

Darlington Health and Wellbeing Board Pharmaceutical Needs Assessment

2018-2021

Final

FINAL

Version Control

HWB	Version
Darlington	Final 1.0

Publication date: by 29th March 2018

Subsequent full review: 30th March 2021 (Statutory; unless superseded)

Contents

Executive Summary	page 6
Introduction.....	page 6
Pharmaceutical Needs Assessment (PNA) process.....	page 6
Identified health needs.....	page 6
Current provision.....	page 6
Conclusion.....	page 7
Future provision.....	page 7
Section One-Introduction	page 8
1.1 What is a Pharmaceutical Needs Assessment?.....	page 9
1.2 Market entry.....	page 10
Section Two-Pharmaceutical Needs Assessment Process	page 11
2.1 Identification of health need.....	page 11
2.2 Assessment of current pharmaceutical provision.....	page 11
2.3 Engagement and consultation.....	page 11
2.4 Identification of localities.....	page 12
Section Three- Identified Health Needs	page 15
3.1 Geographical characteristics.....	page 15
3.2 Population profile.....	page 15
Ethnicity.....	page 18
3.3 Transport.....	page 18
3.4 Deprivation.....	page 19
3.5 Lifestyle risk factors.....	page 19
Smoking.....	page 19
Alcohol.....	page 20
Substance Misuse.....	page 20
Obesity.....	page 20

Sexual health.....	page 21
3.6 Cancer.....	page 21
3.7 Long Term Conditions (LTC).....	page 21
Cardiovascular disease (CVD).....	page 21
Coronary heart disease (CHD).....	page 22
Hypertension.....	page 22
Diabetes.....	page 23
3.8 Older persons.....	page 23
3.9 Mental health.....	page 24
3.10 Learning disability.....	page 24
3.11 Immunisation.....	page 25
3.12 Travellers.....	page 25
Section Four-Current Provision of Pharmaceutical Services.....	page 26
4.1 Definition of pharmaceutical services.....	page 26
4.2 Advanced services.....	page 26
4.3 Locally commissioned services.....	page 27
4.4 Self-care.....	page 29
4.5 Dispensing doctors.....	page 29
4.6 Dispensing appliance contractors.....	page 30
4.7 Hospital services.....	page 30
4.8 Current provision of essential pharmaceutical services.....	page 30
4.9 Pharmacy opening hours.....	page 32
4.10 Provision of medical services.....	page 34
4.11 Current provision of advanced services.....	page 34
Consultation rooms.....	page 34
Medicines Use Review (MUR) service.....	page 35
New medicine service.....	page 35

4.12 Appliance services.....	page 35
4.13 Distance selling pharmacies.....	page 36
4.14 Electronic transfer of prescriptions.....	page 36
Section Five-Current Provision of Locally Commissioned Services.....	page 37
5.1 Minor Ailment Service (MAS).....	page 37
5.2 Stocking of palliative care drugs.....	page 38
5.3 Food thickener for speech and language therapy.....	page 38
5.4 Reimbursement of TB prescription charges.....	page 38
5.5 Supervised consumption.....	page 39
5.6 Needle exchange.....	page 39
5.7 Emergency Oral Hormonal Contraception (EOHC).....	page 39
5.8 C-card scheme (registration and distribution).....	page 40
5.9 Current provision of locally commissioned services.....	page 40
Healthy Living Pharmacies.....	page 40
Section Six-Non-commissioned Services.....	page 43
6.1 Non-commissioned services.....	page 43
6.2 Collection and delivery services.....	page 43
Section Seven-Future Provision.....	page 44
7.1 Policy drivers.....	page 44
7.2 National community pharmacy contract reforms.....	page 45
7.3 National vision for community pharmacy.....	page 47
7.4 Local vision for community pharmacy.....	page 53
Section Eight-Conclusion.....	page 54
Appendix 1.....	page 55
Maps and lists of pharmacy and GP practice locations	
Appendix 2.....	page 60
Maps of locally commissioned services	

Appendix 3.....page 67

Data Sources

Appendix 4.....page 68

Consultation report

Appendix 5.....page 71

Pharmaceutical survey template

Appendix 6.....page 76

PNA formal consultation questionnaire

Appendix 7.....page 78

Supplementary statement January 2020

CONFIDENTIAL

Executive Summary

Introduction

The purpose of this document is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of Darlington
- To act as a commissioning guide for those services which could be delivered by community pharmacies to meet the identified health needs of the population

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

Pharmaceutical needs assessment (PNA) process

Population health needs across Darlington were identified by the JSNA and Darlington Borough Council public health team and health needs that can be addressed by community pharmacies were considered in more detail.

Formal consultation on the draft PNA took place from 13th November 2017 to 15th January 2018. Feedback from the consultation agreed that there were sufficient pharmacies and services for the population of Darlington. A report on the consultation findings is included as Appendix 4.

Identified health needs

Darlington is a historic market town with concentrated pockets of population density and deprivation. The majority of the most deprived communities are situated towards the centre of the borough. Darlington has been analysed for the purpose of this document using the three GP “hubs” adopted by Darlington Clinical Commissioning Group (CCG) as localities/markers.

Across a range of diseases and conditions- such as cancer and coronary heart disease-Darlington has above average levels of need. Darlington also has an ageing population which is projected to increase.

Current Provision

There are 23 pharmacies in Darlington, including five 100 hour pharmacies and a distance selling pharmacy. For the purposes of assessing provision of services, the distance selling pharmacy is excluded from the analysis as it would not be providing these services in a face to face capacity. Access to community pharmacies across

Darlington is well provided for Monday to Friday 9am to 5pm. There is in particular an over provision of pharmacies within the town centre, however this provides additional patient choice.

Services commissioned from pharmacies in Darlington include emergency oral hormonal contraception (EOHC), C-card condom distribution for people under 25, supervised opiate consumption, needle exchange, reimbursement of TB prescription charges, food thickener for speech and language therapy, palliative care medicine and minor ailments service.

Conclusion

After considering all the elements of the PNA, Darlington Health and Wellbeing Board concludes that there is adequate provision of pharmaceutical services across Darlington, with the network of extended hours pharmacies and over provision of pharmacies in the town centre providing patient choice and the ability to meet the needs of patients even outside normal hours. The network of extended hours pharmacies are essential to providing this service across Darlington outside of business hours. There are sufficient pharmaceutical services in Darlington with good access to these services. The over provision of pharmacies within the town centre means that consolidations would not cause an issue to access or patient choice.

Future Provision

Darlington Borough Council is keen to promote and support assets within the town and it's various communities. Pharmacy teams play a pivotal role in influencing healthy choices which can have a significant contribution to reducing risk of disease and improving health and wellbeing of the communities who use them. As such, Darlington public health team will continue to promote pharmacies as a health asset within the town. This will be done by encouraging potential providers who bid for council contracts to include community pharmacy services where appropriate.

Darlington Clinical Commissioning Group continues to have ongoing discussion around plans to use community pharmacies further in future.

Section One

Introduction

The purpose of this document is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of Darlington
- To act as a commissioning guide for those services which could be delivered by community pharmacies to meet the identified health needs of the population

The Murray Report¹ envisages a future for community pharmacy which is fully integrated into primary care and that better utilise the clinical and prescribing skills of community pharmacists. The community pharmacist would be accountable for decisions they make about the on-going management of patients with long term conditions, but a shift in service provision would put extra capacity into a stretched NHS system. Likewise, community pharmacy has a role in supporting Urgent and Emergency Care by taking referrals for the minor ailment end of the emergency care spectrum.

Public Health England in their report *Pharmacy: A way forward for Public Health*² details some of the interventions community pharmacists could make in priority areas to improve health outcomes for the population.

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

The Health and Social Care Act 2012³ transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs must update their PNA at least every three years⁴. This document therefore replaces the April 2015 PNA. The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

To achieve this dual purpose the HWB needs to know what services are currently provided by pharmacies and whether there is sufficient geographical spread to meet identified health need. Mapping these pharmacy providers with the health needs of

¹ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

³ <http://www.legislation.gov.uk/ukxi/2013/349/regulation/5/made>

⁴ <http://www.legislation.gov.uk/ukxi/2013/349/regulation/5/made>

the population will identify any gaps in current service provision and define areas where a pharmacy service could be commissioned to meet any unmet need.

1.1 What is a Pharmaceutical Needs Assessment?

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

<http://www.legislation.gov.uk/ukxi/2010/914/contents/made>

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

The PNA will be used to:

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

The process of needs assessment is not new. The Joint Strategic Needs Assessment (JSNA) is the means by which local partners including CCGs 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. The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

Overall commissioning priorities are driven by the JSNA and the associated priorities for the commissioning of pharmaceutical services should be driven by the PNA. The PNA will therefore become an intrinsic part of the overall strategic needs assessment and commissioning process, though as a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them (Department of Health, May 2013).

1.2 Market entry

If a person (a pharmacist, dispenser of appliances, or in some rural areas, a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (the “2013 Regulations”) a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on the relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The regulations allow an automatic exemption to the regulatory test for distance sellers or internet based pharmacies on the condition they meet the following;

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

The Health Act 2009 replaced the “control of entry” test with a new test requiring Primary Care Organisations to have statements of pharmaceutical needs. The Health and Social Care Act 2012 transferred the responsibility for producing the PNA to Health and Well Being Boards of local councils. NHS England will use the PNA to determine applications to open new pharmacies in that local council area.

An update to the Pharmacy Regulations in December 2016 allows two pharmacies to merge without creating a gap in pharmaceutical services. This provision was introduced to allow two closely located pharmacies to merge and remain a viable business entity and yet produce an enhanced service to the local community.

It is essential that local councils are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned directly by the council, or by other health partners through the Health and Wellbeing Board, to support more effective patient care.

Section Two

Pharmaceutical Needs Assessment Process

This section provides detail of the processes involved in producing the PNA for Darlington. The Darlington Health and Wellbeing Board recognised the need to ensure that the development process for the PNA was adequately resourced and the process for overseeing development was assigned to the Director of Public Health as part of their delegated duties.

2.1 Identification of health need

Population health needs across Darlington were identified by the JSNA and Darlington Borough Council public health team and are detailed in the “Identified health needs” section of the PNA (section three).

2.2 Assessment of current pharmaceutical provision

Understanding the existing community pharmacy resource is a fundamental requirement of the PNA. In addition to information available from the Pharmaceutical List held by NHS England and other commissioners some information must be collated from contractors themselves. A data collection survey was sent to pharmacies in Darlington in summer 2017 to document what services were available and the LPC (as host of the PharmOutcomes platform locally) were able to view the template prior to going live and supported the process of encouraging contractors to respond. The NHS England list was provided via hyperlink for contractors to view and validate by declaration.

A transcription of the electronic Data Collection survey into paper format is included as Appendix 5. It was considered that a 100% return was required from contractors to ensure that the most complete picture of pharmaceutical services provision was available. A satisfactory response has been achieved; all 22 of the pharmacies with a ‘standard’ contract for essential services completed the template, alongside the one distance selling pharmacy. The two dispensing practices also filled in the sections of the survey that were applicable to them.

2.3 Engagement and consultation

Darlington’s 60 day formal consultation ran from 13th November 2017 to 15th January 2018 with a draft version of the PNA sent to statutory consultees

Darlington PNA consultation information comprising explanatory text and web-location of the draft PNA (and online consultation response form) was sent by known e-mail address to all statutory consultees*.

“a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available

(except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation”.

The following stakeholders were consulted:

- Durham and Darlington Local Pharmaceutical Committee*
- Durham and Darlington Local Medical Committee*
- All pharmacy contractors*
- All dispensing doctors*
- Healthwatch*
- County Durham and Darlington NHS Foundation Trust*
- Darlington Clinical Commissioning Group
- Tees Esk and Wear Valley NHS Trust*
- North East Ambulance Trust (NEAS)*
- NHS England Area Team for Durham, Darlington and Tees*
- County Durham, Stockton and North Yorkshire HWBs*
- Head offices of large pharmacy organisations with branches in Darlington
- North East Commissioning Support Organisations (NECS)
- Health and Wellbeing Board members for circulation
- Local Authority internal networks
- The public via Darlington Borough Council website

Darlington Borough Council has a set process for consultation and this was followed.

Existing LA processes were used to raise awareness of the consultation process, availability of copies of the PNA and the consultation reply form. A standard set of questions were developed and shared; these can be found in Appendix 6.

Feedback from the consultation agreed that there were sufficient pharmacies and services for the population of Darlington.

HWBs are required to publish in their PNA a report on the consultation including analysis of the consultation responses and reasons for acting or otherwise upon any issues raised. A fuller account of the key outcomes of the consultation are included in Appendix 4.

2.4 Identification of localities

In the 2015 PNA, four localities were identified for Darlington using the Indices of Multiple Deprivation (IMD) 2010 deprivation index. Since then, there has been a change within Darlington of the electoral ward boundaries and the IMD has been updated. For the 2018 PNA it was decided to use the CCG GP practice “hubs” as localities for the borough, whilst still using the IMD 2015 data as a backdrop. Darlington CCG has split the 11 GP practices in the borough into three hubs;

- **Hub 1 “Locomotion”**-this covers the central part of the borough and includes the GP practices:
 - Clifton Court Medical Practice
 - Neasham Road Surgery
 - Parkgate Medical Practice
- **Hub 2 “West End Locality Partnership”** covers the west of the borough and to the south in Hurworth ward. This includes the GP practices:
 - Blacketts Medical Practice
 - Carmel Medical Practice
 - Moorlands Surgery
 - Orchard Court Surgery
 - Rockcliffe Court Surgery
- **Hub 3 (name to be determined)** covers the north and the east of the borough, with three GP practices:
 - Denmark Street Surgery
 - St George’s Surgery (formally known as Felix House)
 - Whinfield Medical Practice

Figure 1 details the locations of these GP hubs against the IMD 2015 deprivation deciles.

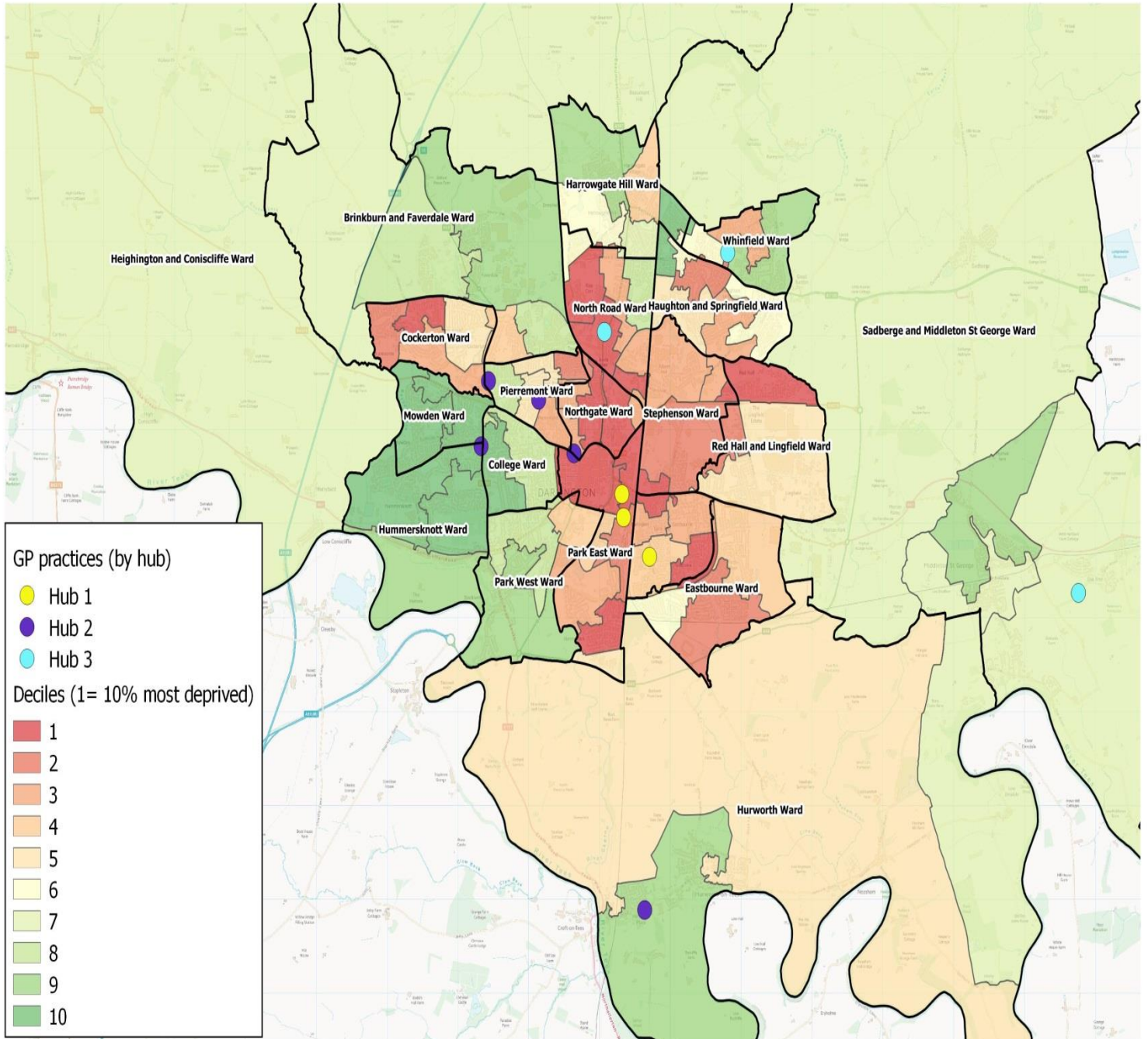


Figure 1-Map of GP practices by Hub, against deprivation deciles (IMD 2015)

A map showing the locations of GP Practice Hubs and pharmacies is available in Appendix 1 of this document.

Section Three

Identified Health Needs

This chapter provides a brief overview of the health needs of the residents of Darlington, highlighting in particular those health needs which may be amenable to intervention by services delivered through community pharmacies.

3.1 Geographical characteristics

Darlington is a large market town in North East England and part of the Tees Valley. The borough is semi-urban with the town centre the most densely populated area, with suburbs surrounding. Further out there are smaller pockets of communities; in Heighington and Coniscliffe to the North West, Hurworth to the South and Sadberge and Middleton St George to the East.

Due to the relatively compact nature of the borough, services tend to be focussed towards the town centre, with smaller retail areas further out of the town centre. Darlington sits at the crossing of the north-south A1 motorway and the east-west A66 trunk road providing easy access to Newton Aycliffe and the Tees Valley.

3.2 Population profile

Table 1 shows population breakdown by age range (mid 2015 estimates: Source Office of National Statistics (ONS)) for the Darlington area, by ward. As older people are high users of pharmacy services the table below shows the percentage of 65+ populations in each ward. The population of Darlington is estimated to be 105,389 (mid 2015 estimate). The population is projected to increase to 106,600 by 2024 with population growth of Darlington's 65+ expected to increase from (to the nearest thousand) 21,000 in 2016 to 24,000 in 2025. It should be noted that the further in to the future the projections get, the uncertainty increases. This is because it is impossible to predict future impacts on population such as changing economic forecasts, policies and other issues that may affect demographics of an area (Source; Projecting Older People Population Information System (POPPI)).

Ward	Total Pop.	0-15 years (number)	16-64 years (number)	65+ years (number)	% 65+ of pop. by ward	% of total Darlington population in ward
Cockerton	6178	1301	3687	1190	19.2%	5.86%
Park East	7935	1699	5140	1096	13.8%	7.52%
Bank Top and Lascelles	7529	1472	4715	1342	17.8%	7.14%
Eastbourne	6523	1530	3952	1041	16%	6.18%
Red Hall and Lingfield	3520	789	2066	665	18.9%	3.34%
Stephenson	3967	724	2360	883	22.3%	3.76%
Houghton and Springfield	6126	1019	3623	1484	24.2%	5.81%
Whinfield	3946	581	2434	931	23.6%	3.74%
North Road	6584	1204	4240	1140	17.3%	6.24%
Northgate	4375	945	2996	434	9.9%	4.15%
Pierremont	6157	1111	4160	886	14.4%	5.84%
Heighington and Coniscliffe	4389	842	2549	998	22.7%	4.16%
Mowden	3769	595	1937	1237	32.8%	3.57%
Hummersknott	3678	502	1992	1184	32.2%	3.48%
Park West	4205	705	2402	1098	26.1%	3.98%
College	4266	763	2672	831	19.5%	4.04%
Hurworth	3195	515	1799	881	27.6%	3.03%
Brinkburn and Faverdale	6457	1379	4279	799	12.4%	6.12%
Harrowgate Hill	6466	1339	4044	1083	16.7%	6.13%
Sadberge and Middleton St George	6124	1045	3767	1312	21.4%	5.81%
	105389					

Table 1: population breakdown (mid-year ONS) in Darlington by ward.. Source: Office for National Statistics

Figure 2 shows Darlington's population segmented by age groups and sex. Darlington's population compared to the England percentages for each age group shows that Darlington has a larger percentage of older age groups and a lower percentage of those aged 20 years to 39 years old.

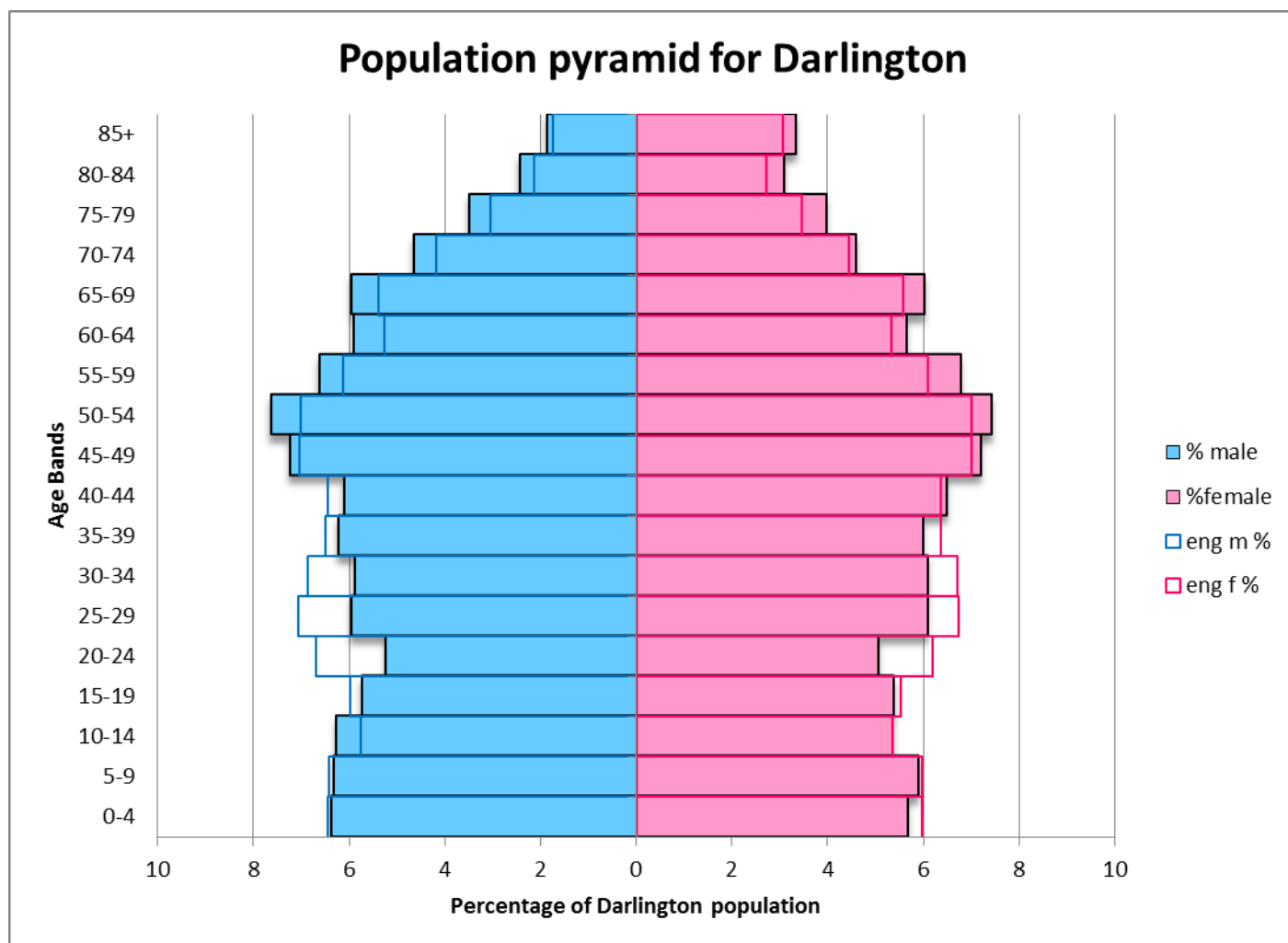


Figure 2: Population pyramid for Darlington (mid-year 2015 estimates). Source: Office for National Statistics

To ensure the population’s need for housing, a thriving economy, community facilities and infrastructure are met, Darlington Borough Council has a new Local Plan which extends to 2036. The Local Plan estimates by 2036 there could be an increase of 10,000 new homes⁵.

For the purpose of this PNA, only those residential projects which have planning permission and are scheduled to begin in the next five years have been analysed. Although there are pockets of planned housing developments all around Darlington, sites are mainly concentrated to the East of the town around Red Hall and Lingfield, and Middleton St George (MSG). No social housing will be built in MSG but Red Hall may be a mixture of social housing and owner-occupiers.

These potential housing sites are located mainly in GP Hub Three, with current residents travelling short distances to access GP and pharmacy services. As this is already the norm for current residents in these areas, and no new GP practices are in development in this area, further housing development is not projected to create an increased need within this document’s timeframe (2018-2021). Future residents

⁵ <https://microsites.darlington.gov.uk/local-plan/>

are likely to travel into the town centre or north to Whinfield to access their GP and subsequently pharmacy services. The planned sites have access to bus routes and there is a hub at least half a mile from the developments in the East of Darlington.

Ethnicity

To enable consideration of any specific pharmaceutical needs related to ethnicity, data from the 2011 census has been reviewed. The population of Darlington are largely of white ethnic origin (96%). This is substantially higher than both the England (86%) and Tees Valley averages (95%). Asian/Asian British individuals make up the greatest proportion of the non- white community of the population of Darlington. 2% of Darlington’s population in the 2011 census identify as Asian/Asian British.

3.3 Transport

Access to health services can be hampered by transport issues. Regular buses serviced by Arriva travel into the town centre regularly, where the majority of GP surgeries and pharmacies are based.

2011 census data estimated there were 46,670 households in Darlington. Car ownership among households in the area at time of census stood at:

No car	1 car/van	2 cars/vans	3 cars/vans	4 or more cars/vans
13,052	20,682	10,450	1,962	524

Table 2: 2011 census of households car ownership in Darlington

This suggests that nearly three quarters (72%) of all households in Darlington have access to at least 1 car/van or more. Census data split by wards (pre 2015 ward boundaries) shows those households situated in the more rural fringes of the area (Sadberge and Middleton St George, Hurworth and Heighington and Coniscliffe) are more likely to own two or more cars, making them less likely to be reliant on public transport to reach pharmacy services.

3.4 Deprivation

People living in areas with higher levels of deprivation (social and economic) tend to exhibit poorer health than those who live in more affluent neighbourhoods. The Index of Multiple Deprivation 2015 measures deprivation at a small area level or Lower Super Output Areas (LSOAs). LSOAs are smaller than wards and therefore show pockets of deprivation better than ward level. Figure 3 below shows deprivation mapped by LSOA, with ward boundaries and names shown for reference.

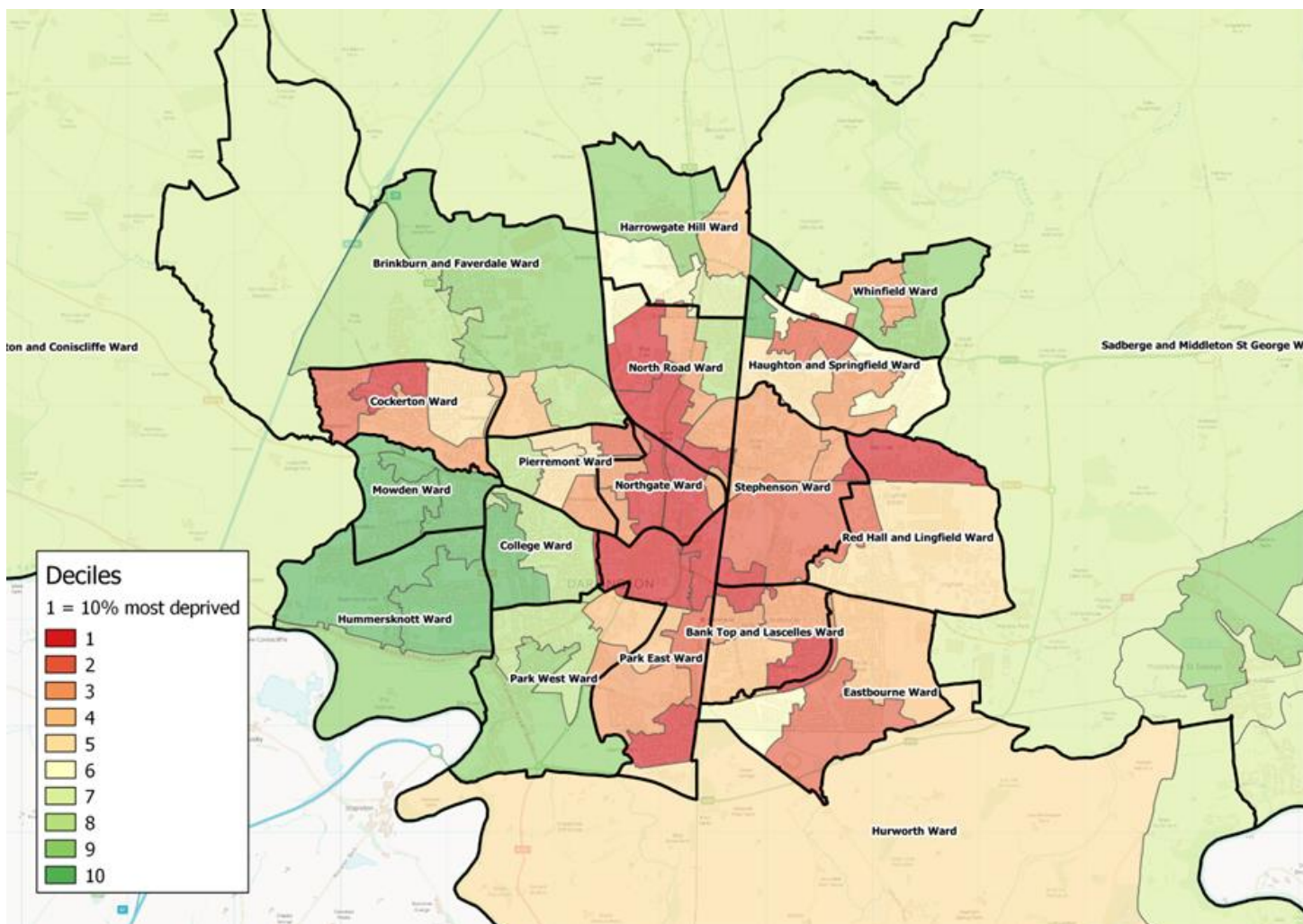


Figure 3: IMD 2015 deprivation deciles (LSOA level)

3.5 Lifestyle risk factors

Smoking

Smoking prevalence in Darlington has shown a decrease among adults since 2012, following the national trend observed. The rate of smoking attributable hospital admissions have risen steadily since 2013/14 but remain better than the regional

average. Smoking attributable deaths have also seen a recent small increase in 2013 to 2015, after a period of positive decline since 2007.⁶

Alcohol

Analysis of the Health Survey for England from 2011 to 2014 concluded that 33.7% of adults (those aged 18 years and over) drank 14 or more units of alcohol a week, ranking Darlington fourth out of the twelve local authorities in the North East region. Nearly a quarter of adults surveyed reported binge drinking on their heaviest drinking days. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms.⁷

Substance Misuse

Drug misuse is a serious and challenging cause of illness and deprivation in our region. Deaths related to drug misuse are at their highest levels since records began in 1993, and the North-East rate is the worst in the country. Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment reduces these and delivers real savings, particularly in crime costs, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease. When engaged in treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better.

Treatment outcomes show a mixed picture – in 2015 35.3% of non-opiate users in Darlington successfully completed drug treatment (better than regional rates and similar to the national figure) but only 4.8% of opiate users in Darlington successfully completed treatment, against a regional rate of 5.4% and a national rate of 6.7%.

Obesity

Obesity is associated with a number of dangerous and disabling medical conditions including type 2 diabetes, hypertension, cardiovascular disease, and various cancers. It places significant demand on NHS resources and in children can have long term implications in terms of low self-esteem, anxiety and depression. Rates of obesity have increased dramatically in recent decades in line with increased calorie intake, increased car use, and decreasing levels of physical activity, and lifestyle interventions have seen levels begin to plateau in recent years.

The active people survey conducted by Sport England reported that 65.4% of Darlington's population can be classified as overweight or obese, similar to the England average and ranking Darlington eleventh of twelve local authorities in the north east region (ranked with one being the highest percentage of obese/overweight adults). Adults are overweight or obese if their BMI measures greater or equal to

⁶ <https://fingertips.phe.org.uk/profile/tobacco-control>

⁷ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

25kg/m². Excess weight in adults is identified by government as a major determinant of premature mortality and avoidable ill health⁸.

The National Child Measurement Profile (NCMP) weighs children in Reception year (aged 4-5) and in Year 6 (aged 10-11). Darlington's school aged children, like the trend nationally, show an increase in percentage of overweight children from Reception to Year 6. Prevalence of overweight and obesity increases from just over 2 in 10 pupils in Reception year to just over 3 in 10 in Year 6.⁹

Sexual Health

Good sexual health forms a fundamental aspect of an individual's general wellbeing and state of health, and is also an important public health issue - poor sexual health imposes significant social, economic, emotional and health costs. The highest burden of sexual ill health is borne by gay and bisexual men, young people and black and minority ethnic groups. Pharmacies can promote good sexual health through availability of contraception.

3.6 Cancer

In line with national and local trends, premature mortality from cancer has decreased significantly in Darlington since 2001. Although recent data demonstrates rates in Darlington that are statistically similar to the North East average, performance remains significantly worse than in England. The under 75 mortality rate from cancer considered preventable is 97.1 per 100,000 population in Darlington – in England it is 81.1. Cancer is the commonest cause of premature death in this locality, and the most recent data shows an increase in premature cancer deaths. Cancer screening programme uptake in Darlington is similar to or better than the average rate for England in bowel and cervical screening, but only 47.3% of women aged 50-70 in Darlington attend for breast screening within six months of invitation.

3.7 Long term conditions (LTC)

Cardiovascular disease (CVD)

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England – it is the second commonest cause of premature mortality in Darlington. Lifestyle modification and improved treatments have resulted in significant improvements in outcomes, and local improvements are in line with national figures. The under 75 mortality rate from cardiovascular diseases considered preventable is 51.4 per 100,000 population in Darlington – this is similar to the England average and lower than the regional average (in 2001 it was 124.1/100,000, significantly higher than the average for England.)

⁸ <http://fingertips.phe.org.uk/health-profiles#gid/1938132694/ati/102>

⁹ <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Coronary heart disease (CHD)

Coronary Heart Disease (CHD) encompasses angina, unstable angina and myocardial infarction (MI, or heart attack.) For an individual who has already had a heart attack or has angina, symptom control and secondary prevention of further cardiovascular events and premature mortality are the cornerstones of management. Heart failure is a significant cause of mortality and morbidity and a common and important complication of CHD. In the three year period 2013-15, the early mortality rate for CHD in NHS Darlington CCG was 41.8 per 100,000 people (the rate for England was 40.6/100,000.) The early mortality rate from coronary heart disease has decreased by 40.8% since 2004-06.

Heart Failure is more prevalent in Darlington than in England – 1.42% of the population in this locality are diagnosed with heart failure, versus 0.76% nationally. However, fewer people with CHD are admitted to hospital in Darlington than in England – in NHS Darlington CCG, the hospital admission rate for coronary heart disease in 2015/16 was 484.7 (509) per 100,000 compared to 527.9 for England.

Prompt treatment of an acute myocardial infarction is vital in preventing death and further morbidity. In 2016, 93.4% of patients with an acute MI received primary angioplasty within 150 minutes of first call for help. This is higher than England (86.3%.)

Hypertension

Hypertension (high blood pressure) is a leading cause of premature death globally. It is common, costly to the NHS, and often goes undiagnosed – on average, each CCG will have 26,000 residents with undiagnosed hypertension. At least half of all heart attacks and strokes are caused by high blood pressure and it is a major risk factor for chronic kidney disease and cognitive decline.

15.2% of the population in Darlington had been diagnosed with hypertension in 2015/16, compared to 13.8% nationally. Local prevalence has increased from 13.9% in 2009/10, in keeping with the impression that a significant proportion of patients with hypertension are not known to services – data from 2014 suggested that only 60% of patients in Darlington with high blood pressure had been formally diagnosed.

In patients with diagnosed hypertension on treatment, blood pressure was kept below or equal to 150/90mmHg in 82.5% of patients, compared to 81.2% regionally and 79.6% nationally. 92% of patients aged 45 or over in Darlington CCG had had their blood pressure checked in the preceding five years, better than the national figure of 90.6%, and in patients newly diagnosed with high blood pressure aged 30-74 with a cardiovascular risk score equal to or greater than 20%, 80% had been commenced on a statin as per NICE, making Darlington the best performing CCG regionally and significantly better than the national rate of 66.5%.

Diabetes

In Darlington CCG there is an observed to expected prevalence of diabetes of 0.84%, compared to 0.77% nationally, suggesting that up to 16% of those with diabetes in our locality are currently undiagnosed. There is a confirmed prevalence of 7.1% in Darlington CCG, with a further 1.5% prevalence of undiagnosed diabetes and an expected prevalence of non-diabetic hyperglycaemia of 11.5% - 20% of the local population in Darlington either has or is at risk of developing DM. 65.3% of patients with diabetes had the eight care processes as recommended by NICE in 2015/16, comparing favourably with the rate for England of 52.6%, though there is significant variation amongst local practises. 35.3% of patients in Darlington with DM met all three treatment targets in 2015/16, less than the national rate of 39% and comparing unfavourably with other regional CCGs.

3.8 Older persons

As earlier recognised in section 3.2 (population profile), Darlington has an increasingly ageing population, with this projected to increase further in future. Estimates for population growth of Darlington's 65+ population will increase (to the nearest thousand) from 21,000 in 2016 to 22,000 in 2020, and (beyond the timescale for this document) to 24,000 by the year 2025. Figure 4 shows distribution of over 65 residents in Darlington wards.

The Tees Valley Combined Authority¹⁰ reports that in Darlington by 2034, over 1 in 4 of the population is projected to be aged 65+. The number of over 85s is projected to more than double by 2034 to reach 5,600.

Older people are more likely to require health services due to onset of long term conditions, illness or disability alongside age-related onset of conditions such as Alzheimer's disease. A rise in dementia patients is expected as the number of older residents of Darlington increases. QOF prevalence of those registered at a GP practice in Darlington with a dementia diagnosis has marginally increased from 2014-15 (0.96%) to 2015-16 (1%) by 0.4%. People with dementia require substantial amounts of care, particularly social care. Pharmacists can contribute to the care of those with dementia by reviewing their medication, and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary¹¹.

An ageing population will be associated with more harm as a result of falls, in relation to emergency hospital admissions for fractured proximal femur at all ages.

¹⁰ <https://teesvalley-ca.gov.uk/wp-content/uploads/2016/03/Darlington-2014-SNPP-report.pdf>

¹¹ <https://fingertips.phe.org.uk/profile/general-practice>

Community pharmacists are in an ideal position to review medication which could contribute to dizziness and falls.

% population aged 65 years and over, 2014 mid year - source: ONS © Crown Copyright 2015



©PHE - © Crown copyright and database rights 2016. Ordnance Survey 100016969 – ONS © Crown Copyright 2016 - Ward (2015 boundaries)

Figure 4: percentage of the population aged 65 years and over (mid 2014 estimate).

3.9 Mental health

1.01% of the Darlington population registered with a GP have a severe mental illness in terms of patients with schizophrenia, bipolar disorder and other psychoses, which is higher than the England average. Medications known collectively as mood stabilisers may be used to contain and control episodes of mania, hypomania and depression.¹²

Depression affects people in different ways. Symptoms can include physical symptoms, such as tiredness, aches and pains, difficulty sleeping and loss of appetite which a person may consult with a pharmacist about who may recognise the symptoms of depression. Depression in adults (18 years+) in Darlington is higher than the England average with 9.4% of those on practice registers diagnosed.¹³

3.10 Learning disability

A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have

¹² <http://www.nhs.uk/Conditions/Bipolar-disorder/Pages/Treatment.aspx>

¹³ <https://fingertips.phe.org.uk/profile-group/mental-health>

more than one disability. A learning disability is not the same as a learning difficulty or mental illness¹⁴. Life expectancy for people with learning disabilities is lower than for the rest of the population. Evidence shows that people with learning disabilities are 2.5 times more likely to have health problems than other people but are less likely to receive regular health checks or to access screening programmes.

QOF prevalence of learning disabilities in all ages indicates that from the total population who are registered to a GP practice, 0.55% have a registered learning disability. This equates to 587 residents of Darlington. The percentage of eligible adults with a learning disability who have received a GP health check in 2013/14 was 50.6% which was worse than the North East average, but better than the England averages¹⁵.

3.11 Immunisation

Darlington performs similarly with both the North East and England with regard to immunisation rates for children.¹⁶ Flu vaccination in those aged 65+ performs poorly in Darlington with vaccination coverage declining in recent years. This has been seen throughout local authorities in the North East region.¹⁷

3.12 Gypsy, Roma and Irish Traveller Communities

Darlington's Joint Strategic Needs Assessment (JSNA) includes the following information regarding the Gypsy, Roma and Irish Traveller communities in the area. Due to a number of reasons it has historically been difficult to both identify and engage with this community which has resulted in a poor understanding of their health and associated health needs. The proportion of Darlington residents that identify themselves in the 2011 Census as Gypsy and Travellers is three times higher than the national average but equates to only 0.3% of the population. The Census return shows 350 individuals declaring as Gypsy or Irish Traveller locally¹⁸.

¹⁴ <http://www.nhs.uk/livewell/childrenwithlearningdisability/pages/whatislearningdisability.aspx>

¹⁵ <https://fingertips.phe.org.uk/profile/learning-disabilities>

¹⁶ <https://fingertips.phe.org.uk/profile-group/child-health>

¹⁷ <https://fingertips.phe.org.uk/profile/older-people-health>

¹⁸ <https://www.nomisweb.co.uk/census/2011/KS201EW/view/1946157057?cols=measures>

Section Four

Current Provision-Pharmaceutical services

4.1 Definition of pharmaceutical services

The national framework for community pharmacy requires every community pharmacy to open for a minimum of 40 hours per week, and provide a minimum level of 'essential services' which comprise:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance including clinical effectiveness programmes

4.2 Advanced services

In addition to the essential services, the community pharmacy contract allows for 'advanced services'. Advanced services are those services that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Medicine Use Reviews (MUR)
- New Medicine Service
- Stoma Appliance Customisation Service
- Appliance Use Review
- Seasonal Influenza Vaccination

MURs aim to improve patient knowledge and use of their medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines
- Identifying, discussing and resolving poor or ineffective use of their medicines
- Identifying side effects and drug interactions which may affect medicine use
- Improving clinical and cost effectiveness of prescribed medicines and reducing waste.

Each pharmacy can provide a maximum of 400 MURs per year and at least 70% of the reviews must be with patients who fall into one of the national target groups, namely:

- High risk medicines

- Patients recently discharged from hospital
- Patients taking respiratory medicines
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines

The New Medicines Service aims to help patients who have long term conditions get the best out of any new medicines which have been started particularly for those with the following conditions:

- Asthma or Chronic Obstructive Pulmonary Disease
- Type 2 diabetes
- Antiplatelet or anticoagulant therapy
- Hypertension.

Stoma Appliance Customisation service ensures that stoma products are individually tailored to a patient's needs ensuring that a close fitting product is supplied. Extra training and specialisation is required to provide this service, and therefore it tends to be provided by specialist appliance companies.

The Appliance Review Service is intended to help patients make best use of their appliances; in the same way as the MUR helps make best use of medicines. Training for pharmacists to perform this service is difficult to access, and therefore when provided in a pharmacy it tends to be done by trained appliance specialists.

The seasonal influenza vaccination service is commissioned by NHS England to help meet national targets to immunise the over 65s and those at risk from influenza. Pharmacists undergo extra training to deliver this service, and can also provide the service privately to those clients who do not qualify for NHS vaccines. Pharmacists have access to influenza vaccine over and above the vaccines ordered by GPs at the beginning of the seasonal campaign.

This is an area which could provide an alternative to GP run clinics, at times which are of the patients' choosing. It could also reduce demand for GP or nurse appointments, while still ensuring national targets for coverage are reached.

4.3 Locally commissioned services

Darlington needs to ensure that it has enough pharmacies providing the services it commissions to meet local health needs.

Since the publication of the 2015 PNA the public health team has reviewed sexual health and stop smoking services.

Aspects of the sexual health service contract provided by community pharmacies in the past are now commissioned by the providers of the overall sexual health contract.

The stop smoking service is now split into two elements; the universal aspect is accessible by anyone and is in the form of a website offering general advice on quitting, the other is the specialist service which can only be accessed by those who meet specific criteria via a referral. The aim of this is to target those in the community most at risk from smoking by providing specialist support. The stop smoking services are no longer based in pharmacies, but as most pharmacies sell stop smoking medication it can still be accessed at retail price by all in Darlington.

NECA is a registered charity that provide the recovery and wellbeing service in Darlington which aims to treat those with substance addiction and support them in their recovery. As part of this contract, NECA commission supervised opiate consumption and needle exchange services in the borough.

Primary Healthcare Darlington was established in 2014 as the local GP federation consisting of 11 GP Practices, 57 GP's covering 107,000 registered patients in Darlington. Primary Healthcare Darlington Ltd currently provides Darlington's community contraception and sexual health service and as part of the contract commission services from local pharmacies.

Darlington Clinical Commissioning Group (CCG) inherited some services from the PCT in April 2013 although not all of these are formally contracted schemes. Currently, the CCG commissions these through North of England Commissioning Support (NECS).

Table 3 shows locally commissioned services including those that the CCG commission.

Service	Commissioner
Minor Ailments Service	Darlington CCG via NECS
Stocking of Palliative Care drugs	Darlington CCG via NECS
Food Thickener for Speech and Language Therapy	Darlington CCG via NECS
Reimbursement of TB prescription charges	Darlington CCG via NECS
Supervised Consumption	NECA
Needle Exchange	NECA
EOHC Provision	Primary Healthcare Darlington Limited
C-card scheme (C-card)	Primary Healthcare Darlington Limited

C-card scheme (Condoms only)	Primary Healthcare Darlington Limited
------------------------------	---------------------------------------

Table 3: Community pharmacy locally commissioned services in Darlington

Current provision of locally commissioned services is explored further in Section Five.

4.4 Self-care

Even more emphasis is now being placed on the self care agenda as a vital element of the pyramid of care, to reduce reliance on surgery appointments, walk in centres and A&E departments.

Community pharmacies are expected to promote self-care through the sale of “over the counter” medicines and by giving advice. Support for “self-care” is an NHS essential service, and the population is encouraged to use community pharmacies to treat minor illness, reserving GP appointments for more serious conditions.

Community pharmacies are able to sell a wide range of medicines which are not available through other retail outlets, and give advice on when and how to use them.

NHS 111 services can now refer patients to community pharmacies through the Community Pharmacy Referral System (CPRS) pilot which went live on the 4th December 2017 and will run until 31st March 2018. This should make urgent services for low acuity patients more accessible, and promote the self care message.

4.5 Dispensing doctors

The 2015 PNA detailed two dispensing doctors located within the Darlington area and a third located in the Darlington HWB area. Currently there are no maps which define the rural areas surrounding Darlington. NHS England may wish to address this at some time in the future.

There are currently two dispensing doctors within Darlington; the Rockcliffe Court Surgery which is located in Hurworth ward and St George’s Medical Practice (previously known as Felix House Surgery) in Middleton St George.

Due to expired tenancy St George’s Medical Practice is now located in temporary premises within the grounds of Middleton Hall, still within the Middleton St George ward. The practice hopes to find new premises within the next three years.

Dispensing also takes place at a third location in Darlington, a branch surgery of a practice based in Newton Aycliffe (outside of the Darlington borough but within the HWB area).

4.6 Dispensing appliance contractors

Some patients may choose to have appliances supplied by appliance contractors. Although there is no dispensing appliance contractors located within Darlington, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service. However, this may limit the ability of residents to access Appliance Use Review services to ensure that they get the most out of the appliances supplied.

4.7 Hospital Services

NHS hospital trusts and private hospitals do not provide the type of pharmaceutical services which are in the scope of a PNA.

4.8 Current provision of essential pharmaceutical services

All pharmacies on the Pharmaceutical List provide essential services listed in 4.1.

Pharmacy information that has been included in the following analysis was accurate up to the date 19th July 2017 with the 22 pharmacies that offer face to face essential services and the one distance selling pharmacy all providing a response to the pharmacy questionnaire which was circulated early summer 2017. Any new pharmacies that open, or other changes (such as relocations, closures or mergers) or additional data received after this date will be reported after publication of the final PNA, either as a notification or formal Supplementary Statement as appropriate.

Formal supplementray statement added 1.January 2020 – appendix 7

For the purposes of assessing provision of certain services, the distance selling pharmacy is excluded from the analysis as it would not be providing these services.

Darlington is well served with community pharmacies with 22 for its population of 106,000. This compares well with the England average of 22 per 100,000.

The locations of pharmacies and GP practices can be seen using the interactive Shape Tool, hosted by Public Health England. This can be accessed (after signing up for an account) via the following website: www.shape.phe.org.uk. This tool allows the user to “zoom in” on areas and see locations in detail.

The map below identifies the current provision of essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. Copies of these maps are duplicated in Appendix 1 with a key identifying all pharmacies, GP surgeries, and “dispensing doctor” premises. The maps in Appendix 1 are continually updated and will be used in the determination of pharmacy applications.

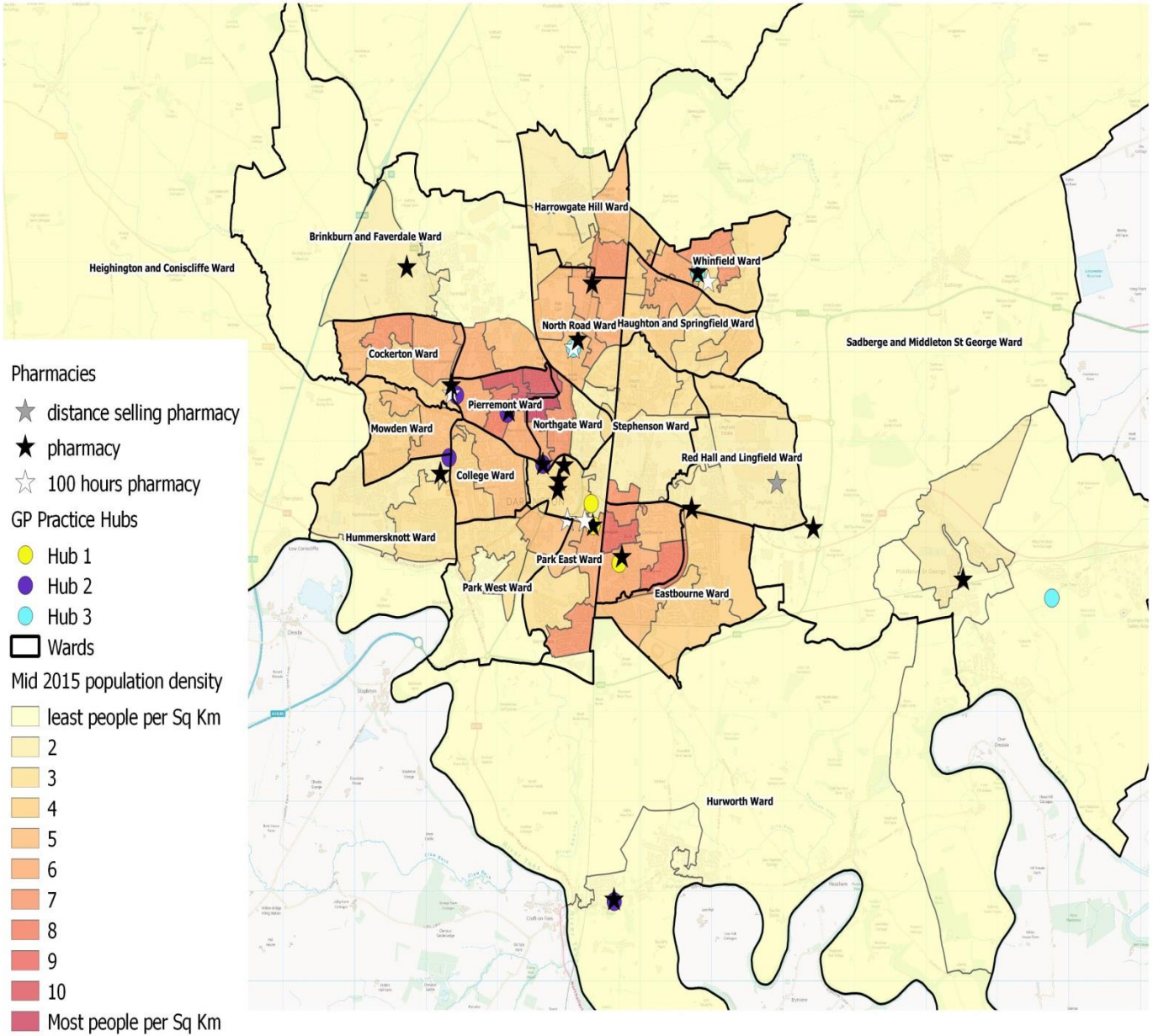


Figure 5: Map showing locations of pharmacies and GP hubs in Darlington

4.9 Pharmacy opening hours

Opening hours for pharmacies are included in the Pharmaceutical List held and maintained by NHS England.

Core hours: Each pharmacy is required to be open for 40 hours a week, unless a reduction is agreed by NHS England. These core hours are provided as an 'essential' pharmacy service. There are five 100 hour pharmacies in Darlington, and these pharmacies must be open for at least 100 hours per week as core hours.

Supplementary hours: These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability, i.e. they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change.

The distance selling pharmacy has not been included in the following three figures. 16 of the 22 pharmacies (73%) work supplementary hours in addition to their core hours. Figure 6 shows number of pharmacies open later than 5pm weekdays, figure 7 shows number of pharmacies open Saturday by time, and figure 8 shows the same for Sundays.

Figure 6: Number of pharmacies open later than 5pm on weekdays

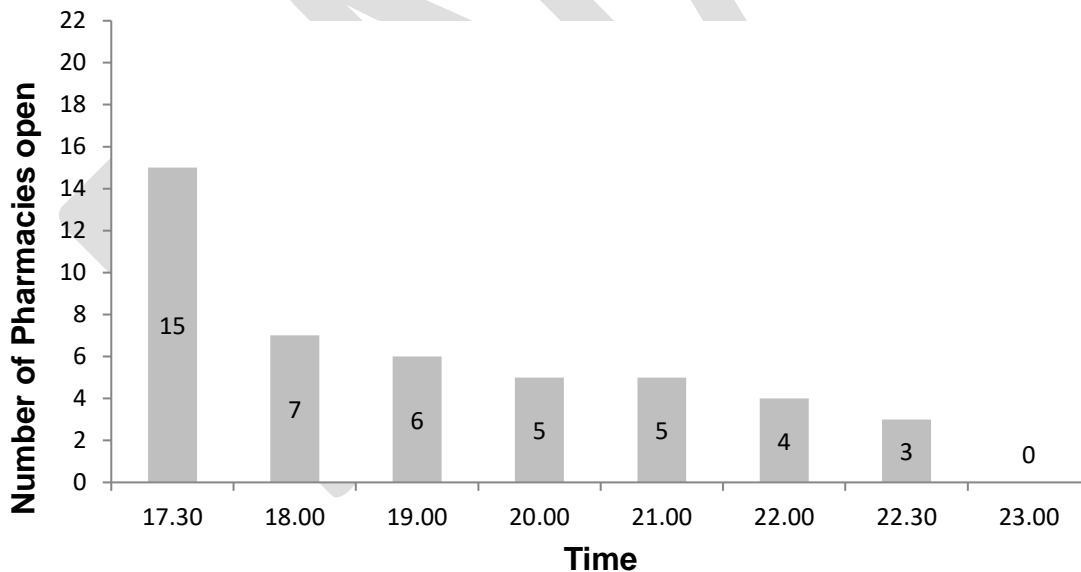


Figure 7: Number of pharmacies open on Saturdays

20 pharmacies are open on Saturdays.

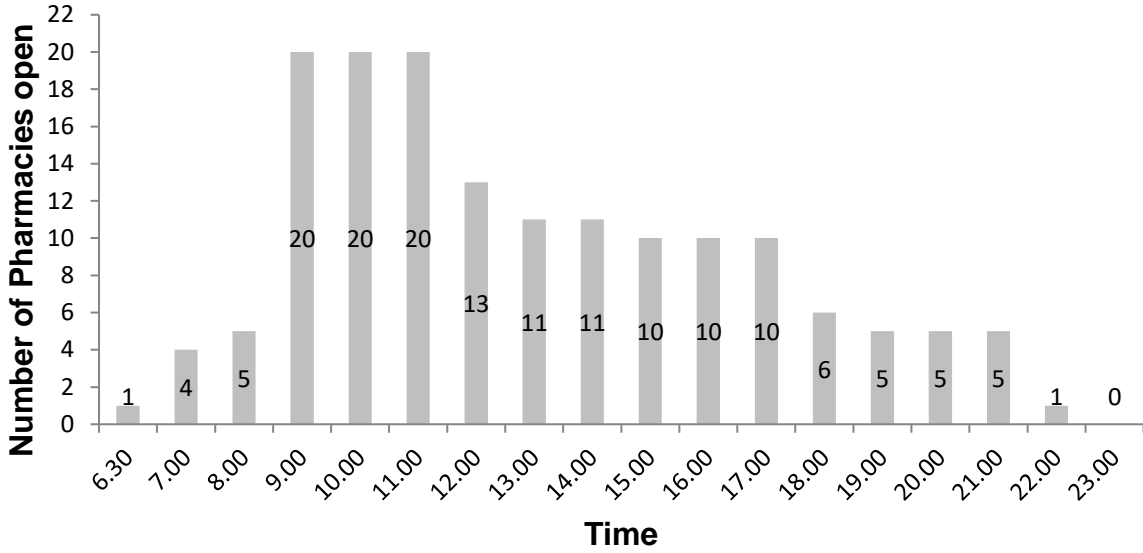
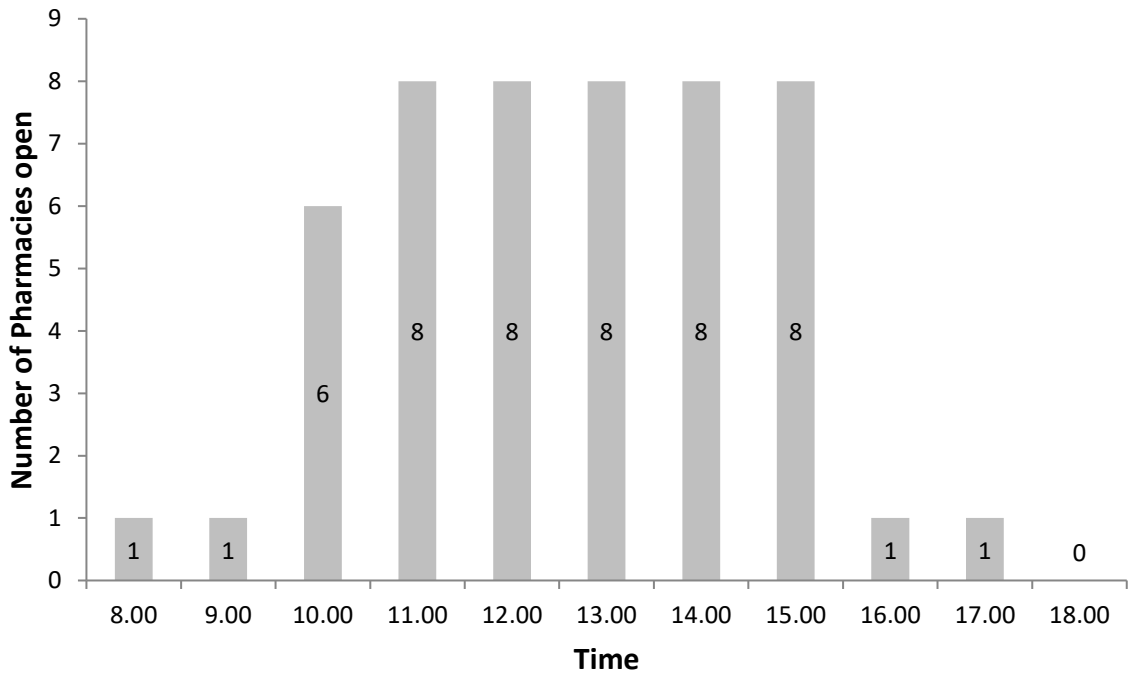


Figure 8: Number of pharmacies open on Sundays

Eight pharmacies are open on Sundays.



4.10 Provision of medical services

The basic GP contract requires GPs to offer appointments between 8.00am and 6.30pm Monday to Friday. To improve access, GPs have been required to provide more, routine appointments outside of these core hours. Pharmacy opening hours are not always required to mirror these extended surgery hours, as most appointments are pre-booked and the need for immediate provision of medicines is rare.

Darlington Clinical Commissioning Group (CCG) has indicated that an extended access to GP services is operational at Dr Piper House. Table 4 shows the extended appointment times available¹⁹.

Day	Hours
Saturday	8am-2pm
Sunday	9am-1pm
Monday-Thursday	6.30pm-9.30pm
Friday	6.30pm-9pm

Table 4: Extended appointment GP hours available at Dr Piper House, Darlington

Dr Piper House is located in the town centre with two 100 hour pharmacies within walking distance (1/2 mile travel distance)²⁰ that are open within the times indicated in Table 3; therefore these extended hours should not be affected by access to pharmacies.

Analysis of pharmacy core hours against GP opening hours shows that pharmacy core hours cover GP opening hours at all times in Darlington. 100 hours pharmacies provide longer opening hours to the town and are spread across the town; two are located in the centre of town near GP Hub One (Locomotion), two located near GP Hub Three to the north of the area, and one 100 hour pharmacy located near GP Hub Two (West End Locality Partnership, WELP) towards the west of the town near Cockerton.

Additionally, the Urgent Care (walk-in) Centre is based in Darlington Memorial Hospital, located next to the Accident and Emergency Department. The urgent care centre will be open 24 hours a day, seven days a week.

4.11 Current provision of advanced services

Consultation rooms

A consultation room is essential to provide advanced services, e.g. Medicine Use Reviews (MURs) and many locally commissioned services. Standards for consultation rooms are specified in the regulations and include:

- Clear designation as an area for confidential consultations
- Distinct from the general public areas of the pharmacy premises

¹⁹ <https://www.darlingtonccg.nhs.uk/evening-weekend-gp-appointments-available-darlington/>

²⁰ <https://shape.phe.org.uk/app/index.asp#RXP83>

- An area where both the person receiving MUR services and the registered pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person.

Medicine Use Review (MUR) service

21 out of 22 pharmacies provide Medicine Use Review services; the one pharmacy that does not provide this service is located on Yarm Road, close to the town centre where the majority of pharmacies are located.

For the year 2016/17, Darlington pharmacies performed 5635 MURs with an average of 20 MURs performed per pharmacy per month.

New Medicines Service

The MUR qualification is required to provide this service. In Darlington 21 of 22 pharmacies provide this service.

For the year 2016/17, Darlington pharmacies provided 1252 NMS with an average of five NMS performed per pharmacy per month.

4.12 Appliance services

Regulations which came into force in 2010 defined the essential and advanced services, which apply to pharmacies and appliance contractors who supply appliances on NHS prescriptions. Further details of the services and the payments applicable to each service can be found in the Drug Tariff²¹.

Essential services

- Home delivery service and supply of wipes and disposal bags
- Provide appropriate advice
- Dispensing referral
- Repeat dispensing service
- Urgent supply without a prescription

Advanced services

- Stoma Appliance Customisation
- Appliance Use Reviews

Training to provide the advanced appliance services has been difficult to access as there are few training providers. There are few pharmacies which provide this service and those that do tend to employ specialist nurses to provide the service.

²¹ The Drug Tariff is a monthly publication produced by the NHS Business Authority (prescription pricing division). It is used as a reference for the payment and repayment of NHS prescription costs by pharmacists or doctors dispensing in primary care.

In Darlington, no pharmacies currently provide advanced appliance use reviews.

4.13 Distance selling pharmacies

Currently there is one distance selling pharmacy registered in Darlington.

4.14 Electronic transfer of prescriptions

Electronic transfer of prescriptions means a patient's prescription can be sent directly from the prescriber's (e.g. GPs or practice nurses) computer to a community pharmacy of the patient's choice via a secure internet link. This aims to make the prescribing and dispensing process more efficient and convenient for both patients and staff. All pharmacies in Darlington reported having the facility to provide Electronic Prescription Service Release Two (EPSr2).

CONFIDENTIAL

Section Five

Current Provision of Locally Commissioned Services

Services are commissioned from community pharmacies by several commissioners; these include Public Health departments of local councils, Clinical Commissioning Groups and NHS England. Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility.

As detailed in Section 4.3, four services are locally commissioned by Darlington CCG; the Minor Ailments Service, Stocking of Palliative Care Drugs, Food Thickener for Speech and Language Therapy and Reimbursement for TB prescription charges. Two substance use services are commissioned by NECA (needle exchange and supervised consumption) and pharmacy sexual health services are commissioned by Primary Healthcare Darlington Ltd (EOHC and C-card Scheme).

5.1 Minor Ailments Service (MAS)

For most services of this type, a patient either self-refers or is referred (for example by a general practice or even NHS 111 or an urgent care facility) for a consultation with a member of suitably trained pharmacy staff on specific minor ailments or conditions. The service is available to patients who are exempt from prescription charges and who are registered with a GP surgery in Darlington CCG. The service is aimed at those patients who would attend GP surgery to get a free prescription, rather than purchase over the counter medication at a pharmacy. This will free up GP appointments and provide a more convenient service for patients.

In 2016/17 a review of the scheme led to restrictions e.g. certain treatments may now only be covered under the scheme for those under 17 years of age. The Local Pharmaceutical Committee would like to see the scope of this service widened, whereas commissioners are aiming to make the service more targeted.

For the 2016/17 financial year the top five presenting symptoms in Darlington were:

1. Headache/Earache/Temperature
2. Headlice
3. Threadworms
4. Infant Teething
5. Thrush (excluding oral)

The top five items provided via MAS 2016/17 were:

1. Paracetamol 120mg/5ml oral suspension x200ml
2. Dimeticone 4% Lotion 2x50ml (HEDRIN)
3. Paracetamol 250mg/5ml oral suspension s/f 200ml
4. Mebendazole tablets 100mg x 1 (OVEX)

5. Ibruprofen 100mg/5ml oral suspension s/f 100ml

All pharmacies provide the Minor Ailments Service within Darlington therefore there are no gaps in the provision of this service.

5.2 Stocking of palliative care drugs

This service is aimed at the supply of palliative care medicines, for patients who are terminally ill or in end of life care. Pharmacy contractors stock an agreed range of palliative care medicines; this ensures that they are always available despite demand being unpredictable but urgent. They also provide information and advice to the user/carer/clinician.

Map 1 in Appendix 2 shows a map of the seven pharmacies who provide palliative care reimbursement. The map shows adequate coverage across the town with at least one pharmacy providing palliative care located near to each of the three GP hubs. In addition, three of the seven are 100 hour pharmacies, therefore are able to address any urgent need outside normal business hours.

5.3 Food thickener for speech and language therapy

Stroke, neurodegenerative diseases and learning disabilities can be the cause of some cases of dysphagia (swallowing problems). The modification of liquid thickness and food texture is common practice in dysphagia management. However these products are not routinely available.

This service is available to patients in Darlington assessed by CDDFT Speech and Language Therapists (SALT) as requiring food thickener, and they access it via a voucher which is presented to the participating community pharmacy. Ten pharmacies provide this service currently (see map 2 in Appendix 2, with at least three pharmacies near each GP hub).

5.4 Reimbursement of TB prescription charges

Tuberculosis (TB) is a curable airborne infectious disease which can be passed from an infectious person to anyone with whom they are in long-term close contact, such as a family member or a work colleague. Although a course of modern anti-TB drugs is extremely effective they have to be taken for at least six months.

Patients on low incomes are likely to be entitled to free prescriptions already, but those who are not may see prescription charges as a barrier to seeking or completing treatment. This service enables pharmacies to provide anti-TB drugs prescribed by the specialist TB nursing service free of charge to patients who would usually be required to pay for prescriptions.

This scheme only applies to those patients diagnosed with TB and only applies to anti-TB drugs prescribed by the TB team. It does not apply to any other medicines that the patient may be prescribed.

Eight pharmacies in Darlington are commissioned by Darlington CCG to provide the TB drug charge management scheme. Map 3 in Appendix 2 demonstrates that there is adequate coverage across Darlington with pharmacies based near each of the three GP hubs providing the service.

5.5 Supervised consumption

As part of the Recovery and Wellbeing service, the service provider has contracts with community pharmacies to provide a supervised methadone consumption scheme for those clients who have made the decision to reduce their illegal opiate use. The aim of this service is to reduce the use of illegal opiates and by supervising the consumption of prescribed methadone within the pharmacy, reduce the chances of the methadone being traded on the street.

17 pharmacies in Darlington provide supervised consumption service, and map 4 in Appendix 2 shows that whilst there is a concentration of pharmacies providing this service in the town centre, there is adequate coverage across all three GP hubs.

5.6 Needle Exchange

The aim of the needle exchange service is to encourage those who still use illegal drugs, and those who are steroid users, to use them as safely as possible by providing access to clean needles and syringes. This should reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Clients are also able to return used needles to pharmacies for safe disposal, with the aim of reducing needle finds in the community.

As part of the Recovery and Wellbeing service, needle exchange services are commissioned by providers to take place in three pharmacies in the town centre as well as a needle exchange service in the recovery and wellbeing centre located just outside the town centre. Map 6 in Appendix 2 shows that these three pharmacies are located close to each other in the town centre, and this could suggest a gap in provision. Needle exchange rates provided by the service do not show that this affects the service.

5.7 Emergency Oral Hormonal Contraception (EOHC)

Although EOHC is available without prescription, retail cost can often be high meaning certain more disadvantaged groups may be unable to afford to access it. As part of the community contraception and sexual health service, the service provider commissions local pharmacies to provide EOHC free of charge.

Map 7 in Appendix 2 shows the locations of the 16 pharmacies in Darlington, many of which are open when GP surgeries are closed particularly at the weekend, that provide this service. There is adequate provision across Darlington.

5.8 C-card Scheme (registration and distribution)

Pharmacies are commissioned to distribute condoms to holders of a “c-card”. By registering for the “c-card” the young person gets access to condoms and the health professional has the opportunity to educate and counsel the young person about sexual health and contraception. The card may be used in a number of outlets in the town, including community pharmacies.

Currently, one pharmacy is commissioned by Primary Healthcare Darlington Ltd to register people to the c-card scheme, and five pharmacies dispense condoms with contracts with Primary Healthcare Darlington Ltd. In addition, two GP practices register people for c-card and six practices distribute. Other pharmacies have indicated that they also distribute condoms, but are not formally contracted with the service. Map 8 in Appendix 2 shows the locations of the pharmacies and GP practices that are part of the c-card scheme.

5.9 Current provision of locally commissioned services

Figure 9 summarises the pharmacy provision of locally commissioned services.

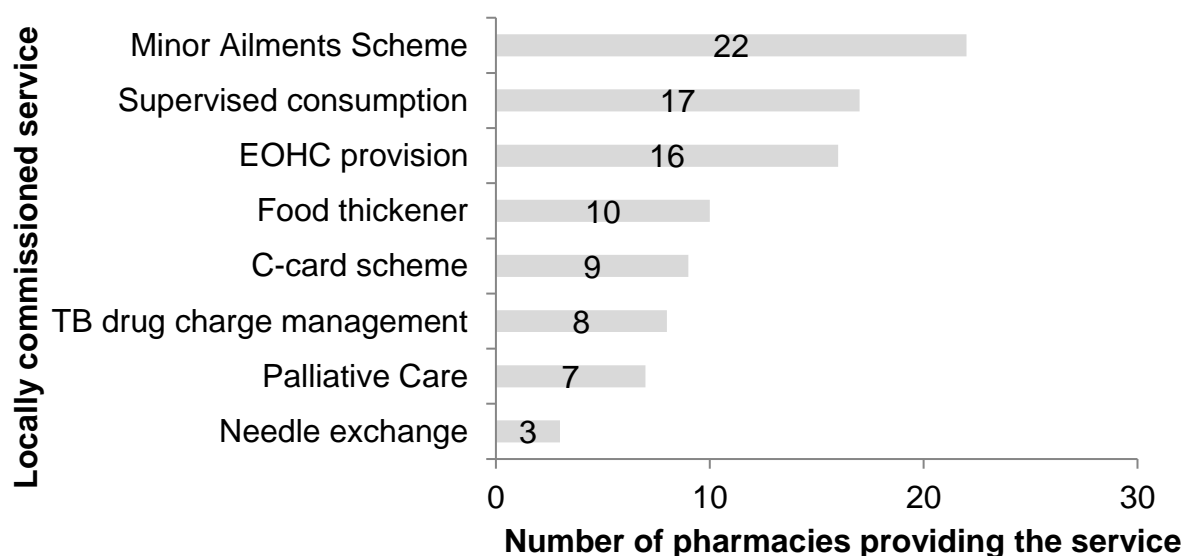


Figure 9: the provision of locally commissioned services in Darlington community pharmacies.

There is adequate provision for all commissioned services across Darlington.

Healthy Living Pharmacies (HLP)

Public health activities aim to provide conditions in which people can be healthy across entire populations. There are many factors that influence public health over the course of a lifetime.

One of the most significant developments in community pharmacy in recent years has been the emergence of Healthy Living Pharmacies (HLPs), with:

- Qualified health champions, who have completed the Royal Society for Public Health level 2 award, Understanding Health Improvement, who are enthused and motivated to reach out to their communities, to help them improve their community's health
- Pharmacist or manager having been through leadership training
- Premises that facilitate health promoting interventions
- Local stakeholder engagement with members of the public, other health and social care professionals, voluntary organisations, charities, all underpinned by quality criteria
- A pro-active team culture and ethos, with staff pro-actively promoting health and wellbeing messages within the whole pharmacy team, using every interaction in the pharmacy setting for a health promoting intervention or life-changing intervention, making every contact count
- Innovative delivery models
- Caters for the public health needs of the community
- Consistent high quality service

The publication of the 2008 White Paper, Pharmacy in England: building on strengths, delivering the future described a vision to develop community pharmacies from being suppliers of medicines to become Healthy Living Centres providing self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines.

In March 2011, the national pharmacy bodies started working with Department of Health to launch the HLP pathfinder programme, which resulted in an evaluation being published in April 2013. Following this, Public Health England (PHE) adopted the concept and supported the roll out in pharmacies across the country.

The Healthy Living Pharmacy (HLP) framework has now been adopted as a marker of pharmacy excellence, and forms part of the structure of quality payments introduced in 2017. The HLP framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. It does this by:

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- Premises that are fit for purpose;
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

The new national assessment process provides pharmacies with a framework to demonstrate they comply with the requirements of the Level 1 Healthy Living Pharmacy (HLP). This process builds on the fact that pharmacists are regulated

health professionals and as such are accountable for maintaining and improving the quality of services and advice they and their team provide.

In Darlington:

- Nine of the 22 community pharmacies had achieved a previous local HLP award prior to April 2017.
- 12 of the 22 pharmacies are either working towards the national level 1 award or have achieved the award.
- One pharmacy is not working towards the national level 1 HLP award
- The distance selling pharmacy is also not eligible to work to this award.

The Healthy Living Pharmacy level one Register for the North East lists the pharmacies in Darlington that have successfully completed the profession-led self-assessment process²². The current register lists 18 pharmacies in Darlington.

Pharmacies are natural community hubs, which are well known and trusted sources of support and health advice.

²² <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html>

Section Six

Non-Commissioned Services

6.1 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Darlington Borough Council, the Clinical Commissioning Group (CCG) or NHS England. These services are provided at the discretion of the pharmacy owner.

Table 5 details non-commissioned services identified in the pharmaceutical needs assessment questionnaire.

Non-commissioned service	Number of pharmacies offering service
Blood pressure monitoring	2
Cholesterol testing	1
Hair loss/Hair retention	2
Malaria medication	2
Malaria prevention /travel vaccine	3
Period delay	1
Private flu vaccination	2
Weight Management	1

Table 5: Non-commissioned services

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. From this table it can be seen that pharmacies offer a small range of non NHS services and this may be guided by customer generated demand.

6.2 Collection and Delivery Services

Two of the services which customers find most useful are the prescription collection from the surgery and home delivery services. These are not NHS services.

The pharmaceutical needs assessment questionnaire asked community pharmacies whether they provided both these services; all pharmacies provide a prescription collection service. The need for this service should reduce as patients move over to electronic repeat prescriptions. In terms of delivery of dispensed medicines, 18 offer this service, plus two pharmacies who arrange for prescription delivery through another branch. Therefore only two pharmacies do not deliver prescriptions; these pharmacies are situated close to other pharmacies that do offer these services within the three GP hubs, so patients should be able to access this service from a local pharmacy.

Section Seven Future Provision

7.1 Policy drivers

Implementation of the Five Year Forward View (5YFV) is a key policy driver across the health and social care sector. The 5YFV describes the need to remove barriers across providers and the various healthcare settings and describes networks of care centred on the patient, with care provided closer to home.

The Five Year Forward View recognises the key role of pharmacy, highlighting that there should be far greater use of pharmacists in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions, medication review in care homes, and as part of more integrated local care models.

Health and social care services are commissioned in partnership between Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). This partnership is enabled at a local level through Health and Wellbeing Boards and at a sub-national level through the Sustainability and Transformation Partnerships (STP), which bring together partners across larger geographical footprints to achieve stronger and more sustainable system solutions.

Darlington is part of the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP area. The draft STP vision identifies four priority areas to locally improve the NHS. These four areas are²³:

- **Preventing ill health and increasing self-care**-*“This involves helping to stop people from becoming poorly and helping to manage their health and any medical problems they already have.”*
- **Health and care in communities and neighbourhoods**-*“Supporting people to stay well and independent for as long as possible by improving health and care services within their area.”*
- **Quality of care in our hospitals “Better Health Programme”**-*“This is about improving the quality of care in hospital and reducing the distance you have to travel for routine appointments e.g. blood tests, but making sure that people get the best treatment and see the right specialist when they need to.”*
- **Use of technology in health care**-*“Using technology to improve our ability to determine what the problem is e.g. what is making you poorly, decide with you on any treatment you might need and to make sure this treatment or care is given to you in a convenient way.”*

The STP also covers transforming hospital services and closing the financial gap.

²³ <https://nhsbetterhealth.org.uk/wp-content/uploads/2016/11/Draft-STP-Summary-Document-1.pdf>

HWBs bring local authorities and CCGs together by promoting integrated working between commissioners of health services, public health and social care services in order to improve the health and wellbeing of local people.

The Joint Strategic Needs Assessment (JSNA) provides the evidence to help us inform the commissioning intentions and planning around how organisations can work together to improve the health and wellbeing of the population of Darlington.

The Health and Wellbeing Plan for Darlington provides a clear focus on Darlington through the following priority areas for change:

- All children and young people are safe from harm
- All children and young people do well at all levels of learning and have the relevant skills to be prepared for life
- All children and young people enjoy a healthy life
- All children and young people enjoy growing up
- All children and young people are listened to
- Health inequalities are narrowed, and standards of care are consistent across Darlington
- Conditions are created which support a healthy and well population
- More services are provided in community setting or GP Practices
- Mental health is improved
- Life expectancy and quality is measurably improved: older people are healthier and premature deaths are reduced
- Adults in work have access to workplace health support
- Social isolation is reduced
- The onset of support needs is delayed
- Independence is supported
- Intermediate and transitional care outside of the hospital is effective and supports people's journey out of hospital as well as keeping them from admission to hospital

7.2 National community pharmacy contract reforms

In December 2016 a new national community pharmacy contract was introduced.

The Government vision for this contract is: “for community pharmacy to be integrated with the wider health and social care system, to help relieve pressure on GPs and A&E departments, ensure optimal use of medicines, and ensure better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering 7 day health and care services.”

To ensure that all parts of the health service strive to become more efficient, the government has reduced community pharmacy funding by 6%. NHS England believes that there are too many community pharmacies and acknowledge that 1,000 to 3,000

may close because of the cuts. This reduction comes on top of year on year efficiency savings of 4%. The cuts came into effect in October 2016, by reducing the establishment payment, the fee for dispensing each prescription, and the amount reimbursed for drug costs.

There is no plan for where the closures will take place – it will be survival of the financially fittest (but not necessarily the best, or those offering most services).

To encourage mergers or **consolidations** of closely located “surplus” pharmacies the new pharmacy regulations (Pharmacy Regulations 2013, 5th December 2016 update) were introduced in December 2016. The new regulations allow two pharmacies to make an application to merge and provide services from one of the two current premises

Two schemes have been introduced which would give pharmacies access to some additional funding

- 1) Quality payment Scheme
- 2) NHS Access Scheme

The Quality payment scheme

This scheme works by rewarding pharmacies for achieving quality markers. The scheme has four gateway criteria which have to be reached, before a pharmacy will be eligible for any quality payments. The Gateway Criteria include:

- provision of at least one specified Advanced Service; (new medicines service(NMS), Medicine Use Review (MUR)
- have their NHS Choices entry up to date;
- have the ability for staff to send and receive NHS mail; and
- ongoing utilisation of the Electronic Prescription Service.

Contractors passing the gateway criteria will receive a Quality Payment if they meet one or more of eight quality markers which include.

1. Achieving the national self-assessment Healthy Living Pharmacy Level 1 Award.
2. 80% of all pharmacy staff in patient facing roles trained as *Dementia Friends*.
3. Evidence of an asthma review for patients not prescribed appropriate corticosteroid therapy.

It is expected that all pharmacies will seek HLP accreditation because of the link to quality payments. It will be important for the Health and Wellbeing board to ensure that these pharmacies become hubs to promote healthy living messages and campaigns.

NHS Pharmacy Access Scheme (PhAS)

This has been introduced with the aim of ensuring a baseline level of patient access to NHS community pharmacy services is protected.

A pharmacy will be eligible for the PhAS if it meets all three of the following criteria

- the pharmacy is more than a mile away from the nearest pharmacy (by road)
- the pharmacy is not one of the top 25% by dispensing volume
- it was an established pharmacy on 1st September 2016

Three pharmacies in Darlington were on the PhAS list dated November 2016²⁴.

7.3 National vision for community pharmacy

The Community Pharmacy Forward View describes three key roles for the community pharmacy of the future:

- Facilitator of personalised care for people with LTCs
- Convenient first port of call for healthcare advice and treatment
- As the neighbourhood health and wellbeing hub

This has been superseded by the Murray “Review of Community Clinical Pharmacy” published in December 2016, which highlights the barriers to better utilisation of the community pharmacy workforce, namely;

- Poor integration of community pharmacy with other parts of the NHS and especially poor integration of IT systems
- Issues of behaviours and cultures between GPs and pharmacy which inhibit integration
- System design (complex contract for community pharmacy)
- Better utilisation of pharmacy technicians to free up pharmacists to undertake clinical roles

Complexity of commissioning.

Murray notes that “with other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well as action at local level”.

He recommends that:

1. Full use should be made of electronic repeat dispensing.

²⁴ <http://psnc.org.uk/contract-it/pharmacy-access-scheme-phas/>

2. MURs should be redesigned to include on-going monitoring and follow up and ultimately should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway.
3. There needs to be a minor ailments scheme (either national or locally commissioned) which builds on the work done in Scotland using patient registration models.
4. Smoking cessation should become part of the national pharmacy contract.
5. Existing Vanguard programmes should be used, with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care, specifically
 - Integrating community pharmacists and their teams into long term condition management pathways for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.
 - Involving community pharmacists in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.
 - Utilising existing contractual levers and developing new ways of contracting, in order to provide clinical services that utilise pharmacist's clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.
6. NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in commissioning and support local commissioners in contracting for services now.
7. Digital connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include full access to clinical records held by other healthcare professionals.
8. Pharmacy technicians should be able to work under patient group directions
9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their clinical skills.
10. Explore with the professional bodies, the practical steps that could be taken to unravel professional boundary issues and promote closer working between the

professions. This would include consideration of professional responsibility and accountability as well as putting the patient at the centre.

To deliver this vision for the future, which could be funded locally by commissioners moving funds from hospital services to clinical services delivered by community pharmacists, we will need not only a network of community pharmacies, but also an appropriately skilled workforce

Public Health England²⁵ has recognised the potential value of community pharmacy in delivering national health priorities, and highlights how community pharmacy could be commissioned to deliver in these key areas.

Table 6 details key areas for action.

Topic	Local Government Mandated Service	National Priority area for action
NHS Health Checks	X	X
Sexual and Reproductive Health & Contraception	X	X
Healthy Child Programme	X	X
Alcohol	X	X
Drugs	X	X
Falls and MSK		X
Smoking		X
Diet and Obesity		X
Blood pressure and atrial fibrillation		X
Mental Health		X
Healthy Ageing		X
Maternity & early years		X
Diabetes		X
Health & work		X
Physical activity		

Table 6: Key areas of action

NHS Health Checks

Most NHS Health Checks are offered via general practice and evidence suggests that accessibility can be a barrier for improving uptake. Community pharmacy offers

²⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

an important alternative for NHS Health Checks. It adds value to a mixed delivery model by increasing accessibility for some people.

High Blood Pressure

Pharmacy teams can help tackle high blood pressure by:

- Providing opportunistic blood pressure checks and pulse rhythm checks for their patients and clients,
- Providing NHS Health Checks
- Referring patients who have high blood pressure back to the GP for appropriate clinical management
- Managing patient's blood pressure with medicines and modifiable risk factor interventions (by clinical pharmacists in GP practices or community pharmacists)

Healthy Eating

LA Commissioners could commission Healthy Living Pharmacies to deliver promotion of healthy eating using the Eatwell Guide as the basis of advice.

Pharmacy teams could:

- Promote weight management services
- Discuss government advice on specific vitamin supplement requirements (eg 400 microgram of folic acid with women of childbearing age and pregnant women)
- Discuss government advice on vitamin D (8.5-10 microgram per day as drops from birth to 1 year, 10 micrograms per day from 1 to 4 years as drops and 10 micrograms upwards for everyone else)
- Use opportunities to help their communities understand food labelling and choose healthier options alongside avoiding allergens where appropriate
- Carefully manage the tensions - such as the sales of a broad range of supplements and diet products which are in general terms unlikely to be of benefit to the majority of the population

Stop Smoking messages

Pharmacy teams could routinely discuss stopping smoking with people presenting prescriptions related to Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease or hypertension or when selling relevant over the counter medicines. Pharmacy teams can support national stop smoking campaigns.

Physical Activity

Pharmacists could routinely ask about physical activity during consultations for, Medicines Use Reviews and the New Medicines Service, for people prescribed

medicines for long-term conditions or when selling relevant over-the-counter medicines. They could signpost local opportunities for physical activity, particularly opportunities targeted as specific groups such as Walking for Health groups to people attending pharmacies.

Musculo skeletal Problems

Pharmacy teams could advise individuals who are in pain and discomfort with specific MSK conditions such as back pain, osteoarthritis and rheumatoid arthritis, and focus on prevention strategies such as outlining the benefits of physical activity, good nutrition and improving balance and muscle tone, in addition to advising about the use of medicines. Local partners could work with local pharmacies to develop referral pathways to meet the prevention, early detection and treatment recommendations for people with MSK

Alcohol

Pharmacists have the opportunity to give brief advice on the risks of alcohol when they interact with customers and patients, and signpost people who are potentially dependent on alcohol to local specialist alcohol treatment providers. They could (if commissioned) raise awareness about the risks of alcohol consumption by discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.

Sexual Health and Contraception

Emergency contraception and discussing sexually transmitted diseases, pharmacists could improve preconception health for women, reduce risk factors in pregnancy by discouraging smoking, improve perinatal mental health through the promotion of good mental health, improving breastfeeding rates by signposting to information and support including Start4Life resources.

Support Immunisation Programmes

Pharmacy professionals can promote uptake of pertussis and influenza immunisation for all pregnant women and immunisation programmes for children during their early years.

Support Oral Health

Pharmacy teams can support good oral health by offering brief interventions about common risk factors for oral disease such as tobacco, alcohol and sugar reduction. They could offer simple advice such as how often to replace toothbrushes, how much fluoride is optimal in toothpaste, when is the best time to brush and to 'spit don't rinse'.

By having an awareness of the early signs of mouth cancer and signposting clinical examination of suspicious lesions, such as ulcers that have been present for more than 2 weeks, pharmacy teams could reduce delay in treating oral cancers. They could also signpost dental examination or treatment, where appropriate. They can advise on dry mouth conditions and highlight medicines that may cause dry mouth.

The **Community Pharmacy Forward View**²⁶ describes three key roles for the community pharmacy of the future:

1. **Facilitator of personalised care for people with LTCs** by supporting and empowering people with LTCs and their carers to manage their own health.
2. **Convenient first port of call for healthcare advice and treatment** - signposting 'pharmacy first' for non-emergency care, should be ingrained in patient, public and professional behaviours. To facilitate this, triage to and referral from community pharmacy should be included in all local urgent care pathways and in the NHS 111 service.
3. **As the neighbourhood health and wellbeing hub** - All pharmacies should operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent. Pharmacy teams should have great connections with other organisations that support health, wellbeing and independence – ranging across local community groups, charities, places of worship, leisure and library facilities, social care, education, employment, housing and welfare services – and will be able to refer and signpost people to them. Some pharmacies should host outreach or drop in facilities for these partner organisations.

New Technologies

Better use of, and improved technology will be an enabler of this vision. Use of electronic repeat dispensing would free up time in surgeries currently devoted to the repeat prescription workload. Changes in the payment system could result in pharmacies being paid a capitation system for taking responsibility for the clinical management of these patients, as is currently being proposed in Scotland. As tele-medicine becomes the norm for primary care, then pharmacists could use Skype for counselling and follow up.

It would be extremely useful if community pharmacies could receive electronic prescriptions and discharges from hospital computer systems. This would speed up

²⁶ Community Pharmacy Forward View. PSNC, Pharmacy Voice. August 2016.

<http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

discharge from hospital (where all patients complain about the length of time it takes for them to receive their discharge medication) and allow for immediate supply of patient medication from Out Patient clinics. The patients would attend hospital for their consultant appointment and could then collect their medication from their local pharmacy. Patients could be discharged at the point of clinical decision and collect their medication on their way home. This service would be provided alongside an enhanced new medicines counselling service.

7.4 Local vision for community pharmacy

Darlington Borough Council is keen to promote and support assets within the town and its various communities. Pharmacy teams play a pivotal role in influencing healthy choices which can have a significant contribution to reducing risk of disease and improving health and wellbeing of the communities who use them. As such, Darlington public health team will continue to promote pharmacies as a health asset within the town. This will be done by encouraging potential providers who bid for council contracts to include pharmacy services where appropriate.

Darlington Clinical Commissioning Group continues to have ongoing discussion around plans to use community pharmacies further in future.

Section Eight

Conclusion

There are 22 pharmacies and one distance selling pharmacy in Darlington, located primarily in areas of higher population density. There is more than one pharmacy located near each of three GP “hubs” allowing patient choice. The centre of Darlington has an over-provision of pharmacies; however this gives additional patient choice and extra capacity. Weekend and evening provision across Darlington is adequate and is helped by the location of five 100 hour pharmacies located across the three GP hubs.

With regard to the locally commissioned services provided by community pharmacies, there are no gaps in provision of the four services commissioned by Darlington CCG; the Minor Ailments Service, stocking of palliative care drugs, food thickener for speech and language therapy and reimbursement of TB prescription charges.

Supervised consumption and needle exchange have adequate coverage in the areas where the service is needed. More pharmacies have stated they would be willing to provide needle exchange and supervised consumption in future if commissioned. This may provide some extra provision for needle exchange outside of the town centre if it was determined that extra provision was needed.

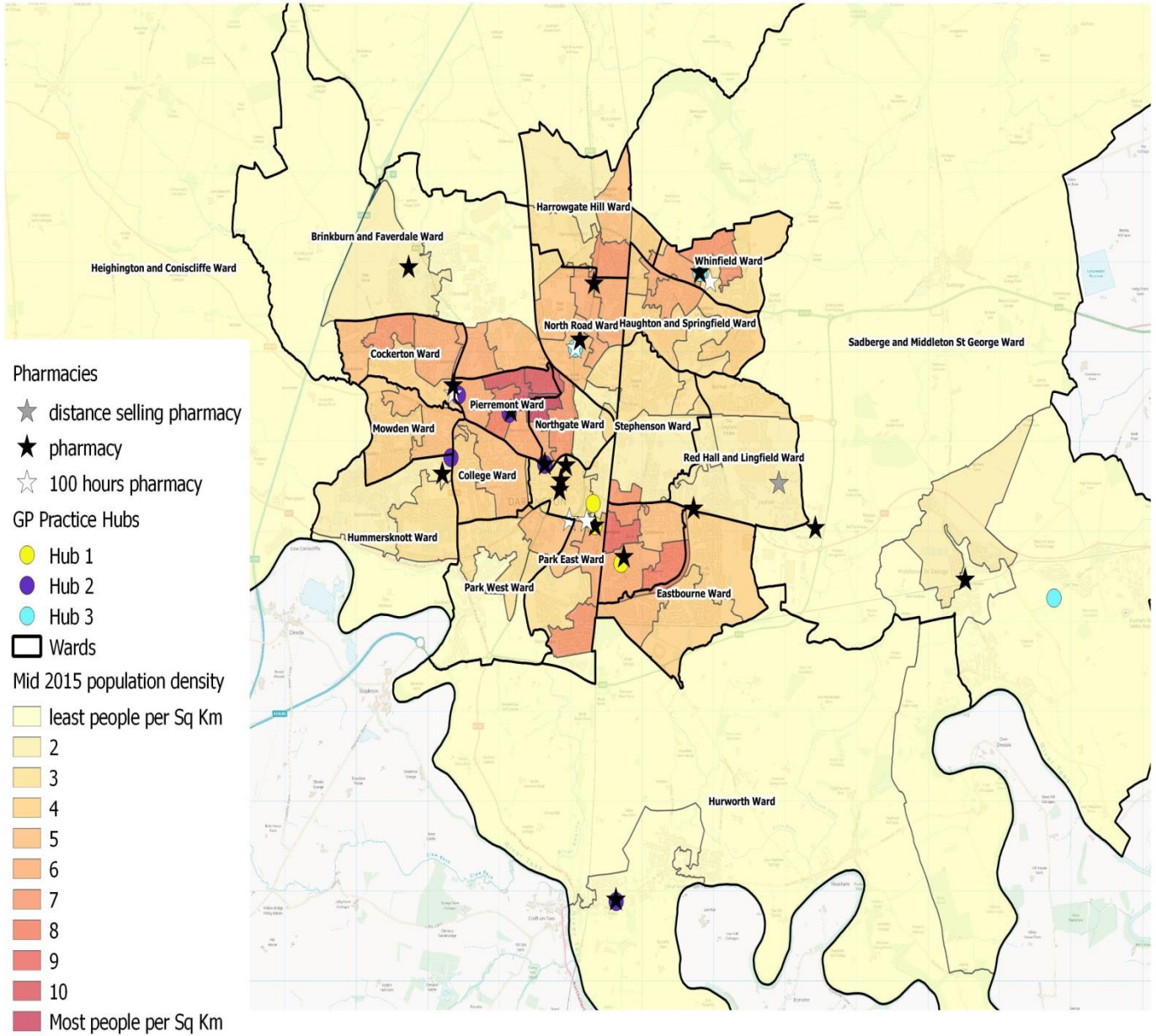
EOHC is available and the service spread is considered adequate with 16 pharmacies across the GP hubs delivering EOHC.

After considering all the elements of the PNA, Darlington Health and Wellbeing Board concludes that there is adequate provision of pharmaceutical services across Darlington, with the network of extended hours pharmacies and over provision of pharmacies in the town centre providing patient choice and the ability to meet the needs of patients even outside normal hours. The network of 100 hours pharmacies is essential to providing the service across Darlington outside of business hours. There are sufficient pharmaceutical services in Darlington with good access to these services. The over provision of pharmacies within the town centre means that consolidations would not cause an issue to access or patient choice.

Appendix 1

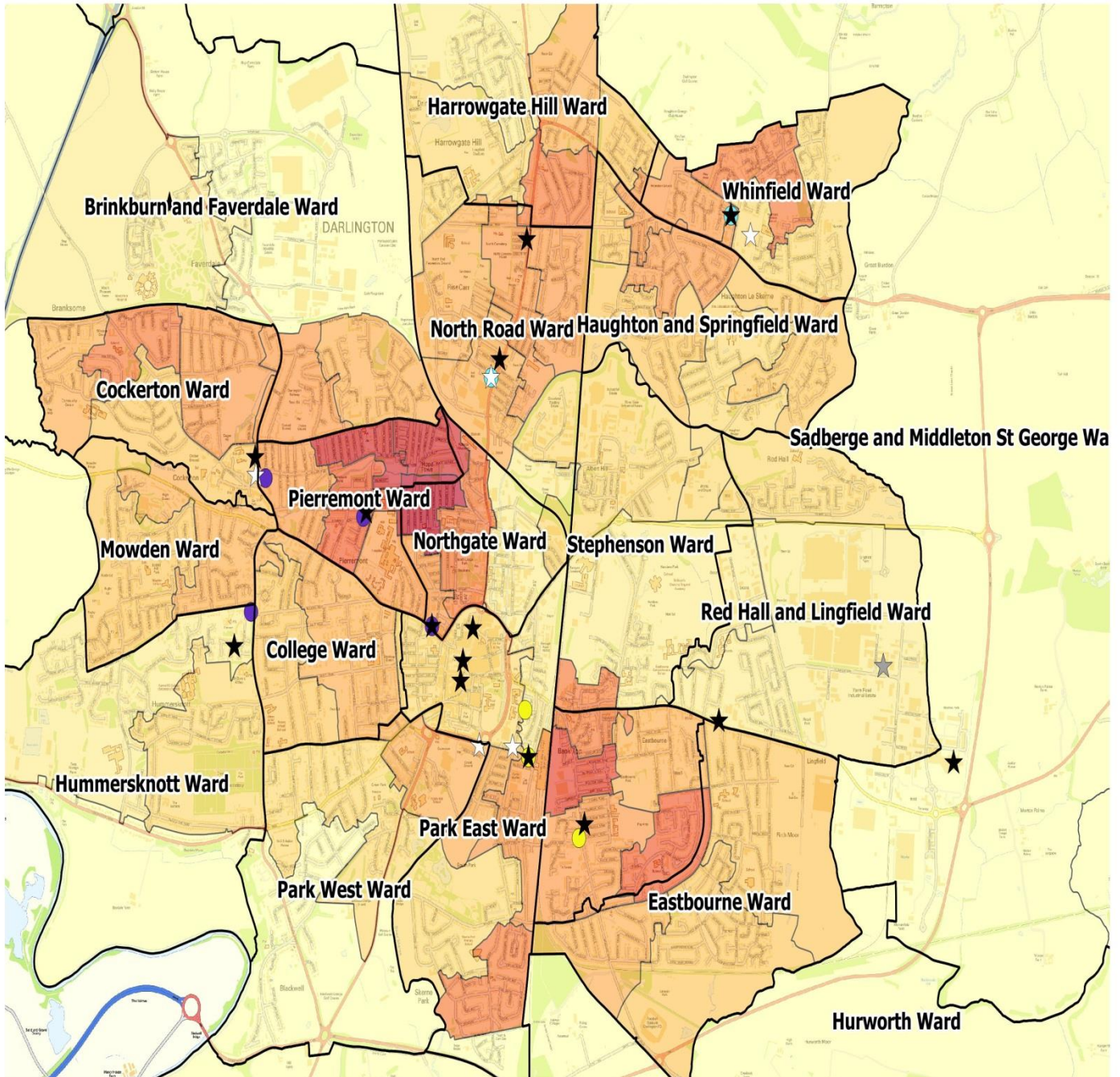
Maps and lists of pharmacy and GP practice locations in Darlington

Map 1-Location of GP practices and pharmacies (whole borough), against mid-2015 population density (people per square kilometre)



*From 1st Jan 2020 no pharmacy at 297 Yarm Road – see appendix 7

Map 2- Location of GP practices and pharmacies (close up), against mid-2015 population density (people per square kilometre)



*From 1st Jan 2020 no pharmacy at 297 Yarm Road – see appendix 7

List of pharmacies in Darlington

Pharmacy name	Address	Postcode	Pharmacy type
Asda Pharmacy	Whinbush Way	DL1 3RB	100 hours
Boots Pharmacy	23 High Row	DL3 7QW	
Boots Pharmacy	47-53 Northgate	DL1 1TT	
J & L Clark Chemists Closed from January 1 2020 – supplementary statement – appendix 7	297 Yarm Road	DL1 1BA	
Cockerton Pharmacy	5-7 West Auckland Road	DL3 9EJ	100 hours
Denmark Street Pharmacy	Denmark Street	DL3 0PD	100 hours
Lloyds Sainsburys	150 Victoria Road	DL1 5JG	100 hours
Lloyds Pharmacy	9 Damson Court	DL3 6JA	
Middleton Pharmacy	1 Belle Vue Terrace	DL2 1BN	
Morrisons Pharmacy	Morton Park Way	DL1 4PJ	
Rockliffe Pharmacy	Hurworth Place	DL2 2BJ	
Rowlands Pharmacy	63-67 Bondgate	DL3 7JR	

Rowlands Pharmacy	Cardinal Gardens	DL3 8SD	
Rowlands Pharmacy	Victoria Road	DL1 5JN	
Rowlands Pharmacy	14 High Row	DL3 7QQ	
Rowlands Pharmacy	155 Neasham Road	DL1 4BN	
Rowlands Pharmacy	99 North Road	DL1 2PS	
Rowlands Pharmacy	307 North Road	DL1 2JR	
Rowlands Pharmacy	19 West Auckland Road	DL3 9EL	
Rowlands Pharmacy	John Fowler Way	DL2 2GL	
Rowlands Pharmacy	Whinbush Way	DL1 3RT	
Rowlands Pharmacy	Henson Road	DL1 4NZ	Distance selling
Well	125 Victoria Road	DL1 5JH	100 hours

List of GP practices in Darlington

Name	Address	Postcode	GP "hub"	Core Opening Hours
Blacketts Medical Practice	63-65 Bondgate	DL3 7JR	Hub 2	Mon-Fri: 8.15-18.00
Carmel Medical Practice	Nunnery Lane	DL3 8SQ	Hub 2	Mon-Fri: 8.00-18.00 (closed Tuesdays 12.30-13.30)
Clifton Court Medical Practice	Victoria Road	DL1 5JN	Hub 1	Mon: 8.00-14.00 15.00-19.15 Tues: 7.30-18.00 Wed: 8.00-18.00 Thurs: 7.30-18.00 Fri: 8.00-18.00
The Surgery Denmark Street	Denmark Street	DL3 0PD	Hub 3	Mon-Fri: 7.30-18.00
St George's Medical Practice (previously known as Felix House Surgery)	Yarm Road	DL2 1BY	Hub 3	Mon: 8.30-20.00 Tues-Fri: 8.30-18.00
Parkgate Medical Practice	Park Place	DL1 5LW	Hub 1	Mon: 8.00-18.00 Tues: 8.00-13.00 14.00-20.00 Wed-Fri: 8.00-18.00
Moorlands Surgery	139a Willow Road	DL3 9JP	Hub 2	Mon: 8.00-20.00 Tues-Thurs: 8.00-18.00 Fri: 7.30-18.00
Neasham Road Surgery	186 Neasham Road	DL1 4YL	Hub 1	Mon: 7.30-18.00 Tues: 7.30-12.45 13.45-18.00 Wed-Fri: 7.30-18.00
Orchard Court Surgery	Orchard Road	DL3 6HZ	Hub 2	Mon: 8.00-18.00 Tues-Fri: 7.30-18.00
The Surgery Rockcliffe Court	Hurworth Place	DL2 2DS	Hub 2	Mon, Wed, Fri: 8.30-18.00 Tues, Thurs: 7.30-18.00
Whinfield Surgery	Whinbush Way	DL1 3RT	Hub 3	Mon, Tues, Fri: 8.00-18.00

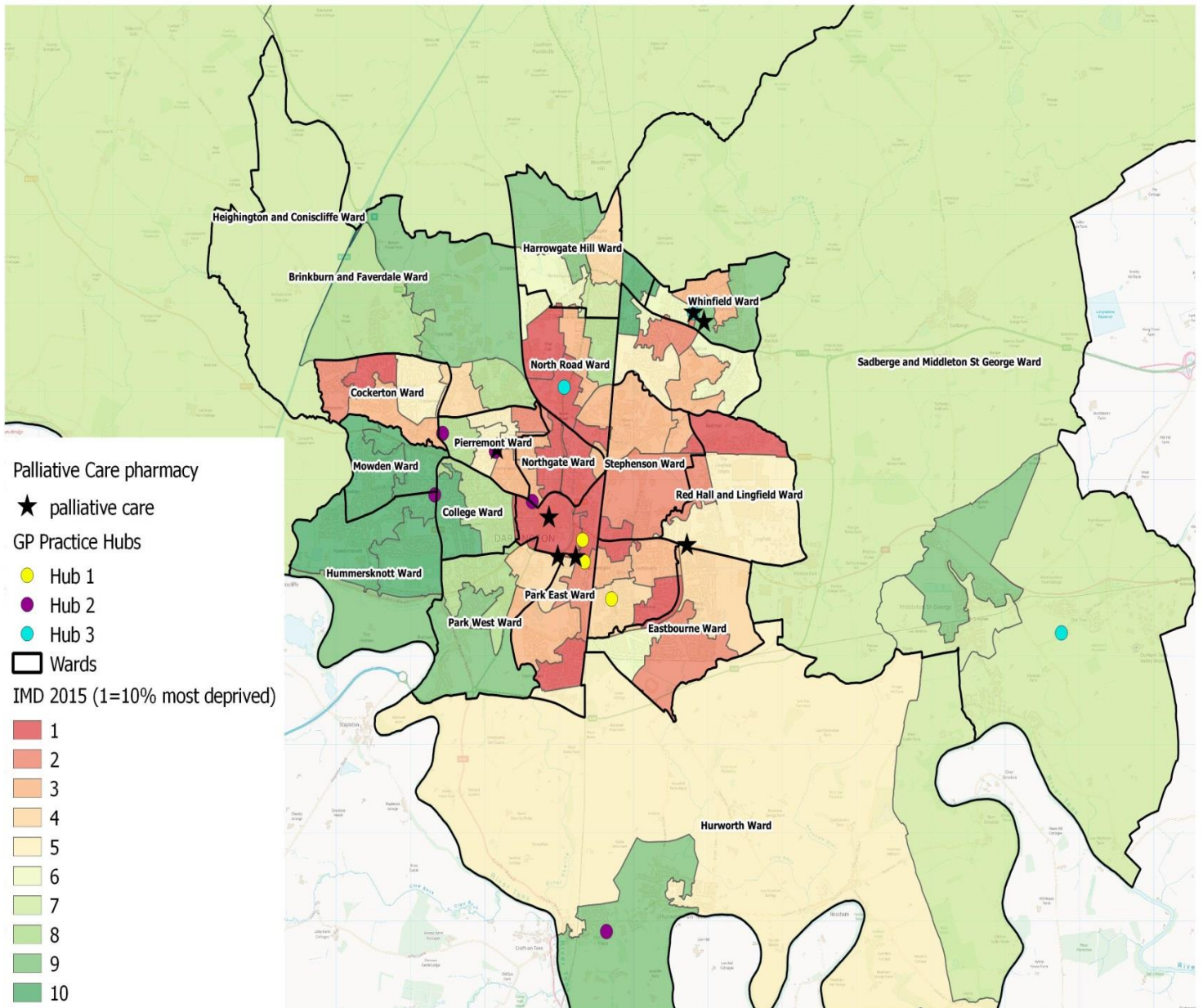
			Wed: 7.00-12.30 14.00-18.00 Thurs: 7.00-18.00
Berwick Crescent Branch Surgery	30/31 West Green Heighington	DL5 6PE	Branch surgery of a GP Practice in Newton Aycliffe.

F E M I N A L

Appendix 2

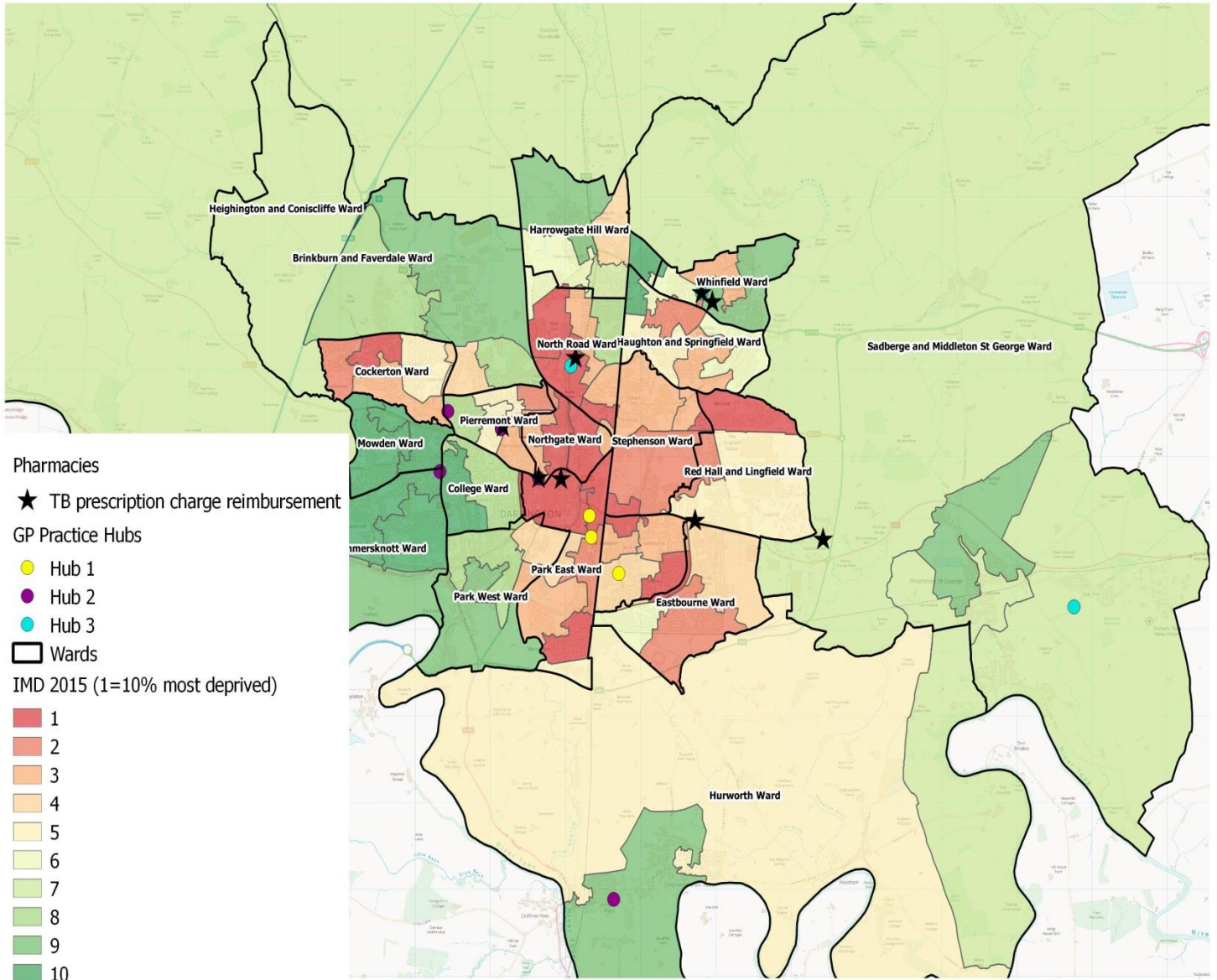
Maps of locally commissioned services

Map 1- Location of pharmacies that stock palliative care drugs, against LSOA IMD 2015.



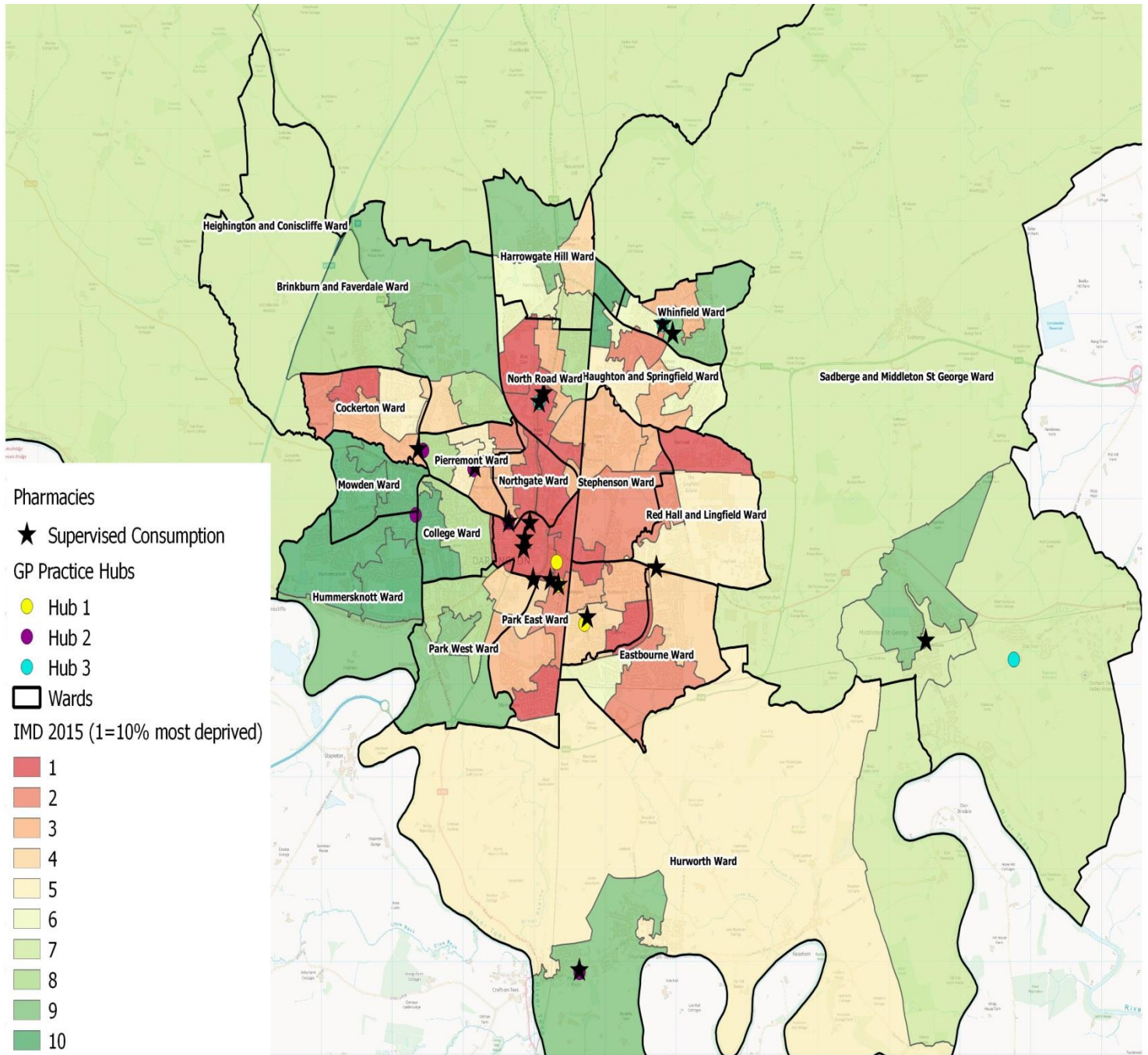
*From 1st Jan 2020 the pharmacy at 297 Yarm Road will be closed – see appendix 7

Map 3- Location of pharmacies that provide reimbursement of TB prescription charges, against LSOA IMD 2015.



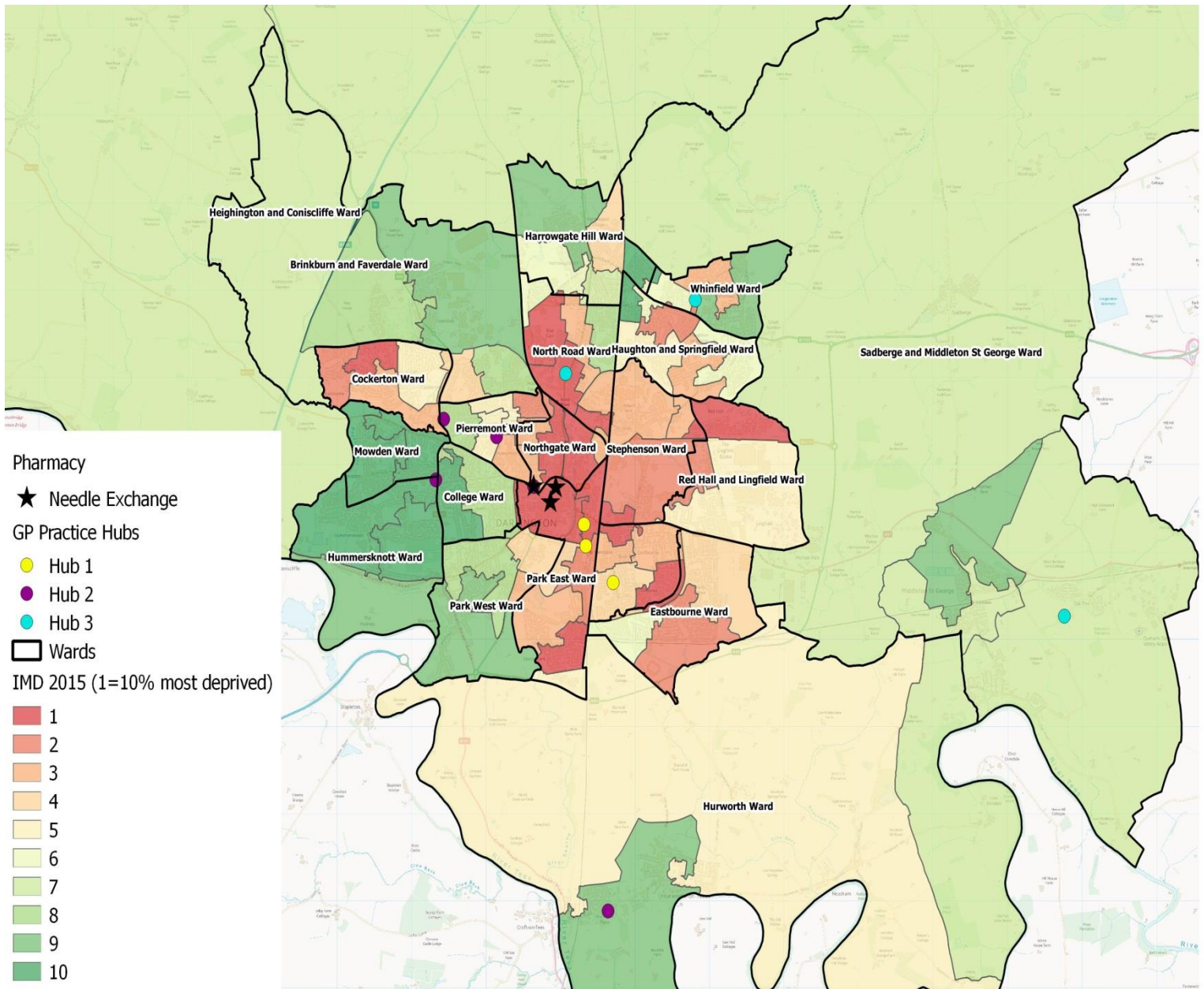
*From 1st Jan 2020 the pharmacy at 297 Yarm Road will be closed – see appendix 7

Map 4-Location of pharmacies that provide supervised consumption, against LSOA IMD 2015.

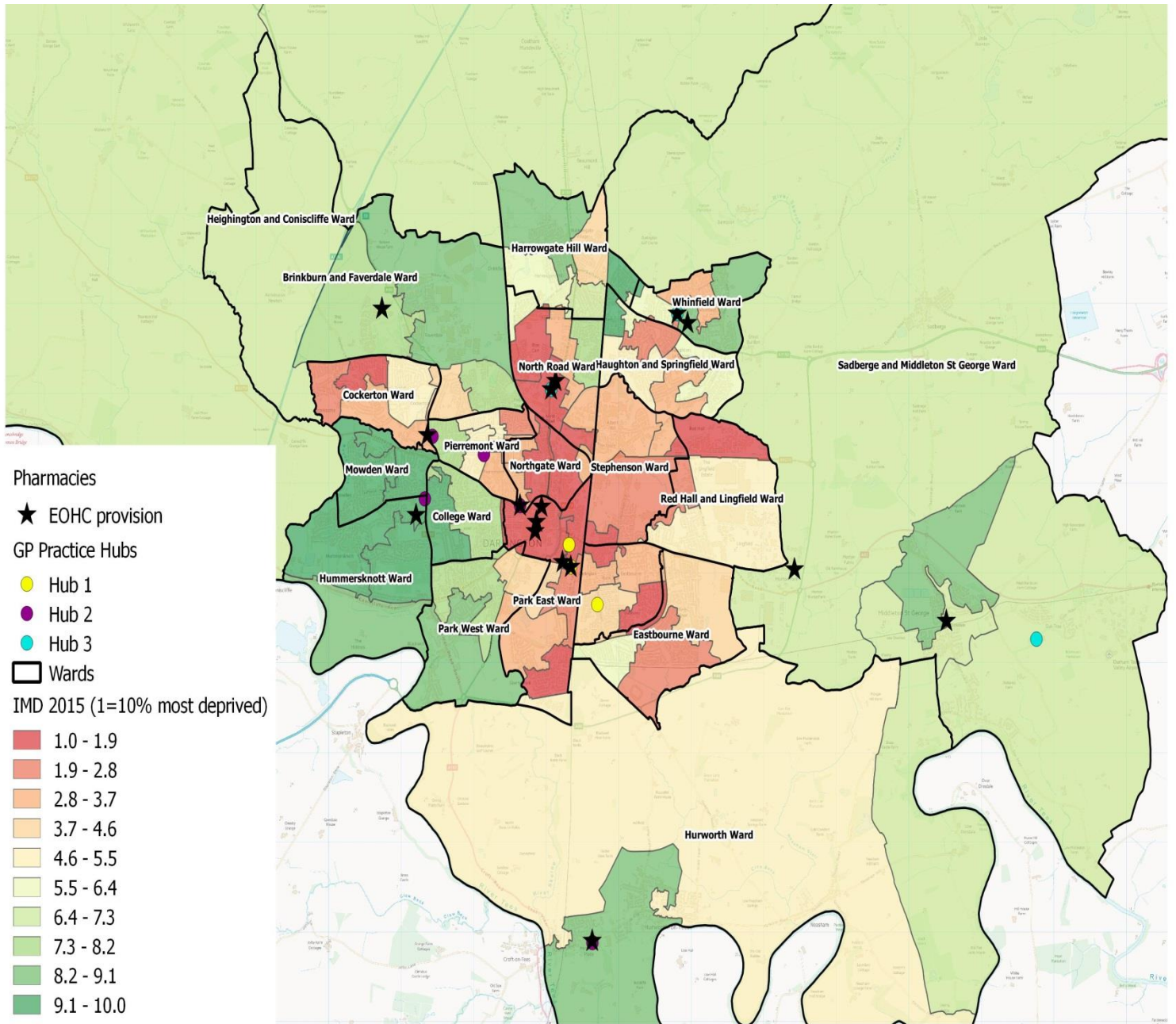


*From 1st Jan 2020 the pharmacy at 297 Yarm Road will be closed – see appendix 7

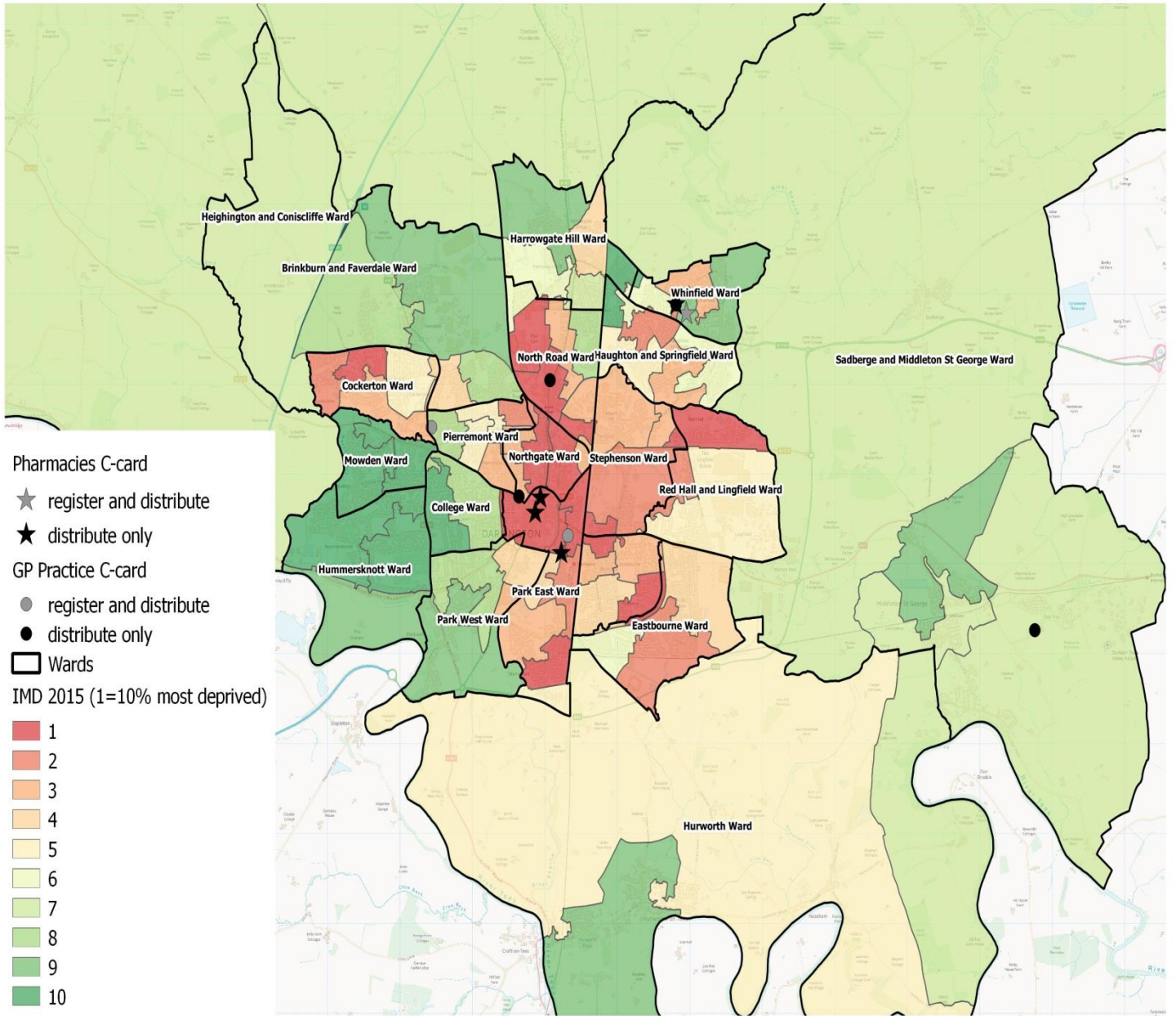
Map 6- Location of pharmacies that provide needle exchange service, against LSOA IMD 2015



Map 7- Location of pharmacies that provide EOHC service, against LSOA IMD 2015



Map 8-Location of pharmacies and GP Practices that provide C-card scheme (condom distribution), against LSOA IMD 2015



Appendix 3

Data Sources

Source	Information
Darlington Borough Council	<ul style="list-style-type: none"> • Deprivation mapping • Housing projections • JSNA
Commissioners of services	<ul style="list-style-type: none"> • Recovery and wellbeing service • Community contraception service • Clinical Commissioning Group
Public Health England (PHE)	<ul style="list-style-type: none"> • Public Health Outcomes Framework • PHE Health Profiles • PHE Local Health mapping
NHS	<ul style="list-style-type: none"> • NHS England-Pharmacy opening hours • NHS Business Authority-prescription data
Other national data sources	<ul style="list-style-type: none"> • Office for National Statistics-population estimates and density • Census 2011 • National Drug Treatment Monitoring System-drug prevalence • Projecting Older People Population (POPPI)-population projections

Appendix 4

Consultation Report

Statutory Consultation Feedback

The formal consultation ran from 13th November 2017 to 15th January 2018. Invitations to take part in the formal consultation were sent to statutory consultees listed in section 2.3 of the PNA. Consultees were sent a link to the draft PNA document and a survey link. The questions asked as part of the formal consultation can be found in Appendix 6.

15 responses were collected via the survey from organisations such as;

- County Durham and Darlington NHS Foundation Trust
- Head office of a limited company with a pharmacy based in Darlington
- Darlington Clinical Commissioning Group
- Other Clinical Commissioning Group
- NHS England
- A dispensing doctor
- A patient/consumer group
- North East Commissioning Support (NECS)
- A patient/carer

In addition, two formal responses in the form of letters were received from the Local Pharmaceutical Committee (LPC) and NHS England North (Cumbria and North East).

All consultees who answered the questions agreed that the purpose of the PNA had been explained, and that the draft PNA adequately reflects the local pharmaceutical need in Darlington. All pharmaceutical services currently provided in Darlington were present in the draft, and there was no current unmet need which had been omitted in the document.

NHS England (Cumbria and North East) clarified the change of location of the dispensing doctor in Middleton St George, and confirmed that the practice remains a dispensing practice in its temporary location. As part of the finalisation of the PNA this has also been checked and confirmed with the Practice Manager of St George's Medical Practice.

The Local Pharmaceutical Committee (LPC) requested that the Community Pharmacy Referral Service (CPRS) be referenced in the PNA. They also requested more information be included about technology use in pharmacy settings. This has been added to the final PNA document.

The LPC requested an amendment to section 5.1 (Minor Ailments Service). Means tested has now been changed to "exempt from prescription charges". The LPC

requested further detail for section 7.4 with regards to Darlington Borough Council's plans to work in partnership to empower pharmacies as an asset to the town. The final PNA document includes mention of Darlington Borough Council highlighting the usefulness of pharmacies in future commissioning of services which are related to health and wellbeing. This will be done by encouraging future potential providers who bid for council contracts to include community pharmacy services where appropriate.

One consultee did not feel the PNA reflected the need for community pharmacies to support extended GP hours, but did not elaborate further on their answer. Section 4.9 of the draft PNA states that there is sufficient pharmacy opening hours, and section 4.10 documents the currently known extended GP hours at Dr Piper House. As community pharmacies are open beyond the opening hours of Dr Piper House, it is difficult to identify where this consultee considered there to be a gap in service provision. The conclusion of the draft PNA states "*...the network of extended hours pharmacies and over provision of pharmacies in the town centre providing patient choice and the ability to meet the need of patients even outside normal hours.*"

The key commissioning priorities identified were centred around the review of use of medicine, reducing demand on GP services, promotion of a healthy lifestyle to patients, and out of hours access. These comments have been used in the final PNA document in section 7 (future provision).

With regards to any future plans which could impact on the need for community pharmacy services, one consultee indicated that the NHS is currently issuing guidance on the cessation of prescribing medications which can be purchased over the counter, which in turn could impact on the Minor Ailments Scheme. Darlington Health and Wellbeing Board is aware of the NHS England consultation on this issue and that this may lead to a review of the Minor Ailments Service.

Consultees were asked if there were any improvements that could be made to the PNA process for future iterations. A consultee suggested clearer processes for interested groups to be able to input and shape the forming of future PNA documents. This will be noted for the next refresh of the PNA in 2021. A consultee suggested that the survey to pharmacies in future should survey more about staffing levels and patient demand.

Patient Consultation Feedback

As part of the consultation, a survey was made available for the public to answer via SurveyMonkey. The aim of the survey was to compliment the feedback from statutory consultees around the provision of services, with public perception of access and use of pharmacies in Darlington. The public survey can be found in Appendix 6.

There were 22 responses in total to the public survey. The majority (15) indicated that they used pharmacies at least monthly. 10 respondents visited the same pharmacy every time, 8 visited the same pharmacy usually and 5 used different pharmacies. All 22 respondents felt they could easily access pharmacy services and travelled to their pharmacy by car/taxi or walked.

A variety of pharmacy types were used:

- 6 used a high street pharmacy
- 5 used a pharmacy based in a supermarket
- 6 used a pharmacy based in a doctors surgery
- 5 chose "other" with their free text responses indicating they used a mixture of the above or used the local chemist

Respondents were complimentary about the pharmacy they use, with delivery and collection services highly valued. Advice and information offered by pharmacy staff were also valued. Respondents were not able to suggest any other services they would like to access via their local pharmacy.

Suggestions of how pharmacies could be improved were mainly around the speed of service. Better communication between GP's and pharmacies was suggested, and the ability to check if medication is in stock.

The results of the 60 day statutory consultation and the public consultation both support the conclusions of the PNA; there are sufficient pharmacy services in Darlington, which are easy to access and support wider health and wellbeing objectives.

Appendix 5

Pharmaceutical survey template

Community pharmacy PNA questionnaire Health and Wellbeing Board-Darlington

Premise details

Name and position of person completing this form	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name of pharmacy	
Address of pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this pharmacy a Distance Selling Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Opening hours

Click here to see the opening hours currently registered with NHS England. If these are incorrect it is essential that you describe the differences in the box below and that you inform NHS England by emailing england.pharmacyandoptomtery@nhs.net

Are these likely to change in the next 12 months, e.g. following changes to urgent health care provision? Please briefly describe:

Access

Does the pharmacy entrance allow for unaided wheelchair access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are there any plans in the next 12 months to address this?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consultation facilities

We will assume that the pharmacy has a closed room consultation area, with wheelchair access, which meets the requirements for conducting MURs (as stated on form PREM1), has table or workbench, space for a computer terminal, and hand washing facilities.

If this is not the case please describe any differences:

--

IT facilities

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHSmal being used	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Summary Care Record used	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date NHS Choice entry	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community Pharmacy Quality Payments Scheme

National self-accreditation Level 1 HLP Award

Select the one that applies:

The pharmacy has achieved a previous local HLP Award prior to April 2017	<input type="checkbox"/>
The pharmacy is working towards the national Level 1 HLP Award, or has achieved the Award	<input type="checkbox"/>
The pharmacy is not working towards the national Level 1 HLP Award	<input type="checkbox"/>

Dementia friends

Select the one that applies:

The pharmacy is working towards this quality payment, or 80% of staff in patient facing roles are now dementia friends	<input type="checkbox"/>
The pharmacy is not working towards this quality payment	<input type="checkbox"/>

Asthma patients (The pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review).

Select the one that applies:

The pharmacy is working towards this quality payment	<input type="checkbox"/>
The pharmacy is not working towards this quality payment	<input type="checkbox"/>

Services

Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

1. We will assume that the pharmacy currently provides the following:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- MDS service

Please describe any planned changes to the services above in the next 12 months:

2. Please briefly describe any other non-commissioned or private services that the pharmacy either currently offers, or is planning to offer in the next 12 months:

Locally commissioned services

CCG locally commissioned services

Which of the following services does the pharmacy provide, or would be willing to provide in the future (under contract with the CCG)?

Service	Currently providing	Willing to provide in the future	Planning to stop the service in the next 12 months
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor ailment service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement of TB medication costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food thickening voucher scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Authority locally commissioned services

Which of the following services does the pharmacy provide, or would be willing to provide in the future (under contract with the Local Authority or third party provider)?

Service	Currently providing	Willing to provide in the future	Planning to stop the service in the next 12 months
NRT voucher scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	Currently providing	Willing to provide in the future	Planning to stop the service in the next 12 months
Level 2 Stop Smoking service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol brief intervention service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOHC provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C card scheme - including registering clients for the C card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C card scheme - provision of condoms only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Future services

Is there a need for a commissioned service in your area that is not listed above?

Appendix 6

Formal consultation questionnaire template

The following questions were asked of statutory consultees via SurveyMonkey:

1. Please indicate which company/organisation you are answering on behalf of
2. Are there any factual inaccuracies or omissions in the draft PNA?
3. If you answered "yes" to Q2, please can you elaborate on your answer
4. Do you think the purpose of the PNA has been explained?
5. If you answered "no" to Q4, please elaborate on your answer
6. Do you think the draft PNA adequately reflects the local pharmaceutical need in Darlington?
7. If you would like to add to your answer for Q6, please do so here
8. Are you aware of any pharmaceutical services provided in Darlington that are not currently included in the PNA?
9. If you answered "yes" to Q8, please elaborate on your answer
10. Is there any CURRENT unmet need for pharmacy services which the HWBB has not identified in the PNA?
11. If you answered "yes" to Q10, please elaborate on your answer
12. Does the PNA reflect the need for community pharmacies to support extended GP hours?
13. If you answered "no" to Q12, please elaborate on your answer
14. What do you see as the three key priorities for future commissioning of services through community pharmacies?
15. Are you aware of any future plans which would impact on the need for community pharmacy services?
16. Is there any other information you feel should be included in the PNA?
17. How could the PNA process be improved for future iterations of the PNA?

The following questions were asked of the public via SurveyMonkey as part of the 60 day formal consultation:

1. How often do you access local pharmacy services in your area?
2. Do you visit the same pharmacy service?
3. Can you easily access pharmacy services?
4. Thinking about the pharmacy service you visit most often, how do you normally get there?
5. What type of pharmacy service is it?
6. What does your pharmacy do well?
7. Are there other services you would like to access from your local pharmacy?
8. Is there any way your pharmacy could be improved?
9. Demographic questions

Appendix 7

supplementary statement January 2020

This supplementary statement has been prepared and issued by the Director of Public Health on behalf of the Health and Wellbeing Board of Darlington and forms part of the Pharmaceutical Needs Assessment.

Since the publication of Darlington's Pharmaceutical Needs Assessment (PNA) the following change in pharmaceutical services has occurred:

PNA Details

PNA Published	April 1 st 2018
Date of Supplementary Statement	2 nd January 2010
Supplementary Statement Number	1

Type of Change

New Opening	
Pharmacy Closure	Dispensary Closure in GP surgery
Change in Hours	
Change in Ownership	
Pharmacy Relocation	

Details of Change

The GP surgery at Yarm Road, Middleton St George has given notice of its intention to close its dispensary from 1st January 2020. Currently it dispenses to 400 patients, out of 800 eligible for this service. These patients all live more than a mile from their nearest pharmacy.

The practice has made patients aware of the impending closure, and has informed patients of local pharmacies and on-line pharmacies that will be able to supply their prescription needs in the future.

Patients will continue to have choice with regard to which pharmacy to use, as there is a pharmacy in Belle View, Middleton St George, and 10 more pharmacies in Darlington itself. All of these pharmacies provide a wider range of pharmaceutical services than the dispensary within the GP surgery. Patients could access services in Stockton or on line pharmacy services if that suited them better.

This supplementary statement to Darlington's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005. If you require further information please contact Public.Health@darlington.org.uk

Prepared by Miriam Davidson

Director of Public Health

FINAL