<https://www.england.nhs.uk/gp/investment/gp-contract/#network-contract-des>

Community Pharmacy Contractual Framework

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>

Ahead of the new NHS 10-year Health Plan, the government agreed the delayed community pharmacy contractual settlement and associated changes to pharmaceutical services to be delivered through pharmacies in 2025/26. As negotiation continues for future arrangements, the CPCF is continuing to evolve as part of the enactment of the previous NHS Long Term plan and successor NHS plans. Providers of pharmaceutical services can continue to play an increasingly important role in recovery from the pandemic, supporting the wider system to address local health and wellbeing challenges and inherent inequalities.

4.0 Process

The PNA must describe the process by which the assessment was developed and published. The Hartlepool Health and Wellbeing Board commenced development work for the PNA in 2024 under the direction of the Director of Public Health. A small steering group and working groups were established by public health in the local authority on behalf of the HWB and the process launched at the HWB in July 2024. The aim is to produce an assessment in accordance with statutory requirements, considering 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
- (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.

Public/ professional stakeholder engagement was undertaken in December-January 2024-25. The statutory 60-day consultation period took place between July and September 2025.

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.

4.1.1 Strategic Health Needs

An important source of demographic and strategic health needs information to support any pharmaceutical needs assessment is the Joint Strategic Needs Assessment for the area.

Hartlepool JSNA is available on-line at

https://www.hartlepool.gov.uk/info/20015/social_care_and_health/908/joint_strategic_needs_assessment

PNA guidance emphasises that the PNA itself 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. Latest data sources will be used as appropriate, though this varies with the data item and the geographical sub-division.

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 four previous PNAs. These processes are therefore shown for reference in Box 3. The PNA 2022 identified three localities using aggregated ward boundaries. In reviewing the localities for the 2025 PNA the following questions were re-considered:

What is the geographical context of local healthcare commissioning and delivery?

Commissioning in the NHS is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes. Most local healthcare commissioning operates on a geographical footprint larger than individual towns or boroughs. Services such as hospitals and general practices are commissioned by the integrated care boards (ICB) currently overseen by NHS England on a regional basis.

Local authorities, such as the unitary authority in Hartlepool, are responsible for social care and public health services in their ICS area, as well as other vital services that contribute to health and wellbeing such as housing, education, leisure and transport. They must have regard to the ICB's integrated care strategy when planning and making decisions.

Like many ICBs, the NENC ICB have 'place-based' partnerships that design and deliver integrated services for particular areas such as for the borough of Hartlepool. This involves a range of people interested in improving health and care, including the NHS, local councils, the voluntary, community and social enterprise sector and other local organisations, working alongside local people at this level of place.

To support the delivery of primary healthcare, general practices are organised into Primary Care Networks (PCNs) of which there are three in Hartlepool. Though smaller than the Borough footprint, they are less well identified in the town by location-based 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 smaller geography. For the purposes of better understanding pharmaceutical needs at a more local level, it was agreed some further sub-division of the geography and associated demographics is still required to define localities for the PNA.

Box 3. The process of defining localities for Hartlepool PNA from 2011 to 2022.

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 sub-local 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.

PNA 2022

A local government boundary review completed in 2019 created a new ward and amended the boundaries of many. New locality boundaries were therefore defined. Sub-division of the HWB area was still considered preferable and use of the previous methodology based on IMD at ward level was also considered sound. This is described with the 2025 process in Section 5.2.

Does the principle of using Index of Multiple Deprivation (IMD) (by electoral ward and Borough Quintiles) remain sound as the basis for shaping PNA localities?

The difference in deprivation between areas is a major determinant of health inequality; 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 to propose a change to localities in Hartlepool for the PNA 2025? Are there any other influencing factors?

This approach, with some minor locality boundary changes, has now been in use for more than 14 years without challenge. However, the locality subdivision used in previous PNA's for Hartlepool is unique to the PNA so review process for 2025 continued:

Is there any recent alternative, or established process of sub-division of the Borough, above ward level that might be more suitable i.e. with which the population might more closely identify?

Local hubs and 'estates' in Hartlepool were discussed, but the former were not considered to have an identity or be suitable in other ways. Steering group members considered that the use of locality names which include reference to 'town central or coast', 'west' and 'south' may reflect how residents themselves might describe where they live in relation to the borough of Hartlepool.

Having completed the review to determine the process to define localities for PNA 2025, they are described in section 5.0.

4.1.3 Demographic information at locality level

An understanding of the demographic detail of the Borough facilitates assessment of pharmaceutical needs and supports future decision-making by the ICB on pharmacy applications. The demography of the Hartlepool HWB area is described using relevant primary data sources or existing data sources which enable the different needs of people in the area who share a protected characteristic to be assessed.

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. Aggregating ward data to create a locality average is not always possible, reasonable or considered useful. Given the relatively small size of the LA/ HWB area in Hartlepool, in certain circumstances an understanding of the population demographics at HWB level may be considered adequate to review strategic pharmaceutical needs. Viewing sub-divided information collectively rather than aggregated at Board or locality level still helps determine how any potential difference might influence the assessment of pharmaceutical need in that geographic locality.

4.1.4 Data collection for Community Pharmacies and services

Understanding the existing community pharmacy resource is a key requirement of the PNA. The primary source of information on current providers of pharmaceutical services is the Pharmaceutical List held by NHSE. 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 NHS Business Services Authority (NHSBSA). The Local Pharmaceutical Committee, CPTV, and commissioned service providers that sub-contract with community pharmacy on behalf of public health teams in the local authority facilitated access to selected data. Contractors were invited to contribute information during the engagement period and encouraged to check their entry on the Pharmaceutical List as part of the process.

PharmOutcomes© is an electronic platform and data-entry portal used on a day-to-day basis for a range of service delivery functions, contract management, training support and monitoring activities. For ease of contractor access and data handling, arrangements were made with Community Pharmacy Tees Valley (as the local host) to use this platform for some PNA data collection and engagement with contractors as stakeholders themselves.

4.1.5 Dispensing (doctor) practices and Dispensing Appliance Contractors (DACs)

There are no dispensing (doctor) practices in Hartlepool. NENC ICB provided information on DACs in the ICB area as there are no DACs located in Hartlepool but the nature of dispensing supply for appliances is such that people may choose a provider which delivers, so geographic location is of less importance. To understand dispensing flows 'out of area' in relation to appliances, North East Commissioning Support (NECS) provided appliance prescribing and dispensing information from ePACT, the electronic prescription data produced by the NHSBSA, including the list of all DACs in England.

4.1.6 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 NENC ICB. NECS also supplied prescribing and dispensing information at local authority level including prescribed items for medicines and appliances, out-of-area dispensing including for DACs and e-repeat dispensing (eRD) rates, from ePACT, the NHSBSA electronic prescription data.

4.1.7 Rurality definition, maps and designated neighbourhoods for LPS purposes

Maps of 'rural areas' and any 'controlled localities' are maintained by NHS England. There are no 'controlled localities' in Hartlepool. 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 user experience, such as the views of patients, carers, the public and other local stakeholders on their current experience or expectation of pharmaceutical services and their aspirations for the future. Beyond engagement activity, HWBs are required to consult on a draft of their PNA for a minimum period of 60 days. A summary of communication, engagement and consultation plans for this Hartlepool PNA is included in Appendix 1.

4.2.1 Engagement

Many people or organisations may consider themselves to be stakeholders in the provision of pharmaceutical services locally. The HWB recognise the importance of the views of these stakeholders to the PNA process. Users, and potential users, of pharmaceutical services in Hartlepool are key stakeholders so their feedback was targeted separately from organisational stakeholders from health and social care, and elsewhere..

Surveys for 2024-25 were again co-developed with PNA working group members of neighbouring HWBs and based on previous PNA surveys. The electronic survey platform and in-house design of Hartlepool Borough Council was used other than for community-pharmacy contractor specific engagement, which used PharmOutcomes® facilitated by Community Pharmacy Tees Valley.

All stakeholder organisations were encouraged to share the links to the survey tools with their 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 1.

Engagement discussions included members of Healthwatch Hartlepool as representatives of patients/ members of the public and Steering Group member. Healthwatch Hartlepool also engaged with members/groups including promotion of the survey opportunities and support for people without electronic access. Paper copies of the survey were made available in hub locations across the town and on request. Blank examples of each survey are included at Appendix 2; however, this does not replicate the online-survey experience.

Public engagement

The scope of the engagement 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 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.

Public and stakeholder surveys were launched with a local press release, social media activity and distribution via existing local authority consultation/ engagement processes to a wide range of partner organisations 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 a range of VCS organisations, including those supporting veterans, young people and those with a protected characteristic. 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 online. The option to access a paper copy was made available via local hubs. Surveys concluded in January 2025.

Stakeholder engagement

The scope of stakeholder engagement activities was to update or improve understanding of stakeholder views or experiences of current pharmaceutical services available to the population of Hartlepool and any potential need for additional or future pharmaceutical services.

During December 2024, a link to the electronic stakeholder survey was hosted on the council website with information about the option to access a paper copy, 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 organisations required to be included in the formal consultation on the draft PNA. Engagement opportunities were also facilitated electronically online with members of Healthwatch Hartlepool, NHSE, CPTV and members of PNA steering groups across the northeast.

Community pharmacy engagement

An additional engagement opportunity was offered to current community pharmacy contractors in Hartlepool via PharmOutcomes®. An electronic data collection template, based on a PSNC outline and previous surveys was updated for 2024/25 in collaboration with PNA development leads from Stockton on Tees, Middlesbrough and Redcar & Cleveland HWBs. CPTV agreed the template and encouraged contractors to respond. An electronic output of the data collection template is included as Appendix 3.

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 8³⁰ lists those persons who must receive a copy of the draft PNA and be consulted on it. This list was the starting point for identifying the local list of stakeholders and organisations included in the consultation, also shown in Appendix 1. The questions used in the consultation survey are included in Appendix 4 together with a summary of the responses to this consultation feedback.

4.3 Approval

The draft PNA for Hartlepool HWB 2025 was approved for statutory 60 days minimum consultation under delegated authority of the Health and Wellbeing Board, ratified by the full Board in July 2025. Approval of the final PNA was concluded prior to publication online by the statutory deadline.

³⁰ <https://www.legislation.gov.uk/uksi/2013/349/regulation/8>

5.0 Localities – definition and description

5.1 Local context

The five Health and Wellbeing Boards of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees work with other partners such as NHS Trusts, Mental Health Trusts, Primary Care Networks and Healthwatch Hartlepool in the area. The former Tees Valley CCG (TVCCG) was replaced from July 2024 by the North East and North Cumbria Integrated Care Board (NENC ICB). NENC ICB³¹ hold the NHS national contracts for the four primary care contractor providers, i.e., GPs, dentists, optometrists and community pharmacies.

The Hartlepool HWB area is bordered to the east by the northeast 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 flow of people seeking or using pharmaceutical services

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 coordinated care, led by NHS policies including the PCN Directed Enhanced Service (PCN DES).

The 2013 Regulations require the PNA to have regard to the different needs of the different localities. The underlying process for defining localities for this PNA was described in section 4.1.2. A more detailed explanation, including maps for previous localities is found in the archived PNA 2022. For context, using estimated IMD 2010 overall score (borough quintiles) plotted on a map as shown in Figure 1, the deprivation-related population needs of each ward in the localities used for 2015 and 2018 are shown.

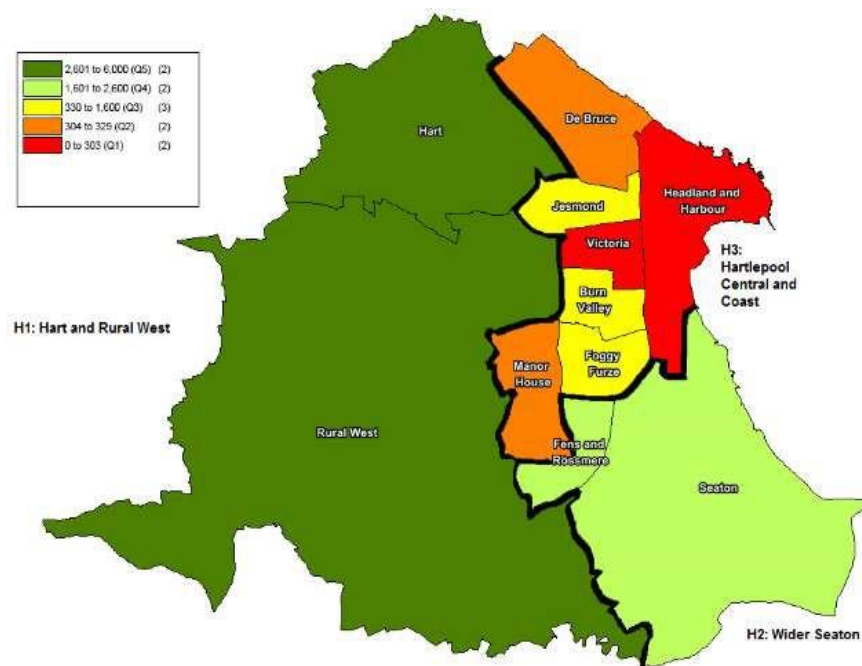


Figure 1. Map showing three localities of Hartlepool PNA 2015 and 2018 based on IMD 2010 borough quintiles and 2012 ward boundaries

³¹ Subject to review as part of NHS England/ICB review at May 2025

5.2 Ward boundary changes and IMD updates in 2019; impact on locality definition for PNA 2022 and 2025

The electoral commission published new boundaries for each Hartlepool ward in February 2019. All but one of the previous wards changed such that the boundaries of the PNA localities to the west and south of Hartlepool needed to be reconsidered for PNA 2022. IMD scores were also updated in 2019. Figure 2 shows a map of Hartlepool wards and their IMD(2019) overall domain Borough quintiles, which may be more discerning of local needs than a national rank. Though none of the 2019 ward boundaries were co-terminus with those of 2015/2018 it was still possible to see how wards in the Borough might be aggregated into localities of similar needs and geography for PNA 22, to the previous PNA localities.

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. The local quintile of relative deprivation of this ward is more like the area to the west than to H3: Hartlepool Central and Coast. The new [Throston] ward was therefore included in the 2022 PNA locality named 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] ward to the north as to not determine one large locality to the West and South that is mostly more rural in nature. A new 2022 locality H3: Hartlepool South was therefore agreed.

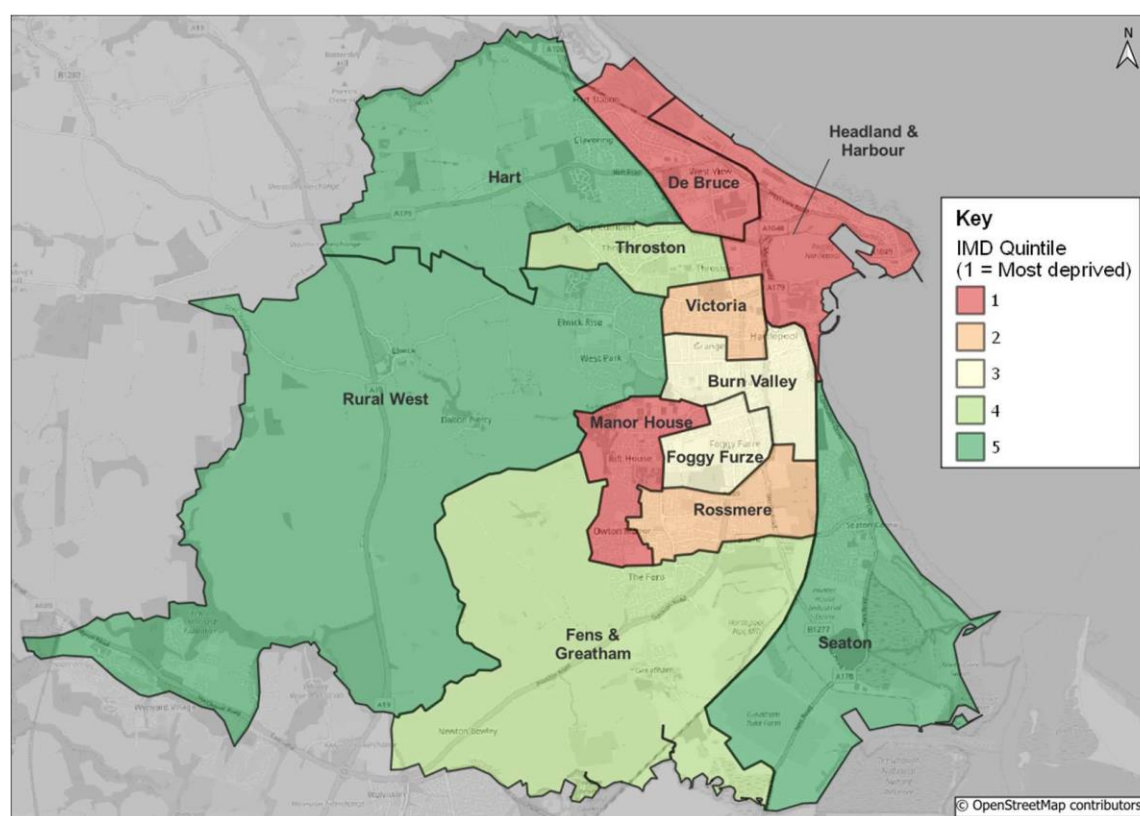


Figure 2. Hartlepool ward map of IMD(2019) overall domain Borough quintiles.

The PNA Steering group for 2025 re-considered the Hartlepool PNA localities to establish whether those agreed for PNA 2022 were still fit for purpose as described in section 4.1.2.

Particular consideration was given to the relatively small geographical footprint of Hartlepool as a small lower-tier unitary authority and whether the whole town could be just one locality.

It was agreed that localities would remain as:

Locality 1: Hartlepool West (3 wards) - abbreviated to H1: West

Locality 2: Hartlepool South (2 wards) - abbreviated to H2: South

Locality 3: Hartlepool Central and Coast (7 wards) - abbreviated to H3: Central & Coast.

Table 1 lists the wards in each locality, also displayed on the map in Figure 3.

Table 1. Showing wards in each locality of the Hartlepool HWB area for PNA 2025.

Locality 1: West	Locality 2: South	Locality 3: 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

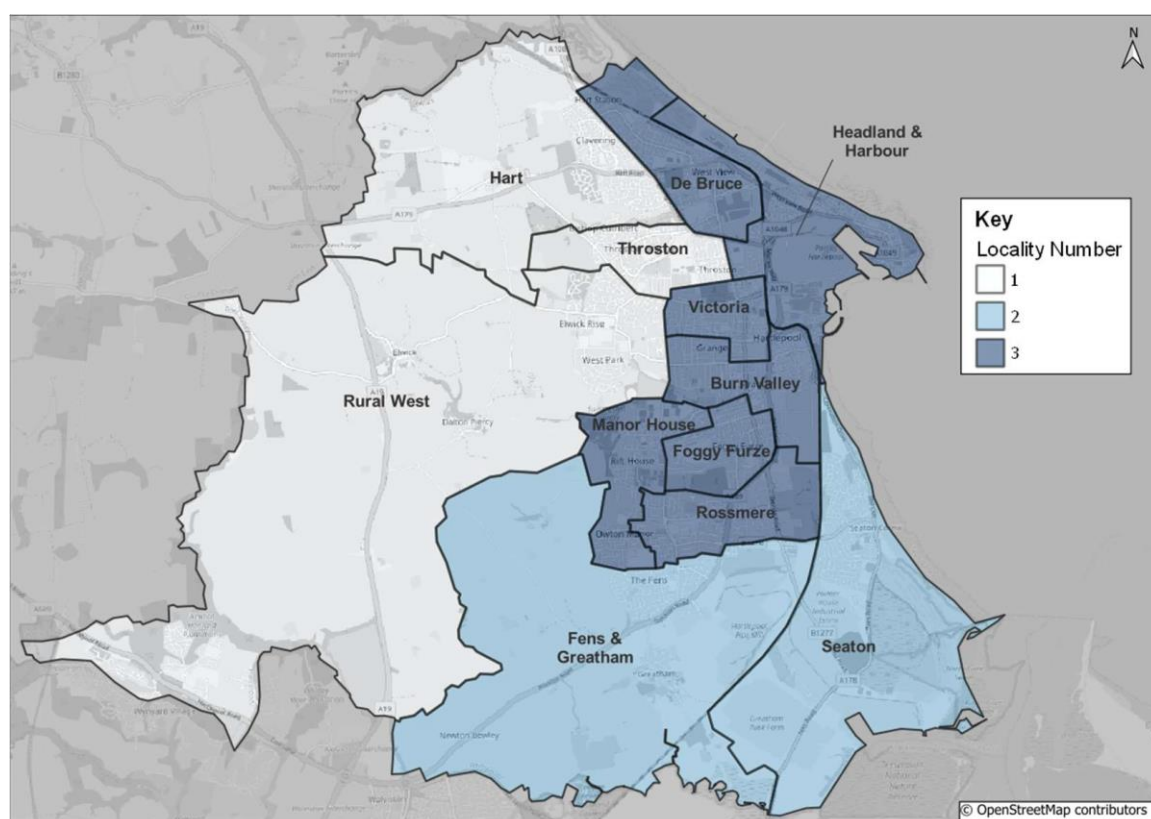


Figure 3. Locality map for PNA 2025

5.3 Localities – population

We cannot begin to assess the pharmaceutical needs of our localities without first understanding our reliant population. Population composition and characteristics for Hartlepool are described in the current JSNA however the PNA needs to include sufficient information to function as a stand-alone document. A range of indicators contribute towards understanding protected and other characteristics that may have implications for the assessment of pharmaceutical needs.

5.3.1 Population age and sex

The latest ONS estimates (mid-year 2022) show that Hartlepool has a resident population of 93,861 and virtually unchanged from the mid-2020 estimate of 93,836. The distribution is 48.4% male and 51.6% female.

Based on mid-2018 projections, the population of Hartlepool is projected to remain static (0.01% increase) to 2028 which is lower than both regional (1%) and national (2%) projections. However, as recent population growth in Hartlepool has exceeded that predicted by the mid-2018 based population projections, data updates to be released in May 2025 may offer varied projections of growth anticipated between 2023 and 2028.

The northeast of England was the eEnglish region with the smallest increase in population between the Census of 2011 and 2022, growing by 1.9% or around 50,000 people. Table 2 shows population breakdown by broad age for wards in each locality of the Hartlepool HWB area using the latest available ONS mid-year 2022 estimates. The all-age population of the Borough is estimated to be 93,861, which is virtually unchanged from the mid-2020 estimate of 93,836 reported in the 2022 PNA.

Table 2: Population breakdown (mid-year 2022 estimate) in Hartlepool by ward and locality. Source:ONS

PNA Locality	Ward	ONS Mid-Year Population Estimates 2022						
		Total population	Population aged 0-15	Population aged 16-64	Population aged 65+	% population aged 0-15	% population 16-64	% population 65+
		People				Percent this age range		
1	Hart	7656	1392	4910	1354	18.2	64.1	17.7
	Rural West	7759	1294	4573	1892	16.7	58.9	24.4
	Throston	8310	1719	5182	1409	20.7	62.4	17
1: Hartlepool West		23725	4405	14665	4655	18.5	61.8	19.7
2	Fens & Greatham	6402	856	3508	2038	13.4	54.8	31.8
	Seaton	7184	1171	4201	1812	16.3	58.5	25.2
2: Hartlepool South		13586	2027	7709	3850	14.9	56.7	28.5
3	Burn Valley	7776	1432	4826	1518	18.4	62.1	19.5
	De Bruce	8447	1941	5044	1462	23.0	59.7	17.3
	Foggy Furze	8225	1501	4914	1810	18.2	59.7	22.0
	Headland & Harbour	7920	1361	5007	1552	17.2	63.2	19.6
	Manor House	8851	2113	5376	1362	23.9	60.7	15.4
	Rossmere	7708	1645	4734	1329	21.3	61.4	17.2
	Victoria	7623	1355	5068	1200	17.8	66.5	15.7
3: Hartlepool Central & Coast		56550	11348	34969	10233	20	61.9	18.1

Hartlepool	93861	17780	57343	18738	17.8	60.1	22.1
-------------------	--------------	--------------	--------------	--------------	-------------	-------------	-------------

Most people in Hartlepool (60%) live in the seven wards of locality H3: Central & Coast. People resident in H1:West and H2:South localities account for just 25% and 14% of the total population. Population information should be considered together with rurality (using the

word in lay-terms), since lower population density may not always be an indicator of rurality in a heavily industrialised, or port-industrial area. Population density is described in section 5.3.12.

Following the 2019 boundary review the total population of each ward is now (purposefully) broadly similar at around 8000 people (range 6402 in [Fens and Greatham] ward to 8851 in [Manor House] ward).

- The proportion of children, working-age adults and older people is varied between the wards and localities.
- The highest proportion of those aged over 65 is in the H2: Hartlepool South locality (28.5%), much higher than the Borough average of 22.1% which compares to 18.1% and 19.7% in the other two localities.
- Whilst there are well-known areas where older people live in the more rural ‘villages’ of Elwick and Greatham for example, there are still more people aged over 65 in the Hartlepool Central and Coast locality (10233) than the sum of those living in both of the two other localities (H2: West; 4655 and H3: South; 3850). Whilst a historical poor life expectancy will drive down the proportion of older adults, in some areas it may also reflect a later-life relocation to managed housing or care facilities located in some wards of Hartlepool, but not all.
- There are wards in the H3: Central & Coast locality where children or young people under 16 account for approaching a quarter of the population e.g., in [Manor House] (23.9%) and [De Bruce] (23%) wards. Pharmaceutical needs to support parents of younger children facilitate a healthier start in life and to support young people to manage their own health in their teens and twenties will be greater in this locality.
- The proportion of working-age adults is highest at 66.5% in [Victoria] ward in the central town, though the average population of this age is similar at almost 62% in both the H1:West and H3:Central & Coast localities. Of course, ‘working age’ does not necessarily mean working, or in good health, so the needs of this age group may still be varied.
- Population flows such as a daily influx of workers to town centres, out of town retail shopping areas or to non-residential/ industrial areas are also an important consideration in the context of pharmaceutical need. Locality H3: Central & Coast has the largest potential daily population influx of workers, learners or other visitors as it includes the ‘town centre’ area in Victoria ward, local government offices, the post-16 college and the hospital (as an employer as well as a health facility).
- Comparing this ward data to the mid-2020 estimates, the population of the H2:South locality has remained largely static. However, there does appear to have been some re-distribution of people between wards and localities; a net gain for H1:West locality of around 1500 persons distributed evenly between the two wards of Rural West and Throston; a slightly greater net loss of people from H3:Central and Coast distributed mostly from [Victoria], [Headland and Harbour] and [Burn Valley] wards.

The gender distribution for Hartlepool (48.4% are male and 51.6% are female) is similar to the national and regional split. Figure 4 shows a population pyramid for Hartlepool (ONS 2022 estimates). It is noted that 15- to 24-year-olds represent a smaller proportion of the population in Hartlepool than in either the northeast or England, and there are proportionally fewer people in the 20-50 age group, yet more aged 51 to 74, than in England.

However, overall, this gender distribution for Hartlepool is not sufficiently skewed from the northeast or England comparators to influence pharmaceutical needs.

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. A question on gender identity and sexual orientation was introduced to the Census in 2021 for the first time, providing the first official data on the size of the transgender population in England and Wales. All Teesside authorities other than Middlesbrough have a lower proportion of residents identifying as non-heterosexual/straight than regional and national averages but there is insufficient reliable data available at a population level for the Borough on gender identity.

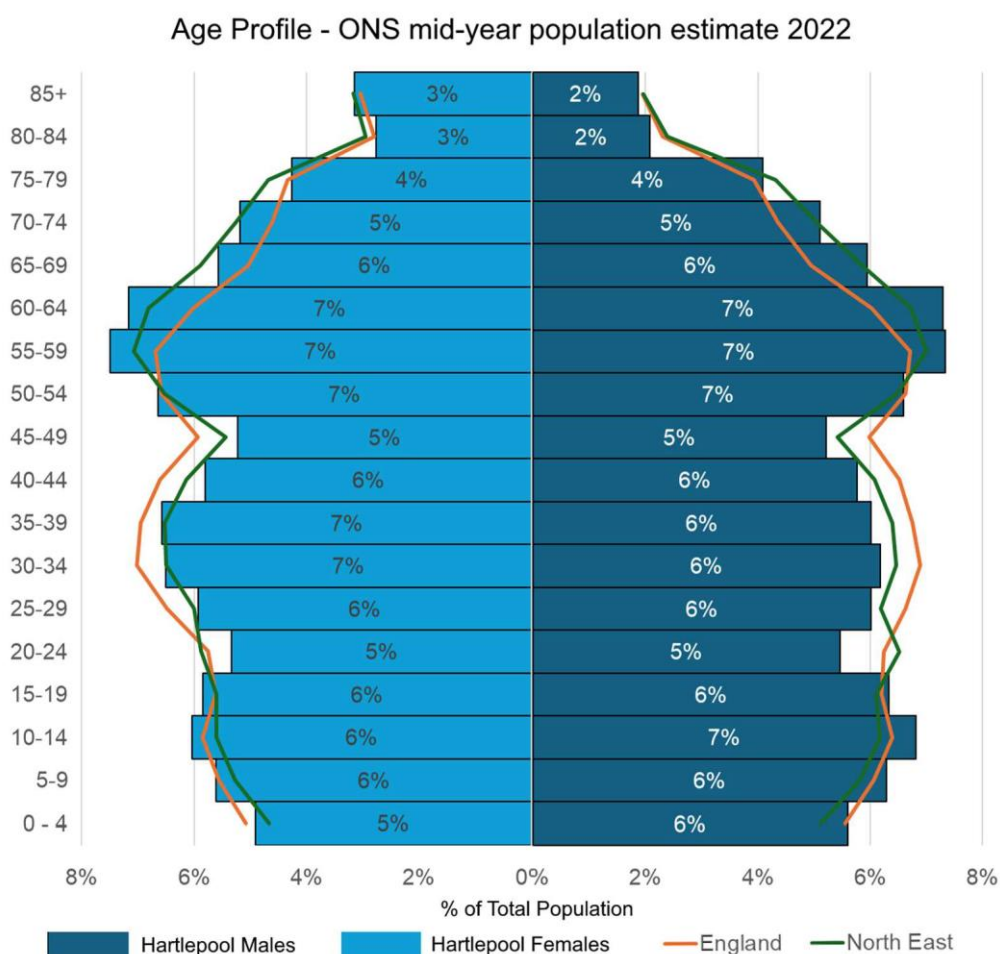


Figure 4. Population pyramid for Hartlepool (ONS mid-2022 estimates) with North-East and England comparator.

Population estimates and projections

For population projections for the approximate lifetime of this PNA, the lowest level of geography available is that of the Borough. Table 3 shows the mid-2018 population projections to 2028 for Hartlepool, the North East and England.

Table 3. Mid-2018 based population projections. Source: Office for National Statistics

Projected Year	Hartlepool	North East	England
2018	93,242	2,657,909	55,977,178
2019	93,366	2,667,129	56,343,075
2020	93,458	2,674,569	56,678,468
2021	93,550	2,681,149	56,989,572
2022	93,621	2,687,238	57,282,105
2023	93,673	2,693,064	57,557,526
2024	93,695	2,698,669	57,816,882
2025	93,697	2,703,998	58,060,237
2026	93,695	2,709,320	58,297,239
2027	93,694	2,714,450	58,527,723
2028	93,687	2,719,211	58,751,641

Table 4 shows that using these mid-2018-based projections, the population of Hartlepool will see negligible growth (0.01%) between 2023 and 2028, whilst the wider region will see growth of 1%, which is half the overall growth predicted nationally (2%). Whilst the population in Hartlepool overall is projected to remain static using this data, the number of people aged 65 years and above is projected to grow by 11%, more closely reflecting both regional and national trends. Of course, people aged over 65 years of age are known to have greater health needs, use more medicines and have greater needs for elements of pharmaceutical care, including those related to medicines.

Table 4. Population 2023-2028 by broad age group from mid-2018 population-based projections

	All Ages	Aged 0 to 15	Aged 16 to 64	Aged 65+
Hartlepool 2023 population	93,673	17,610	56,755	19,305
North East 2023 population	2,693,064	474,623	1,650,433	568,025
England 2023 population	57,557,526	10,892,430	35,623,633	11,041,544
Hartlepool 2028 population	93,687	16,439	55,840	21,407
North East 2028 population	2,719,211	455,085	1,639,450	624,668
England 2028 population	58,751,641	10,573,201	36,002,756	12,175,690
2023-2028 percent change				
Hartlepool	0.01%	-6.65%	-1.61%	10.89%
North East	0.97%	-4.12%	-0.67%	9.97%
England	2.07%	-2.93%	1.06%	10.27%

Shifts in population size and structure are driven by three components of change: births, deaths, and migration. Populations grow or shrink depending on whether or not they 'gain' people faster than they 'lose' them. The change in the population from births and deaths is often combined and referred to as natural change. For more than 10 years, the natural change in Hartlepool has been very small (less than a quarter of 1%). Using mid-2023 data this equates to a net loss of around 200 people, with the number of births annually remaining static for the last 3 years.

However, estimates of recent growth in the Hartlepool population have exceeded that predicted by the mid-2018 based population projections, driven mostly by net internal (domestic) migration³² between 2021 and 2023, with a relatively small annual net inward international migration (around 600 people per year to mid-2023) also contributing to that growth. Population estimates suggest there has been an increase in the size of the Hartlepool

³² Internal migration is defined as any move made within the UK that crosses a local authority boundary. ONS Census 2021

population since the time of the 2021 census with migration from within and outside the UK driving growth. Due to a lack of available data, it is not possible to provide the geographic location of the small population identified as migrating into the Borough so an assessment of the pharmaceutical needs of this specific group is not possible.

Updated population projects will be released in May 2025 which could give more accurate projections of growth anticipated between 2023 and 2028. However, the overall magnitude of net population gain may still be less than 1 or 2%, insufficient to increase the routine demand for pharmaceutical services such that it would not be possible for the current pharmacies to absorb any increased demand, particularly since a new distance selling pharmacy has also opened since the last PNA which may accommodate some of the demand.

5.3.2 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.

The latest Indices 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 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; neighbour authority Middlesbrough is ranked 1st on this basis with just under half (49%) LSOAs in the most deprived 10% nationally. These ranked positions are the same as in 2015.

Table 5 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 at the time. 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 starred; the proportion of 'red' (see key) visually indicates the relative degree of deprivation experienced by the Hartlepool population. Of the three wards shown 'green' using Borough quintiles (quintile 5), just one of these wards in Hartlepool is placed in the least deprived quintile nationally, which is [Rural West].

Nevertheless, though the population of the H1:West locality is overall in the minority for Hartlepool 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 five of these (a population of 40,549 or 43% of all Hartlepool residents) are placed within the top 10% of ranked deprived wards nationally.

- This dominance of deprivation is an important consideration in the assessment of pharmaceutical needs. The needs of the population using pharmaceutical services in Hartlepool are unlikely to be similar to national averages in the context of national pharmaceutical services.

Table 5. National and Borough ranks of estimated overall scores for IMD2019 of Hartlepool wards

PNA Locality	Ward Name	England Rank 2019	England Quintile	Borough 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 (2019) where 1 is most deprived			Quintile 1 is most deprived * indicates ranked in the top 10% for IMD ward score nationally	

5.3.3 Ethnicity

The HWB must have regard to the needs of people with protected characteristics when making its assessment of pharmaceutical need. To enable consideration of any specific pharmaceutical needs related to ethnicity or cultural identity, the latest data available is from the 2021 census. This describes a contrasting picture to other areas in the Tees Valley, where there are wards with up to 55% non-white population, the highest previously having been 40% in the Census of 2011.

In 2021, the people of Hartlepool mostly identify as of white ethnic origin (96.5%) and this is substantially higher than for England (81%) and the Tees Valley (92%). Overall, 3.5% of residents in Hartlepool described themselves as from a non-white UK population (3,326 people, a net increase of only 222 people from 2021). This is compared with approaching 18% and 8% in the neighboring boroughs of Middlesbrough and Stockton-on-Tees respectively, 9% for the northeast region as a whole and 18% for England.

Consequently, data is not shown here by subset of minority ethnicity by ward for Hartlepool, as in some cases numbers are small. [Victoria] ward in the town centre had the largest non-white population in Hartlepool totaling 810 people. As in England and Wales, those declaring themselves to be Asian/Asian British made up the greatest proportion of the non-white community in Hartlepool at 1.5% of the population. Only in [Victoria] ward did this ethnic group represent more than 3% of residents, compared with the average of 10.5% in the nearby

borough of Middlesbrough. Households of different ethnic groups including those whose members were identifying with two or more different ethnic groups represent very small numbers.

In the latest census, around 87,400 Hartlepool residents said they were born in England. This represented 94.7% of the local population. The figure decreased very slightly from just under 88,000 in 2011, which at the time represented 95.6% of Hartlepool's population. Scotland was the next most represented, with around 850 Hartlepool residents reporting this country of birth (0.9%). This figure was down from around 1,100 in 2011, which at the time represented 1.2% of the population of Hartlepool.

The number of Hartlepool residents born in Poland rose from just over 300 in 2011 (0.3% of the local population) to around 500 in 2021 (0.6%). From other data, smaller numbers of people from Ukraine or Afghanistan may also now be resident in Hartlepool. Language may present a barrier to accessing health and pharmaceutical services. In 2021, 0.6% of the population of Hartlepool (585 people) reported that they did not speak English very well or at all. This compared with 1.9% for England and 0.8% for the Northeast Region- all of which are very small increases on the 2011 data.

Migrants, refugees, asylum seekers and travellers

With ongoing global conflict and persecution, the numbers of refugees seeking asylum and refuge are rising. On arrival, refugees may have significant physical, mental and emotional healthcare needs because of their experiences. Resettling in a new country involves many adjustments, often 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 may therefore be 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 services to have been offered. Hartlepool has not seen the same level of arrivals in the town, though has more recently offered a welcome to a proportionately small number. Recent data from 2024 shows that 667 people have sought refuge in Hartlepool including those arriving because of the conflict in Ukraine, for 460 of whom asylum has been supported.

This population with a protected characteristic may often have very specific health, social and pharmaceutical care needs. Migrants also often work below their qualification levels due to poor language skills or issues with UK working regulations. Health issues may remain undetected or untreated without support for understanding UK health systems and GP or dental practice registration. Non-attendance at screening and immunisation, perhaps because of poor English literacy, may lead to longer term health implications.

The Roma, Gypsy and Traveler community both nationally and in Hartlepool is a numerically small group; in the 2021 census in Hartlepool, only 56 individuals (0.06% of the population together) identified themselves with one of these population groups. In 2014 a Traveler Accommodation assessment completed as part of the development of the Local Plan (to 2031), did not identify a need for specific accommodation/ sites. Transient travelers to the Borough may have a range of health needs. With any failure to seek medical advice, conditions may remain undetected or untreated and life expectancy reduced. Educational attainment is

often poor in this population should children drop out of education aged between 11 and 13 years old. Demographic data collection for some pharmacy services offered locally has previously indicated access by the travelling community.

Population estimates suggest there has been a small increase in the size of the Hartlepool population of those whose asylum status has been supported since the time of the 2021 census, with migration from within and outside the UK driving the growth. Due to a lack of available data, it is not possible to provide the geographic location of the population identified as migrating into the Borough so an assessment of the pharmaceutical needs of this specific group at a level below the borough is not possible.

5.3.4 Benefits and Poverty

People may be considered to be living in poverty if they lack the financial resources to meet their needs. Though there is no single, universally accepted definition, two commonly used measures of poverty based on disposable income are:

- Relative low income: this refers to people living in households with income below 60% of the median in that year. This can be seen as a measure of inequality between low- and middle-income households.
- Absolute low income: this refers to people living in households with income below 60% of median income in a base year, usually 2010/11, adjusted for inflation. This is often used to look at how living standards of low-income households are changing over time.

Median income is the point at which half of households have lower income and half have higher income. Income can be measured before or after housing costs are deducted.

Department for Work and Pensions (DWP) data for 2023-24 shows that around 17% of people in the UK were in relative low income (relative poverty) before housing costs in 2023/24. This rises to 21% once housing costs are accounted for. Similarly, 15% of people in the UK were in absolute low income before housing costs in 2023/24, and 18% were in an absolute low income (absolute poverty) after housing costs (UK Parliament, 2025).

Some population groups are more likely to be living in poverty. In the UK, the following groups had the highest rates of relative poverty after housing costs in 2023/24:

- working-age adults (43%) and children (62%) living in a family where nobody was in work;
- people in social rented (40%) and private rented (37%) accommodation;
- children in families with three or more children (44%);
- people in families where someone is disabled (28%).

Table 6 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 in each locality in Hartlepool. Hartlepool borough average for the former (unemployed benefits) remains worse than England, though the gap has narrowed since 2022.

Annual fuel poverty statistics show that the borough average for the fuel poverty measure has improved since 2019 and is now better (11%) than the England average (13% in 2022, unchanged in 2023) though the range in these measures across Hartlepool wards remains notable (3.6 to 19.5% at 2022)³³.

³³ Annual Fuel Poverty Statistics in England, 2024 (2023 data) 15 February 2024 National Statistics

ONS reports from the opinions and lifestyle survey³⁴ identified that across Great Britain, 6 in 10 adults (60%) said they were somewhat, or very, worried about keeping warm in their home over winter, and around a quarter (24%) said they had been occasionally, hardly ever or never able to keep warm in their home in the last two weeks. Over half (56%) of adults said they were reducing their energy use because of rising costs, and almost half (47%) said they were finding it very or somewhat difficult to pay energy bills. In March 2025, UKHSA described the cold weather risks and impact on health³⁵.

Table 6. Out of work benefit claimants (2024*) and rates of fuel poverty (2022) by ward and locality in Hartlepool
*proportion of population estimates 2022: Source ONS

PNA Locality	Ward Name	% Claimants Unemployed Related Benefits (October 2024*)	Households with Fuel Poverty (%) 2022
H1	Hart	1.3	3.6
H1	Rural West	1.4	4.9
H1	Throston	5.1	11.2
H2	Fens & Greatham	2.0	8.4
H2	Seaton	1.9	6.5
H3	Burn Valley	8.5	16.3
H3	De Bruce	5.9	10.7
H3	Foggy Furze	5.9	13.8
H3	Headland & Harbour	6.9	12.3
H3	Manor House	7.3	13.4
H3	Rossmere	5.6	11.1
H3	Victoria	5.5	19.5
Hartlepool		4.9	11.2
England		4.3	13.1

Whilst prescriptions are currently still free for children, older people and some people eligible by reduced income or specific exemptions, income deprivation may force people to choose between fuel, food and medicines, whether that be those which are prescribed or those which may be available to purchase in support of self-care. Income deprivation may thereby indirectly impact the pharmaceutical need for services which support access to medicines for low acuity conditions, or public health services, free at the point of access. Example pharmaceutical services include national enhanced 'Pharmacy First' services, locally commissioned (regional) 'Think Pharmacy First' services and variously contracted or commissioned EHC and stop-smoking services.

5.3.5 Employment and economic inactivity

There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into consideration 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

³⁴ Opinions and Lifestyle Survey ONS census 2021.

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/census2021howhomesareheatedinyourarea/2023-01-05>

³⁵ <https://www.gov.uk/government/publications/cold-weather-risks-and-their-impact-on-health>

at population level may be a useful indicator of the potential pharmaceutical need to access a pharmacy outside of 'working hours'.

- In the 2021 Census³⁶, people in Hartlepool who reported being in employment was largely unchanged at 49% compared with 2011. However, there was a large increase in those who reported working less than 15 hours a week.
- Hartlepool saw England's largest percentage-point fall in the proportion of people aged 16 years and over (excluding full-time students) who were unemployed (from 7.0% in 2011 to 3.5% in 2021). Despite the decrease, Hartlepool was in the highest 15% of English local authority areas for the share of people aged 16 years and over (excluding full-time students) who were unemployed in 2021.
- The number of people who were retired was similar (24% at 2021) but there were notable increases in the share of people who were economically inactive as they were looking after a home or family (4.4% to 5.8%), long term sick or disabled (6.6 to 7.3%) or other reasons (2.5% to 3.8%). This may correspond to unpaid care. Hartlepool saw England's largest percentage-point rise in the proportion of people (aged five years and over) providing between 20 and 49 hours of weekly unpaid care (from 1.8% in 2011 to 2.9% in 2021). Hartlepool overtook 29 local authority areas, including Middlesbrough and Redcar and Cleveland, to become the English local authority area with the joint highest proportion of people (aged five years and over) providing between 20 and 49 hours of weekly unpaid care.

The location from which people may begin their journey to a pharmacy may also vary with their employment status; many employed roles in Hartlepool will still require travel to and from work so their residential address may not be the starting point.

Table 7 shows, by locality and ward, out of work benefit claimants aged over 16 years and (August 2021) and as a sub-set, those 16–24-year-olds similarly claiming out of work benefits. Based on this data, the number of 16–24-year-olds claiming out of work benefits in Hartlepool is approaching twice the national rate, though this may be improving. We previously noted that the number of 20-24-year-olds in Hartlepool also varies from (being lower than) the England average.

Table 8 shows further sub-categorisation of reasons people may be unemployed or otherwise economically inactive such as those who are students, looking after home or family, or retired.

- The proportion of people of working age in employment in Hartlepool is similar to the northeast average but below the national average. All wards in the H3: Central&Coast locality have unemployment rates substantially above the national average; [Victoria] ward has twice as many people unemployed as does England as a whole.

Blank for layout purposes

³⁶ <https://www.ons.gov.uk/visualisations/censusareachanges/E06000001/> Census 2021 took place during the coronavirus (COVID-19) pandemic, a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market and our ability to measure it

Table 7. By ward and locality in Hartlepool at August 2021; out of work benefit claimant rates for all those aged 16+ years and those aged 16-24 yrs.

PNA Locality	Ward	Out of Work Benefits Claimant (% of population aged 16+)	Out of Work Benefits Claimant (% of population aged 16-24)
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 8: By ward and locality in Hartlepool at 2021; unemployment and other reasons for economic activity as percentage of people aged 16-64 population

PNA Locality	Ward	Unemployed (%)	Long-term sick or disabled (%)	Looking after home or family (%)	Other economically inactive (%)	Retired (%)	Student (incl full-time students) (%)
H1	Hart	1.7	3.0	3.4	1.4	21.8	4.4
H1	Rural West	1.8	1.8	3.4	1.7	30.7	3.4
H1	Throston	3.6	7.0	5.8	3.2	21.6	4.9
H2	Fens & Greatham	2.0	4.0	3.1	1.7	35.4	3.1
H2	Seaton	2.0	3.2	2.9	2.1	30.7	3.4
H3	Burn Valley	3.9	8.5	5.6	4.0	23.4	7.1
H3	De Bruce	4.4	9.1	8.0	6.0	21.7	4.4
H3	Foggy Furze	4.2	8.0	6.4	4.4	25.5	4.1
H3	H'land & Harbour	4.8	9.8	6.1	4.7	21.6	4.2
H3	Manor House	4.2	11.2	9.0	5.1	18.4	5.6
H3	Rossmere	3.8	11.0	7.3	4.6	19.8	5.1
H3	Victoria	5.9	9.8	7.5	5.9	18.7	6.1
Hartlepool		3.5	7.3	5.8	3.8	24.0	4.6
Tees Valley		3.4	6.0	5.3	3.6	24.2	4.8
England		2.9	4.1	4.8	3.1	21.5	5.6

- The student population of Hartlepool is 2,800. Students account for 18.5% of the so defined 'economically inactive' population aged 16 to 64.³⁷ There is no university in the borough so this may reflect fewer full-time students of this age-group than elsewhere.
- In the H1: West or H2: South localities, rates are closer to those elsewhere in the Northeast - but in virtually all wards in the H3: Central & Coast locality unemployment rates in this age group are higher than 10% (for all but the [Victoria] ward).
- Conversely, demand for access to a pharmacy outside of '9-6' weekday 'working' hours could be higher in the H1: West or H2: South localities, where employment is generally highest. However, since the pandemic, when working from home was more normalised, employment does not always require leaving home to go to work. Additionally, given the more rural nature of both these areas, residents here may be more likely to have a car to facilitate access to work, lifestyle and pharmaceutical services nearer to where they work or shop. This is shown to be the case in section 5.3.6.

5.3.6 Car ownership

Table 9 shows data from the 2021 census. Understanding car or van ownership and the availability of public transport in a locality may be useful when considering potential pharmaceutical needs as a general indicator of prosperity (or otherwise). Additionally, access to transport may support a wider choice of pharmacies and services available to an individual.

- Hartlepool has more households without access to a car (30%) than England (24%) or the Tees Valley (27%). The variability of car ownership by ward is consistent with other variables, for example employment rates. The population of the H3: Central & Coast locality 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. Rates of car ownership have nevertheless increased since the 2021 Census data used for PNA 2022; the number and location of 'bricks and mortar' pharmacies has not changed.
- In the largest geographical ward of [Rural West], 93% of households have at least one car; 42% of households have access to two or more cars. In this more rural area of the borough, the need for personal transport is perhaps part of the choice of living in that location.
- There are similarly lower numbers of households without any car (or van) in the [Hart] ward of H1: West locality and both wards of the (more rural) H2: South locality, where 84-87% of all households have access to at least one car or van. Car ownership is notably varied in [Throston] ward from other wards in the H1: West locality. Showing only locality average rates of car or van ownership would have masked this. In this case, the ward more closely reflects the status for H3: Central and Coast locality. However, [Throston] ward is geographically small, and there is a pharmacy located there providing access to pharmaceutical services on the days and times that it is open, and others nearby offering choice.

³⁷ <https://totalpopulation.co.uk/authority/hartlepool>

Table 9. The proportion of households in Hartlepool, by ward, without a car, with one car and with more than two cars. Source: ONS Census 2021

PNA Locality	Ward	Households in 2021 with:		
		no car or van (%)	1 car or van (%)	2 cars or vans (%)
H1	Hart	13.4	41.2	34.6
H1	Rural West	6.74	34.55	41.55
H1	Throston	28.23	41.87	22.36
H2	Fens & Greatham	16.08	47.04	27.93
H2	Seaton	13.46	43.14	33.29
H3	Burn Valley	37.11	37.14	19.15
H3	De Bruce	36.11	39.96	18.35
H3	Foggy Furze	34.75	41.18	18.66
H3	Headland & Harbour	37.28	43.16	15.58
H3	Manor House	41.53	39.13	14.9
H3	Rossmere	36.71	41.25	17.54
H3	Victoria	43.73	38.34	14.51
Hartlepool		29.57	40.64	22.62
Tees Valley		26.5	41.46	24.6
England		23.54	41.28	26.06

The availability of public transport across Hartlepool is generally good. In the villages and beyond across Tees Valley the reliant population have access to a 'Tees Flex' service in addition to any routine bus service. Tees Flex is an innovative solution to rural transport being a demand-responsive service, particularly accessible via the Tees Flex app using a smartphone (similar to commonly used taxi services). However, the service is also accessible via speaking to a contact centre by telephone or via a website³⁸.

The service for Hartlepool covers:

Dalton Piercy, Elwick, Greatham Village, Hart, Tofts Farm, West Park and Wynyard plus as English Martyrs School, Greatham Village (South End), Hartlepool College, Hartlepool Sixth Form College, Hartlepool Transport Interchange, Maritime Avenue/Marina Way, Morrisons (Museum Road), Navigation Point, Queens Meadow, Summerhill, Tees Bay Retail Park, Tesco Extra (Belle Vue Way), Throston Grange, University Hospital of Hartlepool and York Road/Victoria Road.

Census 2021 also records the mode of transport taken to travel to work for the 37750 usual residents of Hartlepool aged 16 years and over in employment the week before the census. Recognising that this Census took place during a period of rapid change in working arrangements because of Covid-19, the data showed that 17% were mostly working from home.

Of those who travelled to work, 59% were driving and a further 6% were a passenger in a car or van; 8% travelled on foot, 4% by public transport, 1.7% by taxi and a further 1.5% by bicycle.

³⁸ <https://www.stagecoachbus.com/promos-and-offers/north-east/tees-flex>.

5.3.7 Housing, households and homelessness

Housing is one of the wider determinants of health. The 2011 census data showed occupation of 40434 households³⁹. Despite the observation of new-build activity in the borough, the net increase was just 497 to 40932 households by the 2021 census. The population increase was just 300 persons for the same data period representing a negligible change in people per household, at 2.25.

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. However, the increase in the percentage of privately rented homes was greater across the northeast (3.6 percentage points, from 13.7% to 17.2%) than in Hartlepool (2.8 percentage points). Across England, the percentage also increased by 3.6 percentage points, from 16.8% to 20.5%.

The map in Figure 5 illustrates the predominant tenure in each Hartlepool ward and Table 10 shows more ward data from the 2021 census, showing how housing tenure is varied by ward and locality in Hartlepool.

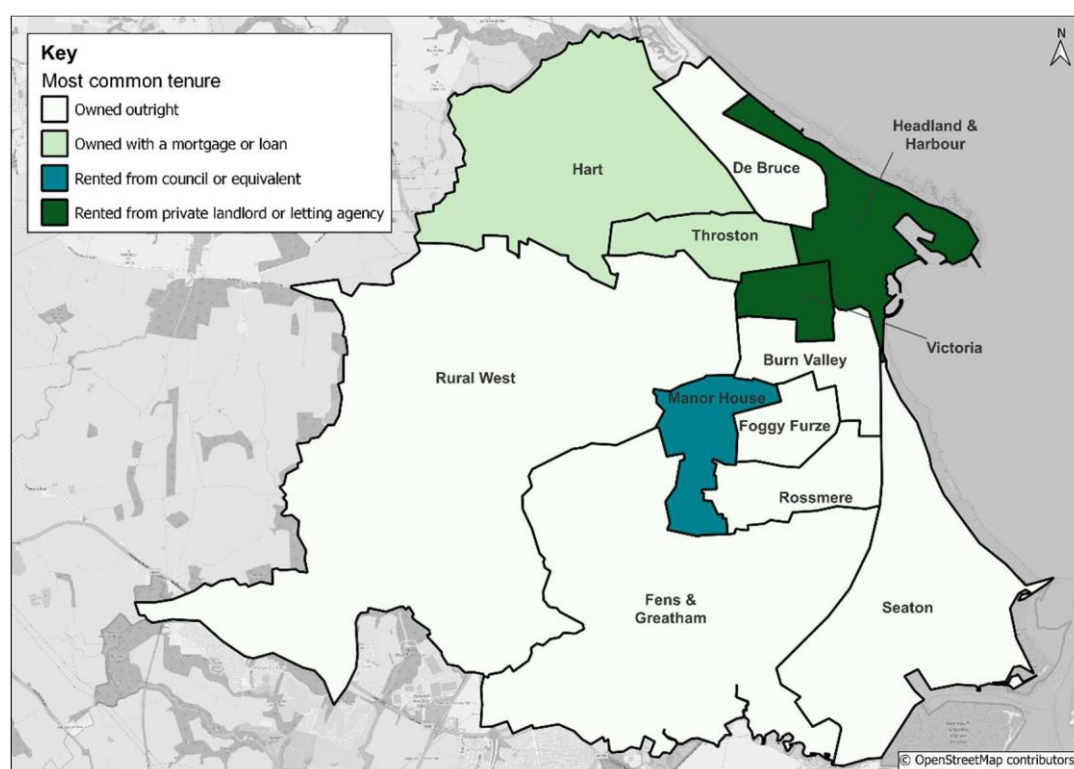


Figure 5. Most common household tenure by ward in Hartlepool (Census: 2021).

For half of the Hartlepool wards, most households own their home outright and most of the remaining households in those wards are also 'owner-occupied', with a mortgage or loan. For two more wards, [Throston] and [Rossmere] the high proportion of owner-occupied homes is split equally between those owned outright and with a mortgage or loan.

- Though there are fewer owner-occupied homes in Hartlepool (58%) than nationally (61%), this difference is relatively small in percentage point terms. Every local authority area

³⁹ <https://www.ons.gov.uk/visualisations/censusareachanges/E06000001/>

across the northeast saw a slight fall in the percentage of households owning their home, as the regional percentage fell from 62% to 60%.

- In 2021 as in 2011, in only one Hartlepool ward, [Manor House], is the dominant tenure local authority or housing association tenancy (23% of households). In two wards, private rental is dominant and the proportion, though high, is little changed from 2021. Across Hartlepool as a whole, private renting has increased to 17.6%, up from 16.1% in 2011.

Table 10. Housing and household information by ward and locality in Hartlepool. Source: Census 2021

PNA Locality	Ward	2021: Households:				
		Owned outright (%)	Owned with a mortgage or loan (%)	Rented from council or equivalent (%)	Rented from private landlord or letting agency (%)	Over-crowded (%)
H1	Rural West	49.8	39.3	0.8	6	0.8
H1	Hart	31.4	45.1	2.8	10.2	1.2
H1	Throston	27.1	27.9	12.4	13.2	1.9
H2	Fens & Greatham	50.9	28.9	2.8	9	1.3
H2	Seaton	43.6	38.1	1.3	8.6	2
H3	Burn Valley	30.5	24.9	8.1	20.2	3.9
H3	De Bruce	25.5	21.2	17.1	12.1	4.4
H3	Foggy Furze	36.8	23.9	5.4	19.7	2.1
H3	Headland & Harbour	20.3	19.9	13.5	23.6	4.8
H3	Manor House	20	18.6	23.4	15	4.3
H3	Rossmere	22.6	22.3	19	13	5.1
H3	Victoria	24.4	19.9	6.3	29.7	5.2
Tenure		Owner Occupied (%)		LA or HA rented (%)	Private rented (%)	Over-crowded (%)
Hartlepool		58		23	18	2
England		61		17	21	4

- Despite the high proportion of owner-occupier tenure across Hartlepool, the range is varied by wards from one in five households in [Headland and Harbour] and [Manor House] wards to 50% in [Rural West and [Fens and Greatham].
- Private rented households in [Victoria] ward account for almost 30% of all households.
- Overall, approximately 23% of households are rented social housing with 17% rented from the private rented sector.
- 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 and others where private rental tenure dominates.
- Overcrowding is defined as having at least 1 room too few for the size of the household. The Census of 2021 reported that within Hartlepool just under 2%, 778 households, are overcrowded, a substantial reduction from 4.3% (1,744 households) in 2011.
- Rates of overcrowding are lower in Hartlepool than nationally (4.3% in England in 2021, where rates have similarly halved from 8.5% in 2011). Overcrowding rates are poorest in

the two wards where private renting and the two wards where local authority rental tenure dominates.

- Within Hartlepool, [Rural West] has the lowest proportion of overcrowded households at 0.8% and localities H1: West and H2: South respectively have substantively lower rates overall than in the H3: Central & Coast locality. [Victoria] and [Rossmere] wards have the highest proportion at 5% of mostly private rented accommodation.

Homelessness is associated with severe poverty and is a social determinant of health, associated with poor health, education and social outcomes, especially for children. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. As an indicator of demand and potential for homelessness, OHID indicator “Households owed a duty under the Homeless Reduction Act” shows that for England the rate of 13.4 per 100 households (2023/24) has been increasing since 2020/21. In Hartlepool during the same time period, 761 households (17.9 per 1000) are owed this duty, which more than doubled in the two years from 2020/21. The denominator is the estimated total number of households within each area

Children have the right to food, clothing and a safe place to live so they can develop in the best possible way. The number of these households which have dependent children has also doubled in Hartlepool within the last year for which data is available, to 14%.

Where the main applicant owed such a duty under the Act is a young person aged 16-24 is 2.4% for England. This measure has improved in Hartlepool since 2019/20 but still stands at 75 households in 2021/22 (1.8%). Young people experiencing homelessness are extremely vulnerable, and face complex and compounding challenges. They lack relationship and independent living skills, formal support and struggle to access services. They are more likely to have experienced trauma, abuse and other adverse experiences. They are more likely to have been absent and/or excluded from school, and not be in education, employment or training (NEET). There are high levels of self-reported mental health problems, self-harm, drug and alcohol use. There is an increased risk of exploitation, abuse and trafficking, and involvement in gang and/or criminal activity. They are at more risk of sexually transmitted infections (STIs) and unwanted pregnancies⁴⁰.

Looking towards the future, 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 of Newton Bewley.

5.3.8 Older people

The 2021 Census confirmed that the population of England has continued to age. Across England, more than one in six people (18.4%) were aged 65 years and over on Census Day in 2021⁴¹. This is a higher percentage than ever before. In Hartlepool, more than one in five people (22%) are now aged over 64 years of age. There are around 19 thousand people aged over 65 registered with a GP in Hartlepool. The proportion of GP list size is around 20% (range 14% to 23% for individual practices, though the latter is for a smaller list size).

Figure 6 shows how the proportion of older people has changed by ward in Hartlepool between Census 2011 and 2021. In [Fens and Greatham] and [Rural West] wards the proportion of older people has changed little in the ten years. All five wards of our PNA localities of H1:West and H2:South are in the top six of the pyramid, showing the least change.

⁴⁰ <https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities>).

⁴¹ Source: [Hartlepool population change, Census 2021 – ONS](#)

The percentage change is varied and much greater in other wards, with between 7.6 and 8.8 percentage points more older people in [Victoria], [Foggy Furze] and [Rossmere] wards than in 2011. As fewer younger people, including children, 'arrive' in those areas and others stay there whilst they age, this will disproportionately add to the healthcare demands in those wards.

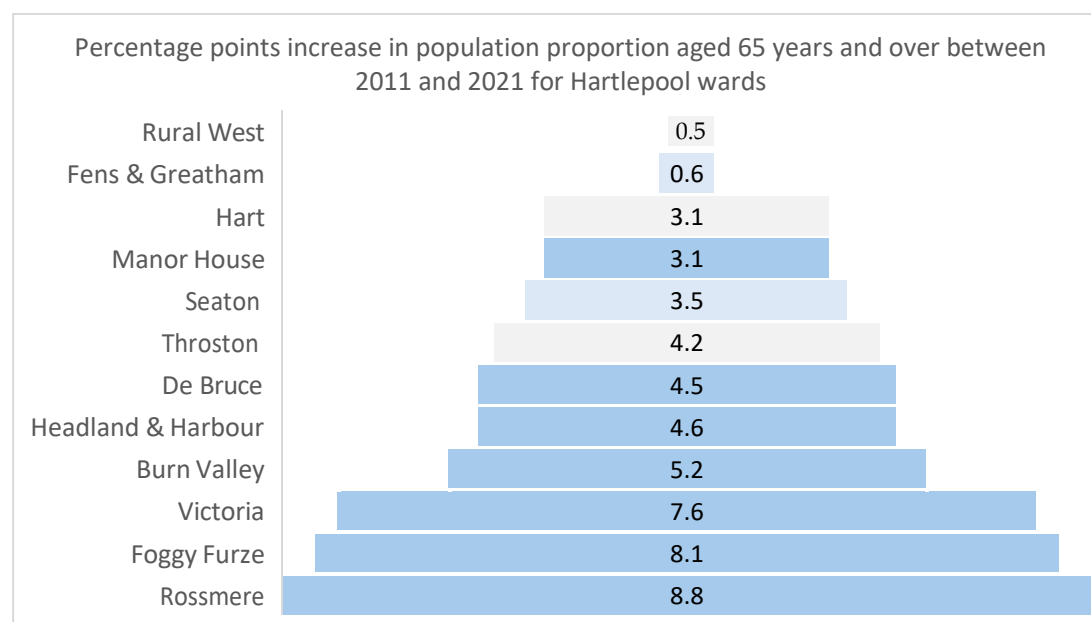


Figure 6. Shows how the proportion of older people has changed for each ward in Hartlepool between Census 2011 and 2021

An older population has well-documented health needs, which may include falls, dementia and the increasing likelihood of frailty requiring substantial health intervention. Hartlepool increased the number of nursing home beds appropriate for those with dementia aged 65 or over which are rated 'good' or 'outstanding' from 60.9% in 2018 to 93.9% in 2020. This has moved Hartlepool from being significantly worse than England to significantly better than England. The England rate for 2020 was 74.1%.

Half (50%) of the 8.4 million people living alone in the UK in 2023 were aged 65 years or over. Table 11 shows data from the 2021 Census for the proportion of people aged 66 years and over living alone by ward in each of the PNA localities for Hartlepool. For the purposes of referring to this data, we will use the term 'pensioner' here to abbreviate for people aged 66 years and over.

In 2011, the range of this proportion in Hartlepool was from 22% in [Rural West] to double that at 44% in [Victoria] ward. By 2021, [Rural West] ward still has the lowest (and unchanged) proportion of pensioners living alone. The four highest rates are also in the same four wards of the H3:Central & Coast locality the though actual rates have fallen by 8 percentage points in two of these wards such that the range in proportion of pensioners living alone in these four wards is 35-39% (2021) down from 40-44% in 2011.

Table 11. Pensioners* (*people aged 66 years and over) living alone by ward in Hartlepool. Source: Census 2021

Locality	Ward	Pensioners* living alone (%) 2021
H1	Hart	33.4
H1	Rural West	21.6
H1	Throston	33
H2	Fens & Greatham	27.9
H2	Seaton	26
H3	Burn Valley	29.6
H3	De Bruce	29.7
H3	Foggy Furze	30.1
H3	Headland & Harbour	35.8
H3	Manor House	39
H3	Rossmere	34.5
H3	Victoria	36.6

Considering household composition, rather than people, the proportion of households of one family in which all members of that household are people aged over 66 years is 9% overall in Hartlepool, Tees Valley and in England. Table 12 shows that by ward in Hartlepool there is a three-fold range in this household composition from [Manor House] at 5%, to the highest proportion of households who are all pensioners in H2: South locality where for [Seaton] this is 14% and in [Fens and Greatham] it is 17%. Similarly, in [Rural West] ward this proportion is 15%, yet for all but one ward in the H3: Central & Coast locality this proportion is less than the 9% borough/regional/England average.

Table 12. Households with pensioners by ward in Hartlepool (Census 2021)

Locality	Ward	One-person household: Aged 66 years and over (%) 2021	Single family household: All aged 66 years and over (%) 2021
H1	Hart	13.6	9
H1	Rural West	12.9	15
H1	Throston	13.3	7.7
H2	Fens & Greatham	18.6	16.7
H2	Seaton	14.9	13.8
H3	Burn Valley	13.3	7.8
H3	De Bruce	12.5	7.7
H3	Foggy Furze	14.1	10.1
H3	Headland & Harbour	13.6	5.7
H3	Manor House	13.6	4.9
H3	Rossmere	13.4	6.3
H3	Victoria	12.5	5.8
Hartlepool		13.8	9
Tees Valley		13.8	9.3
England		12.8	9.2

In England 13% of households comprise a single person of 66 years and over living alone. Most Hartlepool wards have similar rates of 'lone pensioner' households to this national rate (range; 13-14%) and there has been little change in these rates between 2011 and 2021. However, in H2: South locality, the proportion of lone pensioner households is higher i.e., [Seaton] ward, 15% and [Fens and Greatham] ward reaching 19%. The latter ward also showed the biggest increase since 2011 of 2.3 percentage points whereas [Manor House] ward showed a similar reduction of 2.2 percentage points in the same timeframe.

We know that older people have disproportionate pharmaceutical needs in relation to numbers of prescription items and other support for long-term conditions. Lone pensioner households may have increased need for support in managing their medicines and long-term conditions and a potentially greater requirement for domiciliary pharmaceutical care and support to manage their medicines alone. Elements of the PCN Directed Enhanced Service in primary care have intended to improve access to pharmaceutical support such as structured medication reviews to target frailty.

5.3.9 Children

Section 5.3.1 showed there are around 18,000 children aged under 16 years living in the Borough. There are several ways to define child poverty and there is no single, universally accepted definition (UK Parliament, 2025). Data from 2024 indicates that the proportion of children aged under-16 in relative low-income families varies from 6% to 45% at a local authority level, across the UK. Over the year 2023-24, the proportion of children in low-income families increased across all regions within the UK, except for Scotland where the proportion fell.

Figures from 2022/23 (Department for Work and Pensions, 2025) indicate there are 5545 children under 16 living in relative child poverty (before housing costs) in Hartlepool. This is a rate of 31%, which compares to 28% for the northeast and well above the UK average of 21% in the same time. In Hartlepool, almost 60% of those children live in working households (where at least one adult works) and one third of those children living in poverty are under five years of age.

Table 13 shows measures of relative and absolute poverty relating to children by ward in the Borough. The table is sorted by locality then by the proportion of children in absolute low-income families within those localities. Rates of these measures in all wards of H3: Central & Coast locality are substantially poorer than both the Tees Valley and England.

Also shown is the proportion of children in lone parent households. The rate for Hartlepool is similar to the Tees Valley average, where both are higher than England at 11%. Whilst the children of lone parent households will not always experience deprivation or poverty, it is known to be one of the factors which increases the likelihood that these children will be living in poverty (UK Parliament; House of Commons library, 2025). This is mostly due to single parents finding it difficult to work full-time. Whilst child poverty after housing costs for children with a single parent who is in full-time work (19%) is lower than the UK average (31%), and children with no parents in work still have the highest poverty rates (69%), children with a single parent not in work (60%) or a lone parent in parent in part time work (43%) still experience these higher rates (2023/24 data).

Children with a family member with a disability are also more likely to be in poverty compared with children without, because people with a disability and parents of children with a disability find it more difficult to work. Children in families with three or more children had a much higher poverty rate (44%) than children in families with one (21%) or two children (25%) in 2023/24. Families with young children under 5 years of age also had higher rates of child

poverty (36%). Child poverty also varies widely by ethnic group but is lowest for those people described as white who are in the substantial majority in Hartlepool.

The employment status of adults in a household has a big impact on child poverty. In 2023/24, 65% of children in 'workless households' (households where nobody works) were in poverty, compared with 17% in households with all adults in work.

*Table 13. Selected data showing measures related to children by ward and locality in Hartlepool. Source: LG Inform data from 2021 Census and 2022/23 DWP data; *Fingertips Public Health Outcomes Framework, Wider determinants of health*

		% of children in absolute low income families: Aged 0-15	% of children in relative low income families: Aged 0-15	% of lone parent households
Locality	Ward	2022/23	2022/23	2021
H1	Rural West	4.9	5.2	5.3
H1	Hart	8.3	9.8	9.6
H1	Throston	14.7	19.6	16.7
H2	Seaton	10.5	14.1	9
H2	Fens & Greatham	13.1	15.8	8
H3	De Bruce	19.5	26.2	20.4
H3	Burn Valley	20.1	26.6	12.5
H3	Rossmere	20.7	28.3	17.7
H3	Foggy Furze	22.9	30	14.2
H3	Manor House	22.9	29.2	22.2
H3	Headland & Harbour	23.9	28.5	13
H3	Victoria	29.3	36.8	13.5
Hartlepool		18.1	23.4	13.8
Tees Valley		18.5	23.2	13
England		15.6	19.8	11.1

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).

Table 14 shows Hartlepool is placed 8th in the top 10 local authority districts with the highest proportion of children experiencing income deprivation.

Overall, this data reveals a significant challenge to the health, well-being and future attainment of these children and helps consider how pharmaceutical services may support this population whose needs may be related to some of these characteristics.

Table 14. Showing top ten local authorities IDACI score for England, 2019

Income Deprivation Affecting Children Index (IDACI) 2019		
Rank	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

5.3.10 Educational attainment

Children's education and development of skills are important for their own wellbeing and for that of the borough. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children or young people with poorer mental health are more likely to have lower educational attainment⁴².

Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. There is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life. Although child development at entrance to school reception is in line with regional and better than national progress, later educational attainment in Hartlepool is worse than the north east and England average. All key stage attainment indicators have declined compared to pre-covid levels, not just for Hartlepool, but across all geographies.

The JSNA for Education in Hartlepool includes reference to educational attainment of school leavers using two performance measures; Attainment 8 and Progress 8. Averages mask a wide range of attainments across the wards of the Borough where attainment for those living in the best achieving wards is more than double that of the lowest achieving ward. Table 15 shows the highest level of educational attainment achieved for people in the wards and localities of Hartlepool with Tees Valley, Northeast and national comparators. Clear inequalities in educational achievement and prospective life-chances are demonstrated. Overall, 23% of people in Hartlepool have no qualifications. This is five percentage points poorer than the England average and also worse than the Tees Valley and northeast figures. Attainment of qualifications at Level 4 or above is similarly poor at 25% for Hartlepool; almost nine percentage points lower than the national average.

⁴² Hartlepool Children and Young People Emotional Mental Health and Emotional Mental Health and Wellbeing Needs Assessment 2023

Table 15 - Proportion of Households by Highest Level of Qualification (2021 Census)

Locality	Ward	Highest qualification level (%)						
		None	Level 1 (and entry level)	Level 2	Apprentice -ship	Level 3	Level 4 or above	Other
H1	Hart	14.4	7.1	14.1	7.4	21.4	33.3	2.2
H1	Rural West	11.4	6.4	12.8	6.6	18.3	42.3	2.2
H1	Throston	22.8	9.8	15.1	7.0	19.6	23.6	2.2
H2	Fens & Greatham	21.4	8.8	13.7	8.9	19	25.2	3.0
H2	Seaton	17.8	7.7	13	8.1	20.6	29.7	3.0
H3	Burn Valley	22.5	10.1	14	6.4	18.3	26.8	2.00
H3	De Bruce	27.9	11.3	15.8	7.1	17.4	17.7	2.8
H3	Foggy Furze	26.3	10.1	15.2	7.7	17.6	20.6	2.6
H3	Headland & Harbour	26.9	10.0	14.4	6.6	17.6	22.4	2.2
H3	Manor House	29.5	11.8	17.00	5.9	16.8	16.7	2.4
H3	Rossmere	29.1	10.8	15.8	6	17.5	18.1	2.8
H3	Victoria	26.8	9.7	15	6.1	17.6	22.4	2.4
Hartlepool		23.1	9.5	14.7	7.0	18.4	24.8	2.5
Tees Valley		21.2	9.7	14.2	6.9	18.3	27.2	2.6
North East		20.3	9.6	13.8	6.6	18.6	28.6	2.5
England		18.1	9.7	13.3	5.3	16.9	33.9	2.8

- 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.
- Individuals from [Manor House] and [Rossmere] wards have half the chance of attaining a first year degree-level (level-4) 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 3 miles away.
- The Annual Population Survey for 2022 published by the ONS reports the percentage of the Hartlepool working-age (aged 16-64) population who have a degree or higher is 30.2%, which is below the 43.2% degree qualification rate for England.
- Over 56% of the Hartlepool working-age population have at least 2 A-levels (or equivalent), whereas 8% have no qualifications. The national average for people with no qualifications is 6.6%.

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.

5.3.11 Armed Forces Community

The 2021 Census included a question on veterans for the first time. People aged 16 and over were asked whether they had previously served in the regular or reserve UK armed forces, or both (Office for National Statistics, 2022). Anyone who has served in the armed forces for at least one day is classed as a veteran. In Hartlepool, 3844 people reported that they had previously served in the UK armed forces. This represents 5.1% of the population, which is similar to the regional average, higher than the average for Great Britain (3.8%; almost 1 in 25 of the total population aged 16 or over). Overall, 7% of households in Great Britain included one or more veterans compared with 8.9% for Hartlepool. Hartlepool does not fall in the top 20 constituencies with the highest proportions of UK armed forces veterans. In Hartlepool, [Manor House] and [Seaton] were the wards with the highest percentage of veterans. In England and Wales, veterans and non-veterans are similar in relation to self-reported general health accounting for differences in age, sex and location. There is insufficient robust local data to understand the need of the armed forces community in Hartlepool at a population level.

5.3.12 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'.

Population density

Population density varies markedly by local authority across the Tees Valley; (range 5.6 to 28.3 persons per hectare). Table 16 shows that although the population of Stockton-on-Tees is twice that of Hartlepool, the population density of these two boroughs north of the river Tees is similar, approximating to 10 people per hectare. Middlesbrough is geographically much smaller than any of the other districts and is the most densely populated, five times that of both Darlington and Redcar and Cleveland.

Table 16. Population density for local authorities in Tees Valley. Source:

Local Authority	Total Population	Geographical area to mean high water (hectares)	Population Density (persons per hectare)
Darlington	110562	19749	5.6
Hartlepool	95366	9371	10.2
Middlesbrough	152650	5388	28.3
Redcar & Cleveland	137938	24508	5.6
Stockton-on-Tees	202415	20494	9.9

Hartlepool is also relatively small, under 9400 hectares, an area equating to just 1% of the geographical area of the whole northeast region of England. The average population density for Hartlepool equates to around seven people living on each football pitch-sized area of land. However, where people live is not evenly distributed; the population density is varied across the 12 wards of the borough as Figure 7 shows. Although the [Rural West] ward is the largest in area, representing almost 39% of the total area of Hartlepool, it has the lowest population density, most similar to [Fens and Greatham] ward. In contrast, [Victoria] ward continues to be the most densely populated with more than 50 persons per hectare.

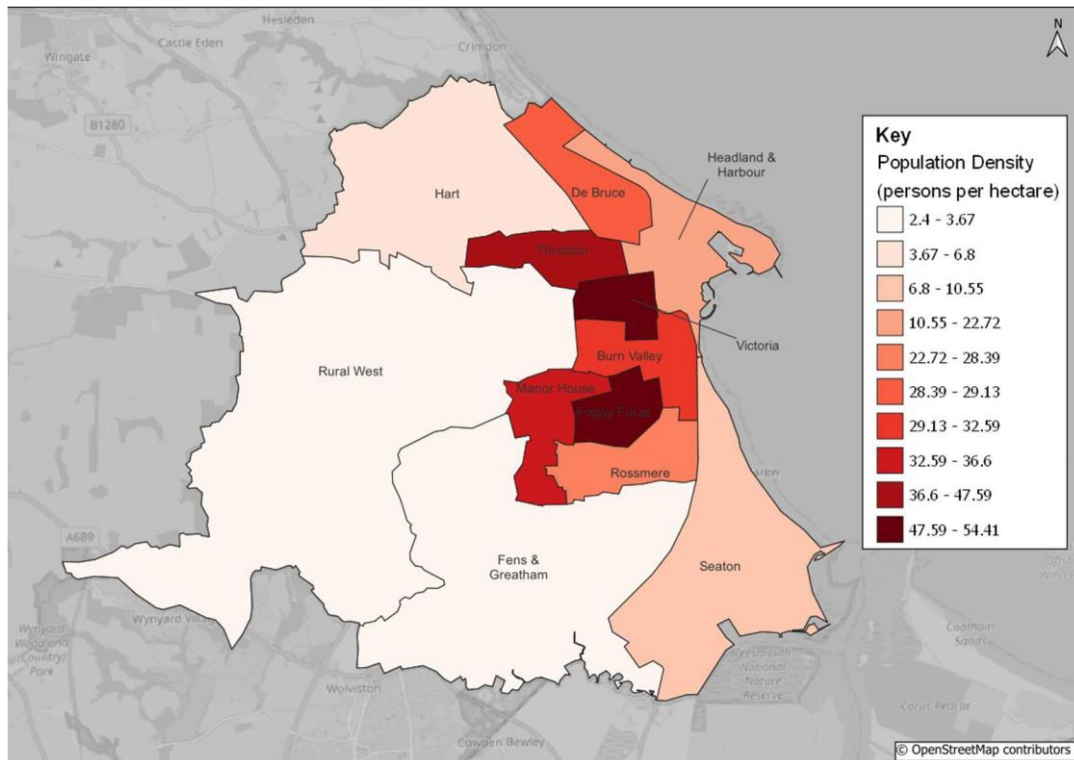


Figure 7. Population density of Hartlepool by ward. Source: ONS 2021

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 had determined on a map, and to publish such a map.

A controlled locality is an area which has been determined, either by NHS England or any predecessor organization such as a PCT, or on appeal by the NHS Litigation Authority, now known as NHS Resolution⁴³, to be "rural in character". It should be noted that areas that have not been formally determined as 'rural in character' therefore 'controlled localities', are not controlled localities unless and until NHS England (or predecessors) determine them to be so. Some areas may be considered as rural in lay terms, because they comprise open fields with only few houses but they are not a controlled locality in the context of pharmacy regulatory terms until they have been subject to a formal determination (NHS England, 2013).

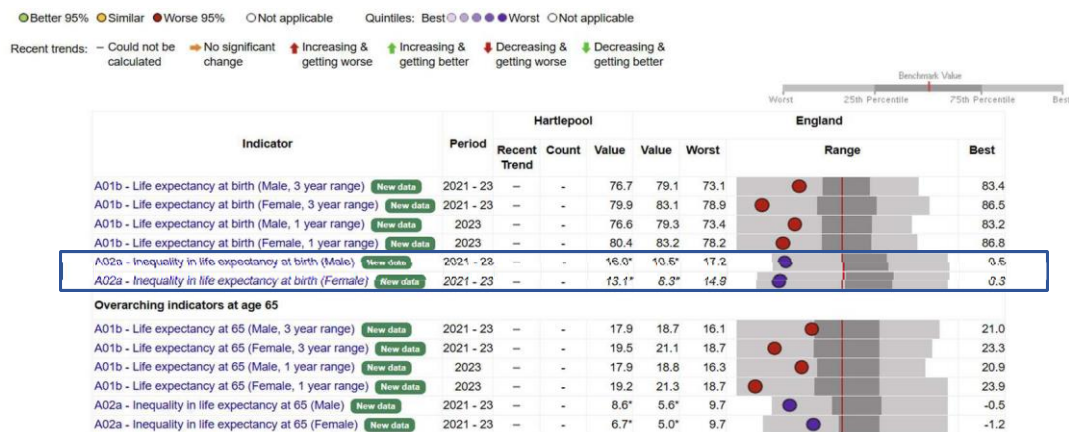
Former PCTs may therefore have had designated "controlled localities" i.e. areas which are 'rural in character'. Since April 2005 there may also have been determinations of "reserved locations" within some of these controlled localities. A reserved location is a specialist determination, which allows a dispensing doctor to continue to provide dispensing services in such localities even if a pharmacy opens nearby. Subsequent to the determination made by the PCT in 2008, there are no controlled localities in Hartlepool.

⁴³ NHS Resolution manages appeals for pharmaceutical market entry and performance sanctions matters

6.0 Local Health Needs and Inequalities

Supplementing the population demographic descriptors in section 5.0 this section highlights some of the local health needs and inequalities that impact the pharmaceutical needs assessed in this PNA, including reference to suitable sources of additional information.

As we have seen, Hartlepool has higher levels of deprivation than average and some of the highest health inequalities in the country. The degree of deprivation and health and wellbeing outcomes are also varied across the twelve wards and three PNA localities. There is a clear social gradient to healthy life expectancy, that is, people in deprived areas tend not only to live shorter lives, but they also spend more of those years in poor health. Recent data from the Public Health Outcomes Framework (Fingertips) below shows life expectancy at birth for both men and women in Hartlepool is lower than the England average, falling in the worst quintile for England. The most deprived areas of the H3:Central & Coast PNA locality, have a life expectancy that is approximately 16 years (males) and 13 years (females) lower than those from the least deprived areas.



The extent of these inequalities in health remains one of the biggest challenges to the health and wellbeing of the Borough as societies with greater inequality have poorer health overall. The real challenge is how to ensure 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 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, i.e., smoking, poor diet, lack of physical activity and alcohol. Data on some of the wider determinants were included in the ward level / localities section. Public Health and NHS colleagues are working together to reduce disease rates through screening, early identification of disease and reducing risk factors.

In 2021, the age standardised proportion⁴⁴ of Hartlepool residents identified as being disabled and 'limited a little' was 11.5%, largely unchanged from 2011 (11.7%). Just over one in nine people (11.3%) were identified as being disabled and limited a lot, compared with 13.0% in 2011. The proportion of Hartlepool residents who were not disabled increased from 75.3% to 77.1%⁴⁵.

⁴⁴ Age-standardised proportions enable comparisons between populations over time and across geographies, as they account for differences in the population size and age structure

⁴⁵ [How life has changed in Hartlepool: Census 2021](#)

Table 17 shows data from the 2021 Census for those with 'limiting long term illnesses (LLTI) or disability by ward and in PNA localities in Hartlepool.

- The rate of people living with a LLTI, which includes those of working age, is higher in Hartlepool (23%) than the England (17%) and Tees Valley (21%) averages. The averages again mask the degree to which individual ward rates are varied from the local and national comparators. Rates exceed 20% in nine of the twelve wards in the Borough though both wards in the H1: West locality have rates lower than the England average.
- All wards of the H3: Central & Coast locality show rates of LLTI or disability higher than any ward in the other two localities; highest rates of 26 to 27% are in [Headland & Harbour], [Manor House] and [Rossmere] wards. In these same wards, the self-reported 'bad health' status is of the order of twice the England average of 4%.

Table 17. Census data (2021) for people with limiting long term illness or disability and indication of health status by ward and locality in Hartlepool.

PNA Locality	Ward	Residents with long term illness or disability (%)	Residents reporting good health (%)	Residents reporting fair health (%)	Residents reporting bad health (%)
H1	Hart	16.4	31.9	11.9	3.4
H1	Rural West	14.2	32.2	10.4	2.5
H1	Throston	22.2	33.0	15.0	6.2
H2	Fens & Greatham	21.2	37.0	16.5	4.9
H2	Seaton	18.8	34.1	13.9	4.5
H3	Burn Valley	24.8	32.0	16.6	6.8
H3	De Bruce	25.8	32.9	17.4	7.0
H3	Foggy Furze	24.1	35.3	16.8	6.3
H3	Headland & Harbour	26.0	34.6	16.8	8.3
H3	Manor House	26.5	31.6	16.6	8.0
H3	Rossmere	26.9	31.5	16.9	7.6
H3	Victoria	25.9	34.1	18.0	6.9
Hartlepool		22.9	33.3	15.6	6.1
Tees Valley		20.9	33.4	14.6	5.3
England		17.3	33.7	12.7	4.0

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 disabilities or longstanding health conditions were almost three times more likely to experience chronic loneliness as those without. People with long-term conditions are users of a large proportion of health care services such as GP appointments, prescribing costs and hospital stays. Pharmaceutical needs are often substantial for those living with a LLTI or disability. As it is also becoming more common for people to have multiple long-term conditions (multimorbidity), this is often associated with polypharmacy which adds additional burden for the individual and their care providers.

Polypharmacy is the use of multiple medicines by one individual. Whilst historically, polypharmacy was commonly defined as the use of five or more medicines, more recently it's been acknowledged that some people may need to take multiple medicines to manage their conditions. Therefore, polypharmacy is now described as either appropriate or problematic.

Inequalities in polypharmacy are more evident in:

- areas of deprivation
- people from ethnic minority backgrounds
- older people especially those living with frailty
- some people with mental health conditions or disabilities.

Those people of working age who can work and have secured employment, may need to access pharmaceutical services outside of routine working hours. However, wards with high rates of LLTI or disability in the working age population do also have high rates of unemployment so the need may not be as great outside working hours as when viewed in isolation. Needs outside working hours are also impacted by the hours people usually work in a week. The percentage of people aged 16 years and over and in employment who said they usually worked 15 hours or less per week in Hartlepool is 9.2% and has increased by 0.5 percentage points from 2011. Another 23% of people work between 16 and 30 hours per week.

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 successfully 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 Hartlepool⁴⁶ gives a snapshot of health in the Borough. This includes a summary of more key public health indicators compared with the national comparator using spine charts (Figure 8)) which offer a graphic illustration of our local health and wellbeing status.

Taken together, of the 36 indicators in the spine charts of the Public Health Profile, Hartlepool is statistically significantly worse than the national average (showing a red dot) for 20 of them. Just two of the indicators are statistically significantly better than England rates (showing a green dot). Whilst the indicators are not all described separately here, the Health and Wellbeing Board will have regard to this profile in relation to pharmaceutical needs.

The selected data here indicates the scope of public health issues for prevention or improvement in health and wellbeing as well as the scale of potential interventions required annually e.g., to support the people in Hartlepool living with, and treatment of, long term conditions. There is scope for evidence-based interventions to improve the management of these conditions with pharmaceutical services. The Hartlepool HWB Strategy takes a helpful life-course approach which also contributes to understanding pharmaceutical needs.
(planned white space – next page is Figure).

⁴⁶<https://fingertips.phe.org.uk/health-profiles#page/1/gid/1938132701/pat/6/par/E12000001/ati/401/are/E06000001/yr/3/cid/4/tbm/1>

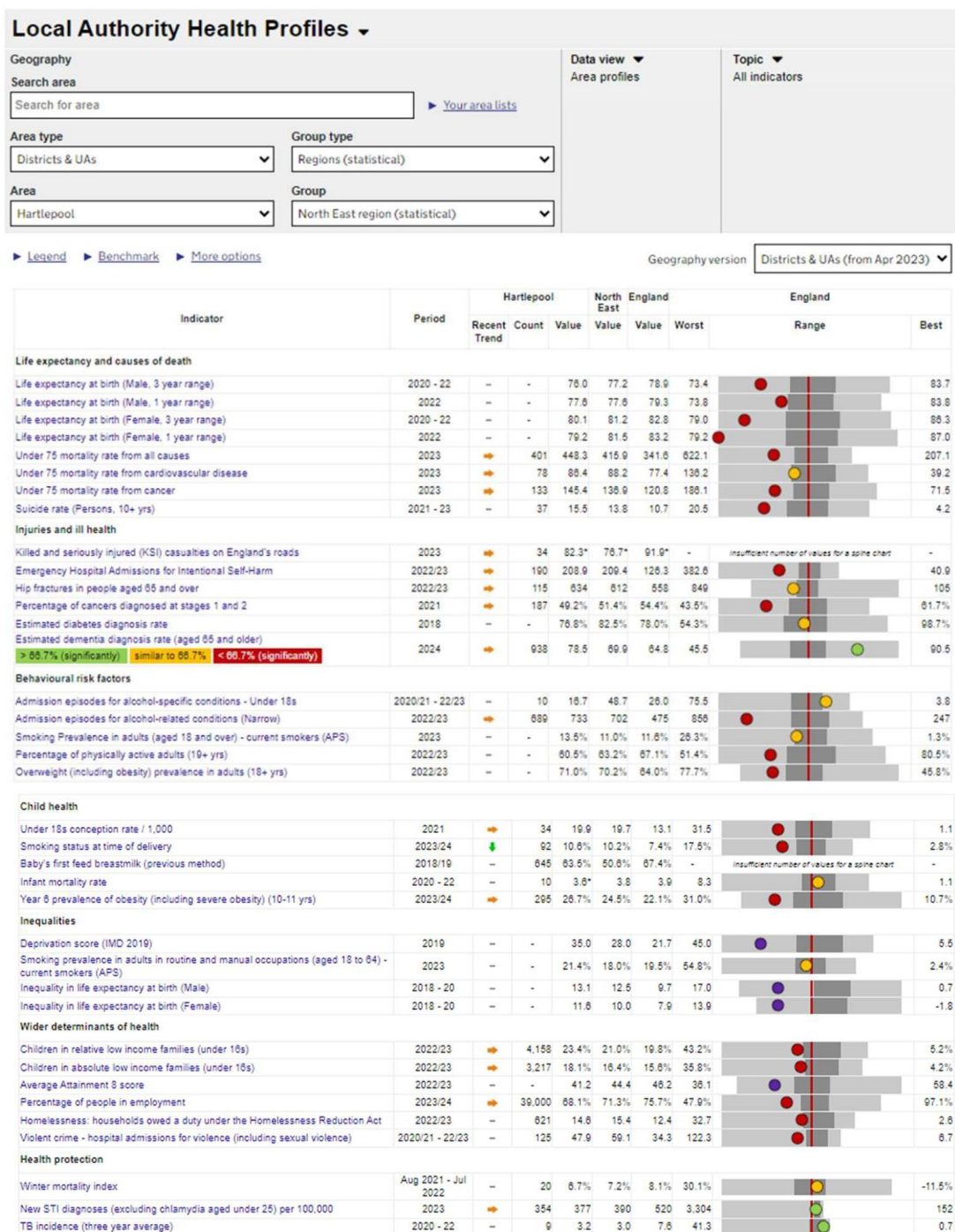


Figure 8: Extract from the Local Authority Health Profile (2024)

Smoking

The Smoking Profiles for England provide a snapshot of the extent of tobacco use, tobacco related harm and measures being taken to reduce this harm at a local level and the Borough published an updated Smoking Needs Assessment in 2023 which has informed the updated Tobacco Control Strategy and comprehensive actions since then.

Smoking remains one of the biggest causes of death and illness in the UK. Despite downward trends there are still 7.3 million adult smokers in England and every year around 78,000 people in England die from smoking, with many more living with debilitating smoking-related illnesses. Despite the substantial success of the stop smoking service in Hartlepool prior to 2019, during which time the prevalence of smoking for those aged 15 and above fell from

23.9 % in 2013/14 to 19.7% in 2020/21, proportionally more adults continue to smoke in Hartlepool than anywhere else in the northeast. The borough has the 8th highest rate in England though the trend remains a downward decline. As an indicator of the impact of deprivation on smoking prevalence, adults in routine and manual occupations who smoke in Hartlepool (21%) varies from the England average of 19.5%. There are around 13000 adult smokers in Hartlepool (2023 data⁴⁷). The smoking related death rate remains worse than the England average, as smoking is a contributory factor in many other cancer-related or cardiovascular diseases. Smoking by mothers during pregnancy is a major contributor to low birth weight and smoking rates in pregnancy in Hartlepool are 10.6% 23-24 at the time of delivery varied from England 7.4% (23-24). Reducing smoking in pregnancy is a key ambition of the current strategy.

Smoking prevalence in adults with a long-term mental health condition is 27% which is slightly higher than England at 25%. Smoking prevalence has fallen in all ethnic groups since 2011 but inequalities remain. The highest prevalence in 2021 were in the mixed (16.0%) and white ethnic groups (13.7%), both significantly higher than the black, Asian, Chinese, and other ethnic groups - and of course the people of Hartlepool predominantly identify as white ethnicity.

Obesity

The rising trend in obesity is one of the biggest threats to the health of the population of Hartlepool as Hartlepool has some of the highest rates of obesity in the UK. In an average Hartlepool street with one hundred adults, 16 people smoke, 45 are physically inactive, and 73 are overweight or obese. These figures are much worse than for an average street in England where 64 people would be obese, and the trend is not improving.

Obesity and being overweight are major risk factors for a range of long-term health conditions, increasing the risk of heart disease or other health problems. The trend of weight problems in children and young people is of particular concern because of evidence suggesting excess weight in childhood continues into adulthood. (Whitaker et al 1997). In addition to the increased health risks in later life, children and young people face immediate health and psychological consequences of obesity including increased risks for elevated blood pressure and type 2 diabetes, low self-esteem, anxiety and depression. Prevalence of overweight (including obesity), and obesity is highest in those living in the most deprived areas of England (72% and 36% respectively) and lowest in those living in the least deprived areas (60% and 21% respectively) at 2022/23 data. In England, 67% of adults were physically active in the same reporting period.

Sexual health

Good sexual and reproductive health is an important part of physical and mental health and wellbeing of individuals and communities. Poor sexual health can be a consequence of, and associated with, other vulnerabilities, such as drug and alcohol use, coercion, exploitation, and abuse, leading to poor short- and long-term outcomes. Lower socioeconomic status and exclusion are also linked to poorer sexual health with a higher burden of disease in populations who live in more deprived areas. It is unsurprising therefore that sexual health is a key local authority and public health priority for Hartlepool and for Teesside as a whole, as it can have a significant impact on the population, communities and individuals.

⁴⁷ 2023 data Annual Population Survey (APS).

A Sexual Health Needs Assessment (SHNA) for Tees was undertaken in 2023 updating the previous assessment from 2013 when the LAs took on responsibility for sexual health services; available at [Sexual Health \(JSNA\) | Hartlepool Borough Council](#).

The review of the SHNA was delayed by the COVID-19 pandemic, when the impact on sexual health and disruption to sexual health services (SHS) was significant. Sexually transmitted infections are preventable and disproportionately affect vulnerable groups of the population. Cases of sexually transmitted infections (STIs) had been increasing in England with 447,694 new diagnoses of STIs in 2018, but diagnosis declined sharply in 2019 and was still 'recovering' in 2021.

Chlamydia represented 51% of all new STI diagnoses in England in 2021. However, whilst chlamydia remains a concern, especially in young people aged 15 -24 years old, data shows that the total number of gonorrhoea diagnoses from January to September 2022 was 21% higher when compared to the same period in 2019, the year when the previous highest number of diagnoses of gonorrhoea was reported. STI diagnosis rates in Hartlepool and Stockton have been very similar to the North East average for the last 3 years

At individual level, sexually transmitted infections (STIs) are the main cause of preventable infertility. The all-age conception rate has decreased continuously during the last decade. Of the Tees-wide local authorities, Middlesbrough had the highest proportion of conceptions leading to abortion, at 32.8%, followed by Hartlepool at 29%. Teenage pregnancy is associated with poverty, low aspirations, and not being in education, employment, or training. Unintended pregnancies impact on women from all parts of society, with an estimated annual cost to the NHS in England of £817 million. Teenage conceptions in Hartlepool decreased significantly from 68 per 1000 in 2007 to 26 per 1000 in 2021. Half of all teenage conceptions resulted in an abortion in 2020.

The Office for Health Improvement and Disparities (OHID) have developed Sexual and Reproductive Health Profiles to support local authorities to monitor health and system impact. Sexual health promotion and prevention supports informed decisions through the provision of high quality, accessible information with clear messages, targeted interventions and programmes and through face-to-face advice and testing. As part of a holistic approach to health, all health care professionals should consider sexual health and opportunities for sexual health promotion and prevention. The refreshed 'You're Welcome' initiative sets out quality standards for sexual health services to improve services for young people. Community pharmacies can contribute to sexual health promotion and prevention alongside their long-established service provision of emergency (oral) hormonal contraception and the new advanced service for oral contraception.

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. In 2022, Hartlepool and Middlesbrough had among the highest rates of chlamydia diagnoses in the North East, at 480.7 and 479.4 per 100,000, significantly higher than both the North East and England averages.

Like the previous SHNA, groups at higher risk of poor sexual health including young people and young adults, men who have sex with men (MSM), some black, Asian and minority ethnic (BME) populations and other vulnerable groups such as homeless people or sex workers.

Young people who are in or leaving care, who have low educational attainment and who are from disadvantaged backgrounds are particularly vulnerable to poor sexual health including STIs, sexual exploitation and teenage pregnancies.

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 is not continuing at the same pace as the national average. In the last three years, the under 18 conception rates have reduced across all local authorities in Teesside. The under-18 conception rate remains substantially higher in the North East at 19.8 compared to 13.1 per 1,000 nationally.

Teenage pregnancy correlates with deprivation; 75% of the variation of teenage pregnancies in England can be explained by deprivation. 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.

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. The Tees Sexual Health Service is jointly commissioned by the four local authorities in Teesside, the ICB and NHS England as an integrated, community-based service with a hub in each local authority. Pharmacies are currently sub-contracted to provide EHC, chlamydia screening and the C-Card condom distribution service. This service was re-procured in 2025 just as the planned expansion of the national pharmacy contraception advanced service was announced. Transition from the long-established, locally commissioned pharmacy EHC service to the national offer will begin in the autumn of 2025.

Children and young people

The Hartlepool Director of Public Health Report for 2024 focused on 'Starting Well' as one of the strands of the Public Health Strategy for Hartlepool⁴⁸. This gives a summary of some of the activities taking place in Hartlepool to help children in the Borough have the best start in life.

Some successes and challenges are reported, for example with respect to childhood vaccination where coverage is achieved in-line with regional and national averages reaching over 90% of children at first dose of Measles, mumps and rubella (MMR), Meningitis B and C boosters and Hib (Haemophilus influenza Type B) boosters and above 95% coverage, for the Pneumococcal conjugate vaccine (PCV). In contrast other childhood vaccinations are reaching less well including the flu vaccine, offered to children between 2 and 3 years old, which has coverage of 37% - the second lowest in the region and much lower than the 42.6% rate achieved in England reduced from 44.4% in 2023-24. Hartlepool is one of 75 pre-selected local authority areas for the 2021 family hub programme.

In June 2023, NECS partnered with Hartlepool Borough Council in adopting a population health approach to produce a Children & Young People's Joint Strategic Needs Assessment (CYP-JSNA) to support the implementation of the Family Hub model in Hartlepool. In 2024, the Hartlepool hub launched its own app, supporting efforts to reach more children to improve their start in life. Other aspects of the JSNA for children and young people are available at [Starting Well | Joint Strategic Needs Assessment | Hartlepool Borough Council](#).

The latest Child Health Profile for 2023 for Hartlepool shows that there were 932 live births in Hartlepool in 2021, and 5000 children aged 0 to 4 years. At 5.4% of the population this is slightly more than the proportion of children in the region and England. Being a small local

⁴⁸ [Hartlepool Director of Public Health Annual Report for 2024 | Hartlepool Borough Council](#)

authority in an area with existing inequalities, this adds weight to the expectation of support needed for a group of this size to be supported with that healthy start in life. The life expectancy at birth of these children is 76.5 years for boys and 81.1 years for girls which is a difference of 4.6 years and compares less favourably to the regional or national averages, the latter average being 3 years longer life expectancy for boys and 2 years longer for girls.

Based on the 2021 Census data population estimates, there were 21 700 individuals aged 0-19 years. Hartlepool has an in-house service to support this age group, including health professionals who prescribe a small number of items each year to support health needs outside the primary care setting.

The Child Health Profile also 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. The associated interactive data from ONS Fingertips is located here [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#). 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 2 infants dying before age 1 each year. Recently there has been one child death in 1- to 17-year-olds each year on average. Public health interventions which might improve the health of children and young people in the borough are indicated by:

- the teenage pregnancy rate is worse than England, with 32 girls becoming pregnant in a year.
- 14% of women smoke while pregnant which is worse than England
- 97% of newborns received breast milk as their first feed; by 6 to 8 weeks after birth, a quarter of mothers are still breastfeeding.
- levels of child obesity are worse than England as 14% of children in Reception at school are obese – this doubles to 28% of children in Year 6
- the rate of child inpatient admissions for mental health conditions at 125.8 per 100,000 is similar to England as is the rate of self-harm (10 to 24 years) at 482.3 per 100,000
- the rate of children aged under 18 (2022) looked after in care is twice the regional average and three times the rate for England
- in the financial year ending 2022, there were 8,405 A&E attendances by children aged four years and under. This gives a rate which is worse than England.

However, the rate of emergency admissions of children because of asthma in the financial year ending 2022 (15) is better than England as is the dental health of children though 16% of 5-year-olds still have experience of dental decay, despite natural fluoridation of the water.

Public health interventions, including pharmaceutical services, may contribute to improving child health at a local level (e.g., smoking in pregnancy, teenage pregnancy, breastfeeding, childhood obesity, TPF or PF consultations where treatment would be free at the point of access, accessible contraception support, childhood vaccination), set against the background of increasing numbers of families with low relative income and higher numbers of children in the care system.

Hartlepool has a commitment to improving children and young people's mental and emotional health and wellbeing since issues such as anxiety, low mood, depression and family breakdown, separation and loss can impact significantly on happiness and future life chances. The recent Children and YP Mental Health needs assessment is located at https://www.hartlepool.gov.uk/downloads/file/8957/children_and_young_peoples_mental_health_needs_assessment_2023

Substance Misuse – Drugs and Alcohol

Substance misuse (drugs and alcohol) is one of the most challenging health issues faced in Hartlepool. The personal, social and economic impacts of substance misuse are great and it is a key driver of health inequalities in the borough. The Hartlepool substance misuse needs assessment⁴⁹ (part of JSNA) shows that Hartlepool is experiencing more significant issues and higher numbers of people using substances than the England average; Hartlepool ranked 3rd in England for opiate and crack cocaine use when highlighted in the national government 10-year Strategy in 2021 (UK HOME Office and DHSC, 2022). This also demonstrates the increasing harm caused by substances, with high numbers of drug and alcohol related deaths; Hartlepool is in the top 3 across the UK for drug related deaths.

Substance misuse 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. Recognising substance misuse as a major factor in child neglect, domestic violence, acquisitive crime, antisocial behaviour and children being taken into care, the Drug and Alcohol Strategy for Hartlepool 2023-28 takes an asset-based approach and a clear focus on 4 key areas:

- Prevention and early intervention
- Reducing drug and alcohol related harms
- Supporting wider health needs
- Reducing drug and alcohol related crime and disorder

Hartlepool's areas of highest deprivation mirror the areas of highest drug and alcohol treatment referrals and areas of high crime rates. Hartlepool's young people's treatment population is younger than the national average. The most common substances within the treatment population in Hartlepool are opiates and alcohol. Successful treatment rates for completion of treatment for opiates, non-opiates and alcohol are substantially worse than the northeast or England. (2023 data shown below).

Indicator	Period	Hartlepool		North East	England		England
		Count	Value	Value	Value	Worst	Range
Co-occurring Conditions							
C19a - Successful completion of drug treatment: opiate users New data	2023	14	2.3%	4.1%	5.1%	1.6%	
C19b - Successful completion of drug treatment: non opiate users New data	2023	44	16.1%	26.4%	29.5%	16.1%	
C19c - Successful completion of alcohol treatment New data	2023	47	18.4%	30.0%	34.2%	16.8%	

Hartlepool is currently in the top 10 across the UK for alcohol related hospital admissions. Hartlepool has significantly higher rates than the UK average for alcohol related liver disease mortality, and specific alcohol-related mortality.

There is a high prevalence of long-term health problems, including mental health associated with the misuse of substances. Alcohol related hospital admissions in Hartlepool are significantly worse than the regional and national rates being in the in the worst ten authorities in the UK. Hartlepool saw a dramatic rise in drug related deaths from 2013 and the rate more than tripled in six years; the 2018/20 rate for Hartlepool was the 3rd largest in England.

Learning Disabilities, Physical Disabilities including sensory loss

Disability is defined under the Equality Act of 2010 if you "... have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal

⁴⁹ Hartlepool Substance Misuse Needs Assessment located at https://www.hartlepool.gov.uk/downloads/file/8695/substance_misuse_needs_assessment_2023

daily activities". Some people may also have rights under the Equality Act if they if they have a long-standing illness or condition which isn't currently affecting their daily activities.

Hartlepool has a greater prevalence of learning disabilities than nationally and is 5th highest for prevalence in the northeast based on general practice (QOF) data from 2023-24. People with learning disabilities are pre-disposed to the development of several health-limiting conditions and have greater health needs than the rest of the population. People with learning disabilities often do not have appropriate access to sex and relationship education and information and consequently are more vulnerable to sexual exploitation, unwanted pregnancies and STIs.

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 >800 individuals over the age of 14-years with a learning disability, as well as those with physical disabilities, is important. The proportion of eligible adults having a Learning Disability Health Check (in a general practice setting) in 2018-19 was 70%. Efforts continue to improve this rate, though already substantially better than the average rate in England or the northeast (52%).

Pharmacy professionals in primary care in the north east have also been supporting efforts to reduce inappropriate prescribing via the STOMP initiative (Stopping the Over-medication of People with a learning disability, autism or both).

The Hartlepool JSNA includes information on prevalence of the adult population with physical disability or sensory loss. Of the estimated 8000 people living with a physical disability in Hartlepool, impaired mobility at 40% is described as the largest contributor to that population group, with a further 23% affected as a consequence of diabetes. Sensory loss increases with age contributing to an increased risk of falls, declining mental health and social isolation. Current estimates suggest that 5800 people are living in the town with some hearing loss, just under 400 with severe hearing loss, and a much smaller number with serious visual impairment. 54 people are registered with a dual sensory loss. Rates of preventable sight loss due to macular degeneration or glaucoma are similar to England. The Hartlepool Joint Sensory Support Plan 2022 suggests that services could improve how they communicate with people with sensory loss.

Mental Health

Mental ill-health can severely impact 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. Mental health conditions are the biggest cause of lost working days in the UK. In Hartlepool it is estimated that almost 1 in 4 adults has experienced depression or anxiety. For severe mental health disorders, Hartlepool's Employment Support Allowance claimants citing mental health disorders is higher than the England average by almost a quarter. There is a substantially greater need in Hartlepool than the national average in relation to mental illness and severe mental illness (SMI) and >900 people live with dementia. This makes it an important component of overall health for Hartlepool as well as the levels of substance misuse and learning disability issues.

People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with SMI make more use of secondary urgent and emergency care, and experience higher premature mortality rates. The premature mortality rate for people with SMI in Hartlepool is the second highest in the northeast.

The rate of self-harm hospital stays has improved compared with the average for England but still represents over 200 stays per year. Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Data from the age-standardised mortality rate from suicide and injury of undetermined intent indicates that 37 people die of suicide in Hartlepool every year, the fifth highest local authority area rate in the northeast.

Mental wellbeing and loneliness are closely related. The Government's suicide prevention strategy of September 2023, notes that loneliness has been "closely linked to suicidal ideation and behaviour". Occasionally feeling lonely is normal. However, often feeling lonely or experiencing chronic loneliness has been linked to adverse health impacts, including:

- Early death: the effect of loneliness on mortality is thought to be on a par with other public health priorities like obesity or smoking.
- An increased risk of depression, low self-esteem, reported sleep problems and increased stress response.
- Greater risk of cognitive decline and the onset of dementia.

Dementia is a major challenge for health and social care services in England. In 2017 the leading cause of death for men and women aged 80 and over was dementia. Dementia prevalence across all ages in Hartlepool was in the 2nd highest quintile in England between 2017/18 and 2019/20.

The aging population

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. More information about the demography in relation to age for Hartlepool is included in section 5.3.8. 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 increase in the elderly population will require significant planning for the delivery of services, to meet the varied health and social care needs of this population.

Summary

Most of the information in this section has not been summarised by PNA locality. However, by reviewing the population demographics of Hartlepool together with the other information provided 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. The impact of health needs on pharmaceutical needs will be described in section 9.2. This small number of illustrative measures 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 too.

7.0 Current Pharmaceutical Services Provision

Background and Overview

The PNA must describe the current provision of pharmaceutical services. Having identified the current and near future need for the reliant population of Hartlepool to access these services, understanding the current availability of such services is an essential part of then understanding if, and how, those needs are met.

‘Access’ to ‘pharmaceutical services’ might include the

- range of pharmaceutical services providers (type), influencing choice
- number, location and distribution of their premises and facilities across the HWB area or accessible nearby, but out of area
- specific pharmaceutical services they provide
- days on which and times at which those services are provided
- availability of services from providers outside of the area but which are accessible in a different way (e.g., by distance selling).

The type of provider partly determines the range of pharmaceutical services available. For example, a community pharmacy contractor will provide, at the very least, all essential pharmaceutical services, whereas dispensing doctors or appliance contractors can only provide a restricted range.

For DACs and DSPs, access is not restricted or facilitated by physical location because their pharmaceutical services are provided by delivery. Geographical location of other pharmaceutical service providers’ premises will determine individual access in terms of distance from home, work or possible related healthcare services such as general practice or urgent care. Location surroundings will also affect access on foot, via public transport, the availability of parking and accessibility for those with a disability. Proximity of pharmaceutical services to other services such as for shopping, learning or leisure, as well as for healthcare, may influence overall access experience.

It goes without saying that when, as well as where, pharmaceutical services are available is also an important part of access and in section 3.4.1 we described the contractual obligations around ‘opening times’ for community pharmacies. The current provision is described in section 7.1.9.

Pharmaceutical services will, of course, need to be available during ‘routine’ day-time hours (e.g. weekdays 9 am to 6 pm) when most other professional services might also be expected to be available. However, the needs of specific socioeconomic or other groups with protected characteristics as service users will also need to be considered, for example

- workers after 5 pm or during lunch times
- those who have accessed primary healthcare in extended hours outside of the ‘routine 9-6’ times for example up to 9 pm at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, or in the ‘out-of hours’ period such as on weekends or bank holidays.

Exploring service-user experience and listening to the public voice via engagement opportunities during the development of the PNA may give some indication of current provider capacity to deliver pharmaceutical services. However, quality monitoring, management and enhancement of pharmaceutical premises and services is undertaken by NHSE and the GPhC. Acknowledging feedback received during engagement and/or consultation, the PNA is not the place to review, assess or address other inadequacies in the NHS system.

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 factors might influence the choice of pharmaceutical services provider and services available to patients, carers and others.

7.1 Current providers of pharmaceutical services in Hartlepool

Sections 2.2 and 3.0 established that pharmaceutical services are provided by a range of providers to the residents or visiting population of any given area. As well as community pharmacy contractors, including DSPs, there may be dispensing appliance contractors and in areas other than Hartlepool, dispensing doctor practices.

This section will describe *providers* of pharmaceutical services for the Hartlepool HWB area, and section 7.2 will describe the *pharmaceutical services* that they provide.

To provide context for the service provision in Hartlepool, in 2005-06, prior to the introduction of the exemption categories described in sections 3.1.1 and 3.1.2, there were 9872 pharmacies in England (NHS Digital, 2016). In just over ten years this number had risen to an average of around 11,900 pharmacies for the three years between 2015-16 and 2017-18.

According to analysis by the National Pharmaceutical Association for December 2024, the average pharmacy in the UK serves 5,700 patients compared with 3,238 in France and 2,500 in the Republic of Ireland (Dec 2024)⁵⁰. However, the simple number of pharmacies per head of population is not generally considered to be a useful indicator of adequacy, or otherwise, of pharmaceutical services provision since, as with all averages, this will disguise a wide range of pharmacy access. In England, the distance selling pharmacies increase pharmacy per head ratio without improving access to face-to-face options for essential services. Similarly, there may be geographically large rural areas with no pharmacies, perhaps some services provided by dispensing doctors, then more densely populated central areas which are very well served.

The national report on General Pharmaceutical Services (GPhS) in England 2015/16 to 2023/24 (NHS Business Services Authority, 2024) shows there were 12,009 'active' community pharmacies in England during 2023/24. However, this report uses the NHS organization code to measure 'activity'⁵¹ and with an increased number of changes of 'provider' (i.e. changes in pharmacy ownership) compared with previous years, this has inflated the number of 'active' pharmacies by 'double counting' organization codes used at any one address within the year. For scale, there were 539 changes of ownership in England in the calendar year of 2024. This makes direct comparison of current provider contractors to previous years problematic using this GPhS data.

The NHSBSA dataset on Pharmacy Openings and Closures (NHS Business Services Authority, 2025) shows a snapshot total count of all the pharmacies open on a specific date. From the earliest reported data in 2021 to January 2025, in England, there was a net loss of 812 (7.5%) pharmacy contractors (excluding DSP). This is in contrast to the rise of more than 10% (n= 42 from 369) for DSPs in England the same time period. Taken together this still equates to a net loss of 770 community pharmacies. The latest NHSBSA data from May 2025 shows that the rate of closures accelerated from January to April with some 60 pharmacies closing in that time. The number of non-DSP ("bricks-and-mortar") community pharmacies in England has now fallen to its lowest level in 20 years as only 9,984 of these pharmacies remain open.

In some parts of the country this is causing very real difficulties, forcing people to travel long distances to access essential pharmaceutical services, even on weekdays in the in-hours period.

⁵⁰ based on 2023 OECD data on pharmacy provision per 100,000 patients

⁵¹ GPhS publication presents 'active' pharmacies as those which submitted (any) prescriptions to the NHSBSA for processing across a whole year

The GPhS report for 2023/24 described 112 active appliance contractors. This number has been very stable (i.e. +/- 4 providers) since records are available (from 2015/16).

At August 2025, **614** community pharmacy contractors (CP) have premises in the northeast, excluding Cumbria (Source: NHSE). **Twenty-one** of these CPs are in the Hartlepool HWB area, two of which are DSP. In the neighbouring HWB area of Stockton-on-Tees there are now 35 community pharmacies and one dispensing doctor practice. Since the last PNA in 2022 Stockton-on-Tees has seen the closure or consolidation of three 'traditional' bricks and mortar CP and the DSP, reflecting the reality of the challenges experienced by the sector across England previously highlighted.

Table 18 shows the number of pharmacies in each of the three PNA localities of Hartlepool and the total number in each of the Hartlepool and Stockton-on-Tees HWB areas. Also shown are the '100-hour' pharmacies⁵² and DSPs. Section 7.1.1 will describe the community pharmacy contractors in Hartlepool in more detail.

Table 18. Pharmacies in each locality of Hartlepool (March 2025) and the number opened under '100-hour' and 'distance-selling' exemption categories. Pharmacies in the Stockton-on-Tees HWB area shown for information.

Locality	Pharmacy contractors providing in person, face-to-face essential services	Of these, number of '100-hour' contractors	Number of 'distance selling' pharmacies	Total number of pharmacy contractors
Hartlepool West	2	0	0	2
Hartlepool South	2	0	1	3
Hartlepool Central & Coast	15	2	1	16
Hartlepool HWB	19	2	2	21
Stockton-on-Tees HWB	35	8	0	35

There are no Local Pharmaceutical Services⁵³ (LPS) area designations and no Local Pharmaceutical Services (LPS) providers in the Hartlepool HWB area.

There are no dispensing doctor practices in Hartlepool.

There are no dispensing appliance contractors located in the Boroughs of either Hartlepool or Stockton-on-Tees, nor any in the wider Tees Valley area.

There were no distance-selling (internet) pharmacy providers with premises registered in Hartlepool until June 2022 when one was opened and included in PNA 2022. A second DSP opened in Hartlepool in April 2024.

People living in the Borough may access any of the more than 400 NHS distance-selling pharmacies contracted and registered in England⁵⁴, or in any UK location; such is the nature of that pharmacy business. This exemption is now closed so there will be no more DSPs.

A pharmacy with a 'distance selling' exemption contract is not permitted to provide essential or advanced pharmaceutical services face-to-face on the premises. However, non-DSP pharmacy with registered premises in Hartlepool are also required to offer 'remote access' to the local population of the Borough and beyond by advertising or otherwise making available their NHS services, including via the internet. Remote access to NHS services from non-DSP pharmacies may become more common, though this data is not routinely collated.

⁵² 100-hour pharmacies were previously contracted to open for 100 (core) hours per week; see sections 3.1.1 and 3.1.2

⁵³ Local Pharmaceutical Services (LPS) Schemes are an alternative to CPCF national arrangements under which most 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.

⁵⁴ Source: ePACT2

7.1.1 Community pharmacy contractors

Names and addresses of the **21** community pharmacy contractors providing pharmaceutical services to the population of the Hartlepool HWB area, by locality, are shown in Table 19 (as at August 2025). Since the last PNA was published in September 2022 the number of pharmacy contractors located in Hartlepool has increased by one with a new DSP opening in April 2024.

Table 19. Community pharmacies in Hartlepool HWB area, arranged by ward and PNA locality August 2025

Pharmacy Trading Name	Full Address	Ward	PNA Locality 2025	‘100-hr’ pharmacy	
Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool, TS26 0BF	Hart	H1: West	no	
Wiltshire Pharmacy	84 Wiltshire Way, Hartlepool, TS26 0TB	Throston		no	
Well	416 Catcote Road, Fens Shopping Centre, Hartlepool, TS25 2LS	Fens and Greatham	H2: South	no	
Well	68A Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	Seaton		no	
Pharmacy Express	Hartlepool Health Centre, Park Road, Hartlepool, TS24 7PW	Burn Valley	H3:Central and Coast	yes	
Tesco Stores	Belle Vue Way, Hartlepool, TS25 1UP	Burn Valley		no	
Westview Pharmacy	7 Brus Corner, Hartlepool, TS24 9LA	De Bruce		no	
Winterbottom Pharmacy	Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN	De Bruce		no	
Clayfields Pharmacy	76-78 Oxford Road, Hartlepool, TS25 5SA	Foggy Furze		no	
Kendal Road Pharmacy	15 Kendal Road, Hartlepool TS25 1QU	Foggy Furze		no	
Asda Pharmacy	Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		no	
Boots UK Limited	Anchor Retail Park, Marina Way, Hartlepool, TS24 0XR	Headland and Harbour		yes	
Headland Pharmacy	1 Grove Street, Hartlepool, TS24 0NY	Headland and Harbour		no	
Wynyard Road, Pharmacy	29 Wynyard Road, Hartlepool, TS25 3LB	Rossmere		no	
Boots UK Limited	89 Shopping Centre, Middleton Grange, Hartlepool, TS24 7RW	Victoria		no	
Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	Victoria		no	
M Whitfield	Birkdale, 30 Victoria Road, Hartlepool, TS26 8DD	Victoria		no	
Well	The Health Centre, Victoria Road, Hartlepool, TS26 8DB	Victoria		no	
Well	107 York Road, Hartlepool, TS26 9DH	Victoria		no	
Hartlepool Pharmacy	Unit 5 Enterprise Court, Queens Meadow Business Park, Hartlepool, TS25 2FE	Located in [Fens and Greatham] ward of locality H2: Hartlepool South. Providing pharmaceutical services on a ‘Distance-Selling’ basis, 40 hours per week (Mon-Fri)			
Longhill Pharmacy	Unit 2c Longhill Ind Est, Ullswater Road, Hartlepool, TS25 1UE	Located in [Burn Valley] ward of locality H3: Central and Coast. Providing pharmaceutical services on a ‘Distance-Selling’ basis, 40 hours per week (Mon-Fri)			

The number (19) and location of non-DSP pharmacies offering services at the premises in Hartlepool is the same as three years ago, though there have been other changes to the pharmaceutical list in the intervening time. Five of these pharmacies have changed ownership and eight have made changes to the days and times at which pharmaceutical services are available.

Three of the five changes in ownership were pharmacies previously trading as Lloyds pharmacy, once the second largest provider of community pharmacies in the UK. PNA 2018 reported that plans had been announced by parent company Celesio UK to cease trading in approximately 190 of its Lloydspharmacy locations in England. It was not then known which pharmacies would be affected or what the impact might be on access to pharmaceutical services. At that time, there were five 'Lloyds' pharmacies in Hartlepool, representing more than 25% of all pharmacy contractors here. By December 2019 one of these (Park Road) had closed and a second (Winterbottom Avenue) changed ownership in February 2020. The remaining three (Kendal Road, Wiltshire Way and Wynyard Road) changed ownership between June and August 2023. By November 2023, Lloyds Pharmacy Ltd no longer operated any traditional standard contract pharmacy premises in England.

The number of pharmacies and GP practices located in each ward of each of the three Hartlepool localities is shown in Table 20. 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.

Table 20. Showing the distribution of pharmacies and general practices (or branch practices) by ward and locality in Hartlepool HWB area, including the location of 100-hour pharmacies and DSP

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

The distribution of pharmacies and general practices across the Borough is also shown in the following maps.

Figure 9⁵⁵ shows all 21 of the pharmacies in Hartlepool, indicating their location in each ward and PNA locality. The two '100 hour' pharmacies and two DSPs are also indicated separately; the former still provide pharmaceutical services for the greatest number of hours per week; the DSPs do not contribute to in-person access to essential services. The location of a pharmacy just outside of the HWB area at Wynyard is also shown. This will be referred to in various sections of the PNA given the proximity of this pharmacy to the Hartlepool boundary of the two HWB of Hartlepool and Stockton-on Tees.

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, located in [Victoria] ward, has the highest number of both pharmacies (5) and general practices (3). The [Headland & Harbour] ward in this locality which hosts three pharmacies, is an unusual shape, taking in a large part of the coastline. Here, the only GP practice is located at the Headland itself, which is geographically distinct from other parts of the ward. There is a pharmacy close by and immediately opposite this general practice whilst the other two pharmacies in the ward are found in the re-developed marina area. As a destination location for shoppers and visitors to Hartlepool, these two pharmacies may therefore meet their needs for pharmaceutical services as well as any residents or workers.

At first glance it may seem that pharmacies are unevenly distributed in the town. However, population density and social traffic are important factors to understand, particularly in the geographically larger, but less populated H1:Hartlepool West and to an extent, H2:Hartlepool South localities. This is described further in the section describing population in localities (Section 5.3) and in section 7.1.4 describing changes to social traffic.

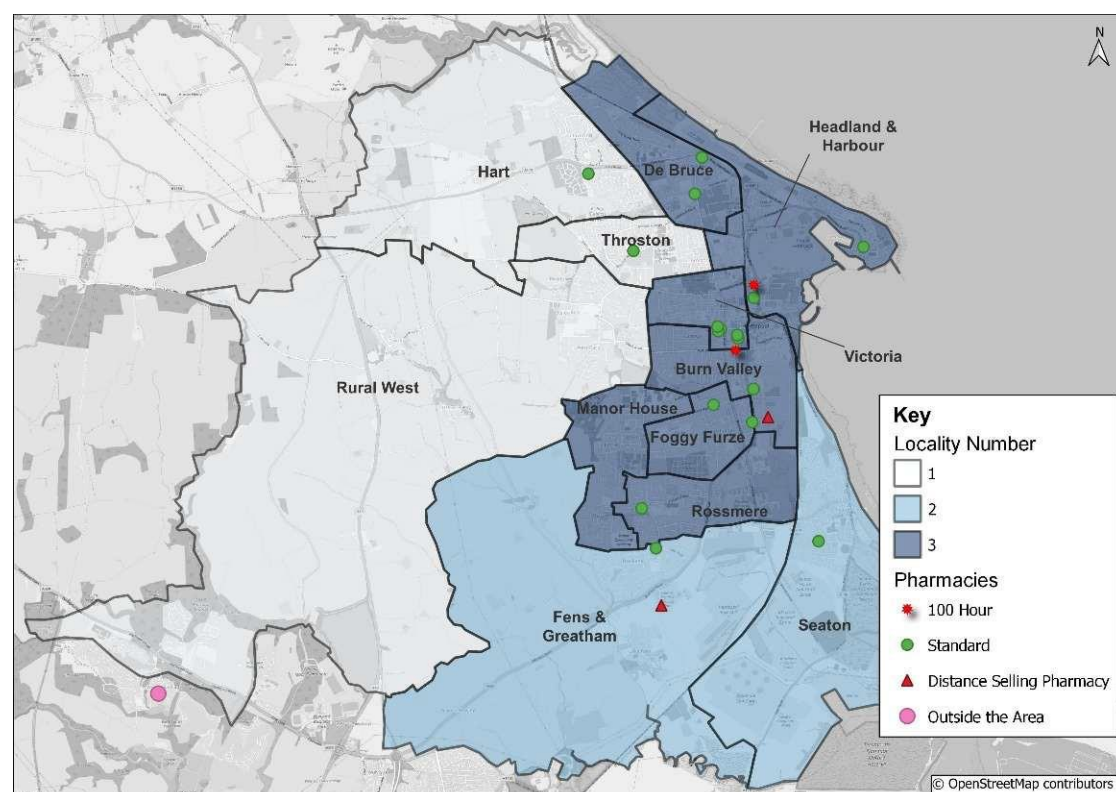


Figure 9. Map of Hartlepool showing location of community pharmacies ($n=21$, including '100 hour' pharmacies and DSPs at May 2025. See text for reference to pharmacy 'outside the area'. Source: NHSE/NHSBSA.

⁵⁵ Map pursuant to para 7 of S1 to the 2013 Regulations

When having regard to ‘other NHS services’ which may impact on the need for pharmaceutical services, in Hartlepool, perhaps those with the greatest impact are likely to be those primary care medical and associated services provided by general practices in the HWB area. Table 21 shows GP practice premises in Hartlepool (including Branch practice locations) correct at March 2025. Also shown is the ward, locality and PCN to which they correspond for ease of reference with maps and narrative. Where practices are co-located with each other at a Health Centre, this is also shown.

Table 21. GP practice premises in Hartlepool HWB area showing ward, locality and PCN (February 2025)

Practice or branch surgery name	Postcode	Ward	PNA Locality 2025	PCN	Health Centre (HC) if practices co-located
Hartfields Medical Centre (Branch) ^a	TS26 0US	Hart	H1	Hartlepool Health	
Throston Medical Centre (Branch) ^b	TS26 0XT	Throston	H1	Hartlepool Health	
Seaton Surgery	TS25 1AX	Seaton	H2	Hartlepool Network	
Bankhouse Surgery	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Rd HC
Chadwick Practice	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Rd HC
Havelock Grange Practice	TS24 7PW	Burn Valley	H3	One Life Hartlepool	Park Rd 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) ^c	TS25 4AZ	Manor House	H3	One Life PCN	
Wynyard Road Medical Centre (McKenzie Group)	TS25 3DQ	Rossmere	H3	Hartlepool Health	
West Quay Medical Practice	TS26 8DB	Victoria	H3	Hartlepool Network	Victoria Rd HC
Gladstone House Surgery	TS26 8DF	Victoria	H3	Hartlepool Network	Victoria Rd HC
Victoria Medical Practice (Branch) ^b	TS26 8DB	Victoria	H3	Hartlepool Health	Victoria Rd HC
Key to branch practices: a = branch of Wynyard Road Medical Centre; b = branch of Mackenzie Group; c= branch of Havelock Grange Practice					

A labelled map of both pharmacies and general practices in Hartlepool at August 2025 is shown in Figure 10. PNA localities are colour-coded as for the map of pharmacies in Figure 9, for continuity. GP practice locations are labelled with numbers which correspond to the key to the map in Table 22. Pharmacies are labelled with capital letters as per the same table key and the distinction is made between the ‘100-hour’ pharmacies (red dot) and ‘standard’ 40-hour pharmacies (green dot). The pink dot shows the location of the pharmacy at Wynyard which is outside of the Hartlepool HWB area in Stockton-on-Tees but which is referenced in this PNA in relation to services availability for the people of Hartlepool. For the location of DSPs see previous Figure 9. These two maps will be updated and maintained in accordance with the 2013 Regulations after the PNA is published.

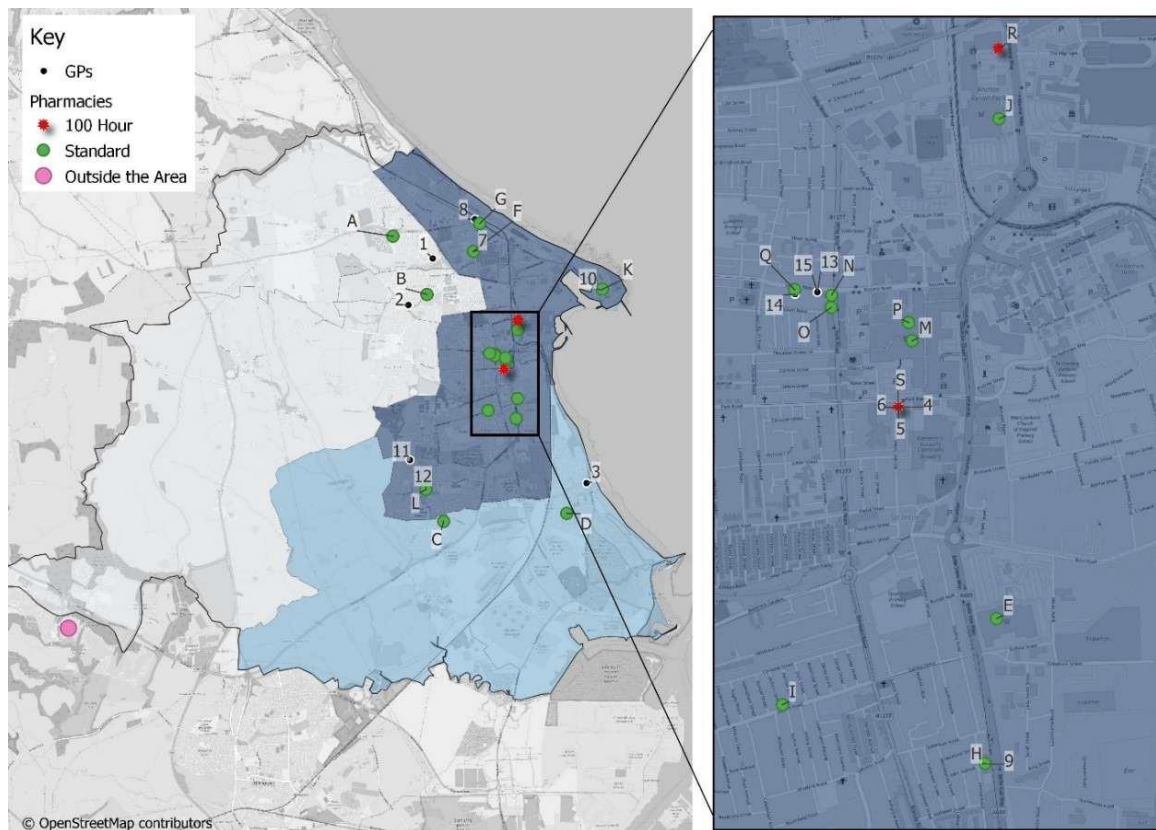


Figure 10. Map of Hartlepool shows location of community pharmacies (n=19, excluding DSP) and GP practices (n= 15 including branch practices) at May 2025. Source: NENC ICB. The associated key to the letters representing pharmacies and numbers representing GP practices is shown in Table 22.

Table 22. Key to the map of pharmacies and general practices shown on the map in Figure 10.

Letter	Name	Ward	PNA Locality 2025	Health Centres	Number	GP Practice	
A	Middle Warren Pharmacy	Hart	H1: West		1	Hartfields Medical Centre (Branch)	
B	Wiltshire Pharmacy	Throston			2	Throston Medical Centre (Branch)	
C	Well, Catcote Road	Fens and Greatham	H2: South				
D	Well, Seaton	Seaton			3	Seaton Surgery	
-	Hartlepool Pharmacy DSP	Fens and Greatham					
S	Pharmacy Express = ‘100 Hour’	Burn Valley	H3: Central and Coast	Hartlepool Health Centre, Park Road	4	Bankhouse Surgery	
					5	Chadwick Practice	
					6	Havelock Grange Practice	
-	Longhill Pharmacy DSP	Burn Valley					
E	Tesco Pharmacy	Burn Valley					
F	Winterbottom Pharmacy	De Bruce			7	Hart Medical Practice	
G	Westview Pharmacy	De Bruce			8	West View Millennium Surgery	
H	Kendal Road Pharmacy	Foggy Furze			9	McKenzie Group Practice (Main Site)	
I	Clayfields Pharmacy	Foggy Furze					
R	Boots, Marina Way = ‘100 Hour’	Headland and Harbour					
J	Asda Pharmacy	Headland and Harbour					
K	Headland Pharmacy	Headland and Harbour			10	Headland Medical Centre	
		Manor House			11	Brierton Medical Centre (Branch)	
L	Wynyard Road Pharmacy	Rossmere			12	Wynyard Road Medical Centre (Part of McKenzie Group)	
M	Boots, Middleton Grange	Victoria					
P	Healthways	Victoria					
N	Well, Victoria Health Centre	Victoria			Victoria Road Health Centre	13	West Quay Medical Practice
O	Well, York Road	Victoria	14	Gladstone House Surgery			
Q	Whitfields	Victoria	15	Victoria Medical Practice (Branch)			
* Longhill Pharmacy and **Hartlepool Pharmacy are distance selling pharmacies							

* Longhill Pharmacy and **Hartlepool Pharmacy are distance selling pharmacies

Following 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 via 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 retail area; one of these opened via 100-hr exemption on the same side of the road and so close to another pharmacy (inside a supermarket), as to have the same postcode. The second '100-hr' pharmacy opened co-located with general practices in the Park Road (One Life) Health Centre which was already well-served with a choice of several pharmacies close by, though one of these has since closed (prior to 2022 PNA). Users of pharmacy services may find such circumstances confusing, despite the potential benefit of increased access with longer opening hours on weekday evenings and weekends. At the time, it was suggested that people might benefit from existing pharmacies responding to the increased competition. Whereas in other industries such clustering might lead to consumer benefits through increased price competition, the main source of income for the great majority of NHS community pharmacies is dispensing of prescriptions or provision of other NHS pharmaceutical services at fixed price NHS fees /reimbursement to the contractor. To patients there is a fixed prescription charge for those in the minority; in most cases NHS prescriptions are free at the point of dispensing. The potential benefits of price competition therefore cannot occur regarding NHS pharmaceutical services. The impact of the pandemic, the economy and the funding crisis has resulted in pharmacy closures unprecedented in recent years; more than 700 in England in 2024 (NHS Business Services Authority, 2025) though the net loss was 200. Hartlepool has not seen pharmacy closures since the last PNA, though there have been several changes of ownership because of business sales or transfers including those pharmacies previously contracted to Lloydspharmacy who have withdrawn from the 'high street' entirely in England.

Pharmacy Access Scheme

There were 1405 pharmacies in England eligible for the national PhAS last time this was updated in January 2022. Three of these are in Hartlepool;

- Middle Warren Pharmacy - H1: West locality
- Wiltshire Pharmacy (formerly Lloydspharmacy) - H1: West locality
- Seaton Pharmacy - H2: South locality.

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,⁵⁶ according to the Pharmaceutical Regulations 2013 (as amended), alongside the necessary 'Fitness to Practice' checks, before NHS England makes a decision. It may reasonably take up to four to six months for this process,

⁵⁶ 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.

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 in the PNA as this may influence the immediate future requirements for pharmaceutical services in a locality.

There are no extant grants in Hartlepool at 1st August 2025. We are not aware of any other decisions recently notified and within the Appeal period or with an Appeal pending. A recent application for 'unforeseen benefits' at Wynyard within the Stockton-on-Tees HWB area was refused by NENC ICB on the grounds that the need for pharmaceutical services in the area was foreseen (i.e. described) in both the Hartlepool and the Stockton-on-Tees PNAs of 2022. This and any relevant applications not yet notified will be considered prior to final publication of this PNA in September 2025, or as part of the post-publication PNA maintenance processes.

7.1.2 Dispensing Appliance Contractors (DACs)

We know there are no DACs in Hartlepool. Some pharmacies will dispense some prescriptions items which are 'appliances' see section 3.5.1. So, prescriptions for appliances issued by a prescriber from the Hartlepool area, will be dispensed by either

- (a) pharmacy contractors within or outside of Hartlepool, just as with any other prescription
- (b) a DAC located outside the HWB area, then delivered to the person who needs it.

The nature of services provided by these contractors is such that people who require them often use the services of an appliance contractor, rather than a pharmacy. Delivery is unaffected by their location outside the HWB area. There are five long-established appliance contractors in the north east region, shown in Table 23. There are at least 110 other DACs located elsewhere in the country.

Data from the NHSBSA indicates that people in Hartlepool are exercising their right to choose as more than 75 DACs have dispensed at least one appliance item for a person registered with a GP practice in Hartlepool within the last three years.

Appliances may often be supplied to a care home; care home groups may elect to streamline their processes such that all homes order from a preferred pharmacy or DAC irrespective of delivery distance.

Table 23. Dispensing Appliance Contractors (DAC) in the NENC ICB area (Source: NENC ICB).

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

7.1.3 Providers of other NHS services

There are various providers of other NHS services (as defined by the 2013 Regulations) which the population of Hartlepool may experience. Some of these services will impact the need for the pharmaceutical services defined in the PNA and so the HWB must have regard to them when making this assessment.

Some of these providers may increase the need for pharmaceutical services for example because they generate a source of NHS prescriptions which need to be dispensed, so must be considered as part of the assessment of need for dispensing. This includes all prescribers in general practice or the community including non-medical prescribing practitioners such as nurses and pharmacists, the Extended Access service, substance misuse services and NHS dentists.

Some of these providers may reduce the need for a pharmaceutical service as defined, an example would be sexual health services, general practices or community pharmacies providing EHC via sale or supply as a locally commissioned service. When not commissioned by NHS England, the latter would not be providing a pharmaceutical service as defined for the PNA, but would impact on the need for one.

The 'other NHS services' which the HWB has had regard to when making this assessment are described in section 7.3.

7.1.4 Premises location: distribution in localities and wards of localities

Since the first Hartlepool PNA in 2011, there has been little change in pharmacy location but there have been 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 that provide services on the premises 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 (non-DSP) 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 5 pharmacies = | 1 |

Table 20 identified the two wards without a co-located pharmacy. The [Rural West] ward in the H1: West locality has a population of 7759 and [Manor House] ward has a population of 8851, in the more densely populated locality of H3: Central & Coast. However, it is not axiomatic that a ward, neighbourhood or even locality needs a pharmacy to be located there 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. The needs and impact on these two areas are substantially different. For example, in [Rural West] ward less than 7% of households in the 2021 Census did not have access to a car; 42% declared access to two. In [Manor house], the picture is a direct contrast with 42% of people not having access to a car.

However, anyone in Hartlepool without a car or less able to walk may use the services of a DSP, with delivery. There are two DSPs in Hartlepool and a choice of 400 others in England. In [Manor House], in person rather than at a distance, there is a choice of up to ten community

pharmacies including the 100-hour pharmacy at Park Road Health Centre, mostly to the east. Travel of foot or by public transport is easier given the proximity of access to the town centre.

For simplicity, people may suggest that pharmacies per head of population, or people per pharmacy as a useful indicator of the number of pharmacies that might be required. The number of residents per pharmacy is varied from 4541 to 5819 in the Tees Valley authorities of Middlesbrough, Darlington and Stockton-on Tees. With very different geography and population distribution, this simple ratio takes no account of population density, demographic character or deprivation affecting the need for pharmaceutical services. Nor does it take account of premises' size, facilities, opening times or numbers of staff in the pharmacies. Nevertheless, as an indicator, Hartlepool does compare favourably to nearby HWB (Table 24).

Table 24. Showing population rates per pharmacy and pharmacies per 100,000 people for Hartlepool and other local authorities in Tees Valley

Local authority in Tees Valley	Number of pharmacies	Residents	People per pharmacy	Pharmacies per 100,000 people
Hartlepool	21	95366	4541	22.0
Middlesbrough	30	152650	5088	19.7
Stockton-on-Tees	35	202415	5783	17.3
Darlington	19	110562	5819	17.2

To illustrate the importance of location in relation to population density, Figure 11 shows the location of each pharmacy in Hartlepool on a map which also shows the population density. Without the population density mapping, large areas of Hartlepool would seem distant from a pharmacy. However, with population density for the Hartlepool HWB area displayed at LSOA level, the spread and location of pharmacies are broadly in-line with areas of higher population density.

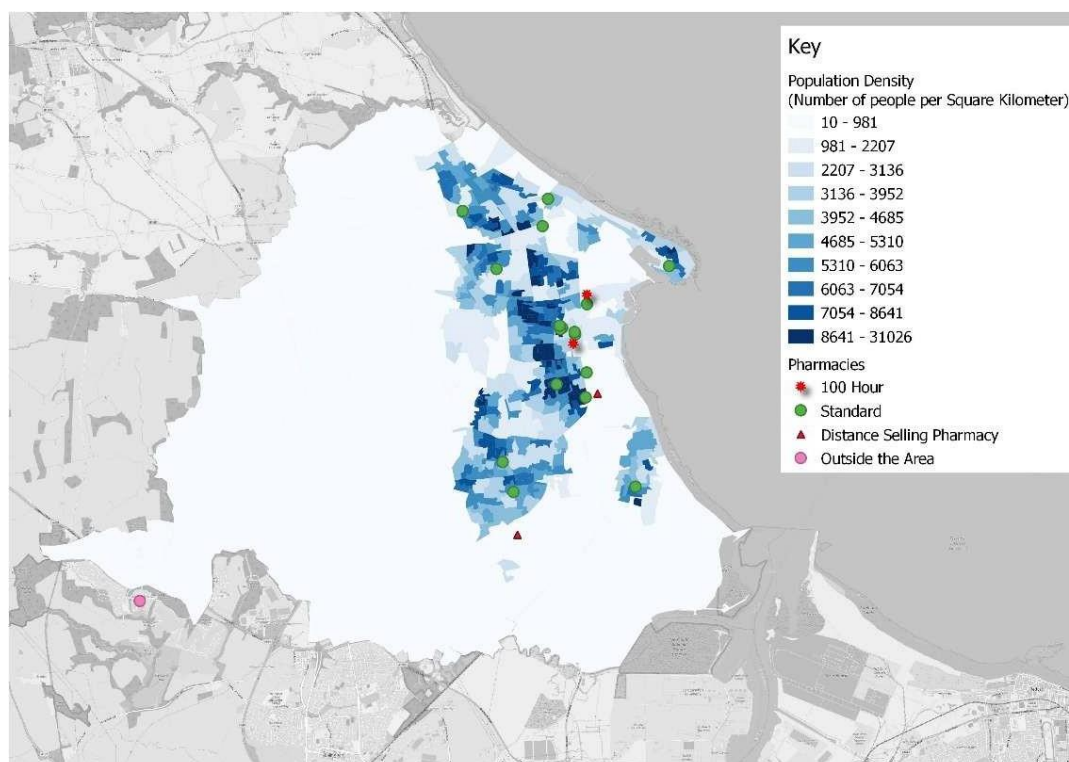


Figure 11. Showing community pharmacy location (19 pharmacies, excluding DSP), with population density for Hartlepool HWB area. Only the nearest 'out of area' pharmacy is shown, at Wynyard.

Pharmacy location and travel time

Distance and related travel time to or from a pharmacy from home, work or other activity is also an important part of this assessment, relevant to assessing access to pharmaceutical services. The geography of the Borough both north-south and east-west is small in distance terms and though much of the facilities for living or leisure are in the eastern half of Hartlepool, those who find themselves to the west or south west will then be closer to the more urban areas of the neighbouring HWB area and the extensive pharmaceutical services located there.

Department of Transport data⁵⁷ for Hartlepool indicates that the average travel time in minutes to the nearest employment centre with more than 500 jobs available is 12.9 minutes. Given that ONS data⁵⁸ states less than a half of 1% of the businesses in Hartlepool are large businesses employing more than 250 people, and the biggest 'industry' employers in Hartlepool according to government statistics are "*Human health and social work activities*" and "*Wholesale and retail trade*", then these large employment centres and any remaining 'industrial' locations such as the nuclear power station which may have hosted as many as 700 jobs, will mostly coincide with the retail, trade and public sector locations situated in the H3: Central & Coast locality, which also hosts the majority of pharmacies in Hartlepool.

Using the Office for Health Improvement and Disparities Strategic Health Asset Planning and Evaluation tool (SHAPE), we can establish more clearly the travel accessibility of pharmacies for the resident and otherwise reliant population of the town; i.e., people who may need to access a pharmaceutical service. Though we are using resident data, this can also represent others in the areas covered by image maps which may include visitors e.g., college students, tourists, shoppers or workers in the Borough. The SHAPE map in Figure 12 provides context by illustrating a 1-mile distance around each pharmacy⁵⁹ in Hartlepool. The pharmacy at Wynyard is not shown on this map, as it is located just into Stockton-on-Tees HWB area, (within 1 mile of the boundary) as shown in Figure 11 and Figure 15.

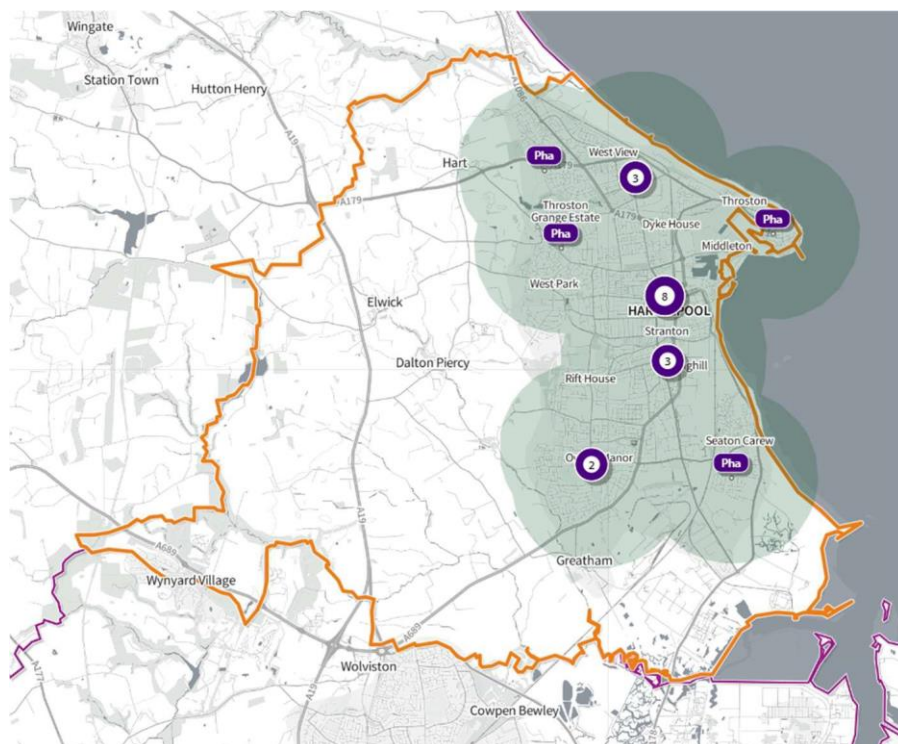


Figure 12. 1 mile distance 'as the crow flies' around each pharmacy* in Hartlepool March 2025. Source Office for Health Improvement and Disparities Strategic Health Asset Planning and Evaluation tool (SHAPE)

⁵⁷ 2019; Source <https://www.gov.uk/government/statistical-data-sets/journey-time-statistics-data-tables-its>

⁵⁸ 2023 UK Business Count data published by the ONS show there are 10 large businesses (>250 people) in Hartlepool, making up 0.5% of total businesses; in England, 0.4% of businesses are large.

⁵⁹ DSP excluded

SHAPE data suggests that 96.7% of the population of Hartlepool live within 1-mile of a 'bricks and mortar' pharmacy providing services in person at their premises in Hartlepool. In the PNA survey for 2025, of those people who said they would visit a pharmacy in person, most (around 70%) would use a vehicle to get there and quite a substantial number (78 people: 29%) would walk from where they live work or shop. This might suggest that it must be reasonably straightforward to walk as well as drive these short distances. The proportion of people who walked, also relates to the 30% of people in Hartlepool who do not have access to a private car or van. 65% of respondents were choosing to access their pharmacy by car, a proportion showing steady increase over ten years.

Looking at the data slightly differently, this SHAPE map in Figure 13 shows the 5-minute drive time from any pharmacy in Hartlepool. This also indicates that 97% of the resident population, or others starting from that location, can reach a pharmacy within that travel time by car. These are very short journey times and would explain why previous surveys have indicated that people find it is 'easy or very easy' to get to a pharmacy.

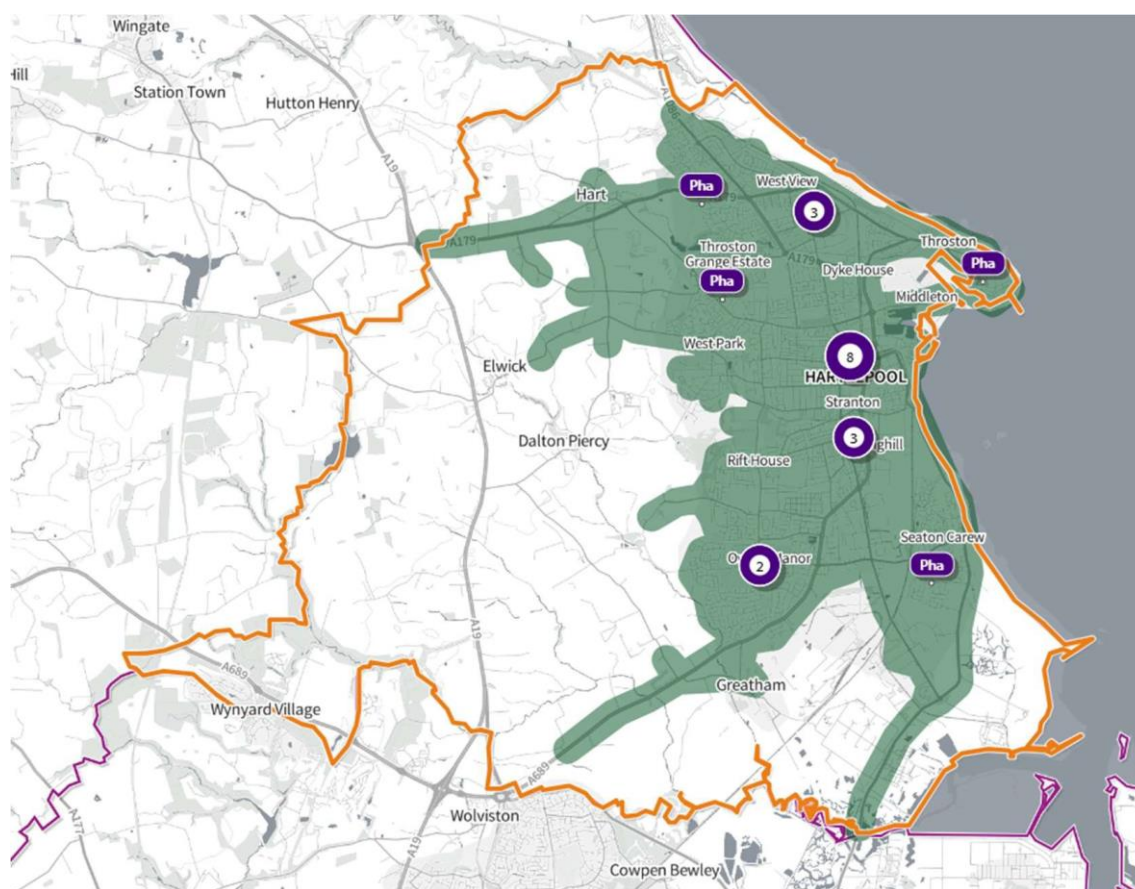


Figure 13. Population living within a 5-minute drive of a non-pharmacy (excluding DSP) in Hartlepool, March 2025 (n=90784, 97%)

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 travel time to routinely expect, taking national travel-time standards into account. Using the SHAPE tool, 85% of all the population can reach a Hartlepool pharmacy (excluding a DSP pharmacy) within 15 a minute walk, rising again to 97% when allowing 20 minutes; without including the pharmacy at Wynyard. Of course this is just a general indicator, not everyone would be able to walk for 20 minutes, but there was also an indication from the 2025 survey respondents of using a bike, or mobility aid.



Figure 14. Population in Hartlepool who can reach a Hartlepool pharmacy within 20 minute walk (n=97%).

In the more rural parts of the Borough, it might be reasonable to expect to use a 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 allowing for request pick-ups, it might be possible to reach a location in the town centre, with a range of pharmacies offering choice, in a reasonable time frame, and within the travel time standard of 20- 30 minutes.

The pharmacy at Wynyard, in the Stockton-on-Tees HWB area, does provide access to a pharmacy and choice for those people who live on the 'Hartlepool side' of 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.

Figure 15 shows the inclusion of the pharmacy at Wynyard which is located at the boundary of the two Boroughs of Hartlepool and Stockton-on-Tees. The dashed line marks a 1-mile 'buffer' zone around the Hartlepool borough boundary. The green shaded area shows how this pharmacy also contributes to the journey time by car when it is open as anyone anywhere in Hartlepool can access the pharmaceutical services of a pharmacy within less than a 15-minute drive; better than the HWB adopted travel time of 20 minutes, a commonly adopted access standard nationally.

As well as the access to a pharmacy located there now, 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 also to the relatively small number of new households planned to built in the next few years of the 'South West Extension'. This is not likely to impact on the need for pharmaceutical services within the lifetime of this PNA.

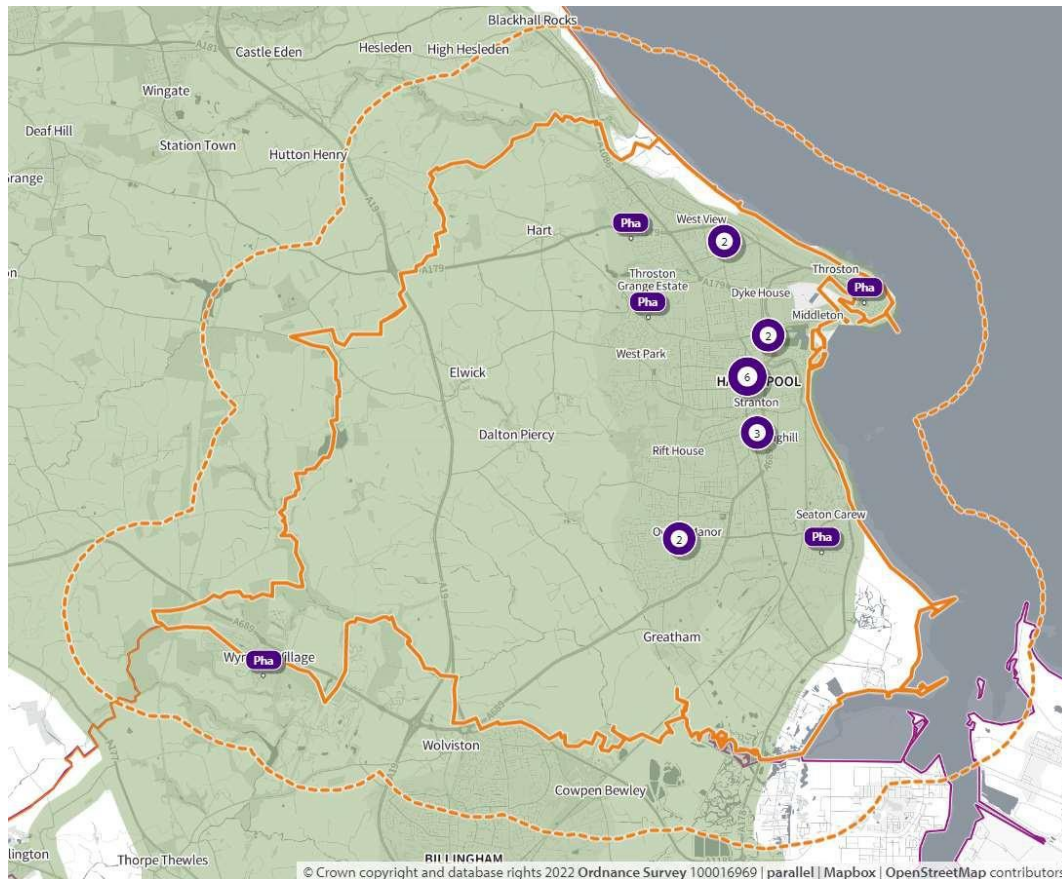


Figure 15. Fifteen minute journey time by car to a (non distance-selling) pharmacy, including the pharmacy at Wynyard (located within a 1-mile buffer zone of the Hartlepool boundary). March 2025

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 7656 (fewer than in 2022) 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 pharmacy opened at Middle Warren in [Hart] ward in 2019, for many in the north of H1: West locality, or [Hart] ward, this may now be closest with choice offered from pharmacies nearby. The pharmacy they choose may or may not be related to which GP practice they are registered with, as the three closest alternative pharmacies to the Middle Warren area are all located close to an established GP surgery.

The other pharmacy in the H1: West locality is at Wiltshire Way located in [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 these two are 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 practice⁶⁰. Wiltshire Pharmacy is just over a mile (5 minutes) 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, 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 or to the two pharmacies at the Marina.

For all visits to a pharmacy unrelated to a prescription including the use of an advanced service such as Pharmacy First, there are plenty of options to choose in these short distances previously described. This description does not infer poor access to a pharmacy. People may also choose to use one of the two DSPs in the town or anywhere else in England.

The increase of around 600 households so far, plus the remaining small numbers in firm future planned additions, can be accommodated by several pharmacies, including those accessible just outside the H1: Hartlepool West locality, and others in the town centre area. It is recognised that there has been considerable housing growth in the Middle Warren area, as well as on going build-out of permission for dwellings in the adjacent area of Upper Warren, also in [Hart] Ward. There are also housing developments planned in the north east of the [Rural West] locality. As the population in the newer part of the area becomes established, patterns of behavior may establish a new 'neighbourhood community' but the pharmacy at Middle Warren is well placed in location and existing evidenced activity to be serving this community well beyond the lifetime of this PNA. It is only if this pharmacy should unexpectedly and permanently close, that any consideration would be given for the need for a new pharmacy in the area.

Indices of health and deprivation are commonly lowest (better) 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 in the newer households are likely to be more like most of this locality and higher than average 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 may provide some of the population with additional access and extensive choice when within accessible reach of the town centre pharmacies, though the HWB recognizes that public transport may be a less accessible for the least populated areas of H1: West locality, for other areas pharmacies are still likely to be accessible within a short drive or a 20 minutes' walk, according to SHAPE data.

As the five pharmacies open on a Sunday are all in the H3: Central & Coast locality, the SHAPE map of Figure 16 shows that all residents of Hartlepool can access one of these within between 15 and 20 minutes by car. However, for most residents the journey time is likely to be much less. Only the residents in the Wynyard area which are the furthest away, would take the longest approaching 20 minutes, yet those residents would also have the option of travelling a shorter distance to a choice of pharmacies open in Stockton-on-Tees (perhaps nearest to Billingham) open until 8pm or 9pm, including on a Sunday.

The total population of [Rural West] ward in the southern half of the locality is 7759, increased by about 700 since PNA 2022. 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. Even the Hartlepool average population density of almost 10 people 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 location, but also 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 500 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. Again, there are pharmacies 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. From previous maps we already know travel times are 15-20 minutes by car depending on the direction of travel.

Distances are so short across the whole of Hartlepool - 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 the pharmacy) that they were registered with before they moved there. The distance-selling pharmacies (anywhere in England) offer further choice, open a minimum of 40 hours per week (Monday to Friday) when patients can access services remotely; medicines will be delivered.

The HWB had regard to all known housing completions and plans (submitted and approved or pending) in making this assessment.

H2: Hartlepool South

The rural parish of Greatham is located in the south of the Borough within the newer [Fens and Greatham] ward. Seaton is also located in this locality. Pharmaceutical services are provided by two community pharmacy contractors, one each in the two wards of [Seaton] and [Fens and Greatham]. People may also choose to use one of the two DSPs in the town or anywhere else in England, as they are required to provide their services remotely and would therefore be able to deliver pharmacy services including medicines if they were unable to visit another pharmacy for themselves.

The closer of these two pharmacies would depend where people live. The pharmacy at Catcote Road near the Fens Medical Centre (1.4 miles by road from the High Street), may be the one people from Greatham would find closer and vice versa for Seaton but there remains the option of choice to access one of the many pharmacies in the town centre especially if coincidental with shopping trips to a supermarket or other retailing centre. Journey times by car are short. There is regular public transport for those without a car, including via the Tees Flex bus service.

When these two pharmacies are closed after 6pm on a weekday, or on Saturday afternoon (after 2pm), or on 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 some public transport services between these locations, though likely to be more limited on Sundays.

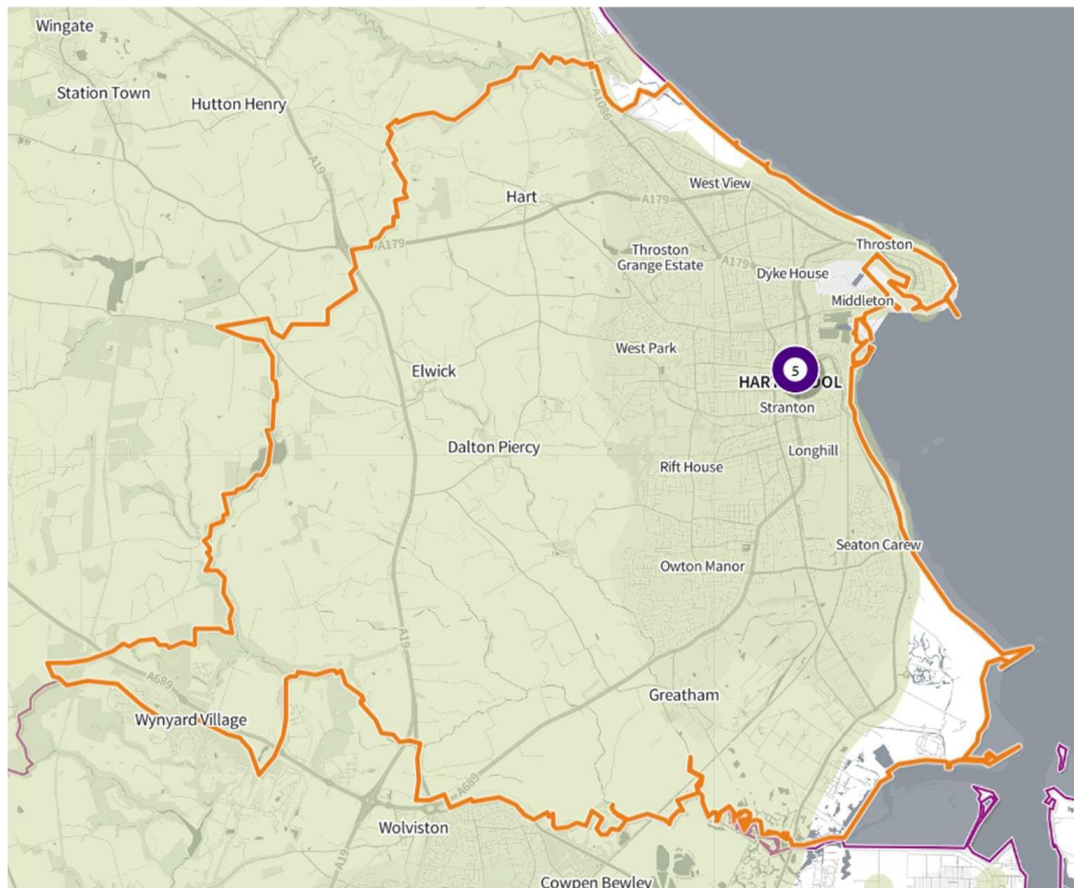


Figure 16. Twenty minute journey time by car to a (non distance-selling) pharmacy open on later evenings and on Sundays,

As the five pharmacies open on a Sunday are all in the H3: Central & Coast locality, the SHAPE map of Figure 16 shows that all residents of Hartlepool can access one of these within between 15 and 20 minutes by car. However, for most residents the journey time is likely to be much less.

The pharmacy at Seaton is eligible for the Pharmacy Access payment and changed ownership since PNA 2022. The population of [Seaton] ward is 7184 with slightly higher proportion of people over 65 years (25%) than the average for Hartlepool (22%), though not as high as the other H2: South locality ward of [Fens and Greatham] where people over 65 account for 32% of the population. 5.8% of the population here are veterans. Car ownership is higher in [Seaton] Ward than either Hartlepool or England average, but transport may be more necessary given the more self-contained nature of the geography of the ward next to the coast. The pharmacy opens under core hours on a Saturday morning. Although travel times to the next nearest pharmacy are short, the HWB is satisfied that the population of Seaton and the wider H2: South locality would experience a gap in the availability of pharmaceutical services if there were to be a complete and permanent loss of necessary services from the vicinity of that pharmacy.

H3: Hartlepool Central and Coast

Pharmaceutical services are provided in person at the premises by 15 community pharmacy contractors in this locality. The two DSPs are also located here. Figure 17 shows a map 'zoomed-in' to show those located in the north of the town more clearly, and the location of the Urgent Treatment Center facility at the University of Hartlepool site on Holdforth Road, TS24 9AH. Urgent and necessary medicines should be provided when the pharmacies are closed (an NHS service taken into consideration when making this assessment).

Five of the 15 are in the town centre [Victoria] ward, the remaining ten are well distributed throughout the locality. Two of these pharmacies are the '100 hours' pharmacies located immediately north and south of the central [Victoria] ward in [Headland and Coast] and [Burn Valley] wards respectively, shown in green on the map.

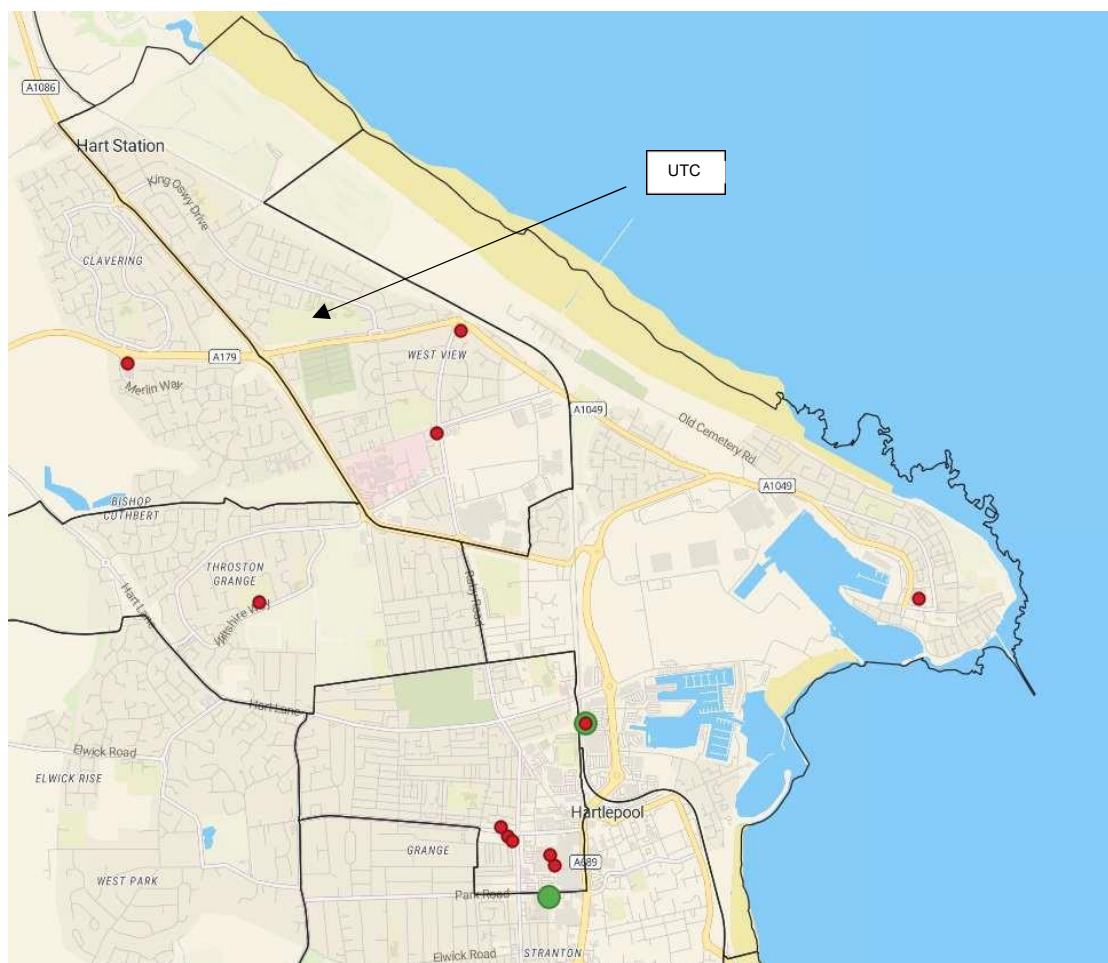
There are also pharmacies in each of two large supermarkets located in the same two wards. To the north, Asda, co-located with Boots at the Marina in [Headland and Coast] ward and Tesco, in [Burn Valley] ward. All four of these pharmacies are open late evenings and full days at weekends (see section 7.1.9). Although pharmacy access is extended in these supermarket locations by supplementary hours, the shopping destination of the social traffic and opening times of the wider store are considered to offer some protection or sustainability of these opening times/services.

Although four out of every five of the area's pharmacies are here in this locality, this is mirrored by the location of the majority of population and general amenities for Hartlepool including general practices. Sixty percent of the population currently live in this locality, though the proportion is declining slowly as construction continues elsewhere. During a weekday working day, or during town centre shopping times, or weekend leisure times, the transient population of H3: Hartlepool Central and Coast will most likely be even higher.

Provision of pharmaceutical services within H3: Central & Coast locality is maintained by core opening hours Monday to Saturday 9.00am-9.00 pm 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 GP Extended Access service 6.30 pm until 9 pm weekdays and 10 am to 5 pm on Saturday, 9 am to 1pm on Sunday. One of the pharmacies, now open 79 hours per week is co-located within the Health Centre premises hosting the GP Access service.

There is a small choice of other pharmacies open also within a reasonable walking distance, a short distance by car. H3: Hartlepool Central and Coast locality has good public transport access throughout. Of the 15 non-DSP 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. A previous Local Plan indicated that more than two thirds of residents in employment live and work in the Borough which has implications for migration/ commuting patterns for social traffic in support of access and choice for use of a pharmacy in person.

Figure 17. Zoomed-in map showing pharmacies in the north of the town and the location of the Urgent Treatment Care (UTC) at University Hospital of North Tees. The green pins shows the '100-hour' pharmacies open at least 72 hours per week.



A study is regularly reported (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. The published findings suggested 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. Given the substantial changes that have taken place in the last ten years, it may not necessarily be assumed that this is still the case. However, in Hartlepool this analysis contributes to our understanding that pharmacies are in suitably accessible locations.

7.1.5 Premises - external setting

Table 25-shows the external setting or environment in which pharmacies in Hartlepool are located, having used some nominal descriptors i.e.,

- 'health centre';
- 'town centre' – located in the central town or high street shopping area;
- 'out-of-town retail' – within supermarkets or retail parks;
- 'suburb/community'.

Table 25. Distribution of (non-DSP) pharmacies in Hartlepool (n=19 at 1st August 2025) according to external location or 'environment'

External setting of community pharmacies in Hartlepool	Number of pharmacies
Health centre	2
Supermarket or retail park	3
High street or central town shopping area	4
Suburb or community	10
Total	19
Plus two distance-selling pharmacies (DSP)	

According to this subjective descriptor, most pharmacies in Hartlepool are in the 'community' i.e. close to where most people live across the three localities. Although several of these may be in small shopping parades in residential areas, only those in larger retail locations are included as either 'out-of-town retail' or 'town centre' settings, to make the distinction from a predominantly residential 'community' location.

Several pharmacies are close to GP practices but only two have been considered to be integral to a 'health centre' setting for the purposes of this illustration. These two larger health centre facilities with a co-located pharmacy at Park Road (One Life) Health Centre and at Victoria Health Centre are also located in the central town area but are not counted twice. It is not always the case that general practice locations have good access for 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.

Four pharmacies are considered to be in a town centre/ 'high street' shopping location (or just off the high street in central areas). Pharmacies located in all of these areas will experience a high level of social traffic; this increases the possibility that they may then meet the pharmaceutical needs of the resident, visiting or other reliant populations in the Borough.

Two pharmacies in Hartlepool are inside 'edge-of-town' large supermarkets and a third is located on a retail park at the Marina. With the removal of the 100-hour exemption to the market entry test, and now also the distance-selling exemption, it is unlikely that either of these sectors/settings will grow. The two DSP pharmacies are also located in out-of-town, trading estate' locations but these are not included in this table as location is not relevant to the public use of their services. Pharmacies located in supermarkets, retailing or other town-centre environments are likely to have reasonable access to both public transport and car parking given their co-location with other facilities. Again, all of these areas will have a high level of social traffic supporting people using these facilities to meet their pharmaceutical needs.

7.1.6 Premises standards

Part of the 'NHS family', community pharmacies are independent contractors, as are general practices, dental practices and opticians. They therefore exercise discretion and freedom when operating an NHS pharmacy within a professional, contractual 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 NHS contractual requirements and standard monitoring of the CPCF Terms of Service.

7.1.7 Premises facilities⁶¹

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 NHS advanced services of the CPCF such as 'Pharmacy First' or seasonal flu vaccination. Premises also require a suitable private consultation area for NHS national enhanced or locally contracted/ 'other NHS' services, such as Think Pharmacy First or maternal stop smoking services.

All 19 non-DSP pharmacies in Hartlepool must have at least one private consultation room meeting NHS standards⁶² as they all provide Pharmacy First (Source: NENC ICB). Many pharmacies may also have a semi-private area, separate to the consultation room, to maximise flexibility in the services provided and support the provision of essential services such as Healthy Living, or signposting. NENC ICB are responsible for monitoring these premises standards. Feedback in the engagement survey suggests that some facilities may feel less private.

Since 2014, pharmacies in the Borough have used a web-based, secure, patient data capture system (PharmOutcomes®) to record services, interventions and other quality monitoring activity. NHS England, local public health teams or commissioned providers use the system under management of CPTV, 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 Pharmacy First or 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. Secure electronic data access, data capture and NHS email are essential pre-conditions for the provision of NHS advanced services. Digital connectivity continues to be enhanced as services develop, and this is continuing with the extension of the advanced contraception service.

The routine existence of suitable private consultation facilities substantially improved the readiness of pharmacies to offer new or improved clinical services such as blood pressure measurement and dramatically increased responsiveness and activity in seasonal flu and COVID-19 vaccination during the pandemic and beyond.

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. A pharmacy contractor reported using a signing interpreter to support service user (s) in their pharmacy. Both positive and constructive comments were received from those with hearing loss during the engagement process.

7.1.8 Workforce training and development

Initial training

Pharmacists are highly trained professionals with a Masters level university qualification in pharmacy, foundation training in registered clinical settings and a qualifying examination for GPhC registration and use of the title 'Pharmacist'. Following a change to the initial education

⁶¹ Premises facilities: information is a snap-shot of the current position. Specific confirmation should always be sought for service development or commissioning purposes.

⁶² NENC ICB are responsible for monitoring these premises standards

and training for pharmacists, all training is now 5 years with integrated and prescribing training. The first pharmacists will graduate with the authority to prescribe, as well as to dispense, in the summer of 2025.

As well as pharmacists, other pharmacy professionals train extensively for support roles and with suitable qualification and experience may undertake Accuracy Checking and may register with the GPhC as Registered Pharmacy Technicians. Registered pharmacy technicians have recently been added to the group of professionals who may be authorised to work under a Patient Group Direction (PGD). PGDs have been used for many years in a pharmacy setting for pharmacists to be able to legally supply prescription only medicines in specified circumstances; e.g. for EHC and now for Pharmacy First. A PGD service for community pharmacy now supports a new locally commissioned stop smoking service in Hartlepool and across the NENC ICB area.

Foundation training

Hospitals, community pharmacies and more recently, GP practices, may elect to be a training facility to support the training of foundation (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 and retention into community pharmacy posts.

Post-qualification training – independent prescribing and beyond

National professional development activity continues for all staff as part of the CPCF, particularly when associated with introduction and on-going provision of advanced services such as flu vaccination, Pharmacy First, sexual health and stop smoking services. Additionally, along with other non-medical professionals including nurses and paramedics, pharmacists already on the GPhC register are increasingly undertaking an additional qualification that enables them to prescribe (legally initiate prescriptions) as an independent prescriber (IP). Pharmacist IP is widely established in the hospital sector and more recently in general practice settings following substantial investment by NHS England into the PCN workforce as part of the GP Five Year Forward View. Clinical Pharmacist prescribing in general practices and supporting care homes is becoming commonplace, and the legislative opportunity and funding for pharmacists to train as a prescriber and to use that training in a community pharmacy setting is also now underway.

7.1.9 Pharmacy opening hours; access to pharmaceutical services

Section 3.4.1 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 NHSE⁶³ to maintain accurate records of the opening, closing, core and supplementary hours of every individual pharmacy, for every day of the week as part of the Pharmaceutical List. NHSE shares this information with the HWB for PNA purposes and with other local commissioners for onward publicity to the residents of Hartlepool and other likely users of the contractor's premises. It is also now publicly available from NHSBSA. Members of the public can access timely information via NHS websites, including finding a pharmacy that is open in real time. Since 2020, pharmacy contractors have been required to ensure that there is a comprehensive and accurate profile for their pharmacy premises (including opening times) on both NHS England's directory of services and the NHS website (paragraph 29C(3) and (4), Schedule 4). Each profile must be verified at least once each quarter of the financial year, and updated each quarter as required.

⁶³ The complete Pharmaceutical List for Hartlepool (provided by NENC ICB on behalf of NHSE) is included at Appendix 5

Historically, when considering new applications under the ‘necessary and expedient test’, or applications to change hours, PCTs were advised to base the decisions largely on **core hours** offered by the applicant given that supplementary hours cannot be relied upon with any (longer term) certainty. The notice period for intention to reduce supplementary hours is now just five weeks under current Regulations (previously 90 days). For the PNA it is important that the HWB has regard to understanding risks to access or availability of pharmaceutical services associated with times of day/days of the week when availability is reliant on supplementary hours. Conversely, pharmacies need only give overnight ‘notice’ to the ICB of their intention to increase supplementary hours. Notification maintains accuracy of the statutory pharmaceutical list. Shorter notification timeframes offer scope for pharmacies to ‘test demand’, or gain evidence of the lack of it, at different times and/or days of the week.

Some security in extended hours provision has been afforded by pharmacies whose application was approved under the ‘100 hour’ exemption and retain the ‘100-hour’ condition. All their opening hours are still ‘core’ hours, despite the permitted reduction to a minimum of 72 hours, though supplementary hours may also be added.

Access to a community pharmacy that is open, provides access to all the essential services and to any advanced services where these are provided, and in Hartlepool access is generally good. Seventeen of the 21 community pharmacies in Hartlepool hold standard NHS contracts which require them to open for 40 core hours per week; some still do offer supplementary hours in addition. Only two hold contracts subject to the 100-hour condition⁶⁴. One is within the central location of Hartlepool Health Centre co-located with GP practices with a total list size of around 35,700 patients. It is this site that also currently offers a potential source of prescriptions that could generate the need for dispensing in the evening, or at weekends. ‘Extended access’ appointments are provided via NHS111 for any patient registered in the Borough at times described previously and later in this section. This extended access service is one of the ‘other NHS services’ taken into account in making this assessment.

The other pharmacy open at least 100 hours per week is a 14-minute walk (0.7 miles) or 5-minute car journey away from the Hartlepool Health Centre site in a popular and accessible retail location, also in the H3: 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 Sunday.

One of these is in the [Headland and Harbour] ward, to the north and east of Hartlepool. This is 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 to 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 9 am to 9 pm six days a week and good access on Sundays.

Table 26 summarises the location and opening times (hence availability of necessary pharmaceutical services) of these pharmacies. Engagement responses suggest that more people could be more aware of the availability of these services. People know about ‘Boots at the Marina’, and believe that it was previously open 24 hours, though it has never been, but seem less aware of the others.

⁶⁴ ‘100-hour’ contracts are described in section 3.1.2

Table 26. Four pharmacies in Hartlepool with the longest opening times, including Sundays

Name and location	Ward	Day	Opening time ⁶⁵	Closing time
Boots Anchor Retail Park Marina Way TS24 0XR	Headland and Harbour	Monday to Saturday	9 am	9pm
		Sunday	10.30 am	4 pm (3.30pm core ends)
Pharmacy Express Hartlepool Health Centre, Park Road TS24 7PW	Burn Valley	Monday to Saturday	9 am	9pm
		Sunday	10 am	5 pm
ASDA Pharmacy Marina Way Hartlepool TS24 0XR	Headland and Harbour	Monday to Friday	9 am	8 pm (6 pm core ends)
		Saturday	9 am	8 pm (4 pm core ends)
		Sunday (all supplementary)	10 am	4 pm
Tesco Pharmacy Belle View Way TS25 1UP	Burn Valley	Monday to Saturday	8 am (9am core)	8 pm (5pm core ends)
		Sunday (all supplementary)	10 am	4 pm

Routine closures over lunchtime may often be inconvenient to people wishing to access a pharmaceutical service. In Hartlepool, other pharmacies are usually available when another is closed in the middle of weekdays. More usually, any break in core hours is covered by supplementary hours.

In assessing whether 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 an acute prescription or potentially referral for Pharmacy First. In current times we acknowledge that dispensing is not the only consideration regarding suitability of pharmacy opening times as people may need other pharmaceutical services that are also essential and necessary. Being pragmatic in reviewing opening times across all localities, even where a general practice opens a short time before 9am on weekdays, all pharmacies are open for core hours by then. Most GP practices are open until 6pm or 6.30 pm weekdays and thereafter the Extended Access Service continues until 9pm.

The HWB has noted that some pharmacies have reduced their opening hours during the week. In the public survey, 85% of all of those who responded to the survey had either not noticed or been unaffected by recent changes to opening times. Whilst this trend is expected to continue, with the loss of supplementary hours in all localities since PNA 2022 at the ends of the day, where some pharmacies will now close at 5pm or 5.30 pm, or on Saturday afternoons, contractors should be aware of how this may be impacting their population locally, particularly in localities H1: West and H2: South where choice is more limited, though other pharmaceutical services will still be open in locality H3: Central & Coast a short distance and short travel time away.

⁶⁵ A small number of other pharmacies in Hartlepool now open before 9am

Similarly, the pharmacy co-located with the GP Extended Access service now closes at 9 pm which is also the listed time for that service to end. Local arrangements will generally manage that proximity of closure.

Considering the availability of pharmaceutical services on weekends:

Saturdays

The PNA 2018 recorded that on Saturdays only four of the 19 pharmacies in Hartlepool were closed all day. At PNA 2022 this had increased to six but there were 13 pharmacies offering pharmaceutical services for some part of the day on Saturdays across the Borough. Table 27 shows the opening times of the pharmacies on Saturdays and explains any change since the last PNA.

Table 27. Community pharmacies in Hartlepool open on a Saturday and changes since PNA 2022. At January 2025

Community pharmacies in Hartlepool open on a Saturday				
Name and location	Ward	Opening time	Closing time	Core hours
Pharmacies in Locality 1: Hartlepool West				
Middle Warren Pharmacy, Mulberry Rise TS26 0BF	Hart	9 am	1 pm	All
Pharmacies in Locality 2: Hartlepool South				
Well, 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 3: Hartlepool Central & Coast				
Asda Pharmacy Marina Way, TS24 0XR	Headland and Harbour	9 am	8pm	09:00-12:30; 14:30-16:00
Asda change since 2022: No longer open at 8.30 am				
Boots, Anchor Retail Park, Marina Way, TS24 0XR	Headland and Harbour	9 am	9 pm	All
Boots Marina (100-hour) change since 2022: Regulatory change; no longer open from 7.30 am and now closes at 9pm (previously midnight)				
Boots Middleton Grange Shopping Centre, TS24 7RW	Victoria	9 am	5.30 pm	10:00-13:00; 14:00-17:30
Boots, Middleton Grange, change since 2022: Now opening earlier at 9 am (as supplementary hours)				
Clayfields Oxford Road, TS25 5SA	Foggy Furze	9 am	2 pm	none
Clayfields, change since 2022: Previously open to 5pm, now closing at 2pm				
Healthways, Middleton Grange, Shopping Centre, TS24 7RY	Victoria	9 am	12 noon	none
Healthways, change since 2022: Previously open to 4pm, now closing at 12 noon				
Pharmacy Express, Hartlepool Health Centre, Park Road, TS24 7PW	Burn Valley	9 am	9 pm	All
Pharmacy Express (100-hour), change since 2022: Regulatory change; no longer open from 7.00 am				
Tesco Pharmacy, Belle View Way TS25 1UP	Burn Valley	8 am	8 pm	09:00-13:30; 14:30-17:00
Tesco, change since 2022: Previously open to 9pm				
Well York Road, Hartlepool, TS26 9DH	Victoria	9 am	1 pm	none
Westview, 7 Brus Corner, TS24 9LA	De Bruce	9 am	1 pm	All except 12 noon to 1pm
Wynyard Road Pharmacy, TS25 3LB	Rossmere	9 am	12 noon	All except 9am to 9:45am

Ten pharmacies continue to provide pharmaceutical services on Saturday morning as part of their core hours. After 1pm, seven pharmacies remain open although for two, they are supplementary hours. After 2pm, five pharmacies are contracted to open via core hours. After 5.30 pm core provision of pharmaceutical services is provided by the two pharmacies subject to the 100 hours condition, though another two (supermarket) pharmacies also remain open as part of their supplementary hours to extend the choice of Saturday evening access up to 8pm. The current situation will be monitored. Existing contractors may wish to consider the benefit of offering supplementary hours to spread their planned workload and facilitate the improvement or better access provision of other advanced or enhanced services, including Pharmacy First, particularly on a Saturday between 1pm and at least 5pm.

Sundays

On a Sunday, eleven pharmacies in Hartlepool were offering some opening hours in 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 to support 7-day collection or supervision prescribing by substance misuse services in place at the time. By 2022 this had reduced to six and now five pharmacies are open on a Sunday as shown in Table 28.

All of the pharmacies open on a Sunday are in the H3: Central and Coast area (where the majority of people live or may visit for shopping and leisure or to attend Extended access or UTC). This still offers reasonable choice for the reliant population across the Borough, acknowledging that some people closer to [Rossmere] ward may have to travel a little further to access pharmaceutical services on a Sunday. However, travel times by car are still mapped to be within 20 minutes and mostly less, for the whole of the area. It is also noted that only the two '100-hour pharmacies' secure any of the pharmaceutical services available during these hours on a Sunday as 'core', with the latest opening until 5pm. GP Access closes at 1pm.

On Saturday and Sunday, only the GP Access Service will be undertaking primary care appointments. For this and other non-dispensing services, both locality H1 and H2 have at least one pharmacy which opens core hours on Saturday mornings. Although not all 15 pharmacies in locality H3: Central and Coast open on Saturdays, as well as the four longer opening pharmacies there are several others open (core hours) in the morning and two in town centre locations open all day. Overall, although pharmaceutical services are reduced at weekends, the pharmacies which are open do still cover largely the opening times of GP Extended access (though the first pharmacy opens at 10 am on Sunday) and with a satisfactory, but not extensive choice for necessary essential services and advanced and enhanced services too.

All existing pharmaceutical services providers, 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) on a Sunday. In routine circumstances, NHS pharmacies do not receive funding just to be open, they receive retrospective reimbursement for the costs of the medicines they provide (i.e. they are mostly not remunerated for stock that they keep) and they receive payment for the NHS services they provide. This means that they need sufficient numbers of people using pharmaceutical services during the hours they are open to meet the costs of opening.

Now there is increased opportunity to provide several advanced services on days or at times outside of the times when usual GP practices are open, should any pharmacy choose to respond by offering increased supplementary hours on a weekday evening or a weekend, they can do so on a trial basis at any time, giving notification of their intention to start and a five-week notice should they subsequently wish to withdraw these hours having tested activity.

Table 28. Community pharmacies in Hartlepool open on a Sunday. January 2025

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				
Pharmacy Express 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
Boots Marina Way TS24 0XR	Headland and Harbour	10.30 am	4.00 pm	All except 3.30 to 4.00
Boots Middleton Grange Shopping Centre, TS24 7RW	Victoria	10.00 am	3.00 pm	none
Well York Road 107 York Road, Hartlepool, TS26 9DH	Victoria	9 am	1 pm	None
Well, change since 2022	Previously open from 9 am to 1pm, now closed			

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 for the population of Hartlepool. Their central location is particularly valuable towards meeting the pharmaceutical needs for essential and other services. This includes those arising from the current Extended Access general practice provision which is co-located with one of them. The 100-hour pharmacies in Hartlepool are now well established as providers of core hours, particularly at evenings and weekends. The HWB would regard any further reduction in the range of availability of necessary pharmaceutical services by virtue of changes to their opening hours as creating a gap in the availability of necessary services.

The range of opening hours is essential to meet the needs for necessary 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 pharmaceutical services in core hours.

That is not to overlook the important contribution made by the supplementary hours already offered by several pharmacies, including those located in supermarkets, open on evenings and weekends. For the essential services and increasingly impactful advanced/enhanced services such as Pharmacy First, contraception services and covid/flu vaccination and the other NHS (locally commissioned) services such as Think Pharmacy First, these pharmacies do much to provide improvement and better access, including choice for the population of the Borough. Again, all current contractors may wish to consider their collective response in support of maintaining or improving access to both **necessary** and **other relevant pharmaceutical services** across the Borough, from their existing locations, including via supplementary hours.

7.1.10 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 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 only on lack of choice. 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 (updated October 2021)) suggests having regard to the following in Box 3 in making that assessment. However, the weight which the HWB places upon the consideration of choice is for them to decide.

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 those pharmacies open for at least 72 core 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 to help understand distribution throughout the area. Maps of driving distances or journey time (such as SHAPE maps) can show how close in distance or time on foot or by car, most pharmacies in Hartlepool are from each other. The NHS website [Find a pharmacy - NHS](#) provides access to a comprehensive searching facility including maps, distances and opening times. The search facility can provide information on the nearest open pharmacy from a person’s current postcode location. Keeping this data up to date is now a contractual requirement for each pharmacy.

With 15 (non-DSP) 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 likely no more than a few miles away and often there several pharmacies within this distance even outside of 9am to 6pm. Specific options for the more rural wards are described earlier

in section 7.1.4. This provides access and satisfactory choice for everyone whatever their residential postcode or other journey starting point, and the direction people choose to travel.

When considering choice of services, published information and elements of lived experience identified during PNA engagement indicate that as healthcare consumers we 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 people will often use the nearest pharmacy to home, they will not necessarily gravitate to a new pharmacy that opens closer, 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 attain their long-term volume trajectory.

As pharmacies provide an increasing range of services *other than* dispensing, proximity may become even less important, i.e., sufficient choice for the purposes of non-prescription pharmacy activity, particularly clinical services, is less heavily distance dependent. However, people can only make choices they are aware of, and our engagement and other evidence suggests that public information, or their understanding of it, on pharmacy hours, services and location could still be improved.

The pharmacy contractor survey responses are yet to reach a number which can be reported. The uptake of advanced services indicates that existing pharmacies are responding to the needs of their patients in several ways and this will continue to be monitored throughout the lifetime of the PNA.

7.2 Current pharmaceutical services: provided by community pharmacy contractors in Hartlepool

7.2.1 NHS Essential services

All pharmacies included in the Pharmaceutical List of NHS England, including those in Hartlepool, are required to provide all the essential services in accordance with their CPCF contract. Consequently, the presence of a community pharmacy automatically defines availability of the great majority⁶⁶ of all essential services provision to the population of any area. Some of the essential services are initiated in response to another NHS service – for example, an NHS prescription issued by another NHS service provider (such as a general practice, which may include both medical and non-medical prescribers (e.g., nurses, paramedics, pharmacists)). Other essential services are provided in response to a patient, such as advice on self-care or healthy lifestyle, or receiving waste medicines from a person who no longer requires them, for short term safe storage and onward removal for safe destruction. Data is not routinely collated for several of the elements of essential services e.g., signposting or safe disposal of medicines. Information about the most frequently provided essential service, dispensing, is reported here.

Dispensing of NHS Prescriptions

Dispensing of NHS prescriptions is still the most frequent pharmaceutical service provided by community pharmacies. The number of prescribed items dispensed by community pharmacies in England in 2023/24 was 1.1 billion, an increase of 3% on 2022/23 with a further 12 million items dispensed by the 112 appliance contractors (DACs), an increase of 5% on 2022/23. The cost of drugs and appliances reimbursed totalled £10 billion, also a 5% increase from 2022/23. (NHS Business Services Authority, 2024). Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16. In contrast to

⁶⁶ DACs and dispensing doctors may also contribute some essential services in certain areas. In Hartlepool, there are no dispensing doctors and any contribution by DACs is provided from outside the HWB area

prescriptions dispensed by community pharmacy, the number of items dispensed by appliance contractors has increased each year since 2015/16, from 7.91 million to 11.7 million items, an increase of 47.5%.

In Hartlepool, the total number of items prescribed by a GP practice within the HWB area (an 'other NHS service') in 2023/24 was more than 2.4 million. This number has increased by about 100 thousand items or 5% each year since 2021/22. However, during that same time, two new DSP pharmacies have opened, i.e., been added to the pharmaceutical list for Hartlepool. Consequently, whilst it is unlikely that the increased number of prescribed items will have been evenly distributed across all pharmacies initially, the overall number of items per pharmacy is projected to show no substantial change by the end of 2024/25 when compared with 2021/22.

The most recent population estimates available lag behind by several years. These national statistics described in section 5.3.1 for Hartlepool showed little change in the number of people in the Borough. However, the number of people registered with a GP is known more closely to real time. Data at July 2024 showed that 99,135 people were on a general practice list. The population estimate (mid-2022) was 93861, which compares to the 2022/23 GP list size of 97437, which was only 354 people more than were on a GP list in 2021/22. However, the GP data does show a list size increase of 2% in the 3 years since the last PNA in 2021/22. There are lots of reasons why GP list size may vary from population estimates, including data-quality issues such as double registration or people being registered with a GP in an area that they are not resident. However, an increased number of people is one explanation for an increased number of dispensed items. Clinical quality initiatives in primary care, including medicines optimisation support from pharmacy professionals directly employed by PCNs, may drive prescription volume up or down e.g., by appropriately finding more people who need treatment for high blood pressure, or for cardiovascular risk, or by de-prescribing (by shared decision-making with the patient) to stop prescriptions for medicines no longer needed or of little clinical value. It is also possible that administrative changes in general practice can drive an apparent increase in prescription volume which may not in real terms impact pharmacy workload e.g., standardising all repeat prescriptions to a 28-day repeat, and using e-repeat dispensing which has a similar effect. The HWB will continue to monitor these measures of potential impact in terms increased demand for the pharmaceutical service of dispensing as part of the maintenance of the PNA.

A very small (relative) number of items are prescribed by other (non-general practice) prescribers in Hartlepool and dispensed in community pharmacies here e.g. those issued by the hospice or the extended hours service at Park Road Health Centre (One Life) for patients whose prescribing would not be included in routine general practice data. When compared with overall prescribing in general practice, prescriptions for substance misuse also account for a small proportion of dispensed items.

People aged over 65 years account for 20% of all people registered on a general practice list in Hartlepool. However, their prescribed items account for 51% of all the items prescribed each year by all general practices in the town. As part of the overall list size increases, the number of people over 65 on GP lists increased slightly by around 400 people per year. This is a small number per pharmacy (around 20) each year, though their prescribing (and dispensing impact is proportionately greater. The HWB is satisfied that an increase in prescription volume and list size of this magnitude since the last PNA, whilst also increasing eRD (see below) and having increased access to more distance selling pharmacies locally and nationally, facilitating choice, may be accommodated by those on the pharmaceutical list providing necessary dispensing services to the people of Hartlepool, by use of workload efficiencies, staffing/skill mix. The impact of completing that increased workload in shorter contractual hours will be monitored.

The absolute number of prescriptions will influence the activity of some advanced services directly, such as the new medicine service and the discharge medicine service which apply to interventions made connected to the dispensed supply of the medicine.

Prescribing data shows that the GP Extended Access service that operates from 6.30 to 9pm on weekdays and between 9am and 5pm Saturdays and 9 am to 1pm on Sundays issued a very small number of prescriptions (less than 300 per year from 2021/22 to 2023/24) specifically allocated to that Access service. Not every consultation ends with a prescription even in an acute situation. There are pharmaceutical services available in Hartlepool at these times, and they would have no difficulty managing such a prescription volume between them.

Electronic Prescribing

The Electronic Prescription Service (EPS) is an established part of prescribing and dispensing practice having been further enabled by prescription management during the pandemic. In 2021/22 98.3% of all prescription items in Hartlepool were prescribed electronically and sent to a nominated pharmacy for dispensing. This has increased still further to 99.3% in the first quarter of 2024/25. Unsurprisingly, all pharmacy contractors in Hartlepool use this facility which is a required part of CPCF and can be used to manage pharmacy workload.

In recent years since the 2022 PNA the total volume of items prescribed by a GP practice within Hartlepool has increased by just under 5% each year from 2021/2022 to 2023/24 and forecasts for 2024/25 to be around 2.5 million items annually. During this time, the number of pharmacies has also increased by two. Consequently, although the total number of items has increased by 15%, the average number of prescribed items per pharmacy, even if all of these presented to a pharmacy in Hartlepool is just 4%. 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 adapt to the increased volume of work with changes in training and skill mix (including the introduction of accredited checking technicians and latterly the widespread introduction of the electronic prescription service (EPS), electronic repeat dispensing and other digital systems which can support workload management. However, the introduction of new advanced services such as Pharmacy First and vaccination services have placed new demand on community pharmacies to keep ahead of workload and within a historically diminishing reimbursement envelope prior to the updated CPCF for 2025/26.

eRepeat Dispensing

Uptake of the NHS repeat dispensing service (RD, or if electronic e-RD) has been variable since 2005. In 2011, figures indicated that the use of the NHS contracted RD service was lower in Tees than in other parts of the northeast, with less than 1% of all prescriptions in the area being dispensed using this facility. Efforts to improve this rate have had some success and repeat dispensing in Hartlepool has increased from 7% in 2014-15, 23% in 2020/21 to 30% (more than 717, 000 prescribed items) in 2023/24 (Source; NHSBSA from NECS on behalf of NENC ICB). The average masks a range from 13% to 56% across general practices in Hartlepool.

As repeat prescribed items are generally considered to account for around at least 70% of all items, there may still be scope for improvement in the average eRD repeat dispensing figures to improve workload management for both pharmacies and general practices and supply efficiency for patients. Of course repeat dispensing will work best when people are carefully selected to use it 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 should ensure that the person 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, though many choose to do that. In the engagement survey for 2025, 67% of people used the same pharmacy, 21% used the same one or two, with the remainder choosing which is convenient. Here again, the NHS repeat dispensing service can contribute towards fostering clinical confidence and improved clinical relationships with people using their pharmaceutical services. It may also contribute to fewer people running out of their routine medicines as the prescription sits in batches in the pharmacy system ready to be dispensed at the required time.

7.2.1.1 Prescribing and dispensing of appliances

Prescriptions for appliances issued for patients in Hartlepool also need to be dispensed. The current situation regarding location of DACs has remained the same for at least 15 years and the HWB is not aware of any complaints or circumstances in which the patients of Hartlepool have had trouble in accessing pharmaceutical services to dispense prescriptions for appliances. Data from the NHSBSA indicates that people in Hartlepool are exercising their right to choose as more than 75 DACs have dispensed at least one appliance item for a Hartlepool patient within the last three years. Additionally, appliances are often being supplied to care homes, and they may streamline their processes to order everything from a preferred pharmacy or DAC irrespective of delivery distance.

Table 29 shows between 2018 and 2021 most prescriptions for appliances issued in Hartlepool were dispensed by Hartlepool pharmacies, with just 15-20% dispensed by DACs, which are by definition 'out of area' as there are no DACs in Hartlepool.

Table 29. Appliances dispensed by pharmacies in Hartlepool or by a DAC 2018-2021

Appliances dispensed	Financial year			Prescription share for appliances		
	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%
...out of area by DACs	13,416	15,176	15,295	15%	17%	18%
Total	88,751	88,100	83,103			

The number of prescriptions for appliances issued by prescribers in Hartlepool and dispensed by DACs has continued to increase each year from the 13,416 shown in 2018/19 to 17,320 in 2023/24, in line with England. However, appliance items dispensed by DAC in the three years since the last PNA i.e., 2021/22 to 2023/24, increased by just 6% whereas medicines dispensed out-of-area has increased by 22%. The number of prescription items for appliances dispensed out-of-area as a proportion of all items dispensed out of area has therefore decreased from 21% to 19% in the same 3 years.

Medicines being dispensed out of area may include any use of 'bricks and mortar' pharmacies nearby for convenience, or routine social traffic, for example at Wynyard, or elsewhere in Stockton-on-Tees, as well as the use of the DSPs located anywhere in England, including those with a more distinct national presence.

7.2.2 NHS Advanced services

An open non-DSP community pharmacy providing services at the premises in Hartlepool is now almost certain to mean the availability of at least one of the nationally funded and commissioned advanced pharmaceutical services each pharmacy may elect to provide. Contrast this with enhanced pharmaceutical services (or their NHS or non-NHS local equivalent) which will only be available where NHSE, or a local NHS or local government organisation has chosen to commission them or arrange for them to be sub-contracted.

As these are not essential services of the CPCF, the Health and Wellbeing Board would not consider the overall pharmaceutical service of an individual pharmacy to be inadequate based only on low level provision of any individual advanced service. However, on a population basis, the availability of advanced services indicates responsiveness of pharmacy contractors to provide better access to these pharmaceutical services in the HWB area. Every indication is that the pharmacies in Hartlepool are actively responding to the opportunities being presented to them to deliver additional advanced, enhanced and some locally contracted services and this will therefore meet the needs of the population for these other relevant services.

As the new advanced services (and national enhanced services) become established, all commissioners may review how to make best use of their local community pharmacy assets. Several new or newly developing advanced services may promote health improvement. Pharmacies offering any of the 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'. They can use their essential services offer for signposting and HLP to support the delivery of wider health messages about modifiable risk factors, challenge vaccine hesitancy and enhance the reach of primary care and public health teams into the community. Each advanced service available in Hartlepool is described below.

New Medicines Service (NMS)

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, most community pharmacies in England have provided it to their patients. All nineteen non-DSP pharmacies now provide this service. The number of NMS completed in England has shown sizable increases for the last three financial years as thirteen additional conditions were added to the specification list in September 2021. NHSBSA data shows the 613 pharmacies across NENC ICB completed 97,765 consultations in the last quarter of 2024/25 alone. Delivery of this service was enhanced by inclusion of thresholds for payment in the PQS. Uptake of NMS is likely to continue to be unevenly spread across the 19 pharmacy contractors with individual pharmacies completing from 10 to more than 200 NMS consultations per month.

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 as a small local pilot for the winter 2012 campaign, then extended for the 2013-14 season when 10 pharmacies were recruited to provide the service in Hartlepool that year. The proportion of all 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. Vaccination services – starting with influenza and then substantially enhanced for COVID-19 during the pandemic – are now a trusted and accepted service, a legitimate alternative to a general practice provider for many people. In participating pharmacies, the service is always

available when 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.

The number of vaccines administered by pharmacies in England as part of the SIVAS (flu vaccination) advanced service decreased in 2022/23 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2023/24. The number of participating pharmacies has dropped from 9,820 in 2020/21 when the average was 282 vaccines per pharmacy (NHS Business Services Authority, 2024); the average was just 82 per pharmacy in 2015/16. This decline may reflect the more general public apathy towards uptake of flu vaccination.

Eighteen of the 19 non-DSP pharmacies are notified by NENC ICB as being providers of this service which offers substantial choice of location and potential access for patients including into the evening on weekdays and at weekends. Of the residents of Hartlepool eligible for an NHS flu vaccination in the 2023/24 season, tbc had their jab in a community pharmacy⁶⁷.

In NENC, community pharmacy is maintaining the strong position as an important provider of seasonal flu vaccination. Seasonal flu vaccination is also still delivered by general practices so the pharmacy service has not yet been considered to be a 'necessary' pharmaceutical service as regards the PNA in Hartlepool. However, provision of this service commissioned by NHS England provides significant impact, and **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' reported in patient feedback. There is evidence from the Hartlepool PNA patient surveys for 2025 that having a flu vaccination (or other vaccination) in a community pharmacy setting has now become a matter of routine. The only comment queried whether vaccination being delivered by appointment or by walk-in from community pharmacy could be standardized, however, this flexibility is also offered from other providers and may be viewed as a strength. The HWB is satisfied that pharmacies in Hartlepool continue to respond very positively to the demand and provision of this service to provide substantial improvement or better access to this (SIVAS) pharmaceutical service.

For the first time the 2025-26 flu season will see pharmacies offered the opportunity to provide a national pilot flu vaccination service for children aged 2 to 3 years. The Childhood Flu Vaccination Service is in response to the low and declining uptake of flu vaccination in this age group nationally. Vaccinating eligible children not only provides individual protection for the child but can help reduce transmission of the disease to the wider population, including those who are at higher risk of getting seriously ill from flu. With vaccination uptake for this age group in Hartlepool (37%) well below the rate for England in the 2024-25 season, this pilot service offers community pharmacy an opportunity to make a difference to those rates.

Pharmacy First Service (PF)

The service commenced in January 2024 however as it followed on from CPCS, all pharmacies in Hartlepool registered to provide this service by 31st October 2024 and delivered one or more Pharmacy First Clinical Pathway consultation(s) in the period 1st August 2024 to 31st October 2024.

A proxy for previous activity data in Hartlepool is the band each pharmacy has been allocated to for the Clinical Pathway (PFCP) caps published for 1st January 2025 to 31st March 2025. There are six bands which permit pharmacies to be paid for up to 252 PFCP consultations in the final quarter of 2024/25 if allocated to band 1, right up to 786 PFCP in that quarter if

⁶⁷ Data available from NHSBSA Open Data portal from spring 2025

allocated to band 7. Band allocation was based on historical delivery numbers for the PF pathway service. Nine pharmacies are allocated to Band 1, two to Band 2, two to Band 3, one to Band 4, three to Band 5 and two to the highest threshold in Hartlepool at Band 6.

In H1: West locality, both pharmacies are in at least Band 4 which is showing a good level of Pharmacy First consultations available for the population of H1: West locality. In locality H2: South, both pharmacies are in Band 1. Whilst this is lowest, it is good that both are delivering the service providing access and choice. In H3: Central and Coast, there are four pharmacies delivering in either Band 5 or 6 (the highest) range of up to 786 per quarter or around ten per day on average. The potential demand for access to PF might be expected to highest in areas of greatest deprivation, which in Hartlepool is locality H3. The HWB is satisfied that pharmacies in Hartlepool are responding to the offer to provide Pharmacy First and are doing so in a strongly positive way. There is scope for some pharmacies to increase their Band allocation as the service develops. Some activity may reflect engagement of general practices with active triage or referral. Activity data will continue to be reviewed. An extended summary for 2024/25 will be available following NHSBSA open data release later in 2025.

It is important to acknowledge the foundation created for the national Pharmacy First service by the northeast regional locally contracted service for low acuity conditions namely 'Think Pharmacy First' (TPF; which had the name first!). Regional 'LPC' and former CCG commissioners deserve credit for facilitating proof of concept and enabling contractors to acclimatise to a service such as PF. The regional Think Pharmacy First service continues in parallel to meet different patient needs to those covered by PF.

Some activity data in Hartlepool for this local (regional) service of TPF is presented in section 7.3.1. When comparing activity data for PF and TPF, initial analysis does not show a straightforward correlation between activity in each service for all contractors; a mixed pattern is shown. The highest provider of TPF in 2023-24 (418 consultations) has also achieved Band 4 in PF. However, the next three highest providers of TPF (280, 232 and 162 consultations that year) are only in Band 1 or 2 for the advanced service. One of the pharmacies that has achieved Band 6 PF does not deliver TPF.

The HWB is satisfied that all pharmacies in Hartlepool are offering the people who visit their pharmacies a clinical consultation service for emergency access to medicines and opportunities for consultations on low acuity conditions with the possibility of being able to access treatment which is free at the point of supply if they do not pay for prescriptions. Pharmacies are responding well to provide improvement and better access to this type of pharmaceutical service, even when one opportunity is met by providing a service that is not 'included' in the PNA definition of pharmaceutical services, being that it is locally commissioned under sub-contract by NENC ICB.

Hypertension Case Finding Service (HCFS)

The NHS Community Pharmacy Blood Pressure Check Service supports risk identification and prevention of cardiovascular disease (CVD). Eleven pharmacies in Hartlepool were registered to provide it in June 2022 before the last PNA. Now all but one CP contractors in Hartlepool are registered (up to December 2024). All of these delivered at least one of these hypertension interventions, and 345 in total, in January 2025 alone. This is a good indicator of potential retention of Pharmacy First providers who will need to maintain sign-up to HCFS to be able to provide in future Pharmacy First in future.

The HWB is satisfied that pharmacies in Hartlepool are responding to the offer to deliver the nationally commissioned community pharmacy blood pressure check advanced service, towards improvement in identification of hypertension and better access to future management of blood pressure for the resident of visiting population. Current delivery of PF is unlikely to be at risk because of requirement to also sign up to HCFS.

NHS Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023. An upwards trend in service delivery nationally was observed after November 2023 in line with the PCS expansion to include initiation as well as ongoing contraception. At December 2024, 16 of the 19 non-DSP pharmacies in Hartlepool were registered to provide this service. One of these is one of the two '100 hour' pharmacies and the other is a supermarket pharmacy open longer weekly hours. This service is still new from a data perspective, and the offer of the locally contracted EHC service has always been well supported by contractors in the town. Current data from NHBSA is reassuring in terms of activity. The HWB is satisfied at this stage that contractors are responding to support the PCS offer, with small numbers, but from many pharmacies at January 2025. It is therefore unlikely that this will negatively affect providers offering the Pharmacy First service once they are 'bundled' later in 2025.

The recent re-procurement of the sexual health service on Teesside, in advance of the notice of change to the CPCF to incorporate EHC into this PCS advanced service will require some navigation to ensure momentum in existing provision of the locally commissioned EHC service in Hartlepool is not lost.

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

This service was available from the spring of 2022. The community pharmacy elements rely on professionals in a hospital setting identifying patients who would like to quit smoking, then supporting them with a referral to the community pharmacy service to continue their quit attempt after discharge. Five pharmacies in Hartlepool were registered to provide this service at PNA 2022 which has increased by December 2024 to eleven. This service and the locally sub-contracted 'maternal' stop smoking service for pregnant women and new mums (see section 7.3.1) are co-enablers. Local authority public health in Hartlepool have recently commissioned a new comprehensive stop smoking service for the population of Hartlepool provided by the NHS Foundation Trust. Pharmacy staff are being invited to sign up via sub-contract to enhance the local offer via a commissioned pharmacological support (dispensing e-voucher) service for people who wish to quit who have not been in hospital. The HWB is satisfied that the advanced service is available to the people of Hartlepool. Support for the locally commissioned service, including the option to supply varenicline via PGD will be monitored.

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

Provision of this service is more limited as there is not a universal demand. However there were 101,000 AURs provided in England 2023/24, an increase of 35.2% on the 74,700 provided in 2022/23. Data for England shows the substantial majority of these reviews are undertaken in people's homes by a DAC, so numbers will be proportionally small for Hartlepool from those pharmacy contractors that offer the service. Just one pharmacy contractor in Hartlepool completed any AURs /SACs in 2013-14 but previous data from NHS England indicated five pharmacies in the Borough have completed AUR/ SAC reviews in the past. At December 2024, NENC ICB data indicates that four pharmacies are signed up to provide AUR, which is the same number as in 2022 and no worse an offer than in previous PNAs. Five pharmacies offer stoma appliance customization. The total number of SACs delivered in England has increased by 5.06% from 1.69 million to 1.78 million between 2022/23 and 2023/24. As this situation regarding appliances has been the same for some time and no complaints have been reported, the HWB is satisfied that pharmacies in Hartlepool are responding to the offer to deliver the AUR/SAC nationally commissioned advanced services to the benefit of better access for the local population.

NHS Lateral flow device (LFD) Service

NENC ICB data indicates that the LFD tests supply service is offered by 16 of 19 non-DSP pharmacies in Hartlepool. This is an on-demand service for eligible patients. Demand is likely lower at present, though 40 were supplied in January 2025, and the service is widely available. The HWB is satisfied that the availability of this service from a high proportion of pharmacies in Hartlepool will offer the required access to these LFD when or where needed.

7.2.3 NHS Enhanced services

Covid-19 vaccination – national enhanced service.

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 well placed to meet that need. The service was the first national enhanced service, commissioned by NHSE 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. Between December 2020 and August 2024, community pharmacies in England delivered over 42 million Covid vaccinations. This is over a quarter (25.5%) of the 165 million vaccines administered delivered so far⁶⁸.

Based on data provided for Oct-Dec 2024 in the winter season of COVID vaccination, Of the 404 provider locations in NENC 311 of these were community pharmacies. Of the 585,904 vaccines given that quarter, 46% were given by a community pharmacy. This recent data shows that 12 of the 19 'bricks and mortar' pharmacies in Hartlepool contributed to this autumn/winter/spring Covid-vaccination campaign. This includes both pharmacies in both the H1: West and H2: South PNA localities and one of the pharmacies open at least 72 core hours per week. The seven other pharmacies were spread throughout the H3: Central& Coast locality and into communities. Vaccination data, and PNA engagement responses, show that people are using their pharmacies to access their COVID-19 booster vaccines. These Hartlepool pharmacies delivered more than half of the 16700 vaccinations recorded from 3 October to 31 December 2024. The remaining vaccinations were delivered by primary care PCNs/GP Federation. Though some pharmacies are completing an average of more than ten a day, it is just as important that other pharmacies delivered perhaps 200 vaccines each in a wide range of locations in Hartlepool to improve access.

The current national contract enables these pharmacies to continue vaccinations, when in season, until March 2026.

Community pharmacy in Hartlepool can claim to have played a critical role in the success of the COVID vaccination programme and related seasonal flu jabs service in recent years. Through their strong relationships in local places and neighbourhoods, community pharmacies have helped to tackle vaccine inequality and can continue to improve vaccination take-up. The HWB is satisfied that community pharmacies in Hartlepool are responding to the invitation to contribute to vaccination programmes and will expect that this will continue with future campaigns.

Bank holiday and 'special day' opening hours

Pharmacies are not required to open on Christmas Day, Good Friday, Easter Sunday or a bank holiday (paragraph 23(12), Schedule 4) but may choose to do so, either for their normal core and supplementary opening hours or for different hours. NENC ICB for NHSE, has a duty to ensure that residents of Hartlepool are able to access pharmaceutical services every day. NENC ICB has routinely, intermittently commissioned an enhanced service from community pharmacy contractors in Hartlepool to ensure suitable pharmacy access/opening hours on

⁶⁸ [Vaccinations-and-inequalities-Nov-2024-compressed.pdf](#)

these 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 supplementing any opening hours notified by contractors with directed hours, considering opening times/pharmacy location in neighbouring Boroughs throughout the (geographically compact) Tees Valley area. Pharmacy opening times are made available to the public via NHS websites. Feedback from our PNA engagement suggests that people do use the internet to find the location of these services. The HWB is satisfied there is a process to ensure services are available. NENC ICB should continue to monitor

- (a) the level of use of these services and for more than just the dispensing of prescriptions and
- (b) patient experience of service access.

PNA engagement also showed one third of the people who had accessed bank holiday services in Hartlepool (and this was one third of the people who responded to the survey) had found it difficult to access the service.

Emergency planning: supply of anti-viral medicines and vaccination

NHS England has key roles and responsibilities in the planning for, and response to a pandemic and other emergency scenarios. Before the start of the Covid-19 pandemic in early 2020, pandemic influenza was a recognised disruptive event. NHSE 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.

NHSE worked closely with Public Health England initially and from 2021 with successor organisations including the new UK Health Security Agency (UKHSA) and local partners, to lead the response to the recent 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 elect to use community pharmacies as ACPs or vaccination centres then a national/local enhanced service commissioning mechanism may be used to meet the pharmaceutical needs of the population in this 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 and 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.

Reliable data on just how great a contribution community pharmacy (including Hartlepool pharmacies) made during the pandemic is not available. 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 were closed
- 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, and have maintained their contribution to both vaccination services since then
- from the end of 2020/21, pharmacies were recruited to contribute to the Covid-19 mass public vaccination campaign in several phases. The COVID-19 enquiry has heard how some pharmacies were restricted from being involved sooner.

The HWB acknowledges that pharmacies in Hartlepool responded and contributed to the pandemic response across all the demands or opportunities presented.

7.3 Other NHS services

The 'other NHS services' the HWB has had regard to in its assessment that might increase or reduce the need for pharmaceutical services in Hartlepool, as defined by the 2013 Regulations are those currently provided in connection with the following

- secondary care (hospital pharmacy) provision; pharmacy/medicines supply services e.g., on discharge; referral into DMS and SCAS
- mental health provision – pharmacy / medicines supply services or prescribing
- the hospice; prescribing associated with care towards the end of life e.g., Alice House Hospice
- prescribing for substance misuse specialist services; (including installment prescriptions) and specialist sexual health services providing EHC
- general practice prescribing (increased demand) and personal administration in general practice (reduced need)
- prescriptions issued by the urgent care facility during times when pharmacies are open
- primary care Extended hours prescribing, or referral for Pharmacy First or other advanced service in hours or out of hours
- clinical pharmacists and pharmacy professionals in primary care providing medicines optimisation, medicines review, including for care home residents and independent prescribing
- ICB commissioned services via a third party, e.g. Maternal Stop Smoking
- local authority public health directly-provided services or indirectly commissioned sub-contracted services including through pharmacies via lead-provider contracts e.g., Sexual Health Tees contracted to provide sexual health services including emergency hormonal contraception (EHC), including via sub-contract through community pharmacies, stop smoking services using a dispensing voucher or PGD
- local authority commissioned services (e.g., for public health) with a prescribing element e.g., for substance misuse or stop smoking
- community Nurse Prescribers – increases activity by pharmacies (numbers for the 0-19 service hosted by Hartlepool Council are very small)
- community services provision (e.g., district nurses)
- primary dental services- increase activity by pharmacies, numbers are small

Other providers may offer NHS services in other settings that contribute to overall access and availability of those services and thereby impact the need for specific pharmaceutical services to be commissioned locally and provided in a community pharmacy, and vice versa.

Examples have included some sexual health, stop-smoking support or needle exchange services; primary care services such as structured medication review in a general practice, care home or a domiciliary setting and other prescribing advice or support; the appropriate provision of urgent and necessary medicines by commissioned providers of urgent and emergency care.

Services previously commissioned from pharmacies by former clinical commissioning groups (CCGs, such as Tees Valley CCG locally) and were therefore then classed as an 'other NHS services' could now potentially be commissioned by NENC ICB (the pharmacy contract holder), when they would then fall within the definition of enhanced services (pharmaceutical).

However, several services are commissioned via sub-contracting or 3rd party arrangements, these services have been described as either 'other NHS services' or other locally commissioned services which the HWB will have regard in making its PNA as they will reduce the need for pharmaceutical services to be commissioned by NHS England.

These services do not come under the definition of 'pharmaceutical services' as applies to the PNA, however the work they do directly, or via sub-contract will 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. The demand for the Stop Smoking Advanced service is led by referrals from hospitals as patients are discharged. Similarly, the Urgent Care service operating on the University Hospital Hartlepool site could generate activity for Pharmacy First via triage of patients. It is understood that the IUC service does not generate acutely required prescriptions whilst it operates in the 'Out of Hours' period between 6pm and 8am. From the data provided by NECS on behalf of the ICB, no prescription data for the UTC (Hartlepool) was identified separately to those identified for Stockton UTC—though some of these may be dispensed in Hartlepool. Medicines which are 'urgent and necessary' should be provided by the service; this is an example where this 'other NHS' service will reduce demand by supplying medicines directly which therefore do not need to be supplied via dispensed prescription. Where any prescriptions are issued in this out-of-hours period when pharmacies are closed, they should be for medicines which can justifiably wait to be dispensed when the next community pharmacy service is available. This would increase demand, but would be small in the in-hours period.

There are three NHS Foundation Trust providers of services within the Tees Valley. The University Hospital of Hartlepool is part of one of these; the North Tees and Hartlepool NHS Foundation Trust and is situated on Holdforth Road, TS24 9AH in the [De Bruce] ward of locality H3: Central & Coast. Each NHS trust will provide or commission a pharmaceutical service needed for in-patients, out-patients and some commissioned and community services. The local mental health trust (Tees, Esk and Wear Valley) similarly provides pharmaceutical services in connection with the range in-patient and out-patient services it delivers. These medicine supplies will mostly not be dispensed in a community pharmacy setting but the provision for special FP10 (HP) is available.

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, including hospice care.
- 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.

There is a long-established need for pharmacist-led prescribing support and pharmacy professional-led clinical services in primary care and public health. Examples of such 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 and as directed by the PCN DES
- medicines management/ review in domiciliary and care home settings
- pharmacist-led patient clinics within practices (such as opioid reduction/ anticoagulant induction)
- 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 were retained in the medicines optimization function at ICBs, some may now be the responsibility of local authorities. Many primary care services are now provided by pharmacy professionals in PCNs. As more of the pharmacists become IPs, this will increase demand for their prescriptions to be dispensed.

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 at some time 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 substance misuse or stop smoking clients
- extended sexual health services such as chlamydia (test and) treatment or provision of LARC in a community pharmacy setting
- 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.

Many of these services are required for the population but being provided in Hartlepool from alternative providers, or from community pharmacy but not commissioned by the ICB, there is no commissioning priority for community pharmacy providers to deliver pharmaceutical services. Services which are commissioned locally, by anyone other than NHSE, but are listed in the Drug Tariff as potential enhanced services, reduce the need for an enhanced pharmaceutical service to be commissioned by NHSE. Some aspects of service provision are more intangible, but examples that may be of significance have been included in the following section to illustrate that due regard has been afforded to the impact of them on the need for pharmaceutical services in the PNA.

7.3.1 Locally commissioned community pharmacy services

Services locally commissioned from pharmacies but by commissioners other than NHS England impact on the need for NHS pharmaceutical services to be directly commissioned by NENC ICB on behalf of NHSE. In this case, the commissioned service often reduces the need for enhanced services. Hartlepool Borough Council indirectly commissions a small number of services from community pharmacies in the HWB area, under a sub-contracting arrangement with preferred providers of the associated clinical services described.

Supervised self administration and emergency hormonal contraception (EHC) are the longest established services, having been available locally for over 25 years. The ICB also currently commission services from community pharmacies locally, but as this is via a third party commissioning route the services are not enhanced services under the CPCF, but are 'other NHS services'.

The current locally contracted services commissioned from community pharmacy contractors in Hartlepool known as either 'other NHS services' or locally commissioned services as regards the PNA, are shown in Table 30.

Table 30. Community pharmacy - locally commissioned services in Hartlepool 2025

Service	Commissioner
Supervised Self-Administration	Hartlepool Borough Council. Via sub-contracted arrangements under the HBC contract with the lead clinical service provider for substance misuse (Foundations)
Community Pharmacy Needle and Syringe Supply or Exchange	
EHC (via PGD) Chlamydia testing service C-Card service	Hartlepool Borough Council. Via sub-contracted arrangements with lead provider of the Tees-wide sexual health service ⁶⁹
On demand availability of specialist medicines e.g., for palliative care access	NENC ICB (formerly by Tees Valley CCG); now incorporated into essential services
Stop smoking services for pregnant women (Maternal NRT Voucher Scheme)	NENC ICB via third party contracting arrangement
Think Pharmacy First	NENC ICB via third party contracting arrangement
Launched summer 2025: Varenicline PGD Supply Service	NENC ICB via third party contracting arrangement
Tees Valley Anti-Viral Stockist	NENC ICB via third party contracting arrangement

Pharmacies identified as locally commissioned providers of these services in Hartlepool, at March 2025 are shown in Table 31. Several pharmacies have been able to maintain the operation of these services for many years. The HWB recognise their contribution to the sustainability of services for the people of Hartlepool, whilst also welcoming new entrants to the service of the local population.

Pharmacies seeking to become accredited to provide any advanced or enhanced service of the CPCF are required to be operating to contractual standards for provision of all essential services before they are eligible. Other NHS services, or locally commissioned services, are developed with their own standards, specification and entry requirements.

⁶⁹ Recently re-procured. New lead provider appointed April 2025. Incorporation of EHC into Pharmacy Contraception advanced service of the CPCF announced April 2025 will change contracting arrangement. Once commenced from October 2025, this will be a pharmaceutical service with respect to the PNA.

Table 31. Accreditation or provision of locally commissioned (other NHS) services by pharmacy in each locality in Hartlepool at February 2025

Pharmacy Name	PNA Locality 2025	Supervised Self Administration	Think Pharmacy First	EOL Specialist Drugs	EHC & SH	Maternal Stop Smoking
Middle Warren Pharmacy	H1: West		Yes		Yes	Yes
Wiltshire Pharmacy			Yes		Yes	
Well, Catcote Road	H2: South	Yes	Yes		Yes	Yes
Well, Seaton Carew		Yes				
Pharmacy Express, Park Road (100 hr)	H3: Central and Coast	Yes	Yes		Yes	Yes
Tesco Pharmacy					Yes	
Westview Pharmacy		Yes	Yes	Yes		
Winterbottom Pharmacy		Yes	Yes			Yes
Clayfields Pharmacy		Yes	Yes		Yes	
Kendal Road Pharmacy						Yes
Asda Pharmacy		Yes	Yes	Yes		Yes
Boots, Marina (100 hr)		Yes	Yes		Yes	Yes
Headland Pharmacy		Yes	Yes		Yes	
Wynyard Road Pharmacy		Yes	Yes		Yes	Yes
Boots, Middleton Grange		Yes	Yes		Yes	Yes
Healthways			Yes		Yes	
Well, Victoria HC			Yes		Yes	
Well, York Road		Yes	Yes		Yes	Yes
Whitfields			Yes			
Number of providers March 2025:		11	1	2	13	7
One pharmacy provides a needle exchange service: Boots at Marina						

When reflecting on 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 a locally commissioned service by any individual pharmacy contractor include:

- a new pharmacy or a new contractor following change of ownership, has not yet had the opportunity for an prior existing service to be transferred or for arrangements to be made to assess premises, governance or training/accreditation of pharmacy staff
- recent change of pharmacy staff 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 availability of other providers or services in that locality, or service prioritisation on the basis of affordability.

Table 31 and interpretation of service need, should be viewed in this context.

Services supporting sexual health

Sexual health services have been commissioned on a Tees-wide footprint since before local authorities inherited these public health responsibilities in 2013 and have been re-procured on this basis from 2025. Community pharmacies in the Borough currently provide three sexual health services (SHS) under the management of the local sexual health lead-provider (SHT). 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. EHC and condoms are distributed by both the core SHT service and through community pharmacies, however the majority of EHC was delivered through pharmacy, available under a Patient Group Direction to women

and girls aged 13 years and over. The lead provider reported that twelve pharmacies are currently providing the service(s). Activity data provided showed that in 20/21 just over 800 EHC supplies were made by these pharmacies. Three months data provided for August to October 2024 showed 165 supplies were made in Hartlepool which would project to approximately 660 for a year. One pharmacy subject to the 100-hours condition made 40% of these supplies; two town-centre pharmacies were the next largest providers. Small numbers of supplies were made at all twelve of the other providers which does indicate access across the borough. The pharmacies delivering most EHC consultations are all open at least six days a week and located where they are accessible by public transport, or in supermarkets or other pharmacies that are open the longest hours, including weekends. It is not uncommon for women and girls 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.

All the community pharmacy-based service elements were intended to continue to operate under the sub-contracting arrangement, making all three services available to the population of Hartlepool from community pharmacy settings. For many years, more than half of all the (non-DSP) pharmacies, including at least one of the '100 hour' pharmacies, at least one of the pharmacies in a supermarket setting, at least one pharmacy in PNA localities of Hartlepool West and Hartlepool South and a choice of several providers in the locality of Central & Coast have offered these services.

As community pharmacy is an established regular provider of EHC as a locally contracted service in the HWB area, the HWB is satisfied that at least a similar level of provision will be will need to be maintained to continue to offer improvement or better access to what will now be a pharmaceutical service.

The impact of the recent changes to the CPCF advanced service for contraception, has yet to be understood. However, historic expertise at delivering these clinical services will be an advantage to facilitate uptake.

All clients who access a pharmacy for EHC are assessed for their requirements and eligibility for chlamydia testing and condom supply.

The chlamydia testing and C-Card services that support sexual health continue to be sub-contracted and managed by the lead provider, however, the services may also be offered to persons who do not access the EHC service. Pharmacies offering this service currently hold a supply of chlamydia testing postal kits and condoms to be distributed to people under 25. 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.

Pharmacies in Hartlepool are just one outlet for a service user to access these services; a wide range of providers is part of a strategy to make the testing kits easily available to young people. Data has been less consistent in recent years. The sexual health needs assessment for Tees (2023) indicated that community pharmacy datasets were not always clearly coded for understanding if the individual was issued a c-card registration or distributed condoms. Therefore, this data should be used as an estimated reference. Prevention of STIs and unwanted pregnancies through free condom-distribution schemes for young people was poor. Condom distribution through the Tees wide C-card scheme had declined continuously with only 161 condom distributions across Teesside in 2022/23. 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. The new Tees lead provider will have an opportunity to explore improvements in access and use of the services in conjunction with the local authority commissioners in the context of the recent changes (spring 2025) to include EHC as an advanced service.

The Health and Wellbeing Board is currently satisfied that the minimum level of access to these services will continue via the new arrangements such that needs of the population for potential pharmaceutical services (now as advanced services) will continue to be met.

Services for management of substance misuse

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. Current accreditations were shown in Table 31. 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.

Activity for this service is significant. Data has not been analysed in detail but it is known from the lead provider that a small number of pharmacies provide more than 60% of all supervised doses. 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. Supervision is a daily activity so it is important that clients can access a pharmacy of their choice easily. Pharmacies are available with opening hours into the evening on weekdays and both days of the weekend, so treatment providers have the option of prescribing for a 7-day service. Clients may also attend a pharmacy outside of the usual 9 to 5 hours, giving clients the opportunity to work.

Most active pharmacies are 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 pharmacy locations across the town seems to demonstrate that these needs are being met; the lead commissioned provider is satisfied with the options available to them when seeking to source regarding appropriate levels of supervision, adequate capacity of the pharmacies to accommodate client needs and suitable location of the pharmacies offering supervised self-administration in Hartlepool. There is no indication that community pharmacy will not be able to accommodate current and near future needs for this service via this arrangement.

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 August 2025, just one of the pharmacies continues to provide the needle exchange service, located in the north of the town in the [Headland and Harbour] ward and open 7 days a week. Previously there were two other active community pharmacy

providers, one also in H3:West and the other in H2: South locality, both of which have changed ownership since the last PNA. However, the commissioned provider who sub-contracted the pharmacy needle exchange service had not identified any further need for provision via pharmacy, given that this operates alongside a mobile needle exchange service. The pharmacy needle exchange service is integral to the overall harm minimisation approach which supports regular and frequent attendance at the service and reduced waste. Records have previously shown transactions meeting a need in Hartlepool on weekdays and weekends, including Sundays.

Think Pharmacy First

Commissioned by the NENC ICB, this service for low acuity conditions runs in parallel with the Pharmacy First scheme as it covers a broader range of conditions to support the inequalities and deprivation in the northeast. Data shows that in Hartlepool there were 1389 consultations in 2023-4, (the last full year of data available). Sixteen pharmacies made at least one supply and of these, 92% were for people living in postcodes TS24, TS25 and TS26. Referrals from GPs (self-reported) made up 37% of the contacts made with the service. A quarter of the contacts were as a result of family and friends making users aware of the service. It is recognized that this service will facilitate the idea that people may also make good use of the pharmaceutical service of Pharmacy First.

Stop smoking service

Smoking prevalence in Hartlepool suggests that there is a public health need for this service, now with the addition of support in relation to vaping. Between 2010 and 2019, a small number of pharmacies in Hartlepool were directly contracted by the local authority to provide a tiered system of stop smoking support. Pathways enabled support for clients including those with more complex needs such as pregnant women and young people aged 13+. Voucher pathways interventions were initiated by midwives and work with young people through school nurses and youth workers.

The local authority de-commissioned the pharmacy-based service in 2019 as part of a wider review of the stop smoking offer. A maternal voucher service to support pregnant women was recently commissioned and in 2024, a new lead provider of stop smoking services for Hartlepool was commissioned. Service models are in development to make a full stop-smoking service available again in the Borough. Evidence indicates that the most effective quit rates are achieved with both behavioural and pharmacological support. New pathways will include offering service users options for pharmacotherapy 'free at the point of supply'⁷⁰, but more than a prescription only-supply. The service will generate prescriptions or local vouchers as tokens include via specialist smoking adviser prescribers, and a dispensing-voucher service which will also offer varenicline via PGD from pharmacies in summer 2025.

There are co-facilitators and incentives where pharmacies in Hartlepool have signed up to the national stop smoking advanced service initiated in spring 2022 and/or those who already undertake the 'maternal' stop smoking service. Taking advantage of this engagement and nationally funded training, pharmacies are being recruited by the lead provider to support the new delivery model. In other areas of the northeast, commissioners have made use of the asset of community pharmacy in support of the patient experience. Only a pharmacy can provide a true 'one-stop' facility combining behavioural support with access to pharmacotherapy which will be further enhanced with the opportunity for community pharmacy based independent prescribers.

⁷⁰ Subject to prescription charges for those who pay

On demand availability of specialist medicines e.g., for palliative care

This service was first commissioned in 2011, was updated by the Tees Valley CCG during the pandemic and is now the responsibility of NENC ICB.

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 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 suitable stock list of medicines.

It is understood that two pharmacies now offer this improved access to important medicines, both in the H3: Central and Coast locality. One of these is open longer opening hours which currently include Saturday and Sunday opening. Should the service be reviewed by the commissioner, it would offer greater resilience if at least the '100 hour' pharmacy now open at least 72 core hours per week and conveniently centrally located next to Extended Access primary care service providing good access at a wide range of days and times, was also in a position to provide this. An enhanced service that may be commissioned by an ICB that would fall within the definition of 'urgent care services'. Additionally, elements of this stock-keeping are now required to be maintained and information available to the public/ professionals as part of the essential services.

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. It is understood that one pharmacy maintains this for Hartlepool.

Former service - 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.

It is the responsibility of NHS England and Local Authorities in England to make both of these vitamin products available locally to *Healthy Start* beneficiaries. Arrangements for access to the vitamins have varied in success since the time of the changes to the NHS architecture in 2013. Pharmacies have previously participated in a commissioned service but withdrew in 2024 as it was no longer viable. Alternative supply routes have been established.

7.4 Patient funded non-NHS services

Most pharmacies provide non-NHS 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, or outside if the scope of, the new advanced service, cholesterol testing, private screening or private vaccinations such as flu for those not eligible under the NHS service specification.

Although this was added temporarily as part of the pandemic response, there is no NHS service for home delivery of medicines other than highly specialist products (such as certain dialysis fluids) or from a distance-selling pharmacy. 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 (other than in distance selling pharmacies who are required to deliver medicines as part of their contractual services). This can be confusing for patients who might be charged if they are requesting delivery for convenience, and not for any other disability support for vulnerability.

The availability of the majority of these non-NHS services is largely beyond the scope of this PNA. Their existence is noted and the HWB may similarly acknowledge the impact that the 'free' availability of such services might have on the demand, or need, for similar services to be provided by NHS or other local commissioners. 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 services, which may need to be considered by the NHS and/or social care. Instances of decisions to stop providing certain non-funded services have been identified in the past. The supply of multi-component compliance aids, sometimes called NOMAD or dosette boxes is one such service. They may be provided as part of the essential service of dispensing, as a reasonable adjustment following an assessment in accordance with the Equality Act. However, trays for the convenience of patients or carers is not NHS funded, so may reasonably be charged for.

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. However, where these services are not contractual there is no collated local assessment or evaluation of their supply or demand. 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.

7.5 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 NHS 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 and delivery. Examples of typical situations include:

- convenience; accessing a pharmacy when already travelling for work, study, leisure or shopping (e.g. visiting a pharmacy co-located with a supermarket or out of town shopping facility outside of the HWB area), or when away from home e.g. on holiday, including for urgent medicines supply
- proximity; for a small number of residents in some areas of Hartlepool the nearest pharmacy is in another HWB area (e.g., Wynyard in Stockton-on-Tees), or pharmacies in Billingham
- preference; choosing one of the 400+ distance-selling pharmacy services located out of the area or an appliance contractor for specific items to be delivered
- a need to access pharmacy services at times when service provision is most limited e.g., – very early mornings on weekdays or Saturdays and slightly later on Sundays or on Bank holiday (or equivalent) days, though this should rarely be required.

As previously described in section 5.1, 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 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, south-west or south-east in order to access pharmaceutical services.

The closest pharmacies across the north/north west boundary of Hartlepool 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, easily within one mile of the Borough boundary that goes through the Wynyard area. A short distance further within Stockton Town Centre there are six pharmacies subject to the '100 hour' condition i.e. open for at least 72 core hours per week. Three of these are open before 9am on weekdays and one is open until 8pm on a Sunday. A short distance to the south of Hartlepool is Billingham where there are six pharmacies. Two of these pharmacies are subject to the '100 hour' condition, one of which is open until 7pm on Sundays and is located just 17 minutes by car from the Hartlepool Urgent Treatment Centre at Holdforth Road. It is not axiomatic that a pharmacy needs to be located in same HWB as a resident or user of another NHS service which might generate a prescription. This pharmacy meets the HWB travel time standard of less than 20 minutes by car for most residents of Hartlepool.

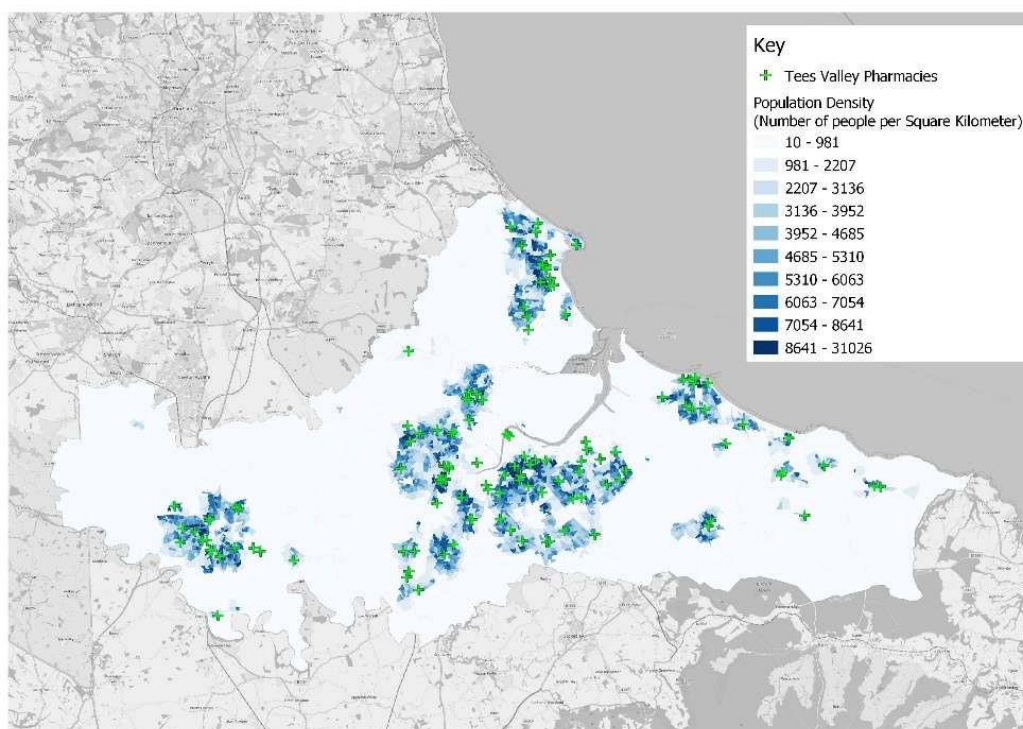


Figure 18. Showing population density across Hartlepool and the wider Tees Valley and pharmacy locations (green crosses) to illustrate the potential for cross-boundary dispensing activity 'locally'.

Figure 18 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. Nevertheless, 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 ward boundaries, lifestyle movement of the population and transport links, suggests that residents of Hartlepool, and the associated reliant population, are most likely to access pharmaceutical services within Hartlepool, most of the time.

This is confirmed by cross boundary prescription analysis. In 2010, 99% of all prescriptions initiated (prescribed) in Hartlepool were also dispensed in Hartlepool. By 2018/19 the proportion of prescriptions dispensed 'out of area' had increased only slightly to 2% (then 41,384 items), then again to 2.8% (then 60,472 items) in 2020/21. For the last three years out of area dispensing has remained within the range 3.5% to 3.9% of all dispensing, suggesting that this trend may have reached a plateau.

Table 32 shows data for the last six years showing that the proportion of 'out of area' dispensing accounted for by appliances and dispensed by DACs, has progressively reduced from near a third to under one fifth of all the out of area dispensing. The pandemic may have driven some of the 46% average increase in 'out of area' dispensing between 2018/19 and 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 coinciding with an increased availability and usage of distance selling pharmacies.

Table 32. Prescriptions for medicines and appliances dispensed 'out of area' for Hartlepool 2018-2024. Source: NECS for TVCCG or NENC ICB (NHSBSA ePACT)

Financial year	Prescription items initiated in Hartlepool and dispensed OUT OF AREA			Appliance items as % of all out of area dispensing
	All items	Appliances	Medicines	
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%
2021/2022	77,668	16,417	61,251	21%
2022/2023	89,050	17,727	71,323	20%
2023/2024	92,345	17,320	75,025	19%
% increase in 3 years from 2018/19 to 2020/2021	46%	1%	38%	
% increase in 3 years from 2021/22 to 2023/24	19%	6%	22%	

Importantly, the vast majority of patients' needs for dispensing of prescriptions issued by a general practice in Hartlepool are still met by a pharmacy contractor located in Hartlepool. The proportion of all prescriptions dispensed out of area has remained largely constant varying only between 3.5% and 3.9% since 2021/22. It is not therefore considered that out of area pharmacies provide a 'necessary' pharmaceutical service for Hartlepool, this level of activity is more likely to represent choice of provider or convenience most of the time. Note that the pharmacy at Wynyard in the Stockton-on-Tees HWB area is very close to the Hartlepool Borough boundary but would still be counted as 'out of area' in terms of dispensing data.

Analysis of data for advanced services such as flu vaccination and other locally contracted services service such as EHC or Think Pharmacy First, it is also clear that patients do sometimes choose to travel to access services. The limited data does not permit identifying a pattern that would be suggestive of any failure to meet the need in Hartlepool, in fact service availability within the town, such as for COVID vaccination, would suggest the contrary. However, it is useful to see our view confirmed i.e. 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-on-Tees HWB area.

7.6 Results of public engagement survey; feedback on current pharmaceutical services

7.6.1 Overview

There were 478 'aware' participants who visited one of the electronic engagement tools or completed a paper survey during the engagement period from late November 2024 to early January 2025. There were 275 submissions or responses to at least one of the tools, most of those completing a survey questionnaire, including nine submitted on paper. This compares with 236 surveys completed in 2022 (from 300 people engaged with the tools). There were 338 responses in 2017 and 273 in 2014 respectively. Participation in this PNA is therefore at a

similar level, though communication processes have varied, e.g., greater use of social media this time throughout, as well as direct communication methods.

A smaller number of people completed the survey on paper than in 2022 (n=25). As the location of paper copies was the same, this may represent less engagement or increased electronic access/ IT capability.

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 some individuals using a simple 'if ..then..' based on a previous question). Skipping questions may also happen in response to offered choice (e.g. skipping the demographic questions) or it may sometimes be a sign of 'survey fatigue', though there is less evidence of that this time. The data suggests that most eligible visitors who started one of these surveys also completed it.

Age: Of the 272 people who completed the question, people aged between 25 and 59 years accounted for 51% of the responses, whilst 46% of those who responded were over 60 years of age. Those over 75 years of age accounted for 8% of the responses. Whilst people aged over 65 years are likely to be overrepresented in the survey (22% of the population of Hartlepool are aged over 65 years), in Hartlepool, people aged over 53 years are likely to be living with poorer health and consuming more health services, including the use of medicines. Engagement with people under 25 is often poor (n=14 in 2022) and continues this time with only 1% of responses being from people aged between 18 and 24 years old. A separate survey for young people was not offered this time. 60% of those who responded reported being exempt from prescription charges (most likely mostly accounted for by an age related eligibility_.

Gender: There is a gender bias to engagement; 71% (of n=270 who gave a response to this question) identifying as female. This is similar to previous response rates (2022: 65%; 2017: 77%; 2014: 60%). Published evidence suggests that women use a pharmacy more than men (including collecting prescriptions and seeking advice on the behalf of their partners and/or dependents). This response bias may therefore reflect this behaviour/or activity.

Reliant population: Engagement tools for PNA 2025 were purposefully simplified. There was just one public survey and the number of questions were reduced. Postcode was not requested as response rates to this question have been low and residents are not the only possible users of pharmaceutical services in Hartlepool. Instead, to ensure views were collated for the so-called reliant population, the first question excluded those who could not answer in the positive that they either already use community pharmacy services in Hartlepool or may use one in the future.

"This survey is for people who already use community pharmacy services in Hartlepool or who may use one in the future. Do you live, work, study or visit Hartlepool?"

People with a positive response were permitted to complete the survey.

7.6.2 Detailed analysis of results

We are further reassured that consequently those who replied to the survey did so based on their experience of pharmacy services in Hartlepool. Of the 273 people who answered the question **"How often do you use a pharmacy service in Hartlepool?"** 211 (77%) reported they used a pharmacy service in Hartlepool 'often and regularly, about once a month'; a further 43 (16%) claimed to do so up to four times a year (i.e. every 3 to 4 months); only 19 used services less frequently than that.

We asked people to identify their pattern or habit of using the same pharmacy and found that 6 7% always use the same pharmacy, 21% use the same one or two. Others used any, whichever is convenient, one of the elements of choice to be considered as part of the PNA.

We explored whether people responding to the survey used a pharmacy for themselves (78% of n=272) or on behalf of a friend, family member or as a carer (22%). This is of a similar order to 2022, though fewer than the 85% who were then completing the survey for themselves.

To reduce the survey load, some questions were not explored this time. However, data from the previous ten years has explained some patterns of behaviour we have no reason to believe has changed, given that the location and number of “bricks and mortar” pharmacies and population density has not changed. People have described using a pharmacy near where people live (60-70%), knowing they have good access to pharmacies across Hartlepool and short distances from where they live work or shop. This is supported by our travel time mapping.

As two DSP pharmacies have been added to the pharmaceutical list since the engagement surveys of 2021-2, it is helpful to know more about how people are now accessing services. Inviting people to think about their most recent use of a pharmacy and asked whether or not they visited the pharmacy in person; 88% (n=239 of 272) did so, and a further 9 (3%) someone visited on their behalf. This number is still very high, though slightly lower than the 95% of respondents who completed the 2021 survey, despite the latter having been completed some 20 months into the Covid-19 pandemic and at a time of renewed concern about the Omicron variant.

It is worthy of note that even in 2025, only 24 (almost 9%) of the people in this survey indicated they had in their most recent use of a pharmacy used a ‘remote access method ie a delivery service, a phone call or the internet’.

When asked **“Do you have any additional needs that make it more difficult for you to use a pharmacy?”** 44 people who responded indicated that they had at least one additional need. The total included a wheelchair user, people with vision or hearing issues including profound deafness, mental disability, speech or language difficulty or other physical disability or long term medical condition which affects their ability to use a pharmacy, including being housebound. It is valuable that people with these challenges and protected characteristics completed the survey. Historically more than 90% expressed no difficulty in access. That is not to ignore the 10% of individuals who found it difficult. Where numbers are small reasons for this may be a combination of issues, related to a disability or long-standing illness, or to working hours or transport problems.

When asked **“If or when you need to visit a pharmacy how would you usually get there?”** responses are again remarkably similar to previous years given the circumstances and number of responses, which also adds greater confidence to use of the data. The proportion who travelled by car was 59% in 2014, 57% in 2022, 63% in 2017 and 65% now in 2025, showing a general increasing trend.

Those who walk from where they live, work or shop = 29%, again similar to 2022 (26%) and 2017, having been higher (but overall remarkably similar) at 35% in 2014. Only 4% of those who responded in 2025 used public transport or taxi to visit a pharmacy in 2025, down slightly from around 6% of the total in 2022. Other options people indicated were wheelchair/mobility scooter, bus, taxi or bike. Three people noted they would never visit a pharmacy in person (which may include those people for whom someone would visit on their behalf).

For the follow-up question - **“Thinking about your answer to the previous question, how long would it take to get to the nearest pharmacy from where you live, work or shop using this type of transport?”**, of 272 replies, 67% said less than ten minutes, 29% said 10 to 20 minutes and only 11 replies stated 20 to 30 minutes. This will include the one third of people walking as well as those travelling by public transport. This matches with our analysis of travel times and the measure used to assess what a ‘reasonable travel time’ might be in Hartlepool for those services assessed as necessary.

“Overall, how would you describe your experience(s) of the pharmacy or pharmacies in Hartlepool that you have used in the last year?”

Two thirds of the 172 respondents rated their experience as good or very good. We know there have been some significant challenges in the sector recently, so it is good that satisfaction rates this highly. It is less good that 6% rated their experience poor or very poor with the remainder having had a mixed experience. In 2021, slightly more people (76%) rated services good or very good yet more (10%) also rated poor or very poor in 2022; there were more people with a mixed experience this time.

We know that in the last 3 years opening times have changed. When asked, **“In the last 12 months have you noticed any changes in the opening times of any pharmacies that you use?”** results indicated that 76% (n=272) had not noticed any changes; we can conclude any changes had certainly not affected them. Of the 63 who had noticed and responded to the follow-up question, one third (33%) had noticed that opening times on a Sunday have changed, two thirds (68%) noticed that opening times on a Saturday have changed and just over half (57%) noticed that opening times on a weekday have changed. In fact, opening times have changed every day of the week for at least two pharmacies in Hartlepool.

Importantly, when asked **“Have these changes in opening times affected how you use a pharmacy? (Please tick all that apply)”** for 22 people, i.e., 35% of the 63, this had not affected them. Taken together, this number, plus those who hadn’t noticed at all, means that 85% of all of those who responded to the survey had either not noticed or been unaffected by recent changes to opening times. This is an important finding to take forward in our assessment. Of those who had made a change themselves in response to a change in opening times they had observed; around one third use a different pharmacy; two thirds go at a different time. 10% were inconvenienced because they didn’t know or because a pharmacy was closed when they needed it.

Unfortunately, due to an incorrect ‘skip’ in the questions, only those who had noticed a change were asked the question **“In your opinion, is there a good range of pharmacies that are open at convenient times across Hartlepool on weekdays?”** Nevertheless, 78% (of only 63) agreed. Few free text comments were added including *“A good selection during working hours but non after. 8:00pm”*

When asked the same question for the weekend, just 53% (of only 63) agreed. It is disappointing that numbers offered this question were reduced as there is potential for more bias when numbers are already small. More free text comments were added making reference to mostly evenings and Sundays.

It was nevertheless good to report that 78% of the 273 respondents were happy with the current opening times of pharmacies in Hartlepool (slightly more than previously and ten percentage points more than in a neighbouring area where the range of opening times is

longer. 87% stated that they could “**usually find a pharmacy that is open when I need to**” which is a slightly reduced proportion to previous years, but nevertheless a high agreement.

We have previously reported that people in Hartlepool (like many people) may sometimes be constrained by not knowing where and what pharmaceutical services are available - this uncertainty is likely to impact answers to the above questions regarding satisfaction with pharmacies open on weekdays or weekends. It was noted that several free text comments were based on incorrect information. Would it change perception if the full/ correct service availability was known? In free-text feedback about how pharmacies might improve one comment supported the on-going need for better information suggesting a need for:

The knowledge to find ie (HBC web site? or your doctors web site) where to find a pharmacy that is open when required

When asked, just 50% (n=268) knew a pharmacy that is open after 6pm on a weekday and the same split was observed for Sundays. Interestingly, the pharmacies that are open these days and times are the same, so promoting them could make a big difference. However, 84% did know a pharmacy that was open on a Saturday, a similar proportion to 2022, which is doubly reassuring and yet knowledge could still be better. Given the location of these pharmacies, this high positive may reflect shopping/ leisure habits on a Saturday.

Though half of people did not know of pharmacies open after 6pm on weekdays, two thirds did not express a need for the pharmacy that they used to be open longer on those days, though half did express a desire for their own pharmacy to be open longer on a weekend. It is not known if this is the same 50% of people who did not know of any pharmacies open on a Sunday.

To explore whether people think the number of pharmacies available to the people of Hartlepool is about right, we asked the question directly as shown in Figure 19, though without the prompt included last time which was “**there are 19 community pharmacies in Hartlepool and two of these open for 100 hours every week**” before asking about what people need. In 2024/25 42 people (15%) replied that they didn’t know or didn’t have a view on this question. This is more than the 11% of people who responded similarly in 2022.

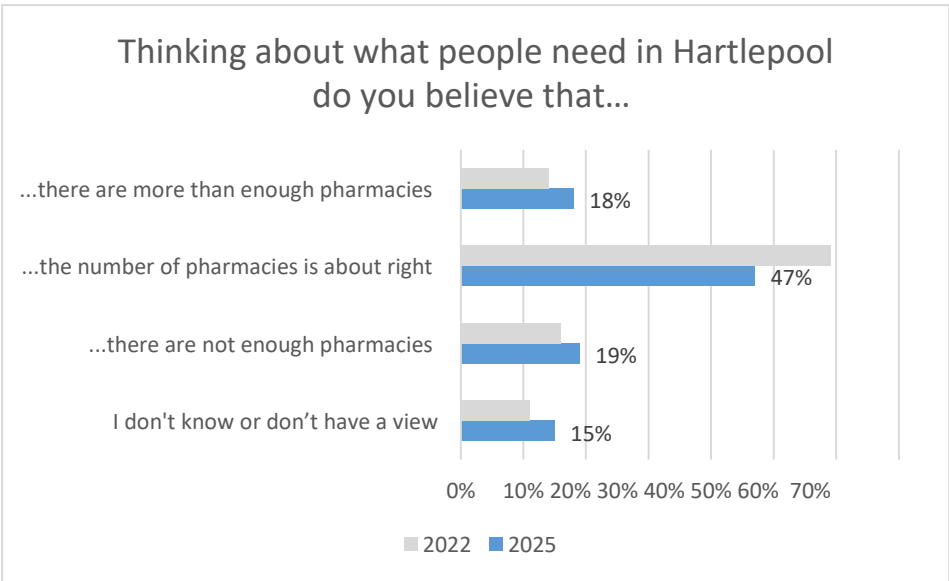


Figure 19. Survey views on the number of pharmacies in the Borough (2022; n=222 and 2025 n=272)

Excluding those who don't know or don't have a view, 77% of those who responded (n=177) thought there were either more than enough, or the number of pharmacies was about right. The option to justify their answer with written comment was not included this time at this question.

Use of pharmacy services

In 2021 in response to the question **"What do you usually go to the pharmacy for?"** more than 90% of those who responded would usually visit to get a prescription dispensed for themselves or for someone else. In 2014, 21% reported visiting for advice whereas in 2021 42% reported this - which suggested some positive behavior change in relation to using a pharmacy for advice. It also adds weight to the assertion that access to pharmaceutical services is now about more than dispensing prescriptions. Consequently, in 2025 we asked a series of questions to further explore use of pharmaceutical services. First on advice and self-care:

If you had a minor health problem would you visit, or contact, a pharmacy for advice?

Of 272, 65% said "yes", 89% said "yes or maybe", only 11% said "no". This suggests that acceptance of using a pharmacy for advice for low acuity conditions (minor health problems) has increased again since PNA 2022. After introducing, or reminding, the respondents about Pharmacy First, the question was repeated:

Now that you know to think about Pharmacy First, would you consider going to a pharmacy for advice for a minor health problem in the future?

Answers in the positive increased further to 75% (n=272), and 93% now replying "yes or maybe". 'No' dropped to less than 7% no (6.6%). Again, improving understanding of availability may improve access and choice, though awareness has improved.

In previous PNAs, after several years without a local service to access medicines for low acuity conditions free at the point of care in a pharmacy, and general practice discouraged from prescribing these items, surveys were highlighting concerns about the impact of the cost of so-called 'over the counter' (OTC) medicines driving 10 to 20% of people on low income to inappropriately attend A&E, a walk-in centre or their GP with a minor complaint. PF and TPF services will support those people who do not pay prescription charges by providing this treatment and advice without charge.

To explore the use of other services further, the survey included a question about the last 12 months and the next three years. Table 33 shows the results. Anticipated use (I will use..) increased compared with previous use (I have used) for every service other than supervised consumption and needle exchange.

The survey results showed people usually using the same one or two pharmacies (indicating choice) regularly was similar to in 2021/22. Almost one of every ten 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.

The use of a 'usual' pharmacy may be related to increased use of prescriptions sent electronically (EPS) to a pharmacy (now at about 94%). There was a suggestion that this may be constrained by opening times - patients may need to understand that they can change their nomination for EPS, for acute prescriptions or regular ones, just as they could previously 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.

Table 33. Responses about the use of pharmaceutical services within the last year and likely use in next three years

Have you used any of the services below available from pharmacies in Hartlepool in the last 12 months? (Please tick all that apply); n=255 completed		Do you think you will use any of these pharmacy services in the next 3 years? (Please tick all that apply); n=259 completed.
Getting a prescription filled for medication or dressings	79%	83%
Getting rid of unwanted medicines	29%	46%
Information or advice on health and wellbeing	38%	47%
Support to manage your current prescribed medicines (including inhalers)	12%	22%
Help or advice when starting a new prescribed medicine	12%	24%
Flu Vaccination	40%	51%
Covid Vaccination	35%	39%
Emergency contraception (morning after pill)	1%	2%
Needle exchange	1%	1%
Substance misuse support (e.g. methadone)	1 response	1 response
Free blood pressure check	10%	21%
Contraception service (without prescription)	1%	3%
NHS111 urgent repeat medicines supply service	6%	13%
Pharmacy First service for a minor condition including sore throat, earache in a child, etc	19%	43%
Additional options added for next 3 years		
Help for you stop smoking	n/a	0%
C-Card (free condoms)	n/a	2%
Chlamydia screening	n/a	1%
Naloxone supply	n/a	1%
Support to maintain a healthy weight	n/a	7%

In previous surveys, multiple options were offered for the question, **‘Why do you choose the pharmacy you usually use?’**. 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 as good customer care/friendly staff was an option frequently selected.

New for 2025, the public survey explored experience of using a pharmacy on a public holiday when number of pharmacies and their opening times to deliver pharmaceutical services is substantially reduced. When asked **“Have you ever needed to use a pharmacy on a Bank holiday?”** response rate was Yes 42% and No 59% (n=272). This does seem quite a high figure. Of the 112 responses in the positive, people were asked about the reason for their visit(s).

- Half of people had visited for a new prescription medicine – though we don't know if this means a new diagnosis or when this was prescribed.
- Half of people attended for medicine for a minor ailment or illness.
- One fifth went for advice from the pharmacist, suggesting that most often the remaining people went knowing already what they wanted.
- For 13% of people, they attended because they had run out of their usual medicine. There are lots of reasons why this might happen though repeat dispensing should reduce this occurrence. In free text feedback there was evidence that people attending the pharmacy or urgent treatment centre may have had difficulties getting a routine GP appointment.

The Pharmacy First service can add value to the support available from essential services on public holidays (as on other days) to manage unplanned need regarding minor conditions and to access existing medicines more urgently when people have run out.

Of more than 110 responses, half of people reported finding out which pharmacy was open on the bank holiday via a website, 25% by another healthcare professional and 15% via NHS111, which may have been by phone.

However, one response noted an issue with signposting from elsewhere;

Not so much the Pharmacy but the people who signpost to pharmacy's (111, GP etc.) need to know what pharmacies can do and for who for example the age restrictions on treating water infections. Pharmacies are inundated with people coming from the GP or 111 asking for help that the pharmacy are unable to give subject to their guidelines but they have been signposted there

When asked **“How easy or hard did you find it to get what you needed that day?”** a fifth of the 113 people found it easy, and just under half found it neither easy nor hard. This meant that one third (34%) had found it difficult and this could be improved. This may be related to the one third of people who had to travel outside of Hartlepool on the bank holiday to be able to access pharmaceutical services.

There is scope for NHS England who commission the services on a Bank holiday to explore this further and the potential for improvement or better access to these services by ensuring that Pharmacy First and other advanced services are available to enhance the essential services offer.

A free-text question was added for people to report their own priorities.

“Is there anything else you think people in Hartlepool need from the pharmacy services across the town?”

When looking at free-text responses, it is important not to add undue weight to any individual comment, especially as some 158 of the 275 (57%) chose not to leave any comment. Of the 117 who did comment, 9% gave an active ‘no’ i.e. nothing else they thought was needed from the pharmacy services across the town. So 67% or two thirds of those people who completed the survey had nothing to add.

There were 91 people who made any comment on this specific question about what Hartlepool might need from their pharmacy services. Of those, about 15% of them specifically made positive comments, though the question had not invited this.

It was good to hear some positive feedback, particularly about advanced services (NMS or DMS or PF, including recognition of knowledge of PF exclusion criteria, or a positive suggestion for improvement. Examples are shown below.

Positive comments
<i>I think all the pharmacies I use offer an excellent service, not sure how you could improve the service</i>
<i>The services offered by Hartlepool pharmacies have met the needs of myself and my family to-date.</i>
<i>I am well served by the pharmacy I use</i>
<i>My pharmacy at [H1:West] has the most amazing pharmacist and staff that go way above and beyond to help with everything. The pharmacists have been life savers for minor illness in my child.</i>
<i>On a personal level I am happy with the services provided.</i>
<i>Side effects of medication explained fully.</i>
<i>Xxx pharmacy is excellent they contacted GP directly for me</i>
<i>"I recently took started a new medication and the pharmacist called me a week after 1st use to check suitability. I was impressed with this back up service and increases my visibility/awareness to see the pharmacist as an additional support instead of only the GP service"</i>
<i>The pharmacy in my area is very important to the residents. The pharmacist knows the residents the staff know the residents. They are all friendly approachable and very caring to the community</i>
<i>I am satisfied with my local pharmacy service [pharmacy in H1: West locality] although I did move from another local pharmacy due to delays in getting repeat prescriptions and also their opening times (xxxx). It may have been caused by staffing issues/lack of at the time.</i>
<i>Some public need a bit more patience with staff occasionally. No i,m not pharmacy staff</i>
<i>Expand the range of minor ailments that can be seen at the pharmacy including those for over 65 s</i>
<i>I think the pharmacy service's in hartlepool are good, maybe it would help if extra one open bank holidays.</i>
<i>I used to get a text when my prescription was ready I found that really helpful, but I don't get them now and never know if my prescription has been sent to pharmacy</i>
<i>more publicity about what services pharmacists can deliver to save a GP / A&E appointment.</i>
<i>Hi, your questionnaire doesnt really ask any questions on the quality of service at Pharmacies within Hartlepool. But, xxx Pharmacy is a great example of an excellent service & xxx onxxx Road is good example of a less friendly approach.</i>

Of those people who made a response to this question, one third of these were related to issues with general practice appointments or communication between pharmacy and GP and waiting times. There was a suggestion that struggles with having to use e-consult in general practice, or not being able to get appointments, may be increasing the need to use Pharmacy First or NHS111/ UTC for medicines rather than the routine and more appropriate repeat prescribing route.

Better communication with GP surgeries / Hospitals. Regularly have issues collecting px meds for family member, after ordering well in advance then being advised by surgery it has gone to nominated pharmacy , spend a ridiculous amount of time having to chase / liaise between pharmacy / then surgery, after pharmacy often advise px (prescription) not received despite being advised to contrary by GP surgery/ hosp

There were several references to the problems people may have had finding a pharmacy to provide medicine in a compliance aid and to offer delivery. This is quite a specific need, which does need to be made available for people who need a reasonable adjustment to manage their medicines. It has often been requested for people with formal carers so this medicines adjustment may or may not be required. This issue of access to reasonable adjustment under the Equity Act can be explored further outside of the PNA.

From what I hear from friends and neighbours the waiting list on weekly delivery of medicines for those in need is extremely long. My pharmacy at [H1: West} xxx Hartlepool has the most amazing pharmacist and staff that go way above and beyond to help with everything.

There was also frustration that even when calling in advance, items were not available, meaning they had to wait or come back. Feedback expressed the view that pharmacies are very busy. Comments on pharmacy have always referenced waiting times, but this time increased reporting of issues with medicines being out of stock. Significant national shortages of specific medicines continue due to wider international supply issues. Some drugs were mentioned which are known to be on this list. It is challenging for people to appreciate that it is sometimes not possible for the pharmacy to avoid or fix this. However, this is a real problem for people, though there is not currently an easy fix to this on-going national issue.

Several comments referred to pharmacy staffing. It is difficult to separate the planned from the unplanned with regards to staff, skill-mix and workload in community pharmacy at the moment. Do pharmacies plan or choose to operate the pharmacy with fewer staff than would make workload more manageable because of real funding constraints? As pharmacies take on newer services, is it less easy to predict staffing demands? National evidence identifies high levels of sickness absence due to the substantial pressures on community pharmacy. The impact on workforce recruitment and retention issues in community pharmacy have been significant as a result of the rapid expansion in primary care general practice roles as well as the known impact of current financial constraints on the sector.

It is true that as pharmacies adopt newer roles, and demand increases, this will need to be balanced with the capacity to deliver on necessary essential services too. With adequate funding and facilities, this can be managed with staff and skill mix, not a new pharmacy, especially if people want to use the pharmacy they already do and do not have to change.

Thank goodness the pharmacy service is working in Hartlepool. ...I have needed to use the pharmacy due to extremely poor GP service which has resulted in me not being able to get appointments and on a few occasions has resulted in me needing emergency medication after ringing 111 or using the emergency care as I simply could not get a GP appointment. The lack of being able to get a GP appointment lead to me being hospitalized..... Thankfully a combination of pharmacy and walk in saved me.

Quicker service ie script send electronically to pharmacy is taking longer that when you took the script in person.

To keep stocked up, half the time they do not have enough medicines to cover scripts.

The pharmacy is always understaffed and service is very slow. If they are struggling to fill prescriptions how are they going to find time for consultations? There are always queues as it is.

Enough medicines in the store so they do not run out of popular ones

More staff in some pharmacies also making sure medication is ready when you need to collect in most cases your told to come back as medication isn't available

Potentially more pharmacists working in the existing chemists, particularly in busy periods such as when flu vaccines are taking place. i waited half an hour for a prescription to be signed off by the pharmacist because they were busy administering the flu jabs and had back to back appointments

There is often a wait for prescriptions to be filled due to medication shortages. Instead of having to go to various pharmacies, a system where they can tell you where your meds are available would be useful.

My son takes ADHD medication and it is frequently out of stock. I have to call around a list of pharmacies... to find out who stock the medication, on occasion no local pharmacies stock his medication and I need to travel out of town. The ability to check stock online, that meet the issues prescription would be beneficial.

Potentially more pharmacists working in the existing chemists, particularly in busy periods such as when flu vaccines are taking place. i waited half an hour for a prescription to be signed off by the pharmacist because they were busy administering the flu jabs and had back to back appointments.

Although it was mentioned by fewer than one in ten of the overall total of responses (23 of n=275) the second most frequent comment from those who responded to this question included reference to 'out of hours', longer opening times. This was mostly for evenings, though there was some reference to weekends when pharmacies are already open. This may reflect 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

A very small number made specific reference to urgent care, though this may be representing a preference, not a need, to be able to dispense a prescription straight away after a visit there. There was no reference to extended access to medical appointments.

<i>I think there should be a couple of pharmacies that open later in the night so if people go to urgent care they can get Medicine straight away to help recovery</i>
<i>At least one pharmacy open every sat/sun If possible local hospital to have an out of normal work hours emergency pharmacy open 365 days each year</i>
<i>overnight pharmacy on a rota like there used to be</i>
<i>Local pharmacies open on a weekend</i>
<i>A late or all night pharmacy after an urgent care visit to the hospital to be able to start medication straight away</i>

There was reference to the loss of "the '24 hour' pharmacy at the Marina". Though there has not ever been a pharmacy open in Hartlepool 24 hours a day. This would be financially unsustainable, and unlikely to be necessary for the potential activity based on what is currently known.

7.6.3 Public survey summary

For all the engagement tools used with the public and other stakeholders, the electronic tracking shows that the biggest engagement takes place when the surveys are first launched. Although social media or other nudges may increase activity by a small number, the length of time the survey is open was not found to impact overall response.

- Almost 9 out of 10 respondents described visiting the pharmacy in person
- Three quarters of people used a pharmacy service in Hartlepool 'often and regularly, about once a month'
- Two thirds always use the same pharmacy, most others use the same one or two
- The majority of responders visit a pharmacy by car but one third of people walk. This has been a similar pattern for the last ten years. Journey times vary from 10 to 20 minutes, even walking.
- Most respondents rated the pharmacies they most recently used as good or very good
- As well as dispensed medicines, respondents are using pharmacies more for information, advice and newer NHS services.
- Excluding those who did not have a view, three quarters of those who responded thought there were more than enough, or the number of pharmacies in Hartlepool was about right.

- Almost 80% were happy with the current opening times and 76% had not noticed any changes to current opening times; we can conclude any changes had not affected them
- 87% stated that they could usually find a pharmacy that is open when I need to.
- This is balanced with the expressed desire for more 'late evening' and weekend opening in the Borough. Insight from free text comments suggests that people could better know what is available and when. Although 84% knew a pharmacy that was open on a Saturday, just 50% knew a pharmacy open after 6pm on a weekday or on Sunday. Interestingly, the pharmacies that are open these days and times are the same, so promoting them could make a big difference.
- Some comments about opening times were mitigated by having described incorrect knowledge about which pharmacies open late and at weekends across the town; that there used to be a 24 hour pharmacy (there never was) and only making reference to 'the Marina' as the pharmacy open out of hours.
- As well as dispensed medicines, respondents are using pharmacies more for information, advice and newer NHS services

Some responses were different in emphasis than in previous years.

- There was increased concern about 'out of stocks', waiting times, workload and capacity of pharmacy; items were not available, meaning they had to wait or call back.
- There was only one comment about new build areas and just one expressed views similar to *"there should be a pharmacy on every estate"*, which was a more dominant feature in previous surveys.
- a sense that new services (e.g., vaccination, advice) would mean there was not enough time for the staff to dispense.

It is true that as pharmacies adopt newer roles, this will need to be balanced with the capacity to deliver on necessary essential services too. With adequate funding and facilities, this can be managed with staff and skill mix, not a new pharmacy, especially if people want to use the pharmacy they already do and do not have to change. A new pharmacy could reduce the ability for other pharmacies to improve staff or facilities resulting in more option for a poorer service.

No reference was made to using the extended access services (either the general practice or the co-located pharmacy at Park Road (One Life) at all. We have no information about the relative use of this extended access compared to the urgent treatment centre. When people are describing running out of regular medicines or not having been able to get a GP appointment, perhaps the extended access service may be a better option than using NHS111 or the urgent treatment centre. This could be explored further in reference to service awareness.

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

Exploring service-user experience and listening to the public voice via engagement opportunities during the development of the PNA is highly valuable may give some indication of current provider capacity to deliver pharmaceutical services. However, quality monitoring, management and enhancement for pharmaceutical premises and services is undertaken by NHSE and the GPhC. The PNA is not the place to review, assess or address other inadequacies in the NHS system. e.g. medicines out of stock, communication between providers, issues with access to appointments in general practice or in secondary care or the remuneration for community pharmacy or workforce issues across the pharmacy profession.

7.6.4 Other lived experience information

NENC ICB receive and manage complaints from users of community pharmacy services. This data has not been accessed, and when asked, colleagues from the regional team have not reported anything of note for consideration.

In Hartlepool, the Big Conversation engagement about local services ran for 12 weeks from 22nd November 2023 until 14th February 2024 with over 1,600 engagements with residents, employees and partners from the public, private, voluntary, community and social enterprise (VCSE) sectors. People did identify that easier access to some health services could improve their health and wellbeing with a particular focus on increased availability of GP appointments, NHS dentists though easier access to mental health services was also mentioned.

7.6.5 Current providers; engagement response

Pharmacies were sent links to the public surveys as well as the contractor-specific survey. A very low response rate of less than 20% was received by the closing date so responses are not summarized here.

7.6.6 Other stakeholders; engagement response

The stakeholder survey process is described in Section 4.2.1. Although there were 16 visits to the stakeholder engagement survey, there was insufficient response to report anonymously. Possible reasons for this include:

- this PNA survey did not include quantitative questions as it was considered:
 - the small numbers of responses received for each previous PNA are less valid for a quantitative exercise
 - a qualitative response was considered to offer better opportunity to represent the views of an organization.
- However, it may be that the free text response has discouraged further completion by those who accessed the link but did not complete the survey.
- those who accessed the survey were also encouraged to respond to the public (tick box) survey if they lived, worked or visited Hartlepool, so some may have chosen to do so instead

Those who did respond included

- suggestions that a direct 'professional line' would improve access for certain groups of professionals or those who represent, advocate or care for an individual in a professional context would be very helpful; some email correspondence with professionals (not prescribers) from pharmacies has been helpful
- (from an organization not a contractor)- specific positive comments regarding helpfulness of pharmacies in Hartlepool including some by name
- comments on the on-going need for availability of compliance aids
- comments on the value of the extended services now available from pharmacies
- (from an organization) indicating that the pharmacy at Wynyard, though small, is providing services to the people of Hartlepool as well as Stockton. Expressed a view noting the previous application for a new pharmacy at Wynyard (which was rejected) was not required.

7.7 Consultation Response

Required statutory consultees and wider stakeholders were notified by email of the commencement of the consultation process as described in the Consultation Plan (Appendix 2). Consultation commenced on 4th July 2025 and continued until 4th September 2025 inclusive to ensure a minimum of 60 days. Links were provided to the electronic survey tools and access to the draft copy of the PNA. A range of promotional activity including posters and social media were undertaken in support. Paper copies of the PNA and the consultation survey were made available in libraries/hubs across the town.

During the consultation period there were 215 visitors to consultation webpage; there were 63 visitors to the PNA consultation response framework in 2022.

Of these 215 visitors;

- 97 completed at least one action via the web page which included:
- 43 who downloaded the draft PNA
- 79 who visited multiple pages
- 17 who engaged with the electronic survey tool to the conclusion of submitting their response.

One consultation response was submitted on paper and their answers are included in the final summary – a total of 18 responses. This is a comparable response to the PNA consultation surveys of 2022 (14 responses), 2015 (14 responses) and 2011 (6 responses).

A consultation report, including the survey questions, is included as Appendix 4 including analysis of respondents and summarised response. Key points are:

- the purpose of the (draft) PNA was explained (89%)
- the draft PNA accurately describes the current pharmaceutical services available in Hartlepool (72%) – others not sure; however no known discrepancies or inaccuracies in the description of pharmaceutical services were identified
- no respondents were aware of any services provided in Hartlepool that were not included in the PNA
- the majority thought that the draft PNA reflects local pharmaceutical needs (67%); uncertainty in response is noted similar to previous years, the majority (76%) thought that the process followed in developing the PNA was appropriate
- the majority of respondents agreed with the conclusions of the PNA, however, two fifths of respondents did not have a view. 91% of those who expressed their view, agree with the conclusions of the PNA
- It is recognized that the technical nature of the PNA makes it more difficult for a lay-person to form a view.

Eight of the 18 respondents provided a written response to at least one part of the consultation framework where the opportunity to do so was made available. Written comments are quoted verbatim in Appendix 4. Comments and experiences shared are acknowledged. The weight attributed to any individual view has been considered by the Steering Group in the context of the whole process of data collection, engagement and development of the PNA. Factual correction or clarification was taken forward for the final PNA.

8.0 Strategic Plans or Relevant Future Developments

In seeking to identify known future needs for pharmaceutical services, the HWB referenced guidance from the Department of Health and Social Care issued in 2021⁷¹. The PNA assessment therefore had 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 from community pharmacies
- plans for the introduction of special services commissioned by clinical commissioning groups or (now) their successor organisations.

As the PNA must 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 impact or be achieved within this timeframe or realistically, sooner, to reflect the timeline of processes by which any identified pharmaceutical need could be met. For example, although the days and/or times at which pharmaceutical services are provided could be increased by any existing provider by notification of additional (supplementary) opening hours, any need for a new pharmacy could only be addressed by application. The timescale for opening a new pharmacy is limited by this formal application process, being approximately 18 months to two years from commencing the application.

The pharmaceutical needs assessment is also made in the context of local strategies and plans which seek to address health and wellbeing needs including the Hartlepool Joint Health and Wellbeing Strategy, 2024.⁷² In turn, the local strategies reflect regional plans of the NENC ICB and national plans and policies which include the previous NHS Long Term Plan from 2019.

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 many organisations and sectors in Hartlepool – a significant benefit in addressing the area’s health and wellbeing challenges and inequalities.

⁷¹ New guidance issued 31st July 2025 was published too late for detailed reference, but will be used to plan maintenance activity for the PNA 2025 including supplementary statements

⁷² https://www.hartlepool.gov.uk/downloads/file/9730/joint_local_health_and_wellbeing_strategy

8.1 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 work of the HWB is guided by the current JHWS from 2023 which sets high level ambitions for the next five years. The vision seeks “to address health inequalities by working together to ensure everyone in Hartlepool has the opportunity to thrive and achieve their potential”. The JSNA informs three strategic themes towards meeting the identified health and wellbeing needs of Hartlepool which are Starting Well, Living Well and Aging Well. The JSNA can be accessed at [Introduction | Joint Strategic Needs Assessment | Hartlepool Borough Council](#). The focus of the first subsequent DPH annual report of 2024 was on Starting Well available at [Hartlepool Director of Public Health Annual Report for 2024 | Hartlepool Borough Council](#)

The HWB strategy also follows key principles which are

- Tackling inequalities
- Empowering local communities
- Shared responsibility
- Integrated approaches
- Building health

8.2 Housing development and changes in social traffic

The National Planning Policy Framework (NPPF), revised and updated in December 2024, 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)⁷³, 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 current Local Plan includes several 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) have been considered in making this assessment of pharmaceutical need. 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 housing or infrastructure development may be at various stages in the process from submission to completion. Some plans will be small for a small number of households, 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). In this

⁷³ [Local Plan / Planning Policy | Local Plan / Planning Policy | Hartlepool Borough Council](#)

context, the PNA will have regard to ‘firm plans’ with full planning permission granted and deliverable sites identified, with projections likely within three years based on the routine data for deliverable housing sites. Sites of major development potential in the Borough have been reported in previous PNAs and all developments have been reviewed afresh for this 2025 PNA with expertise from members of the working group and the relevant local authority teams.

There is nevertheless often uncertainty in the housing / construction market which means that planned developments may not come to completion.



Figure 20. Location with planning reference and overlaid ward boundaries for delivered new-build dwellings in Hartlepool 2022-25.

Figure 20 shows the location of dwellings delivered in the three years from the last PNA (2022-25). Ward boundaries are also shown for reference and consideration of pharmaceutical need. Some plans are for such small numbers of dwellings there could be no potential for impact on need in the context of the PNA. Developments completed with larger numbers of homes are indicated with a pink to red-coloured dot.

Table 34 .Main location and approximate number of dwellings delivered since the PNA 2022 in each PNA locality (based on larger planning sites only) and the projected numbers for those largest sires in 2025-28

Locality	Delivered 2022-25*	Projections 2025-28
H1: West; in wards at northeast of the locality e.g., Upper Warren	325	309
H1: West; in [Rural West] ward; southwest corner of the locality (Wynyard)	456	249
H2: South; includes Golden Meadows and Antler Park and initiation of the South West Extension	209	322
H3: Central & Coast; including former Britmag site, Marine Point and Quarry Farm at the Headland	482	145
*as of January 2025, includes built to date 2025, also included as part of the 2025 projection. After publication of the PNA, final built out figures of 2025 and beyond will be monitored referencing projections to 2028	1472	1025

Table 34 summarises by location the approximate numbers of dwellings built out and projected numbers for the larger sites in the next three years. The more substantial active and future developments in the context of the 2022 PNA were in locality H1: Hartlepool West, particularly in the southwest corner of the [Rural West] ward in the vicinity of Wynyard. This is addressed separately in Section 9.2.1.1. Updates for 2025 on the largest on-going plans/developments are as follows:

H1: West locality

- In the wards to the north of the locality for example at Upper Warren: activity had commenced by PNA 2022 for an application with 570 households approved. currently expecting completion on site circa 2027.
- Also at High Tunstall Farm: numbers reduced, up to 1200 homes to be developed up until 2033, includes plans for 'public amenity' development. While it is envisaged that works will commence on site within the next two years, no dwellings constructed are able to be occupied until the completion of the A19 Elwick Bypass road, currently projected to be completed 2027. This substantially reduces any impact here until after the time frame of this PNA
- In the south west corner of the [Rural West] ward in this locality is the Hartlepool side of the substantial development at Wynyard Park and Garden Village. This is addressed separately in Section 9.2.1.1.

In H2: South locality

- Developments in [Fens and Greatham] and [Seaton] wards have delivered around 200 dwellings since 2022.
- The 'South West Extension'. This is a large area of land between Brierton and the A689 behind the Fens estate (see map in section 9.2.1.1). Permission for 1260 households (reduced numbers) over the course of ten years as major infrastructure changes are required which restrict the pace of build. Though some work has started (at May 2025) the timeframe for completion of these pre-requisites mean planning estimates of just 190 new dwellings are expected to be delivered within the lifetime of this PNA. No more than 288 dwellings can be built out prior to the completion of highway works on the A689. Development on this site will be closely monitored for progress.

In H3: Hartlepool Central and Coast:

- Former Britmag site at Old Cemetary Road and the Quarry Farm 2 site both in the [Headland and Harbour] ward have continued as projected to deliver 482 dwellings (combined) since PNA 2022. Expected to build out the remaining 145 permitted dwellings during this PNA period.

New build dwellings may not always create new households but rather re-distribute social traffic and potential demand. Population projections have not yet indicated a change that reflects the new households. 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 in any of the localities 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. New inhabitants of all the new-build areas of H1: Hartlepool West

locality are not likely to be those who are less mobile, or in greatest need of pharmaceutical services, by virtue of the type of households offered and where they have chosen to live.

Where identified, appropriate relocation of existing pharmacies to provide improvement (such as in premises size or facilities) or better access for the population already served by that pharmacy may be considered. Pharmacies themselves may have regard to any potential changes in demand. With shorter timeframes for notification of changes to supplementary opening times, contractual arrangements now give more flexibility for pharmacies to respond, to increase availability of pharmaceutical services on other days or at other times from those they offer currently. A pharmacy may explore local demand, or consider how to spread planned workload, or advanced services by appointment, in a different part of the day or week.

Most people do not need to access to either a general practice or a pharmacy service every day⁷⁴. The number and location of completions to date 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 that cannot be accommodated within the existing pharmacy 'estate', providing staffing and facilities in existing premises are also monitored and reviewed. Despite the construction work that residents might see, resulting small population changes overall are insufficient to suggest that existing pharmacies would struggle to accommodate the associated pharmaceutical needs. Pharmacy contractors may be wise to monitor demand, and their response to it, as consideration of any speculative new application.

The population of the [Hart] and [Rural West] wards increased by about 800 over the time period and may still be increasing as the data lag will ultimately show. Some of the increased number of households in [Rural West] has followed the opening of the most recent new pharmacy contractor at Middle Haven which has now secured improvement or better access to the current and near future residents nearby, and those who may soon follow. However, the population in all the new-build areas of H1: Hartlepool West locality are likely to be generally younger and more mobile by virtue of where they have chosen to live.

8.2.1 Wynyard

The development area known as Wynyard Park and area designated as a 'Garden Village' in 2020, is located across both borough council areas of Stockton-on-Tees and Hartlepool. Development in the Wynyard area has been the subject of significant planning activity since the grant of the original outline planning consent in the late 1990's. The site continues to grow, providing a substantial number of new dwellings, employment opportunities and the need for local facilities and services. The Wynyard area has been identified as a major location for housing and employment growth over the next 15 years.

⁷⁴ apart from some substance misuse services

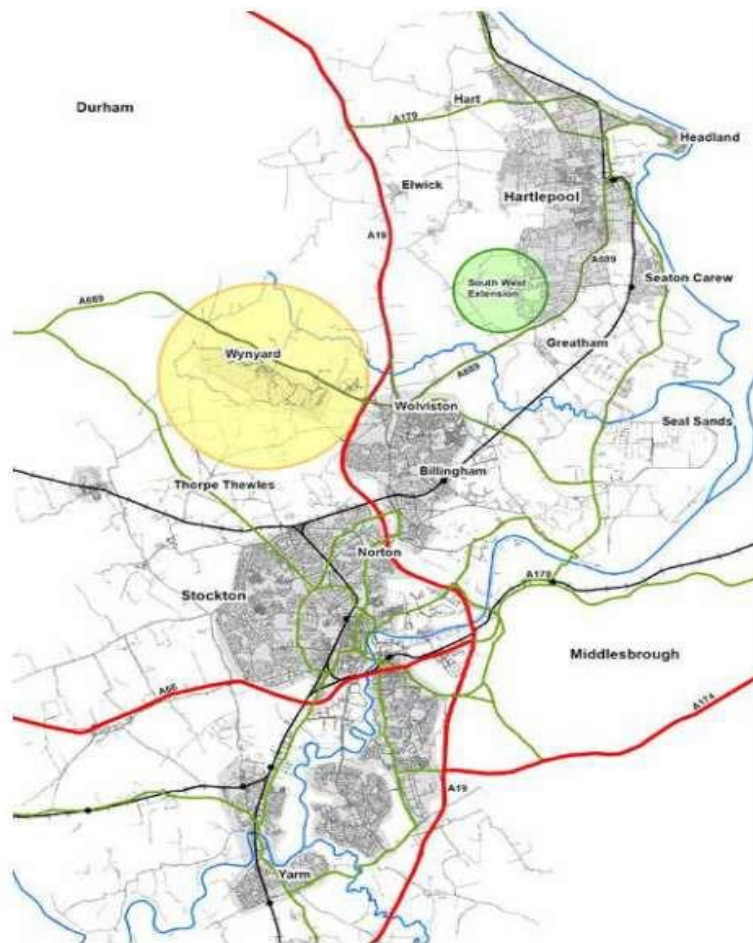


Figure 21 shows the location on a map from Stockton-on-Tees Borough Councils 'Wynyard Masterplan – Strategic Framework and Delivery' document (November 2019). With the review of planning deliverables in the near future, this supports assessment of any potential current or near future pharmaceutical needs.

Figure 21. Map included in the Wynyard Master Plan to show location of the development in relation to the town of Hartlepool, areas of Stockton on Tees and Middlesbrough and the planned 'South West Extension'.

The HWB acknowledges the substantial plans for housing delivery in the framework on both the Stockton and Hartlepool sides of the boundary. Across the next PNA period, it is expected that approximately 450 dwellings will be built out across 6 sites in Hartlepool. While the original allocation and masterplan for the Wynyard area included the provision of additional employment land, this land has since been granted planning permission for a change of use to residential development of 1,200 dwellings. This new provision has been given permission in outline; therefore, any future delivery will be subject to the submission, and subsequent approval, of further details. It is expected that any delivery on this site would commence 2027 at the earliest. Monitoring of build rates will be required. Of key importance is the delivery of primary arterial routes that link separate developments into a single community, including the links connecting development between the two boroughs.

A primary school opened on the Stockton-on-Tees side of the development in January 2019. Other education facilities may come forward, but more likely after this PNA lifetime. Development such as this may contribute to the longer term sustainability of the existing pharmacy. Should it look likely that overall facilities may bring sufficient social traffic in the longer term, this could prompt the current provider to respond with the offer of additional supplementary opening hours.

In 2019 Councils liaised with the Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) a predecessor commissioner of primary care, who provided information about GP practice access for the then residents of the Wynyard site. This indicated that almost 50% of the population attended GP health facilities in Sedgfield (County Durham) with the majority of the remainder accessing facilities in Billingham in Stockton on Tees and just 5% at

Stillington, also in Stockton on Tees and which has a dispensing doctor practice. The CCG also described the developing strategic approach to commissioning of healthcare services in the area with 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 meant there was already uncertainty about the likelihood of future provision of any health facility in the vicinity of Wynyard. Though the Wynyard masterplan may tentatively safeguard a site within the Local Centre site at Wynyard Park for health facilities, NENC ICB has not offered any indication of any development of new primary healthcare facility in Hartlepool or Stockton-on-Tees within the lifetime of the PNA.

There is no essential requirement for a pharmacy to be co-located with a general practice or other source of prescriptions to support the pharmaceutical needs of the community at this location. Community pharmacy is also an NHS contractor in primary care, whose income streams are equally significantly dominated by NHS sources. This is particularly true in areas of higher relative deprivation such as Hartlepool. With the current national funding model for community pharmacy, it should not be anticipated or expected that any community pharmacy could contribute substantially to supporting the funding of a healthcare facility.

Any subsequent 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 people in this new housing development may also have established patterns of current access to health care largely either out of the area into Sedgefield, Billingham, or Hartlepool, service users may already have established patterns of behaviour with respect to their pharmacy services too.

It is acknowledged that existing plans will continue following government approval of the Garden Village 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-on-Tees when it is all built out. However, this will not be for at least 15 years and therefore does not fall into the assessment for this PNA.

A recent application for a new pharmacy on the Stockton side of this development site was refused by NENC ICB on behalf of NHSE. The pharmaceutical needs here are foreseen. Current firm plans do not indicate that the near future need for pharmaceutical services in the Wynyard area would require a second pharmacy for those needs to be met. A comment to this effect was offered by parish representatives in response to the 2025 PNA engagement exercise. For the residents of these new households and others visiting the still limited facilities of the primary school and a small number of local shops, there is considerable access to a choice of alternative pharmaceutical services beyond the Wynyard pharmacy or when that pharmacy is closed, just a short distance away by car into Billingham or Hartlepool within a 15 minute drive, plus elsewhere in Stockton-on-Tees and in Sedgefield where some residents may still access GP services. Several pharmacies offer a choice of core opening hours including into the late evening on weekdays and longer hours on weekends.

In summary, at June 2025; current firm plans do not indicate that the current or near future need for pharmaceutical services in the Wynyard area would require a second pharmacy for those needs to be met. The community will continue to grow towards completion of the Wynyard Village development for several years beyond the lifetime of this PNA. 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. The existing contractor may respond with the offer or trial of some supplementary hours to support choice or improved access on a weekend. However this would be for convenience only (an element of better access), carrying much less weight than other influences in other areas of substantially greater deprivation in the Hartlepool HWB area.

8.2.2 Health care and GP practice estate

NENC ICB indicated that there are no known plans to commission additional general practice facility in Hartlepool. There had been a historic 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, or other substantial source of primary care prescriptions, if the reliant population is already adequately provided with pharmaceutical services. Beyond the lifetime of this PNA, a new community pharmacy provider of pharmaceutical services might be considered of value only 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.

Primary healthcare-seeking behavior was already changing before the pandemic. Far fewer requests for dispensing 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 already originated from home and only 27% from the GP surgery – and visits to a pharmacy for prescriptions are now even less likely to be the only reason people may want to visit pharmacies. Acute prescriptions issued during a face-to-face consultation account for an increasingly small proportion of all prescribing. Far fewer consultations take place in person in the course of routine primary healthcare as new models of multi-disciplinary integrated practice become established. This involves more than GP medical professionals, including other non-medical prescribers. So called ‘long term conditions’ for which medicines are prescribed ‘on repeat’ are not issued following a face-to-face consultation with a prescriber, but remotely. This is particularly with widespread implementation of the Electronic Prescription Service (EPS). Already high at 94% of prescription items dispensed this way in 2020/21, that figure is now at 99%. 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. Even if a prescription is issued after a consultation for an ‘acute’ (one-off or new) condition, that prescription is sent electronically to a pharmacy chosen or ‘nominated’ by the patient. People may leave the consultation with a piece of paper in their hand but that is now a ‘token’ not a legal entity.

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 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 as well as healthcare capital arising from the potential removal of an existing 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, any facilities relocate.

In summary, the HWB were not made aware of any current or near future developments in relation to primary healthcare estate in Hartlepool or Stockton on Tees which would impact on the needs for pharmaceutical services within Hartlepool within the lifetime of this PNA. There are no 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 within the near future lifetime of this PNA.

9.0 Pharmaceutical Needs - description

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 public and stakeholder engagement.

9.1 Fundamental pharmaceutical needs

The population of Hartlepool have 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 all commissioners recognise that the supply function i.e. the need to have a prescription, dispensed is just one of the fundamental pharmaceutical services that are required.

It is considered that these fundamental needs of a population for pharmaceutical services have been determined by the Department of Health for England; the services required to meet them are incorporated into the **essential services** of the NHS pharmaceutical services contract (CPCF).

These fundamental pharmaceutical needs for pharmaceutical services 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 to other parts of the health system;
- public health needs in relation to advice and support for health improvement and protection, and ill-health prevention, especially in relation to medicines and healthy lifestyles; the CPCF incorporates this into the standards of a 'Healthy Living' pharmacy
- the requirement to safely dispose of waste medicines in the community
- the public and professional expectation of reasonable standards and quality of pharmaceutical care and service.
- additional support with changes to medicines when discharged from hospital.

The requirement to have pharmaceutical services available to meet these 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 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.

As noted in section 7, 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. Geographical location of service provider's

premises will determine individual access in terms of distance from home or work. The wider location environment will also affect access via public transport, ability to park and access for those with a disability. Co-location with, or proximity to, other services (perhaps with primary care medical 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 'usual' day-time hours (e.g., weekdays 9am - 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 6pm or during lunch times
- those who have used general practice Extended Access outside of the 'routine 9-6' times e.g., up to 9 o'clock at night on weekdays
- those with more urgent self-care, unplanned care needs or for care at the end of life, at non routine time e.g., on later evenings and at weekends.

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, though the weight applied to this may vary. Choice of services in this context is described in Section 7.1.10.

9.2 Considering pharmaceutical needs particular to Hartlepool; support for determination of necessary services or other relevant services

How can pharmaceutical services contribute to shaping the future of health and wellbeing in our Borough as well as responding to current pharmaceutical needs? 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 people 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 in primary or community (i.e. not hospital care) in Hartlepool will require contact with a community pharmacy to fulfil the supply function, even if that is via PGD. The exception to this would be personally administered medicines in general practice. 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 professional is invaluable. The **NHS repeat dispensing** service can increase health contacts via a pharmacy and help to better monitor a patient's medicine-taking⁷⁵. A similar benefit of repeated contact for pharmaceutical care has operated for many years via installment dispensing for patients receiving substitute medicines for substance misuse.

There is an ideal opportunity to piggy-back selected interventions on these frequent health contacts and to 'make every contact count' for health improvement and ill-health prevention. Routine shared decision-making, and feedback to/from a patient about their medicines-use such as following NMS, or PF services, 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 patients with long-term conditions will 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, respiratory function, all of which can be done by a pharmacist, or 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 of pharmaceutical advice should not be lost just because there is a higher level intervention available in the form of the 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 both within and 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 improved access to clinical pharmacists (including as prescribers) in general practices and the scale shift in primary care pharmacy teams supporting better management of medicines in care homes will support this. Patient-facing services supporting shared-decision making are increasingly delivered in each PCN and for most GP practices by clinical pharmacy professionals as part of the PCN DES.

Examples include:

- full patient medication reviews after referrals from practices, care homes and other teams, for example district nurses, learning disability team
- comprehensive Structured Medication Reviews targeting people using high-risk medicines, or at risk of frailty
- pharmacist-led patient clinics within practices (such as prescription opiate reduction or benzodiazepine reduction, as practice prescribing rates in Hartlepool were high)
- medicines management in domiciliary and care home settings
- medicines reconciliation at the point of transfer of care
- pharmacy support for Enhanced Health in Care Homes.

⁷⁵ 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.

In some parts of the northeast, community pharmacies had successfully delivered high quality, clinical pharmacist-led anti-coagulant monitoring clinics, including domiciliary visits, for many years. Similar services are now being routinely delivered by clinical pharmacists based in general practices, including those in Hartlepool.

Pharmaceutical needs of in-patients in the acute hospitals are provided for by the acute trust. Where increased health needs lead to both elective and urgent hospital admissions, smooth transition related to medicines is vital in relation to outcomes. Opportunities to work closely with both primary and secondary care pharmacy professional colleagues to promote communication across the interface and provide high quality interventions around medicines, particularly at discharge, can make a real difference to outcomes. The trust can 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 essential service supporting **safe use of medicines on discharge** from hospital supports improvements with the right communication. Clinical pharmacy professionals in general practice and also working in care homes can also help support medicines reconciliation at transfer of care and wider patient safety processes including full structured medication review and person-centred care. Independent prescribing by pharmacists and others is continuing at pace in general practice and the hospital sectors and will begin to drive change in community pharmacy over the lifetime of this PNA.

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 recognised 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. The healthy living pharmacy criteria in essential services support this.

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, including via promotional campaigns run jointly with the local authority public health teams or regionally. 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 Pharmacy First and Think Pharmacy First locally commissioned services can

offer real support. Pharmacy access to supportive professional advice and treatment where required 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. Signposting to Healthy Start Vitamins will increase accessibility for these products in pregnancy and early years.

Access to GP services, and particularly 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 may be encouraged to choose self-care, with the support of a pharmacy if needed. PF and TPF help to avoid 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 to signpost to 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, even though dental caries rates in children are better than England.

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 packs 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 is discouraged. Improved understanding, at all levels, of the Act and how it applies to these pharmaceutical needs, goods and services for older people, and other vulnerable groups, would be valuable.

Responses received to the engagement survey suggest that pharmacies could make better adjustments to support the needs of the deaf community and perhaps those for whom English is not their first language with small changes to services. An understanding of the need to offer BSL translation services, for bookable services in particular, and how to access that pragmatically through NHS England commissioned service is highlighted.

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. Without seeking to patronise, to take enough care to ensure that people can understand how to use medicines for themselves or their dependents? Can they calculate the time schedule for 'four times a day?' Can they read the labels on the packaging 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?' The NMS service can support this for a larger number of long-term conditions.

HLP requires pharmacies to understand the health inequalities of their population. The national pharmacy post-graduate training provider offers support for pharmacy professionals to learn more about how to support people with a learning disability, or other varied ability and understand their duty in respect of the Equality Act and Mental Capacity Act.

There is a pharmaceutical need for access to EHC, ideally free at the point of access and for ages below the limit for non- NHS sale-only supplies. This clinical service is well established in community pharmacy and is well used. With changes to the CPCF, the transition between current arrangements (a locally commissioned service) and access via an advanced service may need to be supported differently by the new lead provider. In particular, the decline in reported rates of chlamydia test / registration for the C-Card scheme Tees-wide suggests that better use could be made of opportunities to close any EHC consultation with the offer of a chlamydia test and registration for the C-Card scheme, where eligible. The needs of young people for wider **sexual health support** services such as free pregnancy testing, counseling and alternative contraception advice may be supported via essential services and HLP. Pharmacy is a safe and secure supplier of medicines. A PGD for chlamydia treatment would broaden the inclusion criteria and a commissioned service could 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. Other areas of the northeast have locally commissioned services in pharmacy for provision of LARC.

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. The diagnosis of depression has recently been added to the NMS eligibility criteria. Supervision and compliance support could 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 are at an increased risk of 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 universal. 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. Some consideration may be given to the resilience of just one pharmacy offering the service alongside the availability of the mobile service (non-pharmacy setting).

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.

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.

People who manage their own health, wellbeing and care 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 other advanced services alongside Pharmacy First and adoption of an approach to 'Shared decision making' across all sectors will help. Finally, there is evidence again from this PNA engagement exercise that patient access to a pharmacy in Hartlepool may be constrained by a lack of knowledge of services, how they may help, service availability including opening times, and their own empowerment to act (e.g., how to change nomination on ePS). This is has historically proven difficult to improve, not just locally, but nationally.

9.3 Current pharmaceutical needs particular to Hartlepool localities

9.3.1 Locality H1: Hartlepool West

The wards of [Hart] and [Rural West] are characterised by their relative rurality and measures of greater affluence (relative to the rest of the borough, rather than England); 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 population demographics may be also changing with the housing development activity on-going in the more northern and southwestern parts 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 geographically into this locality space. However, taking demographics into account, including small 'pockets' of an aging population and some retained village issues, the fundamental pharmaceutical needs of this area are largely already identified in the general description for Hartlepool. The impact of housing developments and social traffic are considered in section 8.2.

9.3.2 Locality H2: Hartlepool South

A characteristic of the two wards in this locality is a generally lower level of children and highest proportion of older people in the town. Service provision often focuses on the needs and demands in the H3: Central and Coast locality, but the population here will have greater demands for medicines related support and potentially for any adjustments to help older people manage their medicines. In the future, though beyond the lifetime of this PNA, the population demographics may change with the development of the South West extension. Having only two pharmacies, the population may be vulnerable to a change in pharmaceutical need should there be a complete and permanent loss of one of them, and given the geographical location, particularly in Seaton. However, there is no need for any new provider of pharmaceutical services whilst the services currently available are maintained. Indeed it is important that no potential new provider put the current location of pharmaceutical services at risk for the people who are used to using these services.

9.3.3 Locality H3: Hartlepool Central and Coast

All of the pharmaceutical needs identified for Hartlepool are most prominent in this locality since this is where the majority of people live and collectively, they have the poorest health, the greatest impact of the less positive social determinants health and highest levels of deprivation and inequalities.

The pharmaceutical needs of the transient daily population and visitors attending the town centre facilities, colleges or leisure activities must also be accommodated.

The Urgent Treatment Service located at the NTFT site in Holdforth Road (TS24 9AH) and GP Extended Access service located at the Park Road (One Life) Health Centre (TS2 7PW) are both in this locality, though at different locations. The pharmaceutical needs of people attending

these services must be considered here. Any likely need for a pharmaceutical service after visiting the Extended access service may be met by availability of existing pharmaceutical services, including a pharmacy co-located with that service at Park Road.

People attending hospital services either as an in-patient or an outpatient do not have their medicines provided by primary care. The pharmacy that is at the hospital may only dispense prescriptions which are issued by the hospital. At the urgent treatment centre any pharmaceutical needs shall first be met by the provider of the urgent treatment also providing urgent and necessary medicines where required. A prescription for dispensing in the community is only required to meet on-going need for any medicine, which can therefore wait until the next community pharmacy service is available, when the patient has the capability to be able to access this.

10.0 Statement of Need for Pharmaceutical Services in Hartlepool

In making this assessment the HWB had regard, in so far as it is practicable to do so, to the specific matters included in Part 2 Regulation 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended. It has considered the current provision of pharmaceutical services across Hartlepool from community pharmacy contractors located within and outside of the area. The HWB has had regard to the services of dispensing doctors, LPS contractors and Dispensing Appliance Contractors where they could affect the need for pharmaceutical services in the Hartlepool area, noting there are not any doctor-provided dispensing services or LPS contractors or DACs located within Hartlepool.

The HWB also had regard to the demographic characteristics and health needs of the residents of Hartlepool and considered the needs of other potential users of pharmaceutical services in Hartlepool by visitors to the area for work, shopping, study or access to other healthcare services, including those outside of routine working hours. The assessment has also considered future strategic plans for housing and related infrastructure and the influence of national and local policy or plans including healthcare planning for the near future.

When making this assessment, the HWB has considered the responses to patient, professional and other stakeholder consultation and engagement as received 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 as one of the few variables with respect to essential services) and the contribution made by service providers outside of the Hartlepool area.

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.

Having regard to all the information collated, considered and described in the preceding sections of this assessment, this Statement of Need for pharmaceutical services in Hartlepool 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.

The statement will also identify if these necessary services and other relevant 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.

A map showing the location of all pharmacies within the Borough is a statutory part of the PNA. Maps included in section 7.1.1 are copied to Appendix 6 for ease of updating as required by the Regulations.

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.

The Regulations also require that the PNA includes a statement to indicate any **gaps in the provision** of pharmaceutical services that the Health and Wellbeing Board has identified. There may be gaps in the provision of either necessary services or 'other relevant services'. 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 'other relevant services' should also be identified in relation to **current** or **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 will also be included.

10.1 Necessary services and other relevant services

The availability of pharmaceutical services will be considered

- during the usual working day; 9am to 6pm Monday to Friday (the 'in-hours period')
- outside of those hours (the 'out-of hours period').

Necessary services

The Health and Wellbeing Board has determined that the **essential services** delivered in person on the premises of those in the pharmaceutical lists, which includes, but is not limited to, the dispensing of drugs and appliances, are **necessary services** in all localities of Hartlepool.

The necessary services provided at the premises of community pharmacy contractors (i.e., excluding DACs and DSPs) are necessary from 9am to 9pm on weekdays and Saturdays and from 9 am to 5 pm on Sundays. The availability of essential services outside of these times offer improvement or better access.

The HWB is satisfied that these services are also necessary on Bank holidays and other days on which usual contracted NHS pharmaceutical services in Hartlepool are closed. The times that these necessary services will be made available on Bank holidays may vary, as they are determined (by NHS England currently) based on contractor submissions of potential opening times and in response to what is mutually available in each area of the Tees Valley. Waiting times and travel times may reasonably be expected to be longer on these specific days. Urgent and necessary provision of medicines should be provided by the urgent treatment service at times when a pharmaceutical service is not available in primary care.

Access to necessary services (all essential services, not just dispensing), and other relevant services (see below), including but not limited to those that facilitate urgent access to a person's usual medicines or provide support (and treatment where necessary) for self-care free at the point of access, and emergency contraception services, may have more weight in need and contribute to the integrated healthcare model on Bank holidays times when other primary care professionals and pharmacies are closed.

The HWB notes that essential services are not limited to dispensing and disposal of waste medicines. The local health needs of the people in the Borough of Hartlepool indicate that programmes to encourage behaviour change in respect of smoking, breast feeding, diet, alcohol, substance misuse, obesity, cardiovascular risk and sexual health (as examples of modifiable risk factors) are an important feature of public health strategy and HWB plans in the immediate and short-term future. The necessary essential pharmaceutical services of pharmacy contractors can be employed to support actions which meet the pharmaceutical needs and contribute towards improving the health inequalities experienced by the population of Hartlepool.

Other relevant services

The HWB also identified that the essential services of dispensing appliance contractors are considered to offer improvement or better access to pharmaceutical services, including dispensing supply of appliances for people in all localities of Hartlepool.

The HWB also identifies that the essential services of distance selling pharmacies whether located in the HWB area or out of the area, are considered to offer improvement or better access to necessary (essential) pharmaceutical services, including the delivery of drugs and appliances for people in all localities.

The HWB considers that all directed (advanced) services of the community pharmacy contractual framework for community pharmacy contractors in place at the time of publication in September 2025, and those in-train to commence during 2025-26 and the national enhanced services are other relevant services according to the 2013 Regulations, offering improvement or better access to pharmaceutical services for the people of Hartlepool.

The local enhanced services providing anti-viral stock, as part of pandemic planning and the Out of Hours (Bank holiday) provision (directed enhanced service) provides access to the necessary service of essential services and the other relevant services on bank holidays.

10.2 Necessary services – current provision

Current availability of pharmaceutical services in or to the people of Hartlepool is described in detail in section 7.0 in section 7.1. The providers that are community pharmacy contractors are described in section 7.1.1 their distribution in localities in section 7.1.4, and section 7.1.5. The pharmaceutical services which they provide are described in section 7.2 and specifically the essential services in section 7.2.1.

The days and times at which their pharmaceutical services are currently provided are included in section 7.1.9

10.2.1 Borough of Hartlepool – all localities

- The necessary pharmaceutical services (essential services) of the CPCF are currently available in the borough, from the **21 community pharmacy contractors** with an address in Hartlepool, **19** of which are able to provide necessary and other relevant services at the

premises (sometimes abbreviated to 'bricks and mortar' community pharmacies). **Two distance-selling pharmacies** located within Hartlepool now offer necessary services to the people of Hartlepool, whilst also being required to offer pharmaceutical services to the whole of England.

- Two pharmacies in Hartlepool subject to the '100 hours condition' provide **necessary (essential) pharmaceutical** services during their core opening hours, particularly in the evenings and at weekends, to the whole of the Hartlepool area.
- The distance-selling pharmacies are required to deliver any medicines, appliances, or other aspects of the essential services provided, at a distance. The current DSPs (located both within and out of the HWB area) contribute to meeting the need for these necessary services for the people of Hartlepool.

Gaps in necessary services currently provided could arise from poor access to a pharmacy or an appliance contractor (including insufficient choice) by virtue of location or poor availability of pharmaceutical services on certain days or at certain times.

During routine working hours of 9 am to 6pm, weekdays

During routine working hours of 9 am to 6pm on weekdays the travel time for 97% of all residents (or visitors) is under 10 minutes by private car, and is even under 20 minutes when walking, with many likely journeys being much shorter than that.

Having reviewed all the available evidence, including reference to the travel time standard of 20 minutes by private transport, the HWB is satisfied that the location of pharmaceutical services in Hartlepool meet the **current needs** for necessary services provided in person in the area, in all three localities **during routine working weekdays**. The HWB had regard to the contribution to meeting the need for necessary services from out of the area, including by DSPs and DACs as follows:

Though dispensing is not the only consideration, the great majority (more than 96%) of all items prescribed in Hartlepool are dispensed by contractors located in Hartlepool. When the pharmacy outside of the HWB area at Wynyard is included, 100% of the residents and visitors to Hartlepool can access a pharmacy in less than 15 minutes and certainly under the 20-minutes travel time standard. The pharmacy at Wynyard is not necessary to meet the need for necessary services but contributes to **provide better access** for some of the people in the H1: West locality. Other pharmacies outside of the area also provide improvement or better access however this contribution is small. For the last three years out of area dispensing of prescriptions has remained within the range 3.5% to 3.9% of all dispensing. This would include contractors in close proximity (e.g. in Wynyard and other parts of Stockton on Tees and also from DACs and DSPs out of the area, offering choice.

Distance selling contractors are required to **deliver** any medicines, appliances or other aspects of the essential services provided at a distance. This offers improved choice or better access to some aspects of those necessary pharmaceutical services for some people in Hartlepool. Some of these distance selling services will be provided by contractors located outside of the HWB area, though again, most items prescribed in Hartlepool are dispensed by Hartlepool contractors.

Dispensing of appliances

There is a need for appliances as well as medicines to be dispensed as part of the necessary essential pharmaceutical services available to the people of Hartlepool. 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 historic data indicating more than 80% of prescriptions for appliances issued for the

people of Hartlepool are dispensed by pharmacies located within the area but recognises the contribution made to meeting the needs for this necessary essential service by DACs out of the area. The HWB consider that patients have a choice of where to access the service of dispensing for appliances, given the number of pharmacies in Hartlepool shown to be dispensing appliances, the five DACs out-of-area in NENC and those 75 further afield that have been shown to provide additional choice via remote access. 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 all of the above, the HWB is satisfied that the current needs for this necessary pharmaceutical service, in supply of appliances, are met. There is **no gap** in the current provision of this pharmaceutical service for dispensing appliances to the people of Hartlepool. Considering growth in dispensed items and the numbers of providers there is no need or near future need for this service that cannot be met by existing providers. The HWB is satisfied that no appliance (or other) contractor is required to be located in the Hartlepool HWB area to meet the current or future need for this pharmaceutical service, or provide improvement or better access.

Providers of pharmaceutical services **outside the HWB area** (including Wynyard, DACs, DSPS) provide better access in terms of choice of services, but these are not necessary providers of these services i.e. there is no gap; no service that cannot be met from pharmacies located within the HWB area.

Responses to the public survey of people who use pharmaceutical services in Hartlepool 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. 85% of all of those who responded to the survey had either not noticed or been unaffected by recent changes to opening times.

This includes having had regard to current provision of other NHS services that might generate a need for pharmaceutical services described in section 7.3 including all prescribing services for the reliant population in Hartlepool. The HWB is again satisfied that the current provision of pharmaceutical services in the in-hours period from 9-6 on weekdays meets the need for necessary services.

Outside of routine working hours of 9 am to 6pm weekdays

Again, gaps in necessary services could arise from poor access to a pharmacy contractor (including insufficient choice) by virtue of location or poor availability of pharmaceutical services on certain days or at certain times.

To meet the needs for necessary (essential) services in the out of hours period or at weekends, the HWB has taken into account the 'other NHS services' provision of population based GP Extended Access from Chadwick Practice located in H3: Hartlepool Central and Coast locality at the Park Road Health Centre (One Life) Hartlepool and provided between 18.30 and 21.00 Monday to Friday, 09.00 to 17.00 Saturdays, 09.00 to 13.00 on Sundays. The HWB has also had regard to the NHS Urgent Treatment Centre service located at the University Hospital of Hartlepool at Holdforth Road, TS24 9AH which operates 24 hours a day.

Prescription numbers from the Extended access service were counted in the hundreds. No prescription data for the UTC (Hartlepool) was identified separately to those identified for Stockton UTC – though some of these may be issued and dispensed in Hartlepool. Medicines which are 'urgent and necessary' should be provided by the service. Where prescriptions are issued in this out-of-hours period when pharmacies are closed, they should be for medicines

which can justifiably wait to be dispensed when the next community pharmacy service is available. Users of the service should be made aware of this as part of issuing the prescription.

Section 7.1.9 describes the number, premises location and opening hours of pharmacies in Hartlepool in the evenings and at weekends. On Saturday mornings there are ten pharmacies providing pharmaceutical services as part of their core hours. There are four pharmacies in Hartlepool open to meet needs for necessary pharmaceutical services (two are supplementary hours) on weeknights to 9pm and on Sundays between 10 am and 5pm, including to dispense a prescription.

The HWB had regard to the contribution to meeting the need for necessary services in the out-of-hour period from premises located out of the HWB area. Pharmaceutical services are available in Billingham and Stockton town centre area of the Stockton on Tees HWB a short distance away (between 15 to 30 minutes by car), beyond 9pm on weekdays and Saturdays and before 10am and until 8pm on Sundays. These services offer improved access to necessary services for the population of Hartlepool for the small number of times when a person may have to access an 'essential' service outside of those times that a pharmacy in Hartlepool is open.

Taking all into account, based on current needs, there is **no gap in pharmaceutical services provision** of necessary services; no pharmaceutical need that could not be addressed through the existing contractors.

There is therefore no current need for any new provider of necessary pharmaceutical services in Hartlepool.

10.2.2 Locality specific needs including likely future needs

The HWB has considered the current services and likely future needs for necessary pharmaceutical services both in-hours and outside of normal opening hours in the future. Section 7.1.4 provides a full description of current available services and Section 8.2 describes the strategic plans for development and potential changes in social traffic the HWB have considered in consideration of likely future need.

Locality H1: Hartlepool West

Current availability of existing pharmaceutical services are described in some detail in 7.1.4 and the needs of the locality described in section 9.3.1. It is acknowledged that some of the population of [Rural West] ward require transport to access the choice of essential pharmaceutical services outside of weekday working hours. However, car ownership is high and the choice of pharmacies within a few miles is great. Travel time standards are met for the whole of the borough as previously described with better access by virtue of travel times and choice is provided by the pharmacy at Wynyard which is out of the HWB area. The current needs for necessary services are met as described for all localities.

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 areas which include the Bishop Cuthbert/ Middle Warren and Upper Warren areas of the Hart and Rural West wards, as well as in the Wynyard area. However, the net gain in persons (not households) is smaller than construction activity of households may suggest.

There is no substantial new need for pharmaceutical services and none that cannot be met by existing providers, particularly with now well-established provider of pharmaceutical services 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.

- Essential services) provided by the pharmacy at Wynyard, which is outside of the HWB area but less than one mile from the boundary with Stockton-on-Tees area, provide better access to meet the current and likely future needs for the necessary services of the population of both Hartlepool and Stockton on Tees on weekdays. Whilst there is a pharmacy contracted to provide pharmaceutical services here, the HWB is satisfied that there is no need for an additional provider of pharmaceutical services in the Wynyard area to meet the needs for, or to provide improvement or better access to, essential and other relevant pharmaceutical services for the population in this vicinity for the lifetime of this PNA.
- For the avoidance of doubt, that the existing premises is on the Stockton-on-Tees part of the Wynyard area is no impediment to the ability to meeting pharmaceutical needs or improving better access, for those residents or users of pharmaceutical services in the area.
- 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. It would be of no long-term benefit to the population of Wynyard should a second pharmacy be provided that subsequently proved unsustainable to maintain two providers or potentially contribute to the permanent loss of one or both.
- In the specific circumstances that there should be a complete and permanent loss of pharmaceutical services available from the current pharmacy in the vicinity of Wynyard, the HWB is of the view that this would create a gap in the necessary and other relevant pharmaceutical services which offer improvement or better access to the reliant population. As the population expands, the pharmacy contractor may consider offering services on a weekend to further improve choice. However, given the characteristics of the resident and visiting population, good access to necessary services is currently available nearby in both Hartlepool and in Stockton HWB areas, and well within the standard travel times on evenings and at weekends. Should the availability of pharmaceutical services of the existing pharmacy remain as they are currently, this would not be considered to create a gap which would need a second pharmacy in the vicinity of Wynyard to meet.

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 current needs or future needs for **necessary** pharmaceutical services in the locality (other than specific identified circumstances).

Any potential future provider of essential services in any locality must offer substantial 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, including Sunday.

Locality H2: Hartlepool South

- Section 8 shows there are two pharmacies in the H2: South locality. These pharmacies together provide important and necessary access to pharmaceutical services to the resident and visiting population of that locality. The continuation of the national Pharmacy

Access Service (PhAS) funding for the Well pharmacy at Seaton pharmacy acknowledges this necessary provision of essential pharmaceutical services in this locality.

- Having regard to all the information presented throughout, no additional pharmaceutical needs for necessary 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, and the services available in H3: Central and Coast locality 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 current or near future pharmaceutical services provider in this locality. More than satisfactory choice is available short distances away and within the travel time standard described.
- In the specific circumstances that there should be a complete and permanent loss of pharmaceutical services available from the current pharmacy in the [Seaton] ward of this locality, the HWB is of the view that this would create a gap in the necessary and other relevant pharmaceutical services which offer improvement or better access to the reliant population. However, given the characteristics of the residents and visiting population, good access to necessary services is currently available nearby in Hartlepool and within the standard travel times on evenings and at weekends. Should the availability of pharmaceutical services of the existing pharmacy remain as they are currently, this would not be considered to create a gap which would need a second pharmacy in the vicinity of Seaton to meet.
- Considering the longer-term future needs of the population of this locality, some limited housing development is underway and there are firm plans for more extensive new housing provision, including as part of the South West Extension, described in Section 8.2. 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, approved or pending) have been considered in making this assessment.

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. Conveniently, most of the borough's community pharmacies are located here offering substantial choice of provider and location and the maximum days and times at which at least one pharmacy will be open. Both DSPs are in this locality though that is of little consequence given the nature of the pharmacy business. The number and location of pharmacies are in close proximity to be able to access a choice of pharmacies. Since the last PNA in 2022 there has been no change in the number or location of the pharmacies in this locality providing pharmaceutical services on the premises.

Having regard to all of the information presented throughout, no additional pharmaceutical current needs for necessary services are identified over and above those general needs identified for Hartlepool borough described above. Having regard to likely near future needs, the HWB is satisfied there is **no gap** i.e. no identified need for any additional provider of pharmaceutical services in this locality. Any application for provision of necessary services or other relevant services during the routine working days on Monday to Friday 9am to 6pm would be considered to be over-provision. The HWB is also mindful that new Regulations permitting changes to core hours are due to be enacted. Services available outside of weekdays 9am to 6pm currently are considered to be necessary to meet current and near future needs for necessary and other relevant services and provision within hours is also meeting current and near future needs.

10.2.3 Future needs – summary for all localities

The HWB has considered the current pharmaceutical services and likely future needs for necessary pharmaceutical services both in-hours and outside of routine in-hours opening times on weekdays in the future. Section 7.1.4 provides a full description of current available services and Section 8.2 describes the strategic plans for development and potential changes in social traffic the HWB have considered in consideration of likely future need.

For the pharmaceutical needs for the **necessary** essential services to continue to be met, the range of core hours currently provided after 6pm on weekdays and all core hours on Saturday and Sunday must be maintained.

In anticipating a future need, the HWB would regard any permanent reduction in their services by virtue of reduced core opening hours as creating a **gap** in availability of **necessary services** that would need to be met either by other contractors increasing supplementary hours, potentially in a mutual arrangement with each other, or by direction (NHSE) or by arrangement with the provider of urgent treatment services to supplement arrangements for urgent and necessary medicines. Should that not be achieved within 6 months of any permanent reduction in these core hours, then application for a new pharmacy would be required to meet the new need for pharmaceutical services. However, the gap would only be considered to be in those hours outside 6pm to 9am weekdays and Saturdays, and after 5pm on Sunday. There is no current need, and no anticipated future need for any additional pharmaceutical services provided at the premises; any additional pharmacy would create overprovision in the routine weekday hours.

The HWB recognizes that the population of Hartlepool have until recently been used to the availability of pharmaceutical services after 9pm and up to midnight on weekdays and Saturdays. However, services on Sunday have not ever been available beyond 5pm. In the absence of prescribing data for the urgent treatment centre, and understanding that provision of urgent and necessary medicines would be made, the HWB is satisfied that persons would not be seeking pharmaceutical services under the direction of NHS111 or the urgent treatment centre when pharmacies are closed.

Existing providers in any locality may consider the opportunity to offer improvement or better access to pharmaceutical services after 6pm, or after 9pm on (some) weekdays, or on Saturday afternoons, or on Sundays after 5pm via supplementary hours. Current pharmacies do have the flexibility to increase supplementary hours by overnight notification and to withdraw with five-week notice period. Qualitative and quantitative information regarding demand (or lack of it) for pharmaceutical services at these times, might be generated this way.

10.3 Other relevant services – current provision

10.3.1 Advanced services in Hartlepool – all localities

The HWB has determined all advanced services currently available as part of the CPCF to be 'other relevant services' for the Hartlepool HWB area according to the 2013 Regulations. A current description of national advanced services is provided in section 3.4.3.2. Current availability of advanced and enhanced pharmaceutical services in or to the people of Hartlepool is described in section 7.2.2 and 7.2.3.

For the avoidance of doubt the current list is:

- Appliance Use Review (AUR) and Stoma Appliance Customisation (SCS) Service
- New Medicine Service (NMS)
- Flu Vaccination Service (SIVAS)

- Pharmacy First service
- Hypertension case-finding service (HCFS)
- Smoking cessation advanced service (SCAS)
- NHS Lateral flow device (LFD) Service
- NHS Pharmacy Contraception Service (PCS)

The advanced services of stoma appliance customisation and appliance use reviews are considered separately. They are available from some few pharmacy contractors in Hartlepool and also from DAC outside of the area. These other relevant services offer improvement to pharmaceutical services for the people of Hartlepool who use stoma appliances or other appliances. Given the circumstances of access to appliances the HWB is satisfied that AUR/SAC advanced services are available to the population of the HWB, largely by provision from outside the HWB area, such that needs are met.

The advanced services of CPCF are only available where all essential services are provided. Since the CPCF was updated in March 2023, several of these advanced services are now to be 'bundled' over the course of the remainder of 2025; so if contractors choose one (Pharmacy First) they must also register to provide others. When considering location and days/times that these services are available in Hartlepool, the same assessment is therefore made as for necessary services; ie that needs for these services are met based on location and opening times on weekdays and weekends. The HWB is satisfied that community pharmacy contractors in Hartlepool continue to respond to the demand for provision of the advanced services as listed above. There are no gaps in the provision of advanced services in Hartlepool **during routine working hours** in any PNA locality.

Even at times of the lowest choice of pharmaceutical services (after 6pm weekdays and on Saturdays and Sundays), all four of the pharmacies open at those times (two as core hours and two as supplementary hours) are all actively providing the advanced services. Needs for these advanced services are therefore **also met in these specified out-of-hour periods**.

The HWB is also satisfied that no new provider of pharmaceutical services is required to meet the need for advanced services in Hartlepool. Were there to be an application for a new pharmacy offering to provide improvement or better access for only advanced or enhanced services, this would be considered to be overprovision of the essential services in Hartlepool they would need to provide alongside them.

Given the demographic characteristics and associated health need of the whole of Hartlepool, and the number of contractors actively offering the advanced services, there is no substantially different need for the availability of any of the advanced services in any one locality in Hartlepool such that the potential for improvement or better access to these services needs to be described separately. The services are determined to be of value in all localities, any long-term future absence of provision in any one locality will be monitored.

Changes have been announced to advanced services as part of CPCP 2025/26. In response to the contractual changes, continuation of advanced services in each locality will be monitored as part of the PNA maintenance process.

10.3.2 Enhanced services in Hartlepool – all localities

The HWB has considered all enhanced services currently specified in the CPCF and determined those that are currently commissioned by NHS England from community pharmacies in Hartlepool are defined as other relevant services for the Hartlepool HWB area according to

the 2013 Regulations. A list of each national and local enhanced service specified in the CPCF is shown in section 3.4.3.3. The current availability of enhanced pharmaceutical services for the people of Hartlepool is described in section 7.2.3.

Other NHS services and locally contracted services impact on the need for enhanced services under the CPCF and have been considered when making this assessment as described in section 7.3. To summarise, pharmaceutical services that **could be** commissioned in this way are those listed in the 2013 Regulations (Part 4, Schedule 14 (as amended) and in Table 35. This is an important distinction for the PNA as only locally contracted services commissioned by NHS England (or NENC ICB on their behalf) may be included in the needs assessment as 'pharmaceutical services'.

Table 35. Enhanced Services listed in Part 4 of Directions and other NHS services available in Hartlepool considered when assessing local need.

Service listed in Part 4 of the Directions	Other NHS service available locally and taken into account	Outcome: community pharmacy enhanced service required in Hartlepool?
Anticoagulant Monitoring Service	Monitoring undertaken in primary and/or secondary care	No, no gap
Care Home Service	Clinical pharmacy services in primary care	No, no gap
Disease Specific Medicines Management Service	Applies to several conditions – primary care	No, no gap
Gluten Free Food Supply Service	Where needed supported by primary care	No, no gap
Independent (IP) or Supplementary Prescribing Service	IP in primary and secondary care;	As pharmacists in CP gain IP, potential future services may be identified. Not possible to determine current or future need or gap in a community pharmacy setting.
Home Delivery Service	Some private services from CP and NHS DSP or SAC services	No, no gap
Language Access Service	Available by another commissioned route	No, no gap
Medication Review Service	Clinical pharmacy services in primary care	No, no gap
Medicines Assessment and Compliance Support Service	Part of Essential services; some private services	No, no gap
Minor Ailment Scheme	Pharmacy First Advanced service now available plus service locally commissioned as 3 rd party, subcontracted arrangement by NENC ICB via PSNE	No, no gap
Needle and Syringe Exchange Service	Commissioned (sub-contract) by LA public health	No, no gap
On Demand Availability of Specialist Drugs Service (palliative care)	Commissioned locally but as 3 rd party arrangement by NENC ICB; element of essential services	No, no gap
On Demand Availability of Specialist Drugs Service	-	Yes; this service is used for (Anti-viral stockist service)
Out of Hours Services	-	Yes – used for Bank holidays (unless subcontracted)

Patient Group Direction Service	Has several potential applications including PF and also commissioned as sub-contract by LA public health lead providers in sexual health and stop smoking	No, no gap
Prescriber Support Service	Clinical pharmacy services in primary care	No, no gap
Schools Service	Advice in LA	No, no gap
Stop Smoking Service	Commissioned as sub-contract by LA public health (non)pharmacy and pharmacy providers	No, no gap
Screening Service	Other NHS services	No, no gap
Supervised Administration Service	Commissioned as sub-contract by LA public health	No, no gap

10.3.3 Community pharmacy enhanced services currently commissioned by NHS England and available in Hartlepool

Covid vaccination service

This service is a national enhanced service. Pharmacies in Hartlepool who have been invited by NENC ICB on behalf of NHS England, have provided it. There is no gap in provision of this pharmaceutical service and no likely gap in the near future whilst contractors respond.

Extended hours (Bank Holiday) directed service⁷⁶

There is a pharmaceutical need for essential services to be available on days when all usual pharmacy provision could be closed (e.g. Bank Holidays). The service is of increasing value where more general medical services facilities are now made available in these extended hours or out-of-hour periods. The urgent treatment centre is also open on bank holidays. In the absence of any other provider of essential pharmaceutical services, a minimum service is considered **necessary** to meet the needs of the population of Hartlepool. The ICB has a duty to ensure that residents of the HWB's area can access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. Pharmacy contractors are required to advise the ICB of their opening hours on these days, and where necessary it will direct a contractor or contractors to open for all or part of these days to ensure adequate access. As well as locations within Hartlepool, pharmacies are also directed to open elsewhere in the Tees Valley which contribute to increased provision of this necessary service.

The HWB is satisfied that this provides a suitable process for ensuring pharmaceutical services will be available to the local population on these days. NENC ICB should continue to review whether people's lived experience of this commissioned service meets the requirement for access and choice on such national holidays. This is particularly important when looking across the whole system and recognizing that access to a pharmacy is now facilitating much more than access to a dispensed prescription, important though that is.

Access to urgent and necessary medicines in the 'out of hours' period is the responsibility of the NHS commissioned Out of Hours provider. 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 and the pharmaceutical needs of the population of Hartlepool are met. Arrangements must be agreed in a timely way and publicised so that people are able to make best use of the services available.

⁷⁶ For completeness, it is noted that the commissioned 'Extended hours – Bank Holiday (directed) enhanced service for community pharmacy may sometimes be 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.

As well as contractors updating the NHS 'Find a pharmacy' pages online, NENC ICB publishes Bank Holiday service availability on their own website and also share the locations with the local authority and others for onward publication.

NENC ICB should continue to monitor

- a. the level of use of these services and for more than just the dispensing of prescriptions and
- b. patient experience as PNA engagement suggested that one third of the people who had accessed bank holiday services in Hartlepool (and this was one third of the people who responded to the survey) had found it difficult to access the service.

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.

10.4 Statement of need: other NHS services taken into account when making the assessment for

The other NHS services taken into account when making this assessment are described in section 7.3. This includes all services which might impact the need by increasing (e.g. prescribing or referral) or reducing (by alternative provision) the demand for pharmaceutical services in Hartlepool.

The HWB were not made aware of any current or near future developments in relation to primary healthcare estate in Hartlepool or Stockton on Tees which would impact on the needs for pharmaceutical services within Hartlepool within the lifetime of this PNA. There are no known 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 within the near future lifetime of this PNA.

10.4.1 Other community pharmacy services *currently* locally commissioned in Hartlepool

Supervised self-administration of medicines for the treatment of drug- misusers.

There is a pharmaceutical need for this service to be available to meet the needs of the population of Hartlepool. However, this need is met by the community pharmacy locally commissioned service provision. With the current level of need as assessed by the specialist provider/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.

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 service. Currently, the local authority (indirectly) commissions a (PGD) service via third party which has enabled the need for this service for several years. This is now being incorporated into the national contraception **advanced service** so will in the near future become one of the other relevant services to be taken into account for the PNA. As an advanced service, this is therefore already referenced in the PNA.

C-card service (free condom supply) & Chlamydia testing

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. Uncertainty regarding the EHC provision could make progress with reinvigorating these two local services more of a challenge. As a host service provider has been recently appointed, it may be possible to enhance service-provision via what will continue to be a locally commissioned service.

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'. 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. Some pharmacies have been supported to maintain a stock list of urgent medicines and this was supported by the CCG and now the ICB, However, with the new CPCF, pharmacies must develop or update a palliative and end of life care action plan and, if they stock the 16 palliative and end of life care medicines, update their 'directory of services' profile to confirm this. This **necessary service** will therefore be part of the service specification of the routine dispensing essential service going forward. Any additional requirement may be commissioned by NENC ICB to provide improvement or better access.

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 indirectly by public health from just one pharmacy. There is no need for an enhanced pharmaceutical service as this locally commissioned service is provided alongside the main service provision of the lead provider.

11.0 Narrative Conclusion

In making this assessment, the HWB has defined necessary and other relevant services in accordance with the 2013 Regulations and with regard to the demography and protected characteristics and health needs of the population. The HWB has identified the current provision of pharmaceutical services in Hartlepool and considered whether current provision meets the needs of the population or whether there are any potential gaps in pharmaceutical service provision either now or within the near future including the likely lifetime of the PNA. The HWB had regard to the contribution of services from outside of the HWB and the impact of other NHS and other locally commissioned services on the needs for the pharmaceutical services it has defined. The Statement of need is included in Section 10.

There are 21 pharmacy contractors including two distance selling pharmacies located in the HWB area. These are distributed in the three localities as defined for the PNA. Appendix 5 contains a copy of the full Pharmaceutical List for the Hartlepool HWB area including all days and times at which pharmaceutical services are currently available; as at April 2025. There are no dispensing doctors and no appliance contractors.

A map showing the location of all pharmacies within the Borough is a statutory part of the PNA, located in Appendix 6 for ease of updating as required by the Regulations.

Taking into account all the data provided, presented and considered on the health, wellbeing and associated pharmaceutical needs of the reliant population of the Hartlepool HWB area and the availability and variety of pharmaceutical services, the HWB is satisfied that the Needs Assessment has identified essential services provided at the premises of those contractors on the pharmaceutical lists as **necessary pharmaceutical services**. Given current provision including the spread across the area, and their opening times, the HWB has found there to be **no gap** in the availability of these pharmaceutical services given their location and availability in all localities of the HWB area.

Taking into account population demographics, projections, and known firm housing projections and plans, it is anticipated that the current availability of pharmaceutical services providers will also be sufficient to meet local needs in the near future lifetime of this PNA, other than in specific identified future circumstances at Wynyard and in Seaton.

Additionally

- the range of pharmaceutical services provided and access to them is good; there are pharmacies close to where people live, work or shop. Travel times have been mapped, finding that 67% of the population is within a 10 minute walk and 97% are within a 20 minute walk (or a 5 minute car journey) of their nearest pharmacy. There are some differences between localities that reflect the nature of their populations and environment. The whole of the Borough can access at least one pharmacy within a 10-15 minute drive, surpassing the travel standard the HWB considers reasonable. Public transport is good across the town.
- there are essential pharmaceutical services (from pharmacies) seven days a week offering services from 9 am and up to 9pm on weekday evenings and Saturdays. Half of all the pharmacies (very good service availability) provide services on Saturday mornings. This is reduced on Saturday afternoons and on Sunday, but meets current needs. There are some differences between localities. Existing contractors may use the current regulatory options to explore opportunities for the benefit of improvement or better access to both necessary and other relevant services outside the current weekday hours of 9 am to 6pm, and especially on weekends given the understandable recent erosion of availability and the recent changes to CPCF and the availability of advanced services.
- the health and wellbeing board is mindful that the service offering evening and weekend appointments with GPs may vary the days and times at which this service is available during the intended lifetime of this pharmaceutical needs assessment. However, the HWB is satisfied that existing pharmacy contractors may adjust their opening hours to address any such changes and/or NHS England will direct pharmacies to open to meet any substantial difference in opening hours. The HWB is therefore satisfied that changes to extended access provision will not create a gap which requires are new pharmacy contractor in Hartlepool to fill it.

- 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 near future pharmaceutical needs for essential pharmaceutical services in all localities of the Hartlepool HWB area, other than in specific future circumstances.
- the HWB considers that there is sufficient choice of both provider and services available to the resident and reliant population of all localities of Hartlepool including the days on which, and times at which, these services are provided to meet current needs and likely future needs for these necessary pharmaceutical services.
- 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.
- other relevant services (as described by the 2013 Regulations) 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 in, or better access to, pharmaceutical services in the 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. Future needs have similarly been considered and other than in specified future circumstances; 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 should the number of providers and the services they provide be maintained as described.
- pharmacies in Hartlepool continue to respond well to the offer of national advanced services such as the Pharmacy First Service and Seasonal Influenza Vaccination supporting increasing integration with other parts of the healthcare system and better access for patients.
- pharmacies in Hartlepool have responded well to the offer and delivery of the national enhanced service for COVID-19 vaccination and the local enhanced services commissioned by NENC ICB on behalf of NHS England
- several services locally commissioned for the people of Hartlepool impact on the need for NHS England to commission local enhanced services, which would be needed if these local services were to become permanently unavailable. However, whilst these remain in operation outside of the CPCF, then population **needs are met**.
- Some of the current and likely future needs for services other than necessary services are partly met by providers and services other than pharmacy or appliance contractors, which the HWB have had regard to in completing this assessment.

The HWB also notes the requirements that NHS England must have regard to when considering any relocation or consolidation application.

The data continues to support the potential for opportunistic public health interventions as more than three quarters of the 275 responders use a pharmacy monthly. The remainder use a pharmacy at least as often as four times a year. That creates a significant number of opportunities for healthy living intervention, especially as the vast majority in Hartlepool still prefer to visit their pharmacy in person.

The HWB may explore with service users and providers new/better ways to raise public awareness of the increasing range of pharmaceutical services now available from community pharmacies in Hartlepool. Understanding the best way to promote pharmacies open on weekday evenings, Saturdays and Sundays would be of value.

Maintenance of the PNA could become more integrated into the strategic work undertaken for the JSNA and associated local strategies 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.

Opportunities may be sought to further 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, shall continue after the PNA 2025 is published as part of on-going maintenance and wider quality management and enhancement of pharmaceutical and related services. Healthwatch Hartlepool have existing permissions to be involved in such work with pharmacy contractors.

12.0 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. Particular thanks to the supporting officers of the council and all those professionals, patients and members of the public who responded to the consultation and engagement processes.

13.0 Glossary of Terms and Abbreviations

Abbreviation	Explanation
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CPAF	Community Pharmacy Assurance Framework
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPPE	Centre for Pharmacy Postgraduate Education
CPTV	Community Pharmacy Tees Valley – the name of the LPC covering Hartlepool HWB area
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DDA	Disability Discrimination Act
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
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
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
H1: or H2: or H3	Abbreviations for each of the three PNA localities ie H1: Hartlepool West; H2: Hartlepool South; H3: Hartlepool Central and Coast
ICS or ICB	Integrated Care System or Integrated Care Board see NENC
IP	Independent Prescriber (non-medical)
GP	General Practitioner
GSL	General Sales List medicine
IoD	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 – see CPTV
LDC	Local Dental Committee
LOC	Local Ophthalmic Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Areas
MUR	Medicines Use Review
NECS	North East Commissioning Support
NCSCT	National Centre for Smoking Cessation and Training
NENC ICB	The NHS ICB in which in which Hartlepool is located i.e. North East and North Cumbria
NHS	National Health Service
NHSBSA	NHS Business Services Authority (including the Drug Tariff)
NHSE	NHS England
NHSCB	NHS Commissioning Board (NHS England)

NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OFT	Office of Fair Trading
ONS	Office of National Statistics
OOH	Out of Hours
OTC	Over the counter
P	Pharmacy only medicine
PCN	Primary Care Network
PCN DES	PCN Directed Enhanced Service
PCSE	Primary Care Support England
PCT	Primary Care Trust
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Innovation Fund
POM	Prescription Only Medicine
PharmOutcomes©	Community Pharmacy Contractor electronic data platform
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWID	Person Who Injects Drugs
SCS	Stoma Customisation Service
SOAs	Super Output Areas
SIVAS	Seasonal Influenza Vaccination Advanced Service
STI	Sexually Transmitted Infection
TVCCG	Tees Valley Clinical Commissioning Group

14.0 List of Appendices

Appendix 1. Engagement and Consultation Plans

Appendix 2. Engagement Surveys. Paper versions of the public and survey.

Appendix 3. Transcript of PharmOutcomes® Community Pharmacy Survey Questions

Appendix 4. Summary and Response of Consultation, including the Consultation framework questions.

Appendix 5. The Pharmaceutical List of community pharmacies contracted to the NHS in the Hartlepool HWB area, showing Core, Supplementary and Opening Hours at August 2025

Appendix 6. Maps of pharmaceutical services providers and localities (pursuant to paragraph 7 of Schedule 1 of the 2013 Regulations). Includes map of pharmacy premises and general practices showing names and locations.

15.0 References and Bibliography

- Communities and Local Government. (2010). *The English Indices of Deprivation 2010*. Retrieved september 2014, from www.communities.gov.uk
- Department for Communities and Local Government. (2015). *The English Indices of Deprivation 2015*.
- Department for Work and Pensions. (2025, March). Official Statistics. Children in low income families: local area statistics, financial year ending 2024. Retrieved May 2025, from <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>
- Department of Health. (2005). *The National Health Service (Pharmaceutical Services) Regulations 2005*.
- Department of Health. (2005). *The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005*.
- Department of Health. (2008). *White paper. Pharmacy in England: Building on strengths – delivering the future*.
- Department of Health. (2010). *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations*. Department of Health.
- Department of Health. (2012). *Department of Health. Long-term conditions compendium of Information: 3rd edition*.
- Department of Health. (2012). Health and Social Care Act. Department Of Health. Retrieved from <https://www.legislation.gov.uk/ukpga/2012/7/section/206>
- Department of Health. (2012). The National Health Service (Pharmaceutical Services) Regulations 2012.
- Department of Health. (2013). *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349)*.
- Department of Health. (2016). NHS Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations .
- Department of Health. (2016). Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions.
- Department of Health. (2016). *The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, is*.
- Department of Health. (2018). *Availability of Gluten Free Food on Prescription in Primary Care*. London: Department of Health. Retrieved January 2018, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678181/report_of_responses_-_gluten_free_food_prescribing_consultation.pdf
- Department of Health. (2020, October). The National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020. Retrieved from <https://www.legislation.gov.uk/uksi/2020/1126/made>
- Department of Health. (2023, April 27th). NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023. Retrieved March 2025, from <https://www.legislation.gov.uk/uksi/2023/479/contents/made>
- Department of Health and Social Care. (2021). *Pharmaceutical Needs Assessments: Information Pack for HWB*. London: Department of Health and Social Care. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf
- Department of Health and Social Care. (May 2013; updated October 2021). *TITLE TO BE CHECKED Information pack for* London: Department of Health and Social Care. Retrieved December 13, 2021, from <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
- Department of Health. (December, 2013). *The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2013*.
- Department of Health. (March 2013). *The Pharmaceutical Services (Advanced and Enhanced Services)(England) Directions 2013*.
- Department of Health. (May 2013 (updated October 2021)). *Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards*.
- DHSC. (2019). <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>. Retrieved from <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>
- DHSC. (2022). *Community Pharmacy Contractual Framework 5-year deal: year 3 (2021 to 2022)*. Retrieved from <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022>
- DHSC. (2022). The National Health Service (Charges, Primary Medical Services and Pharmaceutical and Local Pharmaceutical Services) (Coronavirus) (Further Amendments) Regulations 2021. London. Retrieved from [legislation.gov.uk](https://www.legislation.gov.uk)
- DHSC. (2025). *Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards*. London: UK Government. Retrieved September 2025, from <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack/pharmaceutical-needs-assessments-information-pack-for-local-authority-health-and-wellbeing-boards#process-overview>

DotEcon for OFT. (2010). *Evaluating the impact of the 2003 OFT study on the Control of Entry regulations in the retail pharmacies market*.

Hartlepool Borough Council. (updated 2014). *Future Housing Provision in the Borough for the Next 15 Years*.

Hartlepool Health and Wellbeing Board. (2012). *Joint Health and Wellbeing Strategy 2012-18*.

Hartlepool Mail. (18 May 2014). *ELECTIONS 2014: Issues in the Rural West ward of Hartlepool*.

(2018). *Hartlepool Rural Neighbourhood Plan (2016-31)*. Hartlepool Rural Development Board.

Housing Hartlepool. (2013). *Rural West Action plan 2013-14*.

Local Government, England. (2012). *The Hartlepool (Electoral Changes) Order 2012*. www.legislation.gov.uk/uksi/2012/3/pdfs/uksi_20120003_en.pdf.

Ministry of Housing Communities and Local Government. (2019). *The English Indices of Deprivation*. UK Government. Retrieved 2022, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf

Nazar H, B. S. (2016). New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation. *BMJ Open*, e012532. doi: 10.1136/bmjopen-2016-012532. doi: 10.1136/bmjopen-2016-012532

Nazar H, B. S. (2016). New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation. *BMJ Open* 2016, 6, e012532.

Nazar H, N. Z. (2018). Consensus methodology to determine minor ailments appropriate to be directed for management within community pharmacy. *Res Social Adm Pharm*, S1551-7411(17)30731-3.

NHS. (2019). *NHS Long Term Plan*. Retrieved from <https://www.longtermplan.nhs.uk/>

NHS Business Services Authority. (2024). *General Pharmaceutical Services in England 2015/16 to 2023/24*. London: NHS Business Services Authority.

NHS Business Services Authority. (2024, October). *General Pharmaceutical Services in England 2015/16 to 2023/24*. Retrieved February 6, 2022, from <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

NHS Business Services Authority. (2025, January). *Pharmacy Openings and Closures*. Retrieved from opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures: opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures/resource/4836c05d-1b0d-4924-8590-b310e9c27acc

NHS Digital. (2016). *General Pharmaceutical Services in England - 2005-06 to 2015-2016*.

NHS Digital. (2016). *General Pharmaceutical Services in England: 2006/07 to 2015/16*. Retrieved November 2017, from <http://digital.nhs.uk/catalogue/PUB22317>

NHS Employers. (2009). *Developing Pharmaceutical Needs Assessments – A practical guide*. <http://www.nhsemployers.org/Aboutus/Publications/Pages/PharmaceuticalNeedsAssessmentsApracticalguide.aspx>.

NHS England. (n.d.). Retrieved October 2017, from

NHS England. (n.d.). Retrieved October 2017, from <https://www.england.nhs.uk/wp-content/uploads/2016/11/emergency-supply-audit.pdf>

NHS England. (June 2013). *High quality care for all, now and for future generations: transforming urgent and emergency care services in England: The Evidence Base from the Urgent and Emergency Care Review*. .

NHS England. (2013, October). *Operating framework for managing response to pandemic influenza*. Retrieved October 2017, from <https://www.england.nhs.uk/wp-content/uploads/2013/12/framework-pandemic-flu.pdf>

NHS England. (2013). *Rurality and Related Determinations Policy*.

NHS England. (2014). *Five Year Forward View*. London: NHS. Retrieved January 2018, from <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

NHS England. (2016). *Community Pharmacy 2016/17 and beyond: final package*. NHS England.

NHS England. (2016). *NHS Urgent Medicine Supply Advanced Service Pilot*. NHS England. Retrieved October 2017, from <https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf>

NHS England. (2016). *Pharmacy Quality Payments - Quality Criteria Guidance*. Primary Care Commissioning.

NHS England. (2016). *STP aide-mémoire: Supporting people to manage their own health*. Retrieved October 2017, from <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-aide-memoire-supporting-people.pdf>

NHS England. (2017, November). *Pharmacy Integration Fund Briefing*. NHS England. Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2016/11/pharmacy-integration-fund-briefing.pdf>

NHS Litigation Authority. (December 2013). *Appeal against the NHS CB Decision REF: SHA/17235*.

NHSEI. (2022, February xx). *Approved Particulars - Patient Satisfaction Survey*. Retrieved February 28, 2022, from NHS: <https://www.england.nhs.uk/publication/approved-particulars/>

NICE. (2017). *Vitamin D: supplement use in specific population groups*. NICE. Retrieved November 2017, from <https://www.nice.org.uk/guidance/ph56/chapter/glossary#reference-nutrient-intake>

Office for National Statistics (ONS). (n.d.). <http://www.neighbourhood.statistics.gov.uk/dissemination/Infod.do;jessionid=ac1f930c30d884c4ec7bbe964c479352f5540090937a?m=0&s=1284209804213&enc=1&page=userguide/moreaboutareas/more-about-areas.htm&njs=true&nsck=true&nssvg=false&nswid=1276?> Retrieved September 2014

Office for National Statistics. (2022, November). UK armed forces veterans, England and Wales: Census 2021. Retrieved May 2025, from <https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/bulletins/ukarmedforcesveteransenglandandwales/census2021>

Office of Fair Trading. (2003). *The control of entry regulations and retail pharmacy services in the UK*. http://www.offt.gov.uk/shared_offt/reports/comp_policy/oft609.pdf.

Office of Fair trading. (2010). *Evaluating the impact of the 2003 OFT study on the Control of Entry regulations in the retail pharmacies market. Prepared for the Office of Fair Trading by DotEcon*.

Parliament, U. (2025, July). The National Health Service (Charges, Remission of Charges and Pharmaceutical Services etc.) (Amendment and Transitional Provisions) Regulations 2025.

Paudyal V, W. M. (2013, July). Are pharmacy-based minor ailment schemes a substitute for other service providers? A systematic review. *Br J Gen Pract*. 2013 Jul;63(612):e472-81. doi: 10.3399/bjgp13X669194., 63(612), e472-81. doi:10.3399/bjgp13X669194.

PH England (North East) and NHS England, DDT AT. (2014). *SEASONAL INFLUENZA VACCINATION REPORT 2013/14*.

Pharmacy Voice. (2014). <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>.

Pharmacy Voice, Pharmaceutical Services Negotiating Committee, Royal Pharmaceutical Society. (2016). *Community Pharmacy Forward View*.

PHE and LGA. (2016). *The community pharmacy offer for improving the public's health*. Retrieved from <https://www.local.gov.uk/sites/default/files/documents/community-pharmacy-offer--9b3.pdf>

Prescription Services Negotiating Committee. (2014). *New Medicine Service – list of medicines*. Retrieved September 2014, from <http://psnc.org.uk/wp-content/uploads/2013/07/NMS-medicines-list-Apr-2014.pdf>

Primary Care Commissioning, NHS England. (2017). *Pharmacy Quality Payments - Quality Criteria Guidance. (Primary Care Commissioning, NHS England, 2017): Technical Guidance Annex B Information on Quality Premium*. Primary Care Commissioning, NHS England.

PSNC. (n.d.). *Flu vaccination statistics*. Retrieved November 5th, 2017, from <http://psnc.org.uk/wp-content/uploads/2015/10/Flu-vaccination-data-2017-18-PDF-1.pdf>

Public Health England. (2016). *Health Profiles 2016*. <http://www.apho.org.uk/default.aspx>.

Smith J, P. C. (2013). *Smith J, Picton C and Dayan M (2013) Now or Never: Shaping pharmacy for the future*. Royal Pharmaceutical Society.

Smith J, P. C. (2014). *Now More Than Ever: why pharmacy needs to act*. Royal Pharmaceutical Society.

Tees Valley Unlimited. (2016). *Index of Multiple Deprivation 2015 - Borough Level Results*. Tees Valley Unlimited. Retrieved September 2017, from https://teesvalley-ca.gov.uk/wp-content/uploads/2016/03/4.-imd_borough_report_2015.pdf

The Pharmaceutical Journal. (2017). Flu survey find 99% would have it again. *The Pharmaceutical Journal*, Vol 299, 7905 DOI: 10.1211/PJ.2017.20203614, 299, 7905. doi:DOI: 10.1211/PJ.2017.20203614

Todd, A. C. (2014). The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open*, 4(8), e005764.

UK HOME Office and DHSC. (2022, April). From harm to hope: A 10-year drugs plan to cut crime and save lives. Retrieved from <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#executive-summary>

UK Parliament. (2025, April). Poverty in the UK: statistics 4.4.25. Retrieved 2025, from <https://commonslibrary.parliament.uk/research-briefings/sn07096/>

UK Parliament; House of Commons library. (2025, March). Which children are most likely to be in poverty in the UK? (house of Commons library). Retrieved May 2025, from <https://commonslibrary.parliament.uk/which-children-are-most-likely-to-be-in-poverty-in-the-uk/>

University of Nottingham. (2014). *Department of Health Policy Research Programme Project: Understanding and Appraising the New Medicines Service in the NHS in England (029/0124)*.

16.0 List of Figures and Tables

Figure 1. Map showing three localities of Hartlepool PNA 2015 and 2018 based on IMD 2010 borough quintiles and 2012 ward boundaries	46
Figure 2. Hartlepool ward map of IMD(2019) overall domain Borough quintiles	47
Figure 3. Locality map for PNA 2025	48
Figure 4. Population pyramid for Hartlepool (ONS mid-2022 estimates) with North-East and England comparator	51
Figure 5. Most common household tenure by ward in Hartlepool (Census: 2021).....	62
Figure 6. Shows how the proportion of older people has changed for each ward in Hartlepool between Census 2011 and 2021.....	65
Figure 7. Population density of Hartlepool by ward. Source: ONS 2021	72
Figure 8: Extract from the Local Authority Health Profile (2024)	76
Figure 9. Map of Hartlepool showing location of community pharmacies (n=21, including '100 hour' pharmacies and DSPs at May 2025. See text for reference to pharmacy 'outside the area'. Source: NHSE/NHSBSA	89
Figure 10. Map of Hartlepool shows location of community pharmacies (n=19, excluding DSP) and GP practices (n= 15 including branch practices) at May 2025. Source: NENC ICB. The associated key to the letters representing pharmacies and numbers representing GP practices is shown in Table 22.....	91
Figure 11. Showing community pharmacy location (19 pharmacies, excluding DSP), with population density for Hartlepool HWB area. Only the nearest 'out of area' pharmacy is shown, at Wynyard	95
Figure 12. 1 mile distance 'as the crow flies' around each pharmacy* in Hartlepool March 2025. Source Office for Health Improvement and Disparities Strategic Health Asset Planning and Evaluation tool (SHAPE).....	96
Figure 13. Population living within a 5-minute drive of a non-pharmacy (excluding DSP) in Hartlepool, March 2025 (n=90784, 97%)	97
Figure 14. Population in Hartlepool who can reach a Hartlepool pharmacy within 20 minute walk (n=97%)	98
Figure 15. Fifteen minute journey time by car to a (non distance-selling) pharmacy, including the pharmacy at Wynyard (located within a 1-mile buffer zone of the Hartlepool boundary). March 2025	99
Figure 16. Twenty minute journey time by car to a (non distance-selling) pharmacy open on later evenings and on Sundays,	102
Figure 17. Zoomed-in map showing pharmacies in the north of the town and the location of the Urgent Treatment Care (UTC) at University Hospital of North Tees. The green pins shows the '100-hour' pharmacies open at least 72 hours per week	104
Figure 18. Showing population density across Hartlepool and the wider Tees Valley and pharmacy locations (green crosses) to illustrate the potential for cross-boundary dispensing activity 'locally'	135
Figure 19. Survey views on the number of pharmacies in the Borough (2022; n=222 and 2025 n=272)	140
Figure 20. Location with planning reference and overlaid ward boundaries for delivered new-build dwellings in Hartlepool 2022-25.....	152
Figure 21. Map included in the Wynyard Master Plan to show location of the development in relation to the town of Hartlepool, areas of Stockton on Tees and Middlesbrough and the planned 'South West Extension'	155

List of Tables

Table 1. Showing wards in each locality of the Hartlepool HWB area for PNA 2025	48
Table 2: Population breakdown (mid-year 2022 estimate) in Hartlepool by ward and locality. Source:ONS.....	49
Table 3. Mid-2018 based population projections. Source: Office for National Statistics	52
Table 4. Population 2023-2028 by broad age group from mid-2018 population-based projections	52
Table 5. National and Borough ranks of estimated overall scores for IMD2019 of Hartlepool wards ...	54
Table 6. Out of work benefit claimants (2024*) and rates of fuel poverty (2022) by ward and locality in Hartlepool *proportion of population estimates 2022: Source ONS	57
Table 7. By ward and locality in Hartlepool at August 2021; out of work benefit claimant rates for all those aged 16+ years and those aged 16-24 yrs	58
Table 8: By ward and locality in Hartlepool at 2021; unemployment and other reasons for economic activity as percentage of people aged 16-64 population	59
Table 9. The proportion of households in Hartlepool, by ward, without a car, with one car and with more than two cars. Source: ONS Census 2021	61
Table 10. Housing and household information by ward and locality in Hartlepool. Source: Census 2021	63
Table 11. Pensioners* (*people aged 66 years and over) living alone by ward in Hartlepool. Source: Census 2021.....	66
Table 12. Households with pensioners by ward in Hartlepool (Census 2021)	66
Table 13. Selected data showing measures related to children by ward and locality in Hartlepool. Source: LG Inform data from 2021 Census and 2022/23 DWP data; *Fingertips Public Health Outcomes Framework, Wider determinants of health	68
Table 14. Showing top ten local authorities IDACI score for England, 2019	69
Table 15 - Proportion of Households by Highest Level of Qualification (2021 Census).....	70
Table 16. Population density for local authorities in Tees Valley. Source	71
Table 17. Census data (2021) for people with limiting long term illness or disability and indication of health status by ward and locality in Hartlepool.....	74
Table 18. Pharmacies in each locality of Hartlepool (March 2025) and the number opened under '100-hour' and 'distance-selling' exemption categories. Pharmacies in the Stockton-on-Tees HWB area shown for information.....	86
Table 19. Community pharmacies in Hartlepool HWB area, arranged by ward and PNA locality August 2025.....	87
Table 20. Showing the distribution of pharmacies and general practices (or branch practices) by ward and locality in Hartlepool HWB area, including the location of 100-hour pharmacies and DSP	88
Table 21. GP practice premises in Hartlepool HWB area showing ward, locality and PCN (February 2025).....	90
Table 22. Key to the map of pharmacies and general practices shown on the map in Figure 10	91
Table 23. Dispensing Appliance Contractors (DAC) in the NENC ICB area (Source: NENC ICB)	93
Table 24. Showing population rates per pharmacy and pharmacies per 100,000 people for Hartlepool and other local authorities in Tees Valley	95
Table 25. Distribution of (non-DSP) pharmacies in Hartlepool (n=19 at 1st August 2025) according to external location or 'environment'	105

Table 26. Four pharmacies in Hartlepool with the longest opening times, including Sundays	109
Table 27. Community pharmacies in Hartlepool open on a Saturday and changes since PNA 2022.At January 2025	110
Table 28. Community pharmacies in Hartlepool open on a Sunday. January 2025	112
Table 29. Appliances dispensed by pharmacies in Hartlepool or by a DAC 2018-2021.....	117
Table 30. Community pharmacy - locally commissioned services in Hartlepool 2025.....	127
Table 31. Accreditation or provision of locally commissioned (other NHS) services by pharmacy in each locality in Hartlepool at February 2025	128
Table 32.Prescriptions for medicines and appliances dispensed 'out of area' for Hartlepool 2018-2024. Source: NECS for TVCCG or NENC ICB (NHSBSA ePACT).....	136
Table 33. Responses about the use of pharmaceutical services within the last year and likely use in next three years	142
Table 34 .Main location and approximate number of dwellings delivered since the PNA 2022 in each PNA locality (based on larger planning sites only) and the projected numbers for those largest sires in 2025-28.....	152
Table 35. Enhanced Services listed in Part 4 of Directions and other NHS services available in Hartlepool considered when assessing local need	175

Key colours for localities

H1
H2
H3

Engagement Plan 2024 (Closing date 13th December 2024- extended to January 2025)

1. Direct circulation of surveys to public or stakeholder organisation :-

- 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:
 - o LPC
 - o LMC
 - o All pharmacies in Hartlepool via PharmOutcomes
 - o Healthwatch Hartlepool
 - o 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 (Hartlepower, etc.)
 - o Any NHS trust or NHS foundation trust in the Health and Wellbeing Board's area:
 - North Tees and Hartlepool NHS FT (HWPB member)
 - Tees Esk and Wear Valley NHS FT (HWPB member)
 - o NENC ICB (HWPB member)
 - o Parish Councils
 - o Housing provider

PNA Steering Group members (in addition to those already included in above lists e.g. ICB

- Other stakeholders not otherwise included:
 - o GP Federation
 - o Local Dental Committee
 - o Local Optometry Committee
 - o NECS as provider of primary care medicines optimisation
 - o Hartlepool residential/nursing care homes
 - o Providers (other than residential homes) e.g. adult social care provider, children's social care provider, domiciliary care provider
 - o 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
 - o Alice House Hospice
 - o Hartlepool Businesses (including those involved in the Better Health at Work Scheme)

2. By snowball cascade from above e.g.:

- All HWPB 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 Hartlepool to cascade across the VSC
- Staff to share with their suitable contacts

3. Paper copies available via:

- Community Hubs and satellite centres (x4)
- Civic Centre
- Upon request via post – email link to request further information or postal copy included on the website where surveys are held / promoted and on promotional material e.g. posters.

4. Other promotion of opportunities to get involved:-

i) Posters encouraging completion of public/ service user surveys sent for display in:

- Local Authority buildings (Inc. sports facilities, community centres and HUBS)
- The University Hospital of Hartlepool and the One Life Centre
- 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

v) Social media promotion:

- Facebook
- X

Consultation Plan (4 July to 4 September 2025)

1) Durham and Stockton Health and Wellbeing Boards

2) Public or stakeholder organisation (Direct circulation of surveys / links to surveys via email:-

- All HBC Councillors
- All HBC Staff
- All members of the Health and Wellbeing Board
- All stakeholder organisations that are statutory consultees on the draft PNA:
 - o Durham HWB
 - o Stockton HWB
 - o LPC
 - o LMC
 - o All pharmacies in Hartlepool via Pharmoutcomes and nhsmail
 - o Healthwatch Hartlepool
 - o 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
- Existing adult forums:
 - (the Learning Disability partnership Board),
 - (Mental Health Forum and 50+ Forum)
 - (Armed Forces Liaison Group) and community groups (Inc. minority groups)
- Hartlepool Voluntary and Community Sector Organisations
- Parish Councils
- Housing provider
- 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)
- NENC ICB (HWB member) and NHS England
- PNA Steering Group members (in addition to those already included in above lists)
- **Other stakeholders** not otherwise included:
- Other stakeholders not otherwise included:
 - GP Federation
 - Primary Care Network Leads (via GP federation)
 - Local Dental Committee
 - Local Optometry Committee
 - 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)

3) **By snowball cascade from above e.g.:**

- All HWB partners asked to publicise
- LPC share with community pharmacies via PharmOutcomes
- GP federation to cascade to general practices and Primary Care Network leads
- VSC
- Staff to share with their suitable contacts

4) **Paper copies available via:**

- Community Hubs and west View Advice and Resources Centre (x3)
- Civic Centre
- Upon request via post – email link to request further information / postal copy included on the website where surveys are held / promoted and on promotional material e.g. posters.

5) Other promotion of opportunities to get involved:-

i) Posters encouraging completion of public/ service user surveys sent for display in:

- Local Authority buildings (Inc. sports facilities, community centres and HUBS)
- The University Hospital of Hartlepool and the One Life Centre
- 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

v) Social media promotion:

- Facebook
- X

Pharmacy Services in Hartlepool – What do you need?



We want to know...

“What do people in Hartlepool need from their NHS pharmacy services?”

We are preparing a new report about what people need now from community pharmacies in Hartlepool, or may need in the next few years.

Tell us your views or experiences of pharmacy services in Hartlepool – fill in this short **anonymous** survey or scan the QR below to fill it in online.



This survey is for people who already use community pharmacy services in Hartlepool or who may use one in the future. Do you live, work, study or visit Hartlepool? If so we want to hear from you!

If you have any questions please contact Joan Stevens by email joan.stevens@hartlepool.gov.uk or call 01429 284142.

Closing date of the survey: 13th December 2024

- This survey is for people who already use community pharmacy services in Hartlepool or who may use one in the future. Do you live, work, study or visit Hartlepool?**

Yes	<input type="checkbox"/> 1
No – Thank you for your time but we only require views from people from Hartlepool	<input type="checkbox"/> 2

- How often do you use a pharmacy service in Hartlepool?**

Often and regularly, about once a month	<input type="checkbox"/> 1
Up to four times a year	<input type="checkbox"/> 2
Sometimes, about once a year	<input type="checkbox"/> 3
Rarely, I have not used a pharmacy here in the last 3 years	<input type="checkbox"/> 4

3. Please tell us which statement best matches you... (Tick one box only)

I always use the same pharmacy	<input type="checkbox"/> 1
I usually use one or two pharmacies	<input type="checkbox"/> 2
I use any pharmacy, whichever I choose or is convenient when I need one	<input type="checkbox"/> 3

4. Most recently did you use the pharmacy for...?

...Yourself	<input type="checkbox"/> 1
...On behalf of a family member, friend or as a carer	<input type="checkbox"/> 2

5. Did you visit the pharmacy in person? (Tick one box only)

Yes	<input type="checkbox"/> 1
No, I used a delivery service, a phone call or the internet	<input type="checkbox"/> 2
No, but someone else went on my behalf	<input type="checkbox"/> 3

6. If, or when, you need to visit a pharmacy how would you usually get there? (Tick one box only)

Walk from where I live, work or shop	<input type="checkbox"/> 1
Wheelchair or mobility scooter	<input type="checkbox"/> 2
By car, either driving myself or someone else would take me	<input type="checkbox"/> 3
By Bus	<input type="checkbox"/> 4
By taxi	<input type="checkbox"/> 5
I would not visit a pharmacy in person	<input type="checkbox"/> 6

7. Thinking about your answer to the previous question, how long would it take to get to the nearest pharmacy from where you live, work or shop using this type of transport?

Less than 10 minutes	<input type="checkbox"/> 1
10 to 20 mins	<input type="checkbox"/> 2
20 to 30 mins	<input type="checkbox"/> 3

8. Do you get free prescriptions?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

9. Do you have any additional needs that make it more difficult for you to use a pharmacy? Please tick all that apply to you.

I don't have any additional needs	<input type="checkbox"/>	1
Wheelchair user	<input type="checkbox"/>	2
Vision issues	<input type="checkbox"/>	3
Hearing issues	<input type="checkbox"/>	4
Other physical disability	<input type="checkbox"/>	5
Mental disability	<input type="checkbox"/>	6
Long term medical condition which affects ability to use a pharmacy	<input type="checkbox"/>	7
Speech or language difficulty	<input type="checkbox"/>	8
Other (please specify below)	<input type="checkbox"/>	9

10. Overall, how would you describe your experience(s) of the pharmacy or pharmacies in Hartlepool that you have used in the last year?

Very good	<input type="checkbox"/>	1
Good	<input type="checkbox"/>	2
Some good, some poor	<input type="checkbox"/>	3
Poor	<input type="checkbox"/>	4
Very poor	<input type="checkbox"/>	5
I haven't used a pharmacy in the last 12 months	<input type="checkbox"/>	6

OPENING TIMES OF PHARMACIES

11. In the last 12 months have you noticed any changes in the opening times of any pharmacies that you use?

Yes	<input type="checkbox"/>	1
No (GOTO Q16)	<input type="checkbox"/>	2

12. If yes please tell us which of the opening times have changed? (Please tick all that apply)

Opening times on a week day have changed	<input type="checkbox"/>	1
Opening times on a Saturday have changed	<input type="checkbox"/>	2
Opening times on a Sunday have changed	<input type="checkbox"/>	3

13. Have these changes in opening times affected how you use a pharmacy?
(Please tick all that apply)

Yes, I use another pharmacy	<input type="checkbox"/> 1
Yes, I go at a different time	<input type="checkbox"/> 2
No	<input type="checkbox"/> 3
Something else – please explain what below	<input type="checkbox"/> 4

14. In your opinion, is there a good range of pharmacies that are open on week days at convenient times across Hartlepool?

Yes	<input type="checkbox"/> 1
No – please explain your view below	<input type="checkbox"/> 2

15. In your opinion, is there a good range of pharmacies that are open on weekends at convenient times across Hartlepool?

Yes	<input type="checkbox"/> 1
No – please explain your view below	<input type="checkbox"/> 2

16. In general, please tell us if you agree or disagree with the following statements about pharmacies in Hartlepool? Please tick one box on each line:

	Agree	Disagree
I am happy with the current opening times of pharmacies	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I can usually find a pharmacy that is open when I need to	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I know a pharmacy that is open after 6pm on a week day	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I know a pharmacy that is open on a Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I know a pharmacy that is open on a Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I would like the pharmacy I use to be open longer on a weekday	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I would like the pharmacy I use to be open longer on a weekend	<input type="checkbox"/> 1	<input type="checkbox"/> 2

COMMUNITY PHARMACIES

There are 19 NHS community pharmacies in Hartlepool for people to visit if they need to. People could also choose to use an NHS pharmacy via the internet or phone

17. Thinking about what people need in Hartlepool do you believe that... (Please tick one box only)

...there are more than enough pharmacies	<input type="checkbox"/> 1
...the number of pharmacies is about right	<input type="checkbox"/> 2
...there are not enough pharmacies	<input type="checkbox"/> 3
...I don't know or don't have a view	<input type="checkbox"/> 4

18. If you had a minor health problem would you visit, or contact, a pharmacy for advice?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Maybe	<input type="checkbox"/> 3

Did you know the national Pharmacy First Service means that people across England can now have a free, confidential consultation at their local pharmacy for treatment for seven common conditions? If needed, the pharmacist may be able to supply treatment free for people who do not pay for their prescriptions, without needing to see a GP. Pharmacies in the north east, can also help people with even more minor conditions

19. Now that you know to think about Pharmacy First, would you consider going to a pharmacy for advice for a minor health problem in the future?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Maybe	<input type="checkbox"/> 3

BANK HOLIDAY SERVICE

20. Have you ever needed to use a pharmacy on a Bank holiday?

No (GOTO Q26)	<input type="checkbox"/> 1
Yes	<input type="checkbox"/> 2

21. If yes, what did you use it for? (Please tick all that apply)

Your usual medicine (because you had run out)	<input type="checkbox"/> 1
A new prescription medicine	<input type="checkbox"/> 2
Advice from the Pharmacist	<input type="checkbox"/> 3
To get medicine for a minor ailment or illness	<input type="checkbox"/> 4

22. How did you find out which pharmacy was open on the bank holiday?

NHS111 by phone or internet	<input type="checkbox"/> 1
Directed by another health professional e.g. Urgent Care or A&E	<input type="checkbox"/> 2
Website	<input type="checkbox"/> 3
Phoned my usual pharmacy	<input type="checkbox"/> 4
Other – please tell us how below	<input type="checkbox"/> 5

23. How easy did you find it to get what you needed that day?

Easy	<input type="checkbox"/> 1
Neither easy nor hard	<input type="checkbox"/> 2
Hard	<input type="checkbox"/> 3

24. Did you have to travel to a pharmacy outside of Hartlepool on the bank holiday?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

If you have access to the internet sometimes, you can search “*How pharmacies can help*” for NHS information about pharmacy services.

You can find the address and opening times for a pharmacy near you by searching “*Find a Pharmacy*”.

SERVICES AT THE PHARMACY

25. Have you used any of the services below available from pharmacies in Hartlepool in the last 12 months? Please tick all that apply.

Getting a prescription filled for medication or dressings	<input type="checkbox"/> 1
Getting rid of unwanted medicines	<input type="checkbox"/> 2
Information or advice on health and wellbeing	<input type="checkbox"/> 3
Support to manage your current prescribed medicines (including inhalers)	<input type="checkbox"/> 4
Help or advice when starting a new prescribed medicine	<input type="checkbox"/> 5
Flu vaccination	<input type="checkbox"/> 6
Covid vaccination	<input type="checkbox"/> 7
Emergency contraception (morning after pill)	<input type="checkbox"/> 8
C-Card (free condoms)	<input type="checkbox"/> 9
Chlamydia screening	<input type="checkbox"/> 10
Needle exchange	<input type="checkbox"/> 11

Substance misuse support (e.g., methadone)	<input type="checkbox"/> 12
Free blood pressure check	<input type="checkbox"/> 13
Contraception service (without prescription)	<input type="checkbox"/> 14
Healthy Start Vitamins for pregnant women, new mums or children under 5	<input type="checkbox"/> 15
NHS111 urgent repeat medicines supply service	<input type="checkbox"/> 16
Support to stop smoking after being in hospital	<input type="checkbox"/> 17
Pharmacy First service for a minor condition including sore throat, earache in a child, etc.	<input type="checkbox"/> 18

26. Do you think you will use any of these pharmacy services in the next 3 years?? Please tick all that apply.

Getting a prescription filled for medication or dressings	<input type="checkbox"/> 1
Getting rid of unwanted medicines	<input type="checkbox"/> 2
Information or advice on health and wellbeing	<input type="checkbox"/> 3
Support to manage your current prescribed medicines (including inhalers)	<input type="checkbox"/> 4
Help or advice when starting a new prescribed medicine	<input type="checkbox"/> 5
Flu vaccination	<input type="checkbox"/> 6
Covid vaccination	<input type="checkbox"/> 7
Help for you to stop smoking	<input type="checkbox"/> 8
Emergency contraception (morning after pill)	<input type="checkbox"/> 9
C-Card (free condoms)	<input type="checkbox"/> 10
Chlamydia screening	<input type="checkbox"/> 11
Needle exchange	<input type="checkbox"/> 12
Substance misuse support (e.g. methadone)	<input type="checkbox"/> 13
Naloxone supply	<input type="checkbox"/> 14
Free blood pressure check	<input type="checkbox"/> 15
Contraception service (without prescription)	<input type="checkbox"/> 16
Support to maintain a healthy weight	<input type="checkbox"/> 17
NHS111 urgent repeat medicine supply service	<input type="checkbox"/> 18
Pharmacy First service for minor condition including sore throat, earache in child etc.	<input type="checkbox"/> 19

27. Is there anything else you think people in Hartlepool need from the pharmacy services across the town?

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.

28. How old are you...

Under 18	<input type="checkbox"/>	1
18-24	<input type="checkbox"/>	2
25-59	<input type="checkbox"/>	3
60-74	<input type="checkbox"/>	4
75+	<input type="checkbox"/>	5
Prefer not to say	<input type="checkbox"/>	6

29. What is your sex?

Female	<input type="checkbox"/>	1
Male	<input type="checkbox"/>	2
Prefer not to say	<input type="checkbox"/>	3

30. Is the gender you identify with the same as your sex registered at birth?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Prefer not to say	<input type="checkbox"/>	3

31. If you answered 'No' to the previous question, please use this space to write in your gender identity.

--

32. What is your ethnic group?

White British	<input type="checkbox"/>	1
Mixed/multiple ethnic group	<input type="checkbox"/>	2
Asian or Asian British	<input type="checkbox"/>	3
Black African, Caribbean or Black British	<input type="checkbox"/>	4
Other ethnic group (please specify)	<input type="checkbox"/>	5

33. Please tell us if you, or your spouse / partner are currently serving or have previously served in the UK armed forces. Please tick all that apply

I have previously served in the Regular or Reserve Armed Forces	<input type="checkbox"/>	1
I am currently serving in the Regular, Reserve or Territorial Armed Forces	<input type="checkbox"/>	2
My Spouse / partner is currently serving in the Regular, Reserve or Territorial Armed Forces	<input type="checkbox"/>	3

My Spouse / partner has previously served in the Regular or Reserve Armed Forces	<input type="checkbox"/> _4
Not applicable	<input type="checkbox"/> _5
Prefer not to say	<input type="checkbox"/> _6

34. Are you currently or have you been pregnant in the last 3 years??

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _2
Prefer not to say	<input type="checkbox"/> _3

35. Do you have any dependent children under the age of 12?

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _2
Prefer not to say	<input type="checkbox"/> _3

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

Pharmaceutical Needs Assessment Draft Consultation 2025



What is a Pharmaceutical Needs Assessment?

The Hartlepool Pharmaceutical Needs Assessment (PNA) considers the need for pharmaceutical services in the area, describes services currently available and makes an assessment about current and near future provision.

Every Health and Wellbeing Board (HWB) in England is required to publish a PNA. It must also be kept up to date so it may be used to help shape pharmaceutical services for the local population in the context of local priorities. Hartlepool HWB published its last PNA on 30 Sept 2022 so a new assessment must be published by 30 Sept 2025, in line with statutory requirements.

How is the Hartlepool PNA used?

Pharmacies are the main providers of community pharmaceutical services to the population of Hartlepool. Services and their providers are strictly regulated. A particular process must be followed when decisions are made on major changes, for example if a person applies to open a new pharmacy, or a current pharmacy applies to change their opening hours or location. It is the main purpose of the PNA that when making these decisions, NHS England must refer to it. The PNA may also help other local commissioners, such as public health teams or the North East and North Cumbria Integrated Care Board decide how local pharmaceutical services may contribute to support the health and wellbeing our communities.

Have your say...

The HWB recently conducted surveys about people's experiences of local pharmacy services. These views were considered in preparing the draft of this new PNA for 2025, which is now available for statutory consultation.

We welcome your views on this draft so would be grateful if you could take a few minutes to answer some questions. Feedback from the consultation will be reviewed and used to complete the final version of the PNA to be approved by the HWB for publication by the due date.

If you have any questions or help completing the survey, please contact Joan Stevens on 01429 284142.

Closing date for the survey is 3rd September 2025

Thank you for your time we really do appreciate it.

36. Do you think that the purpose of the PNA has been explained?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
I'm not sure	<input type="checkbox"/> 3

37. If you wish to provide a comment on your understanding of the purpose of the PNA please do that here...

--

38. Do you think that the draft PNA describes the current pharmaceutical services available in Hartlepool?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

39. If no or not sure, please use the space to tell us of any discrepancies (providing evidence where possible)

--

40. Do you think that the draft PNA reflects local pharmaceutical needs?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

41. If not please tell us why you think that...

--

42. Are you aware of any pharmaceutical services currently provided in Hartlepool that are not included in the draft PNA?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

43. If yes can you please tell us what they are?

--

44. Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

45. Is there any other information you think should be included in the PNA?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

46. If yes please tell us what information you think should be included and why...

--

47. Do you think that the process followed in developing the PNA was appropriate?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

48. If yes you have any comments on the process please add them here...

--

49. Do you agree with the conclusions of the pharmaceutical needs assessment?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't have a view	<input type="checkbox"/> 3

50. If yes you have any comments on the conclusions please add them here...

--

This section refers to some phrases about the need for pharmaceutical services in Hartlepool that are explained in the PNA. In particular consider any unmet needs for pharmaceutical services you think may not be identified in the draft PNA.

Firstly 'current needs

51. Are there any current needs for pharmaceutical services you consider to be unmet?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

52. Are these current unmet needs for pharmaceutical services identified in the PNA?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

53. Please add any comments you may have on current unmet pharmaceutical needs...

Now thinking of 'future' needs (within the next 3 years - the timeframe of this PNA)

54. Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

55. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

56. Please add any comments you may have on future pharmaceutical services or plans here...

57. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

58. Please add any comments you may have on services that could be provided that have not been highlighted...

59. Are there 'near future' needs for pharmaceutical services you consider to be unmet?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

60. Are these 'near future' unmet needs for pharmaceutical services identified in the PNA?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

61. Please add any comments you may have on 'future' unmet pharmaceutical needs...

62. Do you have any other comments about the Hartlepool Health and Wellbeing Board Draft PNA 2025?

63. Please read all the options below and choose the one option that best represents you. I am answering these questions as:

A 'pharmacy user' – a patient, carer, or member of the public living or using pharmaceutical services in this (Hartlepool) area	<input type="checkbox"/> 1
A pharmacy contractor or representative of a pharmacy contractor in Hartlepool	<input type="checkbox"/> 2
An individual pharmacist or other pharmacy professional (but not a representative of a pharmacy contractor in Hartlepool)	<input type="checkbox"/> 3
An individual general practitioner or other primary care	<input type="checkbox"/> 4

professional ie not a representative of a General Practice in Hartlepool	
A representative of a General Practice or Primary Care Network in this area	<input type="checkbox"/> 5
A local councillor in this Hartlepool HWB area	<input type="checkbox"/> 6
Local Pharmaceutical Committee	<input type="checkbox"/> 7
Local Medical Committee	<input type="checkbox"/> 8
Other professional committee representative	<input type="checkbox"/> 9
Healthwatch Hartlepool representative	<input type="checkbox"/> 10
NHSE England or NENC Integrated Commissioning Board	<input type="checkbox"/> 11
NHS Trust/NHS Foundation Trust representative	<input type="checkbox"/> 12
Neighbouring Health and Well Being Board representative	<input type="checkbox"/> 13
Any other health or social care professional	<input type="checkbox"/> 14
Any other group or organisation including any voluntary sector organisation not listed above – please state name here	<input type="checkbox"/> 15

ABOUT YOU...

The next section is for our diversity monitoring. You do not need to answer these questions, but it would be helpful if you could tell us a bit about yourself so that we can understand how different groups of people might view the PNA and needs for pharmaceutical services.

64. Please confirm again, are you a patient, pharmacy user or member of the public

Yes, I am a patient, pharmacy user or a member of the public	<input type="checkbox"/> 1
No I am completing this survey as a representative of an organisation	<input type="checkbox"/> 2

If you are completing as a representative of an organisation you do not need to complete the remaining questions – Thank you for your time and completing this survey.

65. Do you consider yourself to have a disability?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Prefer not to say	<input type="checkbox"/> 3

66. Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one:

Physical impairment	<input type="checkbox"/> 1
Learning disability/difficulty	<input type="checkbox"/> 2

Sensory impairment	<input type="checkbox"/> 3
Mental health problem	<input type="checkbox"/> 4
Longstanding illness	<input type="checkbox"/> 5
Prefer not to say	<input type="checkbox"/> 6
Other (please specify)	<input type="checkbox"/> 7

67. Do you have caring responsibility for a friend, relative or neighbour?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

68. Are you a registered carer?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

69. Please tell us your age group...

16-24	<input type="checkbox"/> 1
25-34	<input type="checkbox"/> 2
35-44	<input type="checkbox"/> 3
45-54	<input type="checkbox"/> 4
55-64	<input type="checkbox"/> 5
65+	<input type="checkbox"/> 6

70. What sex are you?

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
Prefer not to say	<input type="checkbox"/> 3

71. Is the gender you identify with the same as your sex registered at birth?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Prefer not to say	<input type="checkbox"/> 3

72. I would describe my ethnic origin as...

White British	<input type="checkbox"/>	1
Mixed/Multiple Ethnic Group	<input type="checkbox"/>	2
Asian or Asian British	<input type="checkbox"/>	3
Black African, Caribbean or Black British	<input type="checkbox"/>	4
Other Ethnic Group	<input type="checkbox"/>	5
I do not wish to disclose	<input type="checkbox"/>	6

Please indicate your religion or belief:

Atheism	<input type="checkbox"/>	1
Buddhism	<input type="checkbox"/>	2
Christianity	<input type="checkbox"/>	3
Hinduism	<input type="checkbox"/>	4
Islam	<input type="checkbox"/>	5
Jainism	<input type="checkbox"/>	6
Judaism	<input type="checkbox"/>	7
Sikhism	<input type="checkbox"/>	8
I do not wish to disclose	<input type="checkbox"/>	9

By completing this questionnaire you give Hartlepool Borough Council the authority to collect and retain information about you. The information collected about you will be held securely and will be processed to produce statistical reports. No personal data will be disclosed. Hartlepool Borough Council is the Data Controller for the purposes of the Data Protection Act.

Thank you for completing the questionnaire. If you require any further information please contact Joan Stevens via email joan.stevens@hartlepool.gov.uk or by phone on (01429) 284142

Service Design

• [Browse Service Library](#)

• [Edit Service Design](#)

Provision Reports Preview

[Basic Provision Record \(Sample\)](#)

Service Support

Please complete this questionnaire ONCE ONLY on behalf of this pharmacy. To send us your personal views as a pharmacy professional or as a user of pharmacy services in this area anonymously, please access our PNA public engagement survey via this link - before 13.12.24: <https://yoursay.hartlepool.gov.uk/ph,needs-assessment-consultation-2024-25>. If you have any questions about how to complete this questionnaire using PharmOutcomes, contact Community Pharmacy Tees Valley (CPTV, formerly LPC) Sandie Keall - sandie.keall@nhs.net

PNA Questionnaire 2024 (Preview) [Deprecated]

Provision Date

Pharmacy Information

Name of Contractor
i.e. name of individual, partnership or company owning the pharmacy business

The information must match the information on the NHS website and Directory of Services. Please confirm the pharmacy you are completing this information for:

Trading Name of the
Pharmacy ie name 'over the door'

Address of the Pharmacy

Consent to hold your data

Please renew our permission to hold the data you provide here and use this to contact you/the pharmacy if necessary. Consent is given for CPTV, the Health and Wellbeing Board and Local Authority (council) to access and use this data for the purposes of updating the PNA and other related documents.

Consent to hold data and use for the PNA ☒ Yes

- ☐ No (skip to end)

Opening Hours Information

Pharmacy opening hours (both Core and Supplementary) are an important part of understanding access people have to pharmaceutical services in the area. We will use information held by NENC ICB, formerly NHS England (i.e., the statutory Pharmaceutical List), when making our assessment. We will also have access to the Directory of Services. *IMPORTANT* If you think your opening hours on the Pharmaceutical List may be incorrect, then the PHARMACY CONTRACTOR MUST contact the ICB to apply or notify any changes. For convenience, their contact email is nencicb_tv.pharmacyandoptometry@nhs.net

Opening Hours

e c onfirm

i.e acknowledge use of ICB data as likely to be correct

e Data may not be correct, action taken

Advanced Services and Enhanced Services - nationally or locally commissioned

NENC ICB hold data on pharmacies accredited/registered and delivering the NHS community pharmacy services listed here: New Medicine Service (NMS), Stoma Customisation, Appliance Use Review, Community Pharmacy Seasonal Influenza Vaccination Advanced Service, Community Pharmacy Hypertension Case-Finding Service, Community Pharmacy Blood Pressure Check Service, Community Pharmacy Smoking Cessation Service (SCS), Pharmacy Contraception Service (PCS), Pharmacy First, COVID-19 Vaccination Service and Lateral Flow Device (LFD) Tests Supply Service. When making our assessment, we will use information provided by the ICB on activity for the above advanced/enhanced services, and ICB/CPTV data for Think Pharmacy First (Minor Ailments), Maternal Stop Smoking, Bank Holiday Direction and community pharmacies holding Antiviral or

Advanced and Enhanced Services

e Yes, acknowledge this information
i.e agree these are suitable data sources to use

Other

e.g., if you think these data sources may not be suitable for this pharmacy

Palliative Care Drugs. Please acknowledge this information on the data sources we will use for the PNA.

Thinking about these Advanced services and your pharmacy in the last 3 years:

Have you stopped providing any service(s)

e Yes

No

Advanced services include NMS, SCS, CPVAS for example

If yes, please state which
service(s) and give
reason(s) why

Locally Commissioned Services - Public Health

These are services commissioned from community pharmacies by either the local authority (LA) directly or by other providers who themselves have been commissioned by that LA, for example sexual health (e.g., EHC) or substance misuse (e.g., supervised consumption) services. We will use information provided by the service commissioner for each of these services when making our assessment. Thinking about these local services and your pharmacy in the last 3 years:

Have you stopped providing local service(s)

e Yes

No

This applies to locally commissioned or enhanced services

If Yes, please say which
service(s) you have
stopped and why

Do you intend to stop providing a service(s)?

e Yes

No

e Maybe

If yes or maybe, please identify which service(s), stating your reasons why

Please use this free text box to comment on your current interest and capacity to consider providing any locally commissioned services that you do not already provide.

The PNA considers new services that could be developed in the near future, as well as existing services..

Please name any pharmaceutical service(s) you think would offer local people improvement or better access to this aspect of pharmaceutical care if it were possible to provide it from your pharmacy now. Give reasons where possible.

Please name any pharmaceutical service(s) you would not be willing to provide at the moment - even if suitable training and funding was available

Delivery Services

Is your pharmacy a Distance Selling Pharmacy?

- ☐ Yes (skip to next section)
- ☐ No

We know medicine delivery services are not part of the NHS Terms of Service for dispensing for pharmacy contractors, unless they are a distance selling pharmacy (DSP).

However, it is helpful to understand what local people may be able to access at the moment.

Do you offer any delivery service?

- ☐ Yes
- ☐ No (skip next if no)

Do you charge patients/carers for deliveries?

- ☐ Yes, charge some groups of people/areas
- ☐ No, free to everyone

Languages

One potential barrier to accessing services at a pharmacy may be languages spoken. NHS Translation services are available to support people who may struggle with English, the language most likely to be spoken by pharmacy staff in this HWB area. Tick which option best applies to your pharmacy

Independent Prescribing (IP) Service

Do you use NHS Translation Services?

- ☐ Yes, rarely
once a year if that

Pharmacy provides IP services now

- ☐ Yes, sometimes
less than once a month
- ☐ Yes, regularly
weekly, or more often

- ☐ No - not needed here
- ☐ No - don't know how to access services
- ☐ No - service not available in timely way
- ☐ Other

Some pharmacists now have an Independent Prescribing qualification (IP). At the time of completing this survey please answer the following for your pharmacy:

Pharmacist(s) work here who have IP qual?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Pharmacist(s) here are working towards IP qual?

- ☐ Yes
- ☐ Don't Know

In your view, do you think an IP/prescribing service in your pharmacy would provide improvement, or better access, to that service for people visiting your pharmacy?

Would IP service(s) be better for people?

- ☐ Yes
- ☐ No

If yes, for what, and why?

What are the barriers or enablers to this/these IP services taking place?

Looking to the Future

The PNA looks forward to the next three to four years. Acknowledging the current challenges faced by community pharmacy, 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 tick one best answer

- Have capacity to respond to increased demand within existing premises and staffing levels
- Have capacity to respond with adjustments to 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

Are there any pharmaceutical services you consider would offer improvement, or better access, in the near future (<3 years) for the people who use/visit your pharmacy?

CONTACT IN CASE OF QUERY

Contact Name

Job Title or

Role

Contact

email address

Thank you for completing this PNA questionnaire. Your views are important to us and the people who use your pharmacy services.

Test values

[EULA License Agreement](#) • [Privacy Policy](#) • [Cookie Policy](#) • [Contact Us](#)

© EMIS 2007-24. All Rights Reserved.

Sent to 31.51.89.109 from node 192 in 0.031secs (5MB) A/prim

Hartlepool HWB Pharmaceutical Needs Assessment 2025 60-day Formal Consultation from 4th July to 4th September 2025

Summary and Feedback

Key outcomes of the consultation:

During the consultation period there were 215 visitors to the PNA consultation webpage hosted on the Hartlepool Council website. There were 63 visitors to the PNA consultation response framework in 2022.

Of these 215 visitors;

- 97 completed at least one action via the web page which included:
- 43 who downloaded the draft PNA
- 79 who visited multiple pages
- 17 who engaged with the electronic survey tool to the conclusion of submitting their response.

Paper copies were made available in community hubs across the town. One consultation response was submitted on paper and their responses are included in the final summary making a total of 18 submissions. This is a comparable response to the PNA consultation surveys of 2022 (14 responses), 2015 (14 responses) and 2011 (6 responses).

Respondents:

Based on their answer to the question “...select the option that best represents you. I am answering these questions as...”, the self-assigned designation of all responders is shown in Table 1.

Table 1. Self-assigned designation of responders to PNA consultation (2025)

Hartlepool 'pharmacy user'	Hartlepool pharmacy contractor or representative	HWB	Total responses
16	1	1	18
Hartlepool 'pharmacy user'			A 'pharmacy user' – a patient, carer, or member of the public living or using pharmaceutical services in this (Hartlepool) area
Hartlepool pharmacy contractor or representative			A pharmacy contractor or representative of a pharmacy contractor(s) in Hartlepool
HWB			Neighbouring HWB representative

Consultation feedback and HWB response.

A summary of respondent feedback to each consultation framework question follows.

- None of the required¹ consultation questions were 'skipped' on the electronic survey i.e., all 17 respondents answered each question. This does simplify the analysis when

¹ All the questions included for equality monitoring purposes were optional.

expressing answers to quantitative questions as a proportion of those who completed them. The answer to one question was missed from the paper response.

- Quantitative responses are reported as percentages for ease and convenience but may be viewed with caution given the small numbers. It is important to acknowledge all feedback received but nevertheless consider the weight that might be attributed to any individual view presented in the context of the whole process of data collection, engagement and development of the PNA.
- Eight of the 18 respondents provided a written response to at least one part of the consultation framework where the opportunity to do so was made available. Written comments are quoted verbatim.
- Recognising the size and complexity of the document, opportunity to express uncertainty in how to respond to a given question was offered throughout where applicable i.e., to respond either 'yes', 'no' or 'not sure'. Up to a third of respondents were unsure in answering some consultation questions, which may impact on the magnitude of a positive response. Comments reflecting that are noted.
- Consultation feedback was shared with the PNA Steering Group for reflection and response with respect to the final content of the PNA and on-going maintenance.
- Response, on behalf of Hartlepool HWB, to each question is shown *in italics*.

1. Do you think that the purpose of the PNA has been explained?

Do you think that the purpose of the PNA has been explained?		
Answer	Count	% of answered
Yes	16	89%
No	1	
Not sure	1	
Answered	18	

***HWB response:** The great majority think that the purpose of the PNA has been explained and this positive feedback is acknowledged.*

If you wish to provide a comment on your understanding of the purpose of the PNA please do that here...
<i>All comments follow a 'Yes' response to Q1</i>
<i>improving the offer</i>
<i>statutory requirement so little choice; although the needs assessment has shown that services have shrunk in Hartlepool but particularly in stockton</i>
<i>whether residents of Hartlepool feel like there's enough pharmacy services</i>
<i>should be visible without downloading and presented simply using bullet points</i>

***HWB response:** Comments are noted. The draft PNA was visible without downloading, though this may have appeared differently on a mobile device. It was available to download if required. It is recognised that the statutorily required content and purpose of the PNA does not easily lend itself to presentation using bullet points. The challenges this presents are acknowledged.*

2. Do you think that the draft PNA accurately describes the current pharmaceutical services available in Hartlepool?

Do you think that the draft PNA accurately describes the current pharmaceutical services available in Hartlepool?		
Answer	Count	% of answered
Yes	13	72%
No		
Not sure	5	28%
Answered	18	
If no or not sure, please use this space to tell us of any discrepancies or inaccuracies (providing evidence where possible)		
<i>Comments follow 'not sure' responses to Q2</i>		
<i>it is a complex document that should have been summarised for public viewing</i>		
<i>should be visible without downloading and use bullet point briefly and simply for public to decide or make comments</i>		

HWB response: No known discrepancies or inaccuracies in the description of pharmaceutical services were identified. The majority think that current pharmaceutical services available in Hartlepool are described accurately in the PNA and this positive feedback is acknowledged. One third of respondents were unsure and comments reflecting that are noted. The complexity and purpose of the PNA is set out in legislation. A shorter accessible companion document may prove useful to support public awareness during on-going maintenance of the PNA.

3. Do you think that the draft PNA reflects local pharmaceutical needs?

Do you think that the draft PNA reflects local pharmaceutical needs?		
Answer	Count	% of answered
Yes	12	67%
No	2	
Not sure	4	
Answered	18	

If not, please explain why you think that...
<i>Comments follow a 'no' response to Q3</i>
<i>I myself have needed urgent medication out of hours and have found it impossible to find a pharmacy open out of hours in Hartlepool to do so.</i>
<i>I support multiple people many of whom have no transport and or limited online skills. The current provision is biased towards people with access to transport (private or public) and the financial ability to pay for this.</i>

HWB response: A smaller majority, again influenced by uncertainty, think that the draft PNA reflects local pharmaceutical needs. Uncertainty in response is noted. Comments and experiences shared are also acknowledged and considered. The need for, and availability of, pharmaceutical services in Hartlepool in the out of hours period is defined, described and assessed in the PNA. People with access to transport and other resources have better access and choice to all goods and services. This assessment also has regard to the pharmaceutical needs of people without personal transport, and how those needs may be met.

4. Are you aware of any pharmaceutical services provided in Hartlepool that are not currently included in the PNA?

Are you aware of any pharmaceutical services currently provided in Hartlepool that are not included in the draft PNA?		
Answer	Count	% of answered
Yes		
No	14	78%
Not sure	4	22%
Answered	18	
If yes, can you please tell us what they are?		
There were no YES answers, so no explanations needed or given. On reflection, it is not applicable to offer a 'not sure' option since you are either aware or not. Yes/No is sufficient in this case.		

HWB response: The responses suggests that the PNA includes all current pharmaceutical services available in Hartlepool.

5. Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?

Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?		
Answer	Count	% of answered
Yes	12	67%
No		
Not sure	6	33%
Answered	18	
No option for comments offered		

HWB response: The majority answered in the positive. It is acknowledged that this question might require expertise beyond that of a lay person to answer with confidence, so uncertainty in response is understandable. Nevertheless, a smaller percentage answered with this uncertainty in 2025 than in 2022 when the response of 'not sure' was given by 50% of respondents.

6. Is there any other information which you think should be included in the PNA?

Is there any other information you think should be included in the PNA?		
Answer	Count	% of answered
Yes	3	see comments on next page
No	8	44%
Not sure	7	39%
Answered	18	

If yes, can you please tell us what they are?
Three YES answers led to these comments;
1. More information on providing facilities for new housing estates on the outskirts of town, which need to have a provision added to the planning applications
2. With the explosion in Ozempic and Mounjaro there should be an assessment of the penetration of on line pharmacies, particularly ones that are in flagrant breach of regulations and the identification of "pharmacies" that may be responsible for supplying illicit and or fake POMs.
3. For future PNAs, it would be helpful to have a section on pharmacies and disabled people - e.g., whether most can access, can antibiotics be procured all week even if prescribed by urgent care/OOH (currently, no)

HWB response: The proportion of those who responded 'not sure' was the same as in 2022; 72% of those who responded with certainty did not identify any other information to be included in the PNA. Three respondents have suggested other information they considered should be included in the PNA; their comments/experiences are acknowledged and considered: (1) the potential impact of new housing on the outskirts of the town on the need for pharmaceutical services within the timeframe of this PNA is included in the assessment. (2) For the avoidance of doubt, it is not a requirement of the PNA to report on counterfeit medicines/ breaches of the Medicines Act. Professional standards of pharmaceutical services (including online services) are identified and monitored by the General Pharmaceutical Council whilst national (NHS) contractual service specifications for essential services such as dispensing are monitored by NHS England. (3) The pharmaceutical needs of people with disabilities are considered in the PNA. Reasonable adjustment for both premises access and other support for people with disabilities to manage their medicines should now be universal, covered by requirements under the Equality Act and pharmaceutical professional guidance. There have been no new pharmacy premises this PNA. Regarding access to antibiotics (or any other medicine), where any medicine is considered urgent and necessary following access to medical services in the out of hours period, it is understood that medicine should be provided by the service attended, e.g., the urgent care service. A person would not therefore need to access a community pharmacy to dispense a prescription in those immediate circumstances. For non-urgent medicines, a prescription may be provided to be dispensed when a pharmacy is next open. Further understanding of people's experience of pharmaceutical services in Hartlepool with respect to support for those living with disabilities, and/or accessing services in the out of hours period may be explored during the on-going maintenance of the PNA.

7. Do you think that the process followed in developing the PNA was appropriate?

Do you think that the process followed in developing the PNA was appropriate?		
Answer	Count	% of answered
Yes	13	76%
No		
Not sure	4	24%
Answered	17*	
If no and you have any comments on the process then add them here		
No 'no' answers; one comment received from a YES answer;		
Extensive report last time with 217 pages to digest and a sizeable executive summary		

*response on paper missed this question

HWB response: the majority of respondents did think that an appropriate process had been followed in developing the PNA.

8. Do you agree with the conclusions of the pharmaceutical needs assessment?

Do you agree with the conclusions of the pharmaceutical needs assessment?		
Answer	Count	% of answered
Yes	10	56%
No	1	
Don't have a view	7	39%
Answered (denominator)	18	
Denominator excluding those who 'do not have a view'	11	

HWB response: the majority of respondents agreed with the conclusions of the PNA, however, two fifths of respondents did not have a view. 91% of those who expressed a view, agree with the conclusions of the PNA.

If you have any comments on the conclusions, please add them here...

<i>Comments from pharmacy-users; these respondents agreed with the conclusions:</i>
<i>whether this is relevant, pharmacies advertise that their staff can provide basic health advice etc but many people don't have very positive experiences of this</i>
<i>I feel that pharmacies are under threat and having signed a petition to save local pharmacy services I suspect that they feel the same. I also deplore the fact that the local pharmacy service is being used to bolster the deficient GP / Primary care service</i>
<i>The Wynyard bit was good - the pharmacy here is brilliant, but opening on weekends would be really beneficial, and there is danger with the planned population expansion that if it was to close, too many would be left without a nearby pharmacy.</i>

HWB response: comments and experiences are acknowledged and considered.

9. Are there any current needs for pharmaceutical services that you consider to be unmet?

Are there any current needs for pharmaceutical services you consider to be unmet?		
Answer	Count	% of answered
Yes	5	28%
No	9	50%
Not sure	4	
Answered	18	

HWB response: one third of respondents indicated they considered there are current unmet needs for pharmaceutical services. The responses to this question are considered alongside responses to the secondary question:

Are these current unmet needs for pharmaceutical services identified in the PNA?

Of the five respondents who answered yes to question 6, two then indicated that (yes) the unmet needs were already identified in the PNA and added a comment (shown below). The other three were 'not sure'; two of these were expanded with a comment (also shown below) when invited to.

Please add any comments you may have on current unmet pharmaceutical needs.

<i>Yes/Yes response:</i>
<i>Out of hours</i>
<i>I have several times ended up in OOH/urgent care with an infection requiring antibiotics on a Sunday and been unable to get to a pharmacy (as none are open) so my infection has progressed and I have been very unwell until Monday afternoon when that is the earliest I can get antibiotics.</i>
<i>Yes/Not sure response:</i>
<i>I am unable to read the entire document, but I did not see the provision of 24 hour, 7 days a week provision, enabling to retrieval of prescriptions.</i>
<i>New housing developments should include reasonable access to pharmacy without having to travel a significant distance</i>

HWB response: feedback, comments or experiences are acknowledged. Pharmaceutical needs with respect to out of hours and new housing developments are already noted above. Need for a community pharmacy in Hartlepool open 24 hours, 7 days a week for FP(10) prescription dispensing has not been identified. Such a service would be unlikely to be sustainable; legislation changed in recent years to permit pharmacies previously required to open 100 hours a week to reduce their total opening hours to 72 hours.

10. Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans for pharmacies?

Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans?		
Answer	Count	% of answered
Yes	14	78%
No		
Not sure	4	22%
Answered	18	

HWB response: this positive feedback is acknowledged.

11. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?		
Answer	Count	% of answered
Yes	13	72%
No		
Not sure	5	28%
Answered	18	
Please add any comments you may have on future pharmaceutical services or plans here		
<i>From a Yes response</i>		
<i>I think a better delivery service would be beneficial and would prevent pharmacy staff being over whelmed with people wanting and needing to collect medications at the same times. Also when addicts are prioritized in receiving there medication over usually ill people it isn't on</i>		
<i>From a not sure response</i>		
<i>I do not have the hardware to download and read a large complex document</i>		

HWB response: feedback is acknowledged; other than in DSP, delivery is not an NHS service

12. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		
Answer	Count	% of answered
Yes	1	6%
No	7	39%
Not sure	10	56%
Answered	18	
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		
<i>No comments added</i>		

HWB response: feedback is acknowledged, and the understandable uncertainty.

13. Are there any 'near future' needs for pharmaceutical services you consider to be unmet?

Are there any 'near future' needs for pharmaceutical services you consider to be unmet? (part a)		
Answer	Count	% of answered
Yes	1	
No	9	50%
Not sure	8	44%
Answered	18	
Are these 'near future' unmet needs for pharmaceutical services identified in the PNA? (part b)		
Answer	Count	% of answered
Yes	1	
No	5	28%
Not sure	12	67%
Answered	18	
Please add any comments you may have on future unmet needs here		
<i>No comments added</i>		

HWB response: the great majority (94%) of respondents have not identified any 'near future' needs for pharmaceutical services they consider to be unmet. However, there is lots of uncertainty. With no comments added and responses to part b (perhaps inappropriately) permitted by all, not only those who answered part a in the positive, there is less confidence in the interpretational value of these responses to part b.

Continued on next page

14. Do you have any other comments about the Hartlepool Health and Wellbeing Board draft PNA 2022?

Two responses were offered:
<i>A shorter, summary document should have been available for public viewing (alongside this one). This complex and large document will stop people completing the survey properly, which you should know.</i>
<i>Directing Hours- if a contractors doesn't adjust their hours to reflect local needs then NHS England will direct them to open to meet the needs...does this therefore generate a gap if contractors don't adjust their hours?</i>
<i>Page 19.. facilitate better access to services in a community setting...is this relating to existing contractors OR is this a gap?</i>
<i>Page 30...5 weeks notice to supplementary hours changes however this only relates to decrease in hours whereas an increase can be actioned overnight</i>
<i>Page 56 & 57...whole paragraph repeated....'whilst prescriptions...and ends stop smoking services' is repeated on page 57</i>
<i>Page 108...5 weeks notice repeated again.</i>
<i>Page 179....existing contractors and opening hours...HWB is satisfied that GP appointment times match pharmacies however if pharmacies don't match and they don't adjust then does this create a GAP</i>

HWB response: The challenges of presenting the PNA as a statutory document for consultation which includes the opportunity for public comment, are acknowledged. Factual corrections have been made. Responses related to clarity of statement of need or potential service gap have been addressed in the final PNA.

Concluding information:

After publication, the HWB continues to seek and evaluate updated information by which it may monitor and identify the impact of any potential changes to need, or whether identified needs continue to be met. On-going work may seek a more detailed understanding of the views and experiences of service providers (including out of hours service providers), patients, carers and their representatives as part of PNA maintenance or wider quality management and enhancement of local services.

Healthwatch may often support such on-going work in HWB areas. Feedback from PNA engagement and consultation may be considered by service providers locally.

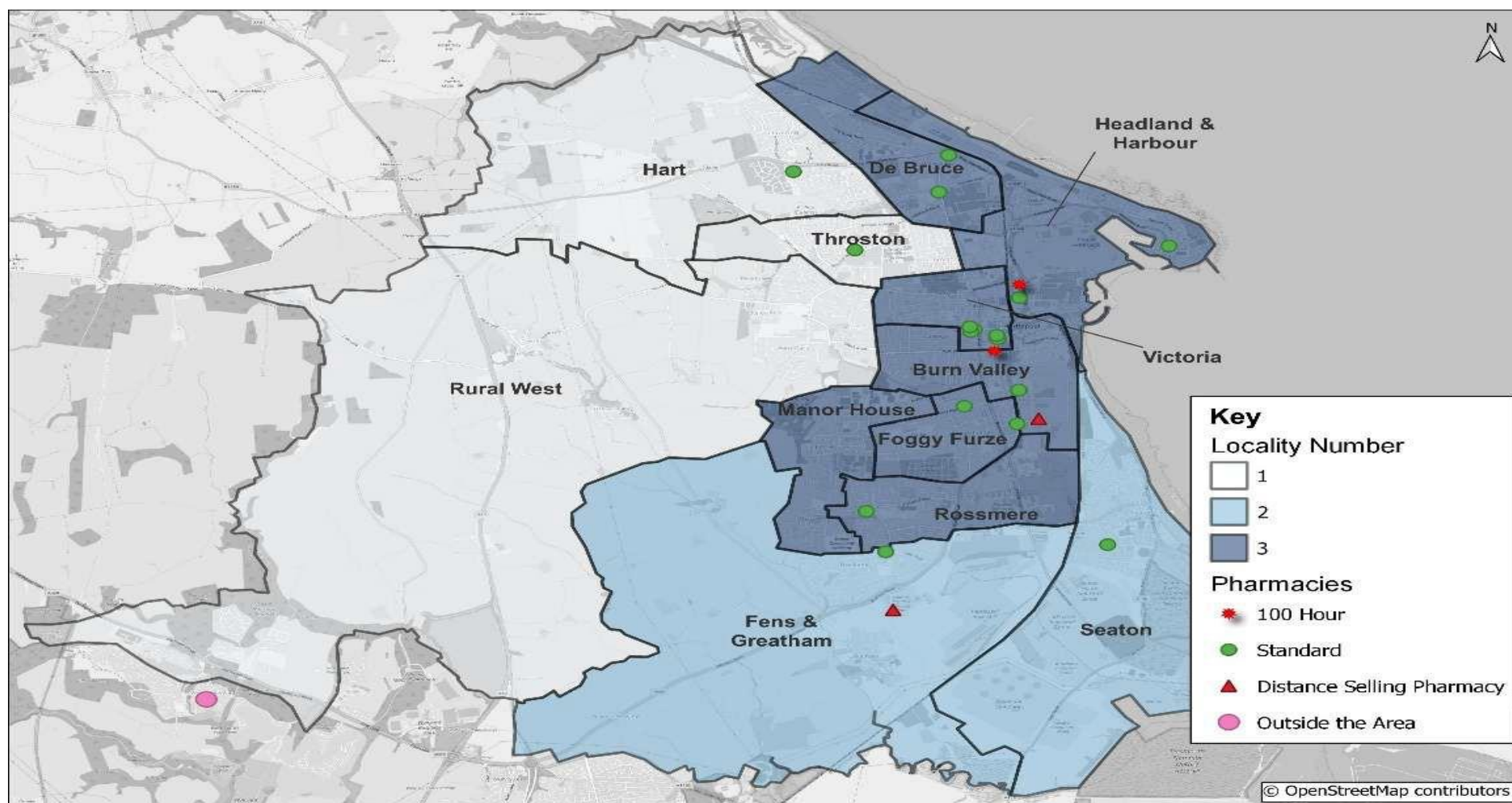
The PNA is concerned with NHS pharmaceutical services and will also seek to understand other services e.g., some local government commissioned services where those impact on meeting the population needs for pharmaceutical service for the purposes of the PNA. Financial viability and the impact of local/ national policy may influence service uptake of locally contracted services and may influence nationally contracted NHS services in all areas of primary care.

What must be assessed by the PNA is whether pharmaceutical needs are met in a given area, having regard to and considering (where applicable) those factors included in Regulations.

Appendix 5.
Hartlepool Pharmaceutical List at August 2025

Contractor	Trading Name	Full Address	Core Hours	Supplementary Hours	Opening Hours
Alrahi & Singh Ltd	Wynyard Road Pharmacy	29 Wynyard Road, Hartlepool, Cleveland, TS25 3LB	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
Alrahi & Singh Ltd	Healthways Chemist	38a Middleton Grange, Shopping Centre, Hartlepool, TS24 7RY	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: 09:00-12:00 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: 09:00-12:00 Sunday: Closed
Alrahi & Singh Ltd	Pharmacy Express	Hartlepool Community Health Centre, Park Road, Hartlepool, TS24 7PW	Mon: 09:00-21:00 Tue: 09:00-21:00 Wed: 09:00-21:00 Thu: 09:00-21:00 Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-17:00	Mon: None Tue: None Wed: None Thu: None Fri: None Sat: None Sun: None	Mon: 09:00-21:00 Tue: 09:00-21:00 Wed: 09:00-21:00 Thu: 09:00-21:00 Fri: 09:00-21:00 Sat: 09:00-21:00 Sun: 10:00-17:00
Ascent Healthcare Limited	Middle Warren Pharmacy	Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool TS26 0BF	Mon: 09:00-13:00; 14:30-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:30-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:30-17:30 Sat: 09:00-13:00 Sun: Closed	Mon: 13:00-14:30; 17:30-18:00 Tue: 13:00-14:00; 17:30-18:00 Wed: 13:00-14:30; 17:30-18:00 Thu: 13:00-14:00; 17:30-18:00 Fri: 13:00-14:30; 17:30-18:00 Sat: None Sun: 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

Map of pharmacies in Hartlepool pursuant to para 7 of S1 to the 2013 Regulations



Appendix 6 Map 1. Map of Hartlepool showing location of community pharmacies (n=21, including '100 hour' pharmacies and DSPs at August 2025. See main PNA for reference to pharmacy denoted as 'outside the area' (at Wynyard in Stockton-on-Tees HWB area. Data source: NHSE/NHSBSA.



Appendix 6 Map 2. Map of Hartlepool shows location of community pharmacies (n=19, excluding DSP) at August 2025 and GP practices (n= 15 including branch practices) at May 2025. Source: NENC ICB. The associated key to the letters representing pharmacies and numbers representing GP practices is shown in Appendix 6 Table 1.

Appendix 6 Table 1. Key to the map of pharmacies and general practices shown on the map in Appendix 6 Map 2.

Letter	Name	Ward	PNA Locality 2025	Health Centres	Number	GP Practice
A	Middle Warren Pharmacy	Hart	H1: West		1	Hartfields Medical Centre (Branch)
B	Wiltshire Pharmacy	Throston			2	Throston Medical Centre (Branch)
C	Well, Catcote Road	Fens and Greatham	H2: South			
D	Well, Seaton	Seaton			3	Seaton Surgery
-	Hartlepool Pharmacy DSP	Fens and Greatham				
S	Pharmacy Express = '100 Hour'	Burn Valley	H3: Central and Coast	Hartlepool Health Centre, Park Road	4	Bankhouse Surgery
					5	Chadwick Practice
					6	Havelock Grange Practice
-	Longhill Pharmacy DSP	Burn Valley				
E	Tesco Pharmacy	Burn Valley				
F	Winterbottom Pharmacy	De Bruce		7	Hart Medical Practice	
G	Westview Pharmacy	De Bruce		8	West View Millennium Surgery	
H	Kendal Road Pharmacy	Foggy Furze		9	McKenzie Group Practice (Main Site)	
I	Clayfields Pharmacy	Foggy Furze				
R	Boots, Marina Way = '100 Hour'	Headland and Harbour				
J	Asda Pharmacy	Headland and Harbour				
K	Headland Pharmacy	Headland and Harbour		10	Headland Medical Centre	
		Manor House		11	Brierton Medical Centre (Branch)	
L	Wynyard Road Pharmacy	Rossmere		12	Wynyard Road Medical Centre (Part of McKenzie Group)	
M	Boots, Middleton Grange	Victoria				
P	Healthways	Victoria				
N	Well, Victoria Health Centre	Victoria		Victoria Road Health Centre	13	West Quay Medical Practice
O	Well, York Road	Victoria			14	Gladstone House Surgery
Q	Whitfields	Victoria			15	Victoria Medical Practice (Branch)
* Longhill Pharmacy and **Hartlepool Pharmacy are distance selling pharmacies						

* Longhill Pharmacy and **Hartlepool Pharmacy are distance selling pharmacies