



## **Adults, Wellbeing and Health Overview and Scrutiny Committee**

**Date**      **Friday 15 July 2022**  
**Time**      **9.30 am**  
**Venue**     **Committee Room 2, County Hall, Durham**

---

### **Business**

#### **Part A**

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chairman's  
agreement.**

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 9 May 2022 (Pages 3 - 14)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. Shotley Bridge Hospital Update - Presentation by Dr Jenny Steele, Clinical Lead, County Durham and Darlington NHS Foundation Trust (Pages 15 - 28)
7. Integrated Care System Update - Presentation by David Gallagher, Executive Director of Place Based Delivery (Central and Tees Valley), North East and North Cumbria Integrated Care Board (Pages 29 - 54)
8. Draft Pharmaceutical Needs Assessment 2022-25 - Report of the Director of Public Health, Durham County Council (Pages 55 - 176)
9. Q4 2021/22 Performance Management Report - Report of Paul Darby, Corporate Director of Resources (Pages 177 - 198)
10. NHS Foundation Trust Quality Accounts 2021/22 - Report of Paul Darby, Corporate Director of Resources (Pages 199 - 212)

11. Adults Wellbeing and Health OSC - Refresh of 2022/23 Work Programme - Report of Paul Darby, Corporate Director of Resources (Pages 213 - 238)
12. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**  
Head of Legal and Democratic Services

County Hall  
Durham  
7 July 2022

**To: The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)  
Councillor J Howey (Vice-Chair)

Councillors V Andrews, C Bell, R Charlton-Lainé, I Cochrane, R Crute, K Earley, O Gunn, D Haney, J Higgins, L A Holmes, L Hovvels, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

**Co-opted Members:** Mrs R Gott and Ms A Stobbart

**Co-opted Employees/Officers:** Healthwatch County Durham

---

**Contact: Kirsty Charlton                      Tel: 03000 269705**

---

## DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 9 May 2022 at 9.30 am**

### Present

#### **Councillor C Martin (Chair)**

#### **Members of the Committee**

Councillors V Andrews, C Bell, R Crute, K Earley, D Haney, P Heaviside, J Higgins, J Howey, C Kay, C Lines, S Quinn, K Robson, A Savory, M Simmons and D Sutton-Lloyd

#### **Co-opted Members**

Mrs R Gott

**In the absence of the Chair and Vice-Chair, a motion was moved by Councillor Haney and seconded by Councillor Bell for Councillor Martin to assume the Chair.**

### **1 Apologies**

Apologies for absence were received from Councillors P Jopling, R Charlton-Lainé, O Gunn, L Holmes, L Hovvels and T Stubbs.

### **2 Substitute Members**

Councillor D Sutton-Lloyd was present as substitute for Councillor T Stubbs.

### **3 Minutes**

The minutes of the meeting held on 21 March 2022 were agreed as a correct record and signed by the Chair subject to the addition of Councillor Heaviside in the attendance.

### **4 Declarations of Interest**

Councillor Haney declared an interest in item no. 6c) as he was a Public Governor on Tees, Esk and Wear Valley NHS Foundation Trust.

Councillor Earley declared an interest in item no. 6b) as a member of Shotley Bridge Hospital Support Group.

## **5 Any Items from Co-opted Members or Interested Parties**

There were no items from Co-opted Members or Interested Parties.

## **6 NHS Foundation Trust Quality Accounts 2021/22**

The Committee received a report of the Corporate Director, Resources which provided the opportunity to consider and comment on the draft 2021/22 Quality Accounts for;

- a) North East Ambulance Services NHS Foundation Trust
- b) County Durham and Darlington NHS Foundation Trust
- c) Tees, Esk and Wear Valleys NHS Foundation Trust

It was confirmed that only the draft Quality Accounts for North East Ambulance (NEAS) NHS Foundation Trust had been received however Tees, Esk and Wear Valleys NHS Foundation Trust was due to publish theirs later that day and County Durham and Darlington NHS Foundation Trust was publishing their report the following day. Both reports would be circulated to the Committee, who had 30 days to respond following publication.

The Principal Overview and Scrutiny Officer advised that the Assistant Director of Communications, NEAS, had sent apologies and was unable to attend due to unforeseen circumstances, however he would pick out some salient points to present to the Committee.

## **7 Presentation of North East Ambulance Services NHS Foundation Trust**

The Committee received a joint presentation of M Cotton, Director of Communications and T Gilchrist, Deputy Director of Quality and Patient Safety, North East Ambulance Service (NEAS) NHS Foundation Trust (for copy see file of minutes). This had been published as a supplementary item after missing the deadline for publication.

S Gwilym, Principal Overview and Scrutiny Officer advised that the draft report had been circulated on 26 April 2022 and key performance issues were in relation to the number of 111 calls and the duration to answer calls. In terms of signposting the calls, the bulk of referrals related to primary care at 44% followed by the ambulance service 17% and dentistry. The Committee had received previously received presentations on GP access and availability and signposting into emergency dental services.

In terms of comparative date, NEAS had been the best performing ambulance service in the country with regards to category 1, 3 and 4 calls, 1 being the most urgent and in terms of category 2 calls, they had been the second best performing so in terms of organisations performing well, they had a proven record.

He went on to advise that issues identified for County Durham included the figures and response times which consistently lagged behind the trust average and this had been an historical issue for the Committee who were already aware that in some areas additional resources had been utilised to address and improve performance in the County.

He continued that in terms of Quality Account priorities for 2021-22 they were around emergency operations centre, management of sickness absence, improve performance and end of life care.

For 2022-23 there were four key areas for improvement, which included the reduction of handover delays which had been impacted by COVID-19 and staff sickness. The pandemic had resulted in longer clean down times in between patients.

The Trust were also proposing to improve and learn from past incidents and prepare for the Patient Safety Incident Response Framework, improve the model and increase and improve the role of patients and their involvement in improving ambulatory care.

The third priority was the efficient use of resources by improving the clinical model, and finally to involve patients and communities to improve care.

Councillor Quinn asked whether there was a lower priority for ambulance care homes as from personal experience, there were unacceptable delays in ambulances attending nursing homes.

Councillor Howey also referred to an incident in which a priority patient in a rural area had waited 20 minutes to speak to a 999 operator and then 1.5 hours for an ambulance to arrive and when it did, it was accompanied by another four vehicles. Ambulances were usually situated in towns across the County on standby but there was a new rule going forward that this would change to the nearest station, which could end up increasing delay times and this was a major concern for local areas.

Councillor Bell agreed that hand over times could take hours and resulted in vehicles being off the road and unable to respond to calls.

He suggested that ambulances should be allocated to individual areas to avoid five turning up at once. With regards to 111 services the service was taking way too long, people were being advised not to go to A&E but they had no choice if they

could not get through – there were people with children and health problems. The issue with dentistry also needed to be addressed, there were new houses being built all over the County but not enough consideration given to how those were going to be treated as there were areas in which dentists refused to take on new clients.

The Principal Overview and Scrutiny Officer advised that with regards to handover delays, NEAS had identified this as their first priority moving forward for the new period and he would respond to the consultation to advise that Members supported this priority but also include Members comments on the issues arising within the service.

In terms of the availability of dentistry, this was not something within NEAS control, although performance data had identified via 111 that dentistry was the third highest request. He reminded the Committee that the work programme would be debated at the meeting in July.

Councillor Earley advised that ambulance service staff were excellent and one of the problems which exacerbated the handover issue was the lack of investment in Durham and there were plans for a £30m extension to A&E otherwise the ambulances would continue to be held up in queues, be under pressure and deployment would continue to be an issue. Although his own experience of the service had been excellent, he was aware of neighbours and friends that had been subjected to horrific experiences. There were pressures on the system and A&E in Durham was a priority and the Council should be putting pressure on the government to address this.

Councillor Haney queried the terminology in the report for calls connected/offered and whether there were figures for those that were connected but remained unanswered. He suggested that calls to 111 that connected but remained unanswered by an operator could be included in this figure and result in reducing accountability.

Councillor Andrews queried whether staff were being upskilled with regards to priority 3, hear and treat and whether there was any funding available to make clinically led prioritisation resource appropriate.

Councillor Higgins referred to experience of calling 111 and waiting for a high priority ambulance and said that when the staff had arrived they were fantastic, but he wondered how many people would end the call rather than wait over an hour to speak to an operator.

## **Resolved**

That the content of the presentation be noted and member comments be incorporated into the Committee's response to the NEAS Draft Quality Account for 2021/22.

## **8 Presentation of County Durham and Darlington NHS Foundation Trust**

The Committee received a joint presentation of the ADN Patient Safety and Chief Nursing Information Officer and Senior Associate Director of Assurance and Compliance, County Durham and Darlington Foundation Trust (for copy see file of minutes).

W Edge, Assistant Director of Assurance and Compliance advised that the drafted report had been through both internal and external consultation.

He referred to issues in relation to health acquired infections and four cases of MRSA despite the zero tolerance. There had been one Category 3 pressure ulcer reported and second that had not been suffered in the Trusts premises, however there were lessons to be learned by nurses in terms of picking up symptoms earlier.

There had been staffing issues which had prevented patients with sepsis from receiving antibiotics within the first hour and a Lead Sepsis Nurse had been appointed alongside a screening tool for all patients that were triaged in A&E.

The Trust had developed a palliative care strategy but due to COVID-19 there had not been sufficient opportunity to engage with stakeholders and there was a shortage of side rooms which was challenging for people on end of life.

Maternity services had faced some staffing pressures, and to ensure the models were right, the Trust had requested an external review from birthrate plus and it was hopeful that this would be completed in 2022 in order to provide validation or issue recommendations to make further improvements.

NEAS had an ambition to replace the existing UHND A&E facility with a new emergency care centre and the Chief Executive was committed to ensure this happened whether or not national funding was received.

Councillor Haney referred to the data with regards to sepsis and noted that no data had been presented on the average number of minutes that it took for people to receive treatment. He asked whether figures could be provided on the average time it was taking and people treated within one hour.

Councillor Bell referred to palliative care and after experiencing this personally, she advised that improvements could be made to make the room more comfortable for patients that were coherent. Patients that were unable to walk, should have a

television to keep them occupied. L Ward, Associate Director of Nursing (Patient Safety) advised that she would pass the comments back to the palliative care team.

Councillor Howey queried the response to an emergency with regards to patients with dementia following an incident where she was unable to contact anyone and was being advised by the crisis team to contact 111. The Senior Associate Director of Assurance and Compliance advised that he would provide a written response after the meeting.

M Laing, Director of Integrated Community Services County Durham Care Partnership added that the CCG had funded provision for an urgent community response centre and was set up to cover admissions to hospital, however there were plans to extend the service to cover GP, community and voluntary sector.

Councillor Howey referred to her own personal experience of the misdiagnosis of sepsis which had resulted in a fatality and the Associate Director of Nursing (Patient Safety) advised that there was a sepsis team who would be contacted if there were any symptoms that could be attributed to sepsis and when a patient triggers certain criteria during observations or parameters reached 45 or more the system would automatically prompt the nurse to check for sepsis. The main priority would be to issue fluids and antibiotics and sepsis within the allocated time frame however it was challenging to diagnose, and teaching staff to recognise the signs remained a high priority.

Councillor Howey referred to the pressures on wards for beds and asked whether consideration would be given to opening up Bishop Auckland General Hospital. The Assistant Director of Assurance and Compliance confirmed that the Trust was considering how to utilise it to the best effect, and part of it was used for orthopaedics and elected care so they were increasing the level of elective cases after recognising that.

To take pressure off A&E in Durham and Darlington a frailty pathway had been established to provide sub-acute care for elderly patients and if they did not require complex acute care, they would be transferred to Bishop Auckland and one ward had been opened for this purpose with the Trust still considering whether a second was needed. This also ensured that elderly patients were not kept longer at other sites when they could be cared for in Bishop Auckland or moved there for rehabilitation, so they did not remain on a busy acute ward for longer than necessary.

The Trust were unable to recruit acute care physicians in the numbers that would be required to open up all facilities for the provision of another A&E so it was being utilised best to provide sub-acute care.

Councillor Howey advised that Bishop Auckland had a really good urgent care centre which was now by appointment only and she queried the number of patients who were travelling from rural areas to Durham or Darlington.

Councillor Kay advised that despite living less than a mile away from Bishop Auckland Hospital, he had to travel to Darlington for some urgent care. After being triaged he was not seen for four hours, and he expressed concern that there were certain individuals for which this would be unacceptable. He considered that Bishop Auckland should have been considered as part of the plans to extend A&E services.

The Assistant Director of Assurance and Compliance advised that it was difficult to comment on individual case without knowing what was happening in that hospital at that time but clinical indicators on triage or emergency situations could lead to patients being re-categorised and subjected to longer wait times.

In response to a query from Councillor Andrews, the Associate Director of Nursing (Patient Safety) advised that Nurse Practitioners, were able to give drugs for sepsis but in certain circumstances, such as where sepsis was of a known origin, but there may be an issue with resistance to antibiotics or administering the incorrect type if the origin of the infection was unknown.

In response to a further comment from Councillor Andrews regarding palliative care beds in community hospitals the Associate Director of Nursing (Patient Safety) advised that palliative care was much better in a community hospital environment and patients had the choice as to whether they went there.

Councillor Quinn advised that whilst working in a care home unit she had seen various degrees of pressure ulcers and although rare to see redness appearing there were some really bad cases and in many cases due to people hesitating to contact medical services. During the pandemic people did not want to go to hospital and rises in energy costs and other projected difficulties would impact on nutrition and whilst people were unable to look after themselves, there could be a rise in cases, especially in rural areas where vulnerable people tended to self care.

The Assistant Director of Assurance and Compliance advised that when a patient was admitted in to care an incident report was produced to capture every moisture region and ensure that themes were identified or concerns would be raised.

Councillor Earley queried the priority funding for a new regional body and what other steps would be taken to ensure it came to fruition, should funding be unsuccessful.

With regards to quality, Councillor Earley asked whether any proactive learning data was collated to trigger a warning if it started to fall out of line, especially in relation to, but not limited to maternity.

The Assistant Director of Assurance and Compliance advised that there was a maternity dashboard to report through and a quality insights system for incidents such as falls which would hopefully alert when leading to worse outcomes and would also ensure that policies were being met.

Councillor Earley referred to the electronic patient record and queried the data sharing between the ambulance service, primary care and 111, and whether it was accessible at Consultant level. The Assistant Director of Assurance and Compliance confirmed that it had not yet been fully developed, but there was some ongoing cross team work on data sharing and understanding the quality of each service to get to emerging trend and national audits, to ensure data was reported.

The Associate Director of Nursing (Patient Safety) advised that the Great North Care Record would ensure that electronic systems were able to provide data across the whole of the North East. With regards to Do Not Attempt Cardio Pulmonary Resuscitate, a copy was sent to NEAS and the aspiration was to ensure patient information was available to all.

In response to a question from Councillor Sutton-Lloyd regarding public consultation, the Assistant Director of Assurance and Compliance advised that he would seek a response from the Head of Communications however regular information such as waiting times, was shared with the public through the website.

Mrs R Gott referred queried the facilities for people with mental health issues that were not comfortable with sharing a ward with other people and the impact that this could have. The Associate Director of Nursing (Patient Safety) confirmed that an identified priority was to upskill staff regarding the needs for patients with physical disabilities or mental health issues, and how to manage the pressures of side rooms, whilst understanding severe impact hospitalisation could have on mental health.

Councillor Higgins had not had an unpleasant experience after a hospital stay, but he was concerned about the dangers of sepsis and suggested that more information should be shared in surgeries to warn of the symptoms and seriousness. The Associate Director of Nursing (Patient Safety) confirmed that there had been a national campaign on sepsis a few years prior and she would ensure that communications were sent to GP's to continue to inform the community.

With regards to capacity and pressures on A&E wait times, Councillor Higgins queried the decision to close a walk-in centre in his ward which had been open 24 hours and suggested decisions such as this should be reconsidered to reduce pressure on A&E.

Councillor Robson queried whether there was any additional capacity within the hospital for beds or nursing staff that would improve turnaround times for ambulances.

The Associate Director of Nursing (Patient Safety) advised that there was never a great deal of capacity, whether it was beds or staff in order to expand safely. There were plans to open up additional beds on new wards in Durham in the Autumn and the reason it would take so long as the issues with recruitment. There were protocols to escalate patients and allow additional beds if it was safe to do so. The Associate Director of Nursing (Patient Safety) confirmed that it took three years to qualify as a nurse, followed by 6-12 months of training.

The Director Integrated Community Services advised that managing patients in hospitals was an hourly process in which consideration was given to pressures and risks. There were regular meetings throughout the day and at night in order to ensure the safe discharge of patients, however consideration also had to be given to staff availability.

With regards to community hospitals, there were an increased number of beds that nurses could attend to safely, with one qualified member of staff per eight beds however the ward could not open any additional beds if there was not a 1:8 staff ratio as it would be unsafe to do so.

To reduce beds, would require reducing admissions by utilising GP's and social care and in extreme circumstances other hospitals were asked to take patients, an example was a recent bank holiday when NEAS were diverting patients to the QE at Gateshead or North Tees to divert patients and equally Durham assisted other hospitals when needed.

In response to a question from Councillor Robson as to whether there was any way the Council could assist and the Director Integrated Community Services confirmed that working together in crisis, supporting care homes with initiatives such as sharing nursing capacity, and the use of consistent methods of communication.

## **Resolved**

That the content of the report and presentation be noted and member comments be incorporated into the Committee's response to the CDDFT's Draft Quality Account for 2021/22.

## **9 Presentation of Tees Esk and Wear Valleys NHS Foundation Trust**

The Committee received a joint presentation of A Lowery, Director of Quality Governance and Dr C Lanigan, Associate Director of Strategic Planning and Programmes (for copy see file of minutes).

Members were advised that the draft report would be circulated to Members in the forthcoming days and that he would provide an update to the Committee in 6 months.

Councillor Kay noted that the cohort that the data had been collated from seemed to be inpatients only and the Director of Quality Governance advised that it was primarily inpatient data, with some some community data however the mental health trust was split equally between community funding and inpatients with much of the inspection issues over the previous two to three years being inpatient focused.

In response to comments from Councillor Kay regarding the CQC inspection of West Lane Hospital which had been subsequently closed and he hoped that lessons had been learned. The Associate Director of Strategic Planning and Programmes advised that the facility had been reopened at Acklam Road, Middlesbrough and was managed by a different Trust. After the closure of West Lane, Durham children were admitted to Prudhoe, then Middlesbrough however Acklam Road had taken admissions since Christmas which had reduced travel and he confirmed that although very few children needed inpatient beds, the replacement unit was off to good start.

Ms Gott noted that the figures did not seem to be addressing patients in the community and asked for a breakdown of inpatients and those cared for in the community.

The Associate Director of Strategic Planning and Programmes confirmed that 90% of patients were cared for in the community however due to a few challenging CQC inspections over recent years, the Trust had focused on making improvements to inpatient areas with a community mental health transformation. The proposals would ensure that people in the community could access treatment earlier and additional national funding had assisted to improve that area and reduce numbers of inpatients.

Ms Gott had concerns about the closure of Primrose Lodge in Shildon as if they did end up at capacity, patients would be moved back to a hospital environment, however the Associate Director of Strategic Planning and Programmes advised that the changes within the service would allow more community based intervention to avoid admissions and he also highlighted that some of the previous admissions were not for rehabilitation but utilisation of beds with people who required other treatments.

With regards to the closure of Primrose Lodge, the paper which had been circulated included all of the data including that the Trust had had invested significantly in home treatment to enable people to remain at home. The investment was way above the national average and the Trust was confident that

the bed reduction was compensated. It also confirmed that the premises at Primrose Lodge was not fit for purpose.

The Principal Overview and Scrutiny Officer advised that there had been an internal TEWV FT working group to consider the issues regarding the transition between Children and Adults Mental Health Services and he queried whether any evidence as to whether the project had been progressed and improvements made.

The Associate Director of Strategic Planning and Programmes advised that transition panels, although not perfect had improved the transition which was why there was no data recorded. The Director of Quality Governance advised that the transition panels included representation from education and the local authority and if any issues could be picked up early to ensure seamless transition. There had been a number of events to look at partner transition, which had been put on hold due to the pandemic however there were plans to reinvigorate.

Councillor Savory confirmed that there were serious delays in mental health referrals to CAHMS and the time taken for diagnosis and treatment, and school children had been impacted due to the pandemic. Even the time to get an initial appointment had resulted in a long waiting list.

The Associate Director of Strategic Planning and Programmes advised that due to the pandemic, mental health had declined with children and young people, there had been an increase generally but also a spike in eating disorders. It was a difficult area for improvement with a shortage of mental health workers before the pandemic, however there were improvements such as the opening of a medical school in Sunderland and despite taking seven years to train doctors, the fact that the government had invested in new teams to support mental health would see an improvement in the long term.

There was also recruitment and training in the workforce which was not in place across the whole county but every year more people were being trained and eventually it would be at a stage where there was a level in schools offering support at the very early stages of becoming unwell. The new service would start to make a difference and changes such as the keeping in touch service, which checked in on young people on the telephone to ensure they were not deteriorating assisted to improve the overall service. Staff levels were insufficient to meet demand and the CQC had commented on the high caseload and many clinicians had too many cases but with difficulties in recruitment and people tempted elsewhere by signing on bonuses. More recently there had been recruitment through apprenticeships, with the government apprenticeship levy however as fast as people were being recruited, there was another cohort of people reaching retirement age.

The Principal Overview and Scrutiny Officer advised that the Children and Young People's Overview and Scrutiny Committee had identified the issues of waiting

times, capacity and demand in CAMHS and an item would be considered by them in the new year and an invite extended to this Committee.

Councillor Howey was concerned at the number of people that were anxious about leaving the house post pandemic and wondered how to get counsellors back in GP surgeries and in the community. So many people were training in colleges, and they needed to be utilised.

The Associate Director of Strategic Planning and Programmes confirmed that a number of surgeries were working with voluntary sector organisations to provide counselling services such as Talking Changes but this service was not suitable for everyone and face to face appointments were needed.

The Associate Director of Strategic Planning and Programmes confirmed that CAMHS were receiving additional funding to allow expansion in 2023 and the Council had signed a seven year with the voluntary sector in order to be more flexible and less formal, moving towards the stage where people were given initial help and advice, moving on to the statutory service if that didn't work.

### **Resolved**

That the content of the report and presentation be noted and member comments be incorporated into the Committee's response to the TEWVFT's Draft Quality Account for 2021/22.

## **10 Mental Health Strategic Partnership Update**

The Committee received an update of the Chair of the County Durham Mental Health Strategic Partnership (for copy see file of minutes).

### **Resolved**

That the update be noted.



# Reprovision of Shotley Bridge Community Hospital

## Progress Update

### Adults Health and Wellbeing Overview and Scrutiny Committee – July 2022



# Reminder – Clinical Model

Service	Impact
Outpatient services	Continuation of current service offer, including cardiology, haematology, oncology, gastro, ENT, diabetic eye screening
Women's services & sexual health	Continuation of current service offer
Urgent care	Continuation of 24/7 service accessed via 111
Minor surgical procedures	Facility to deliver minor skin procedures
Rehabilitation/therapies	Continuation of current service offer
Diagnostics	Continuation of ultrasound and x-ray with potential of mobile scanning in addition
Inpatient rehabilitation unit	Step up and step down rehabilitation beds with additional capacity – total 16 beds
Chemotherapy and Medical Investigations	Proposal for two separate units both with increased capacity
General surgery	Clinically unviable to deliver in community setting
Endoscopy	Clinically unviable to deliver in community setting





# Summary Proposal

- Preferred site – Genesis (1.8 miles away from current site).
- Clinical model based on clinical suitability, affordability and ensuring long term viability.
- No substantial change to clinical model or adverse impacts on location of potential new site.
- Continue programme of ongoing engagement through outline business case and into full business case.



# Projected Timelines

- Current stage of design programme to be closed out by September 2022
- This will inform cost programme for OBC
- Planning to be submitted in September 2022
- OBC completion for internal sign off – August 2022
- Sign off process September 2022 onwards
- On site remediation January 2023
- Construction start December 2023
- Completion early 2025



# Outline Business Case Development

- Treasury business case format
- 13 NHP criteria including;
  - Modern methods of construction
  - Net carbon zero
  - Digital
  - Social outcomes
  - Patient experience
- Work is progressing alongside BC development
- Internal and external assurance process



# Design Development



County Durham  
and Darlington  
NHS Foundation Trust



safe • compassionate • joined-up care



[www.cddft.nhs.net](http://www.cddft.nhs.net)

# Design Development



County Durham  
and Darlington  
NHS Foundation Trust





# Core Project Team

- Senior Responsible Officer – Carole Langrick (CDDFT)
- Associate Director Lead – Richard Morris (CDDFT)
- Clinical Lead – Dr Jenny Steele (CDDFT)
- Programme Manager – CDDFT (appointed)
- Finance Manager – CDDFT (currently recruiting)
- Communications and Engagement Lead – CDDFT (appointed)
- Strategic Lead – Karina Dare (NHS Property Services)
- Construction Lead – Peter Todd (NHS Property Services)
- Acquisition Lead – Hanna Hardy (NHS Property Services)



# Comms and Engagement

- Dedicated comms and engagement lead appointed and NHP resource
- Development of next phase involvement strategy and action plan
- Patient involvement as part of procurement process
- Regular local member and public briefings to be developed
- Opportunity for some dedicated involvement through next stages of project



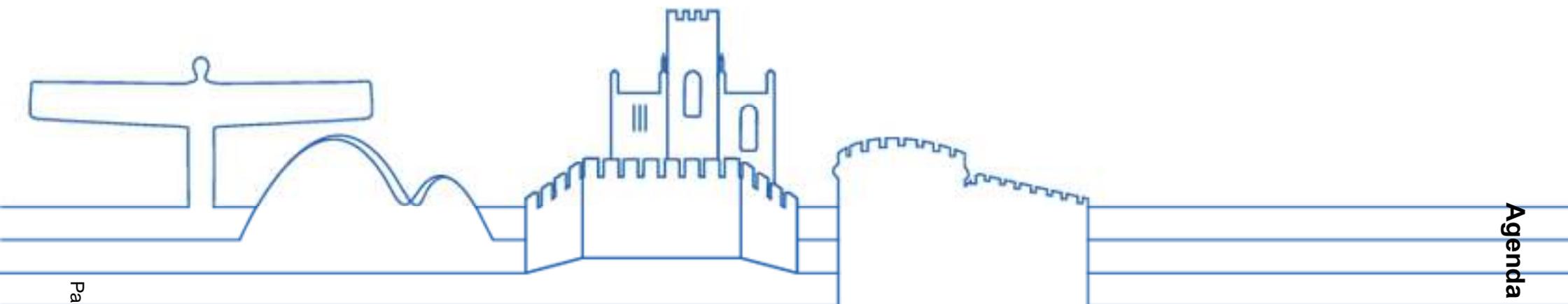


This page is intentionally left blank



**North East &  
North Cumbria**

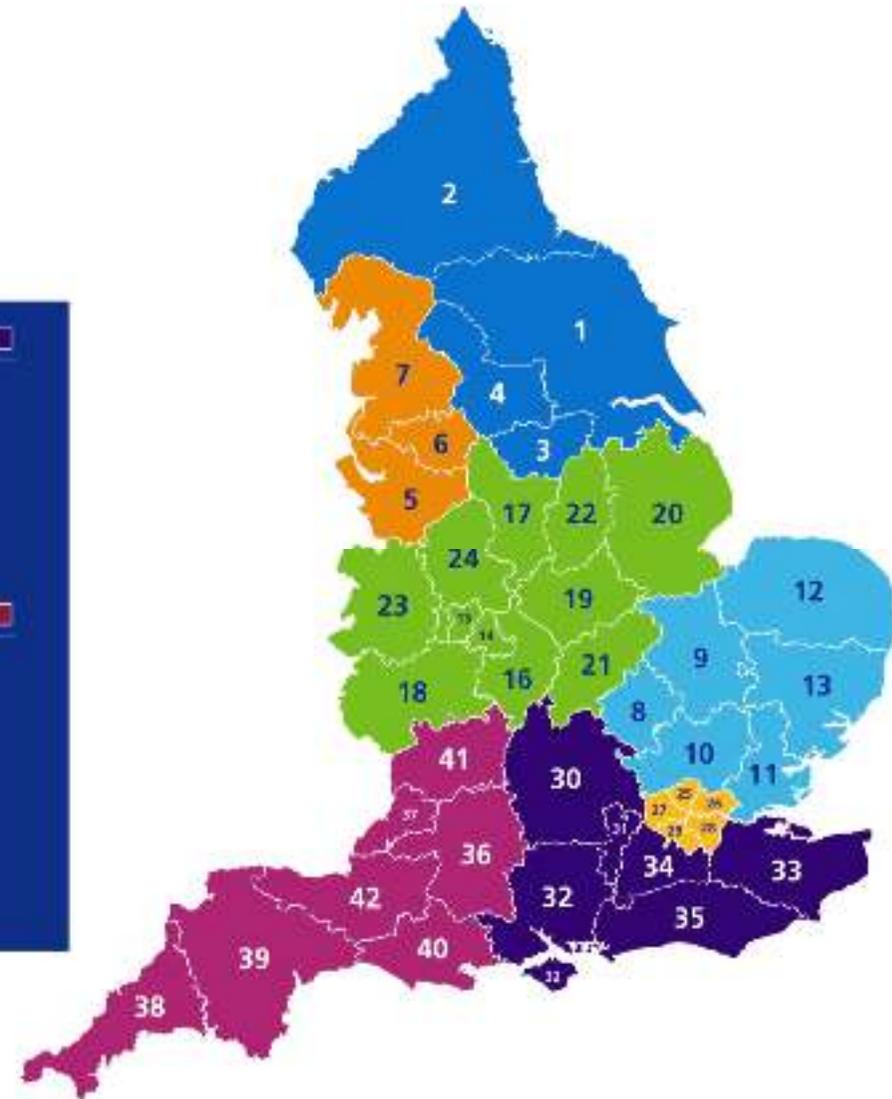
# **Integrated Care Board Update Briefing for Elected Members**



# Integrated Care Boards

From 1 July 2022

<p><b>North East &amp; Yorkshire</b></p> <ul style="list-style-type: none"> <li>1 NHS Humberside and North Yorkshire</li> <li>2 NHS North East and North Cumbria</li> <li>3 NHS South Yorkshire</li> <li>4 NHS West Yorkshire</li> </ul>	<p><b>Midlands</b></p> <ul style="list-style-type: none"> <li>14 NHS Tamesham and Northall</li> <li>15 NHS Black Country</li> <li>16 NHS Coventry and Warwickshire</li> <li>17 NHS Derby and Derbyshire</li> <li>18 NHS Herefordshire and Worcestershire</li> <li>19 NHS Leicester, Leicestershire and Rutland</li> <li>20 NHS Lincolnshire</li> <li>21 NHS Northamptonshire</li> <li>22 NHS Nottingham and Nottinghamshire</li> <li>23 NHS Shropshire, Hereford and Wenlock</li> <li>24 NHS Staffordshire and Stoke-on-Trent</li> </ul>	<p><b>South East</b></p> <ul style="list-style-type: none"> <li>30 NHS Buckinghamshire, Oxfordshire and Berkshire East</li> <li>31 NHS Dorset</li> <li>32 NHS Hampshire and Isle of Wight</li> <li>33 NHS Kent and Medway</li> <li>34 NHS Surrey Heathlands</li> <li>35 NHS Surrey</li> </ul>
<p><b>North West</b></p> <ul style="list-style-type: none"> <li>5 NHS Cheshire and Merseyside</li> <li>6 NHS Greater Manchester</li> <li>7 NHS Lancashire and South Cumbria</li> </ul>	<p><b>London</b></p> <ul style="list-style-type: none"> <li>25 NHS North Central London</li> <li>26 NHS North East London</li> <li>27 NHS North West London</li> <li>28 NHS South East London</li> <li>29 NHS South West London</li> </ul>	<p><b>South West</b></p> <ul style="list-style-type: none"> <li>36 NHS Bath and North East Somerset, Swindon and Wiltshire</li> <li>37 NHS Bristol, North Somerset and South Gloucestershire</li> <li>38 NHS Cornwall and Devon</li> <li>39 NHS Devon</li> <li>40 NHS Dorset</li> <li>41 NHS Gloucestershire</li> <li>42 NHS Somerset</li> </ul>
<p><b>East of England</b></p> <ul style="list-style-type: none"> <li>8 NHS Bedfordshire, Luton and Milton Keynes</li> <li>9 NHS Cambridgeshire and Peterborough</li> <li>10 NHS Essex</li> <li>11 NHS Essex and South Essex</li> <li>12 NHS Hertfordshire and Welwyn</li> <li>13 NHS Hertfordshire and Hemel Hempstead</li> </ul>		



# What's an ICS, ICB and ICP?

**Integrated Care System (ICS)** – where our health and care organisations work together to improve the health of our communities through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at 'place level' in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 13 local authorities responsible for developing an **integrated care strategy**.



## It's about:

- building on what's there now
- being ambitious for our population health and outcomes
- only doing things ICS wide when this adds value
- focusing on the big challenges to health and well being- eg CVD, MH, cancer, inequalities, pandemic disease
- working with partners on how we influence and support economic regeneration and sustainability.

# Continuity and change

## What will stay the same?

- The continued statutory role of local authorities in improving the health of their local population, and providing local public health and social care services.
- A 'duty to collaborate' between NHS organisations and local authorities that builds on existing work to promote joint working across healthcare, public health, and social care
- The continued statutory role of Health and Wellbeing Boards in each of our places, in preparing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Former CCG teams are now part of the ICB and will continue to work in each of our local authority 'places' as now, ensuring operational continuity and stability
- Continued NHS representation at Health and Wellbeing Boards through our ICB teams, and joint working on issues such as health and social care integration, continuing healthcare and local safeguarding

## What will change?

- One Integrated Care Board has replaced eight CCGs, inheriting their budgets and responsibilities (but delegating much of these powers back to 'place level', where ICB teams will continue to work closely with local authorities)
- Streamlined decision-making via the ICB on strategic issues (such as the commissioning of hospital services, investment in key infrastructure or workforce planning)
- The creation of a statutory Integrated Care Partnership of the ICB and the local authorities in the ICS area – setting joint system priorities in an Integrated Care Strategy (which the ICB and each local authority must have regard to in making decisions).
- A new procurement commitment from the ICB to help the NHS support broader social and economic development in the North East and North Cumbria.

## Where are we now

- NHS NENC ICB became a statutory NHS body on 1 July
- First Board meeting held on 1 July, all key partner members involved
- Operating model agreed and all key functions mapped
- Executive team in place and directors now confirmed in role
- All staff now lifted across to the ICB and continuing to work on key priorities
- Business as usual for place based partnerships
- Business as usual: consistency and stability are key

### ICB GEOGRAPHY



# ICB strategic aims



## 1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



## 2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



## 3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



## 4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

# Key functions of the Integrated Care Board

Developing a plan to meet the health needs of the population

Allocating resources (revenue and capital) to deliver the plan and agree contracts with providers

Establishing joint working and governance arrangements between partners

Leading major service transformation programmes across the ICS

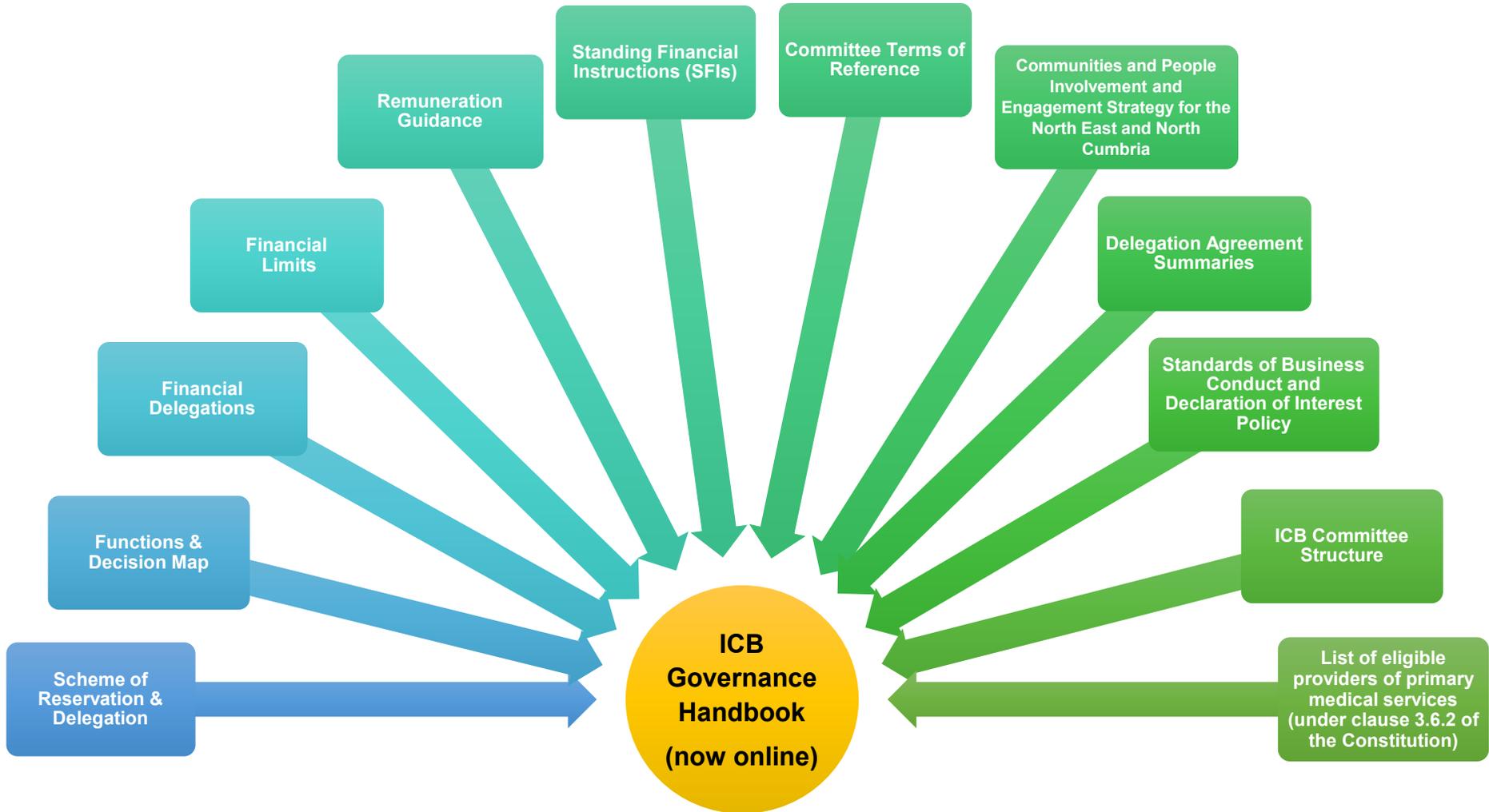
Implement the NHS People Plan

Leading system-wide action on digital and data

Joint work on estates and procurement

Leading emergency planning and response

# ICB Governance

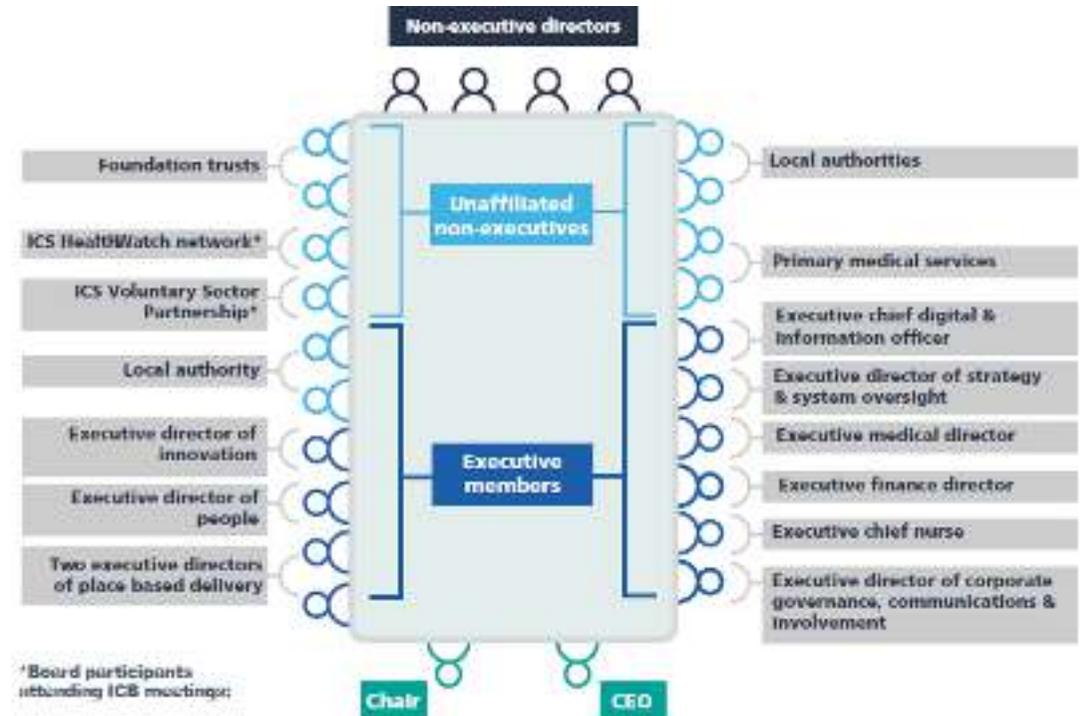


# Our leadership team



North East & North Cumbria

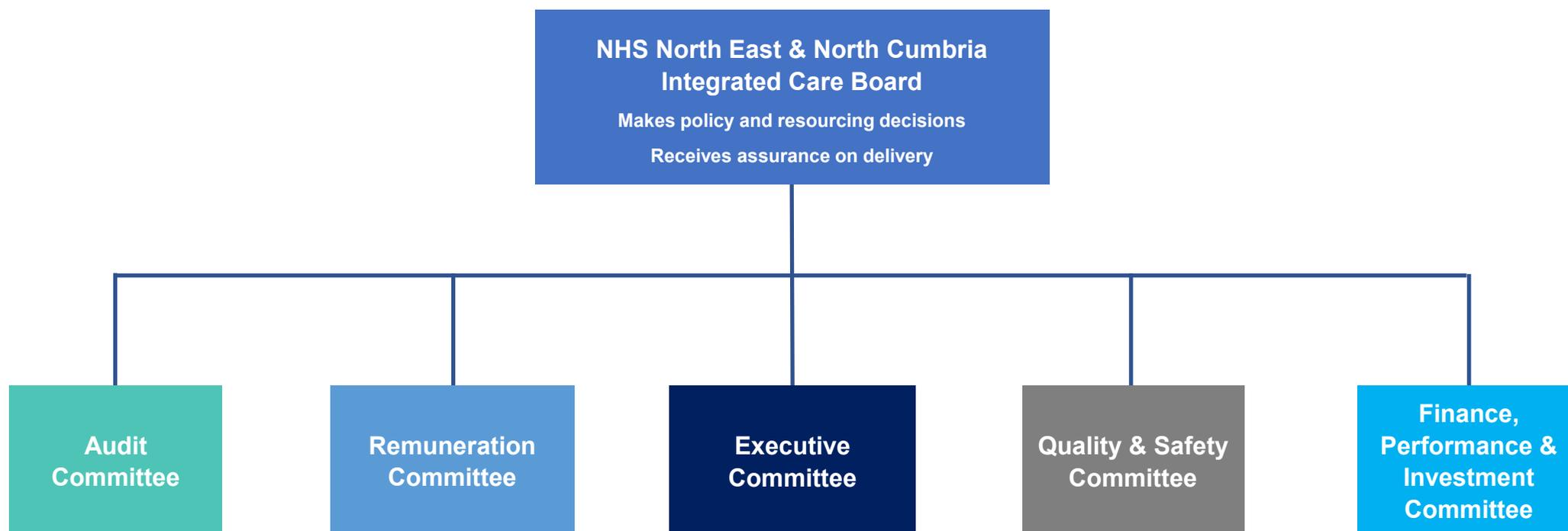
- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**
- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Corporate Governance, Communications and Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central and Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**



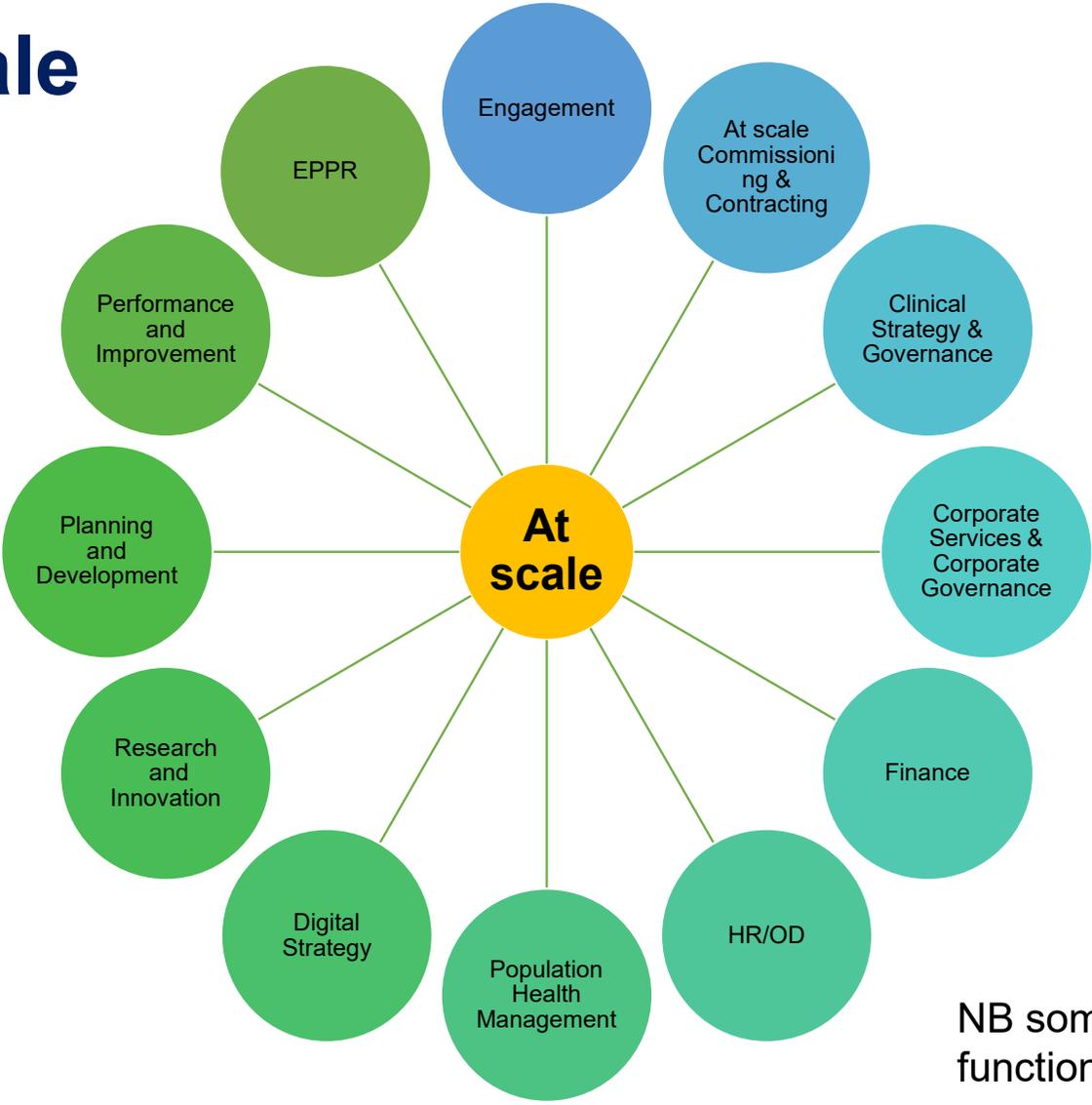
## Partner Members

- **Local Authorities** (designate members): Tom Hall (South Tyneside), Ann Workman (Stockton-on-Tees), Cath McEvoy-Carr (Newcastle), plus one elected member (TBC)
- **Primary Care**: Dr Saira Malik, Dr Mike Smith
- **NHS Foundation Trusts**: Ken Bremner, Dr Rajesh Nadkarni

# ICB Board and Committee Structure



# Functions at scale overview



NB some of these functions may also occur at place

# Functions at place overview

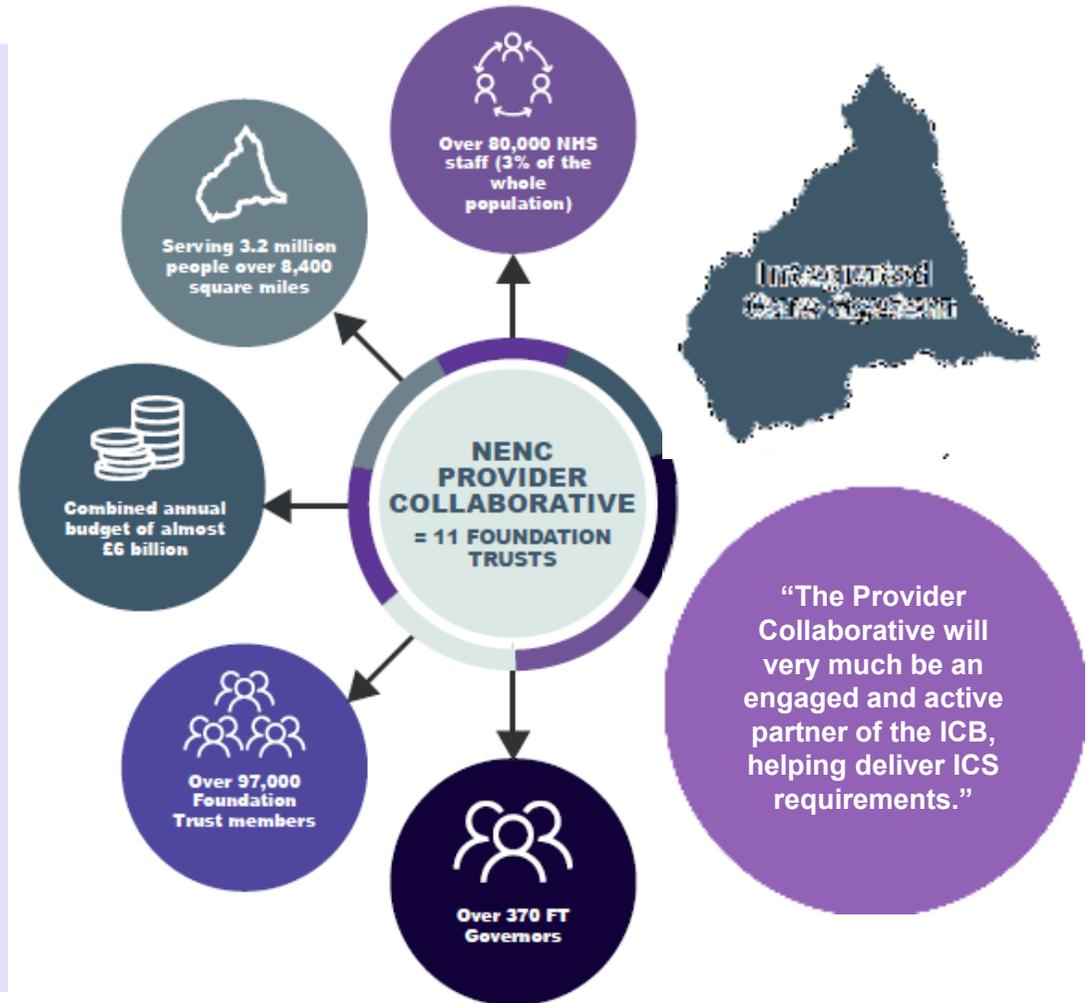


Some of these functions may also occur at scale. Each place will have allocated resource to manage its functions. Resource may be utilised across places where appropriate

# A new Provider Collaborative will also be a key part of our system

The North East and North Cumbria (NENC) FT Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region.

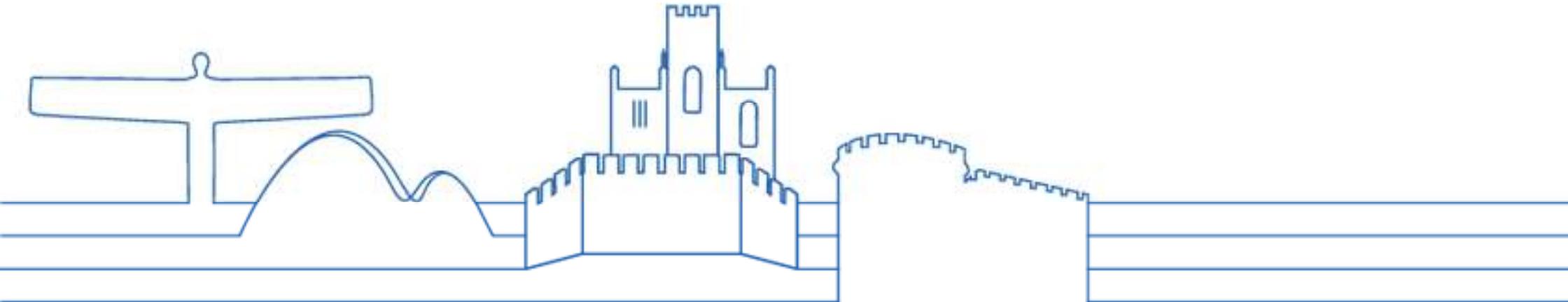
- It shares the same 4 strategic aims as the ICB.
- It provides a formal mechanism for collective decision making across all FTs on important 'whole system' issues. It will act on behalf of and take decisions representing the collective view of our 11 FTs, rather than being a separate formal entity.
- Specific areas of focus, work programmes and resourcing for 2022/23 will be jointly agreed and set out by the ICB and Provider Collaborative, documented in a Responsibility Agreement by the end of July 2022.
- The Responsibility Agreement between the ICB and Provider Collaborative will be reviewed at least annually.



# Our Integrated Care Partnerships



**North East &  
North Cumbria**



# One whole-system ICP built up from four smaller locally-sensitive ICPs

North East and North Cumbria  
Local Authority / ICP boundaries



North Cumbria ICP
<b>Population:</b> 324,000
<b>1 CCG:</b> North Cumbria
<b>Primary Care Networks:</b> 8
<b>1 FT:</b> North Cumbria Integrated Care NHS Foundation Trust (NICIC)
<b>1 Council Area:</b> Cumbria County Council (with 4 District Councils)
North West Ambulance Service

Durham, South Tyneside and Sunderland ICP
<b>Population:</b> 997,000
<b>3 CCGs:</b> South Tyneside, Sunderland, County Durham
<b>Primary Care Networks:</b> 22
<b>2 FTs:</b> South Tyneside & Sunderland, County Durham and Darlington
<b>3 Council Areas:</b> South Tyneside, Sunderland, County Durham

North of Tyne and Gateshead ICP
<b>Population:</b> 1,079M
<b>3 CCGs:</b> Northumberland, North Tyneside, Newcastle Gateshead
<b>Primary Care Networks:</b> 22
<b>3 FTs:</b> Northumbria, Newcastle, Gateshead
<b>4 Council Areas:</b> Northumberland, North Tyneside, Newcastle, Gateshead

Tees Valley ICP
<b>Population:</b> 701,000
<b>1 CCG:</b> Tees Valley
<b>Primary Care Networks:</b> 14
<b>3 FTs:</b> County Durham and Darlington, North Tees & Hartlepool, South Tees
<b>5 Council Areas:</b> Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

# Proposed role of our ICPs

1 System-wide ICP	4 Smaller locally-sensitive ICPs
<ul style="list-style-type: none"> <li>• Would meet as an annual or biannual strategic forum</li> <li>• Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)</li> </ul>	<ul style="list-style-type: none"> <li>• Based on existing geographical groupings</li> <li>• Would meet frequently</li> <li>• Membership from ICB place teams, LAs, FTs, PCNs</li> </ul>
<ul style="list-style-type: none"> <li>• Main role would be to sign off the system-wide Integrated Care Strategy based on the analysis of need from the four component ICPs – plus other system-wide groups such as the Directors of Public Health Network</li> <li>• Addressing issues that are best managed at scale, including:             <ul style="list-style-type: none"> <li>- Improving population health and tackling the wider social and economic determinants of health for 3 million people</li> <li>- Improving health inequalities, experiences and access to health services at this same population level</li> <li>- Initiatives involving the NHS’s contribution to large scale social and economic development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Key role in analysing need from each of its constituent places (using the HWBB-led JSNA process)</li> <li>• Sharing intelligence to ensure the evolving needs of the local population are widely understood</li> <li>• A forum to agree shared objectives and work on joint challenges</li> <li>• Developing relationships between professional, clinical, political and community leaders to promote strong system leadership</li> <li>• Evaluating the effectiveness and accessibility of local care pathways</li> </ul>

# Proposed Membership of the whole-ICS ICP



North East &  
North Cumbria

## Core Statutory members\*

Sector	Proposed member	members
ICB	Chair	2
	Chief Executive (plus other ICB executives or INEMs as required/or in attendance)	
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member)	26
	Plus one lead officer	
<b>Total</b>		<b>28 (min)</b>

## Optional members

Sector	Proposed member	Members
Foundation Trusts	E.g. our FT Partner Members	2 (min)
	Plus other leads from e.g. some of our clinical networks?	
Primary Care	E.g. our Primary Care Partner members on the ICB	2
Local Authorities	One or more lead LA CEOs	1
Local Authority networks	DsPH Network Chair	3
	ADASS Chair	
	ADCS Chair	
HealthWatch	Representative from ICS HealthWatch Network	1
VCSE Sector	Representative from ICS VCSE Partnership	1
Economic Regeneration	Member from the Economic Regen Directors network	1
Combined Authorities	Managing Directors from Tees Valley and North Tyne	2
Housing Sector	E.g. the North East Housing Consortium	1
Police	One or more reps from our four Police forces	1
Fire & Rescue	One or more reps from our five Fire and Rescue Services	1
Education sector	Representatives from the schools, FE and university sector	3
<b>Total</b>		<b>19</b>

\* Chair to be determined

# Proposed Membership of the smaller locally-sensitive ICPs (example taken from the 'Central' ICP)



North East &  
North Cumbria

Sector	Proposed member	Total number of members
ICB	Executive Director of Place-Based Delivery 3 x Place-Based Clinical Leads	4
FTs	4 x Foundation Trust Chairs (3 acute, 1 MH) 2 x Acute Trust CEO 1 x MH Trust CEO	6
Local Authorities	3 x Leaders/Lead Members from each LA (option to include the HWBB chairs too) 1 Lead LA CEO	4/7
VCSE Sector	Representatives from each LA area (eg the local VCSE Infrastructure organisation)	3
<b>Total</b>		<b>17</b>

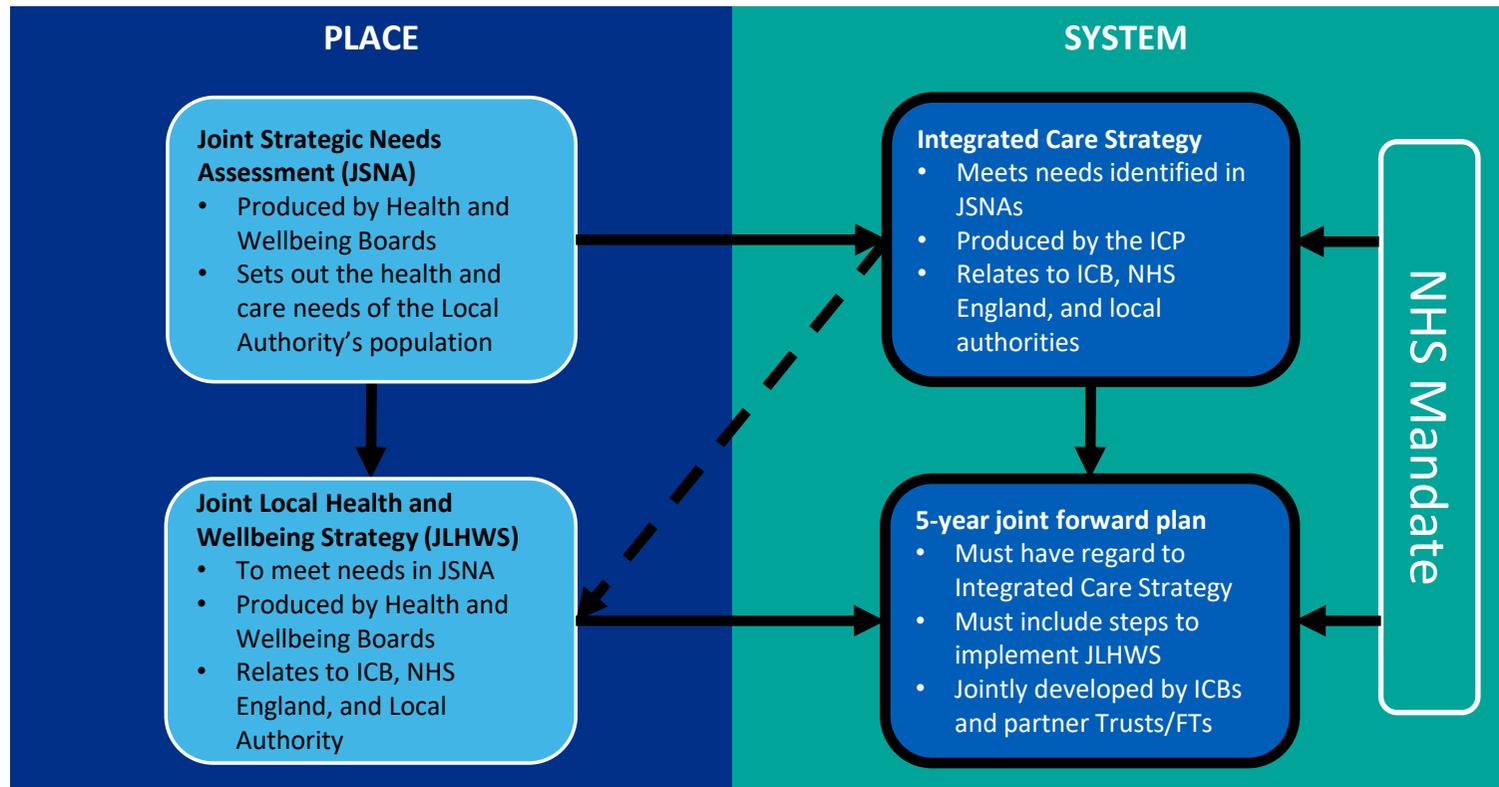
# ICP Development

- First whole-ICS ICP meeting in September
  - Need to clarify membership, chair, vision, governance and direction
- Agree to set up our four smaller ICPs
  - clarity of membership, chair and functions
- Agree key priorities for the next 6-9 months
  - Focus on health inequalities and population health
  - Restoration and recovery of health and care services
  - Development of an Integrated Care Strategy (a statutory requirement), engagement and sign off.
  - Focus on the ICP partners as contributors to social and economic development

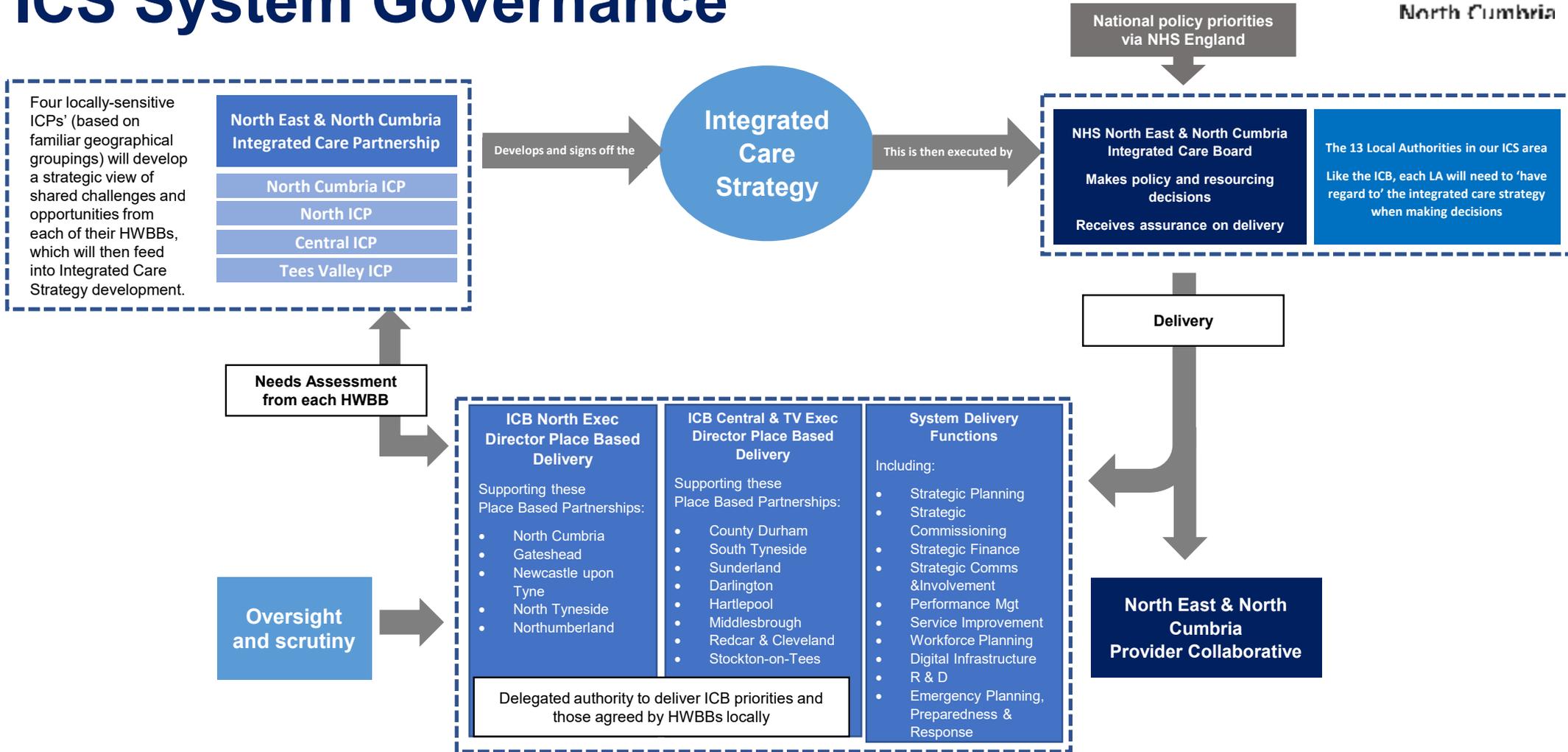
# How the ICS strategies and plans link together



North East &  
North Cumbria



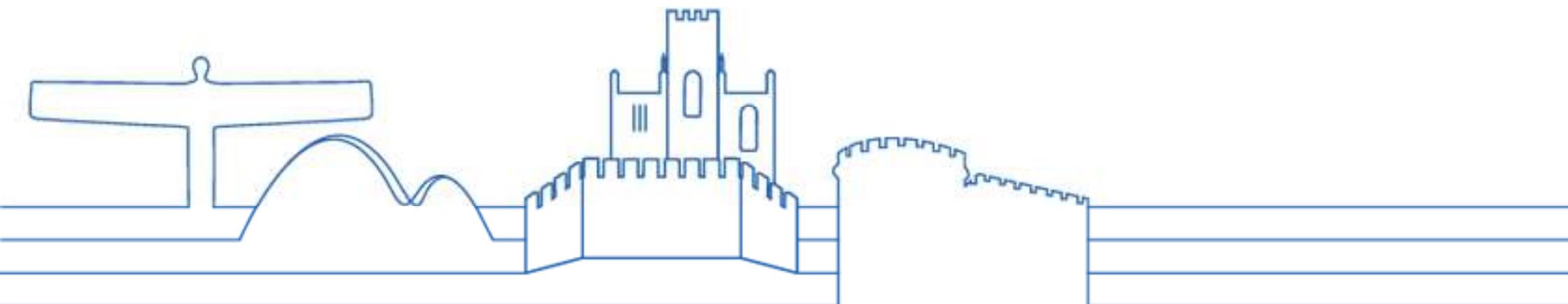
# ICS System Governance



# Continuity of place-based working



**North East &  
North Cumbria**



# Place based governance within the ICS

**Transition**  
Jan 22 –  
Sept 22

The ICB will be delegating responsibility for the delivery of its place-based functions, including relevant budgets, through two Executive Directors of Place Based Delivery.

Those two Directors will agree appropriate delegated authority to other senior leaders and place-based staff, in line with agreed financial limits, to manage operational delivery of the functions.

The two Executive Directors of Place Based Delivery will be accountable to the ICB for the discharge of this delegated authority.

**Stabilise**  
July 22 –  
Dec 22

While NENC strategic planning is carried out at ICS level, places will be the engine room for local planning delivery and transformation.

Governance and escalation processes will need time to 'bed in' .

The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out a number of expectations for place-based working. This includes introducing a single person accountable for delivery of a shared plan at a local level – agreed by the relevant local authority and ICB.

**Evolve**  
Sept 22  
onwards

Expectations for place-level governance and accountability through 'Place Boards' or similar to be adopted by Spring 2023.

Place governance should provide clear decision-making, agreeing shared outcomes, managing risk and resolving disagreements – and these should make use of existing structures and processes e.g. Health & Wellbeing Boards and the Better Care Fund.

All places will need to develop ambitious plans for the scope of services and spend to be overseen and section 75 will be reviewed to encourage greater pooling of budgets.

The CQC will consider outcomes agreed at place level as part of its assessment of ICSs..

## Each of our places already has:

### A Health and Wellbeing Board

– a statutory committee of each local authority, responsible for assessing local health and care needs (JSNA) and developing a local strategy (JHWBS)

A non-statutory local partnership forum of NHS and LA executives – responsible for operationalising the JHWBS, developing local integration initiatives, and overseeing pooled budgets and joint financial decisions (S75, BCF).

Each Place-Based Partnership/Board/Committee could become accountable for the delivery of objectives set out by the ICB. We will jointly develop a route map to support each of our places to develop the governance that works best for that locality.

Previous CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
	Gateshead Council	City Futures Board (formerly Health & Wellbeing)
		Gateshead Care (System Board and Delivery Group)
Northumberland	Northumberland County Council	Gateshead Health and Wellbeing Board
		Northumberland System Transformation Board
		BCF Partnership
North Tyneside	North Tyneside Council	Northumberland Health and Wellbeing Board
		North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
Sunderland	Sunderland City Council	North Tyneside Health and Wellbeing Board
		All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
Darlington Council	Darlington Pooled Budget Partnership Board	
		Darlington Health and Wellbeing Board



## Next steps and timeline

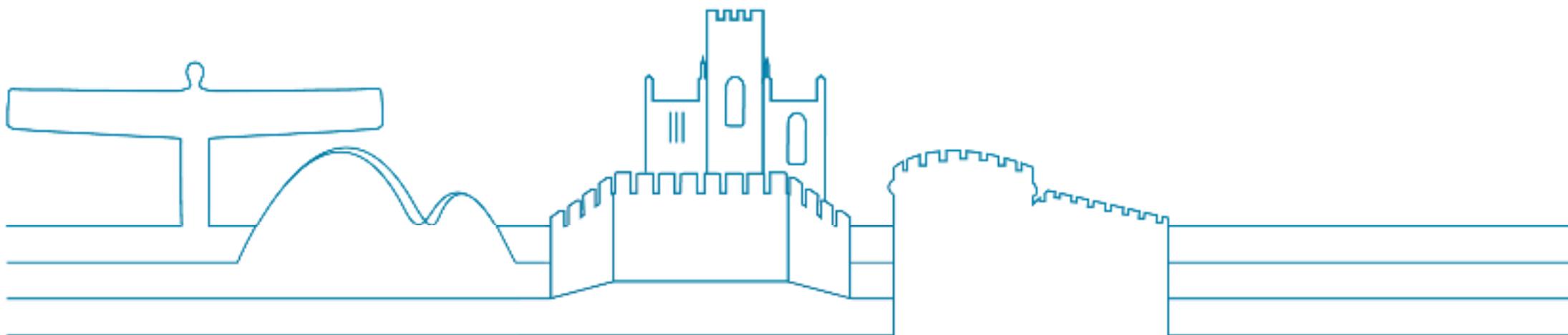
Exec Directors of Place-based delivery will

- Confirm their place-based senior leadership teams and key delivery roles
- Continue to work with each of their places on local priorities and build on what works
- Explore the governance options for place-based working set out in national guidance and develop a mutually agreed governance roadmap for place-based committees/delegation arrangements
- Develop early proposals for consideration by the autumn
- Shadow-running proposed arrangements from January onwards
- Review in March ahead of formal adoption of local governance arrangements by April 2023



**North East &  
North Cumbria**

**Thank you**



**Adults, Wellbeing & Health Overview &  
Scrutiny Committee**

15 July 2022

**Pharmaceutical Needs Assessment**

2022-25

**Ordinary Decision****Report of Amanda Healy, Director of Public Health County Durham,  
Adults & Health Services****Councillor Paul Sexton, Chair, County Durham Health and  
Wellbeing Board; Portfolio Holder for Adult and Health Services****Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 Under the Health and Social Care Act (2012), the Health and Wellbeing Board (HWB) is responsible for the production of a Pharmaceutical Needs Assessment (PNA) every 3 years.
- 2 The next PNA is due for publication by the HWB on 1 October 2022 at <https://www.durhaminsight.info/pna/> (deferred due to the pandemic) and a draft has been agreed by the PNA Steering Group (Appendix 2). This draft PNA has been submitted for the statutory 60-day public consultation which ran from 16 May to 14 July 2022 (Appendix 3 for the PNA timeline).

**Executive summary**

- 3 A HWB is required to assess the need for pharmaceutical services in its area and to publish a statement of that assessment (i.e. a PNA) every 3 years.
- 4 A PNA considers the health needs of the population, the current provision of pharmaceutical services commissioned by NHS England and Improvement (NHSE&I) that can meet those health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. If gaps are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services in a specified area. This can then trigger

pharmaceutical applications to NHSE&I to meet those needs or to secure those improvements or better access to pharmaceutical services.

- 5 The HWB is required to publish the next PNA by 1 October 2022.

**Recommendation(s)**

- 6 Adults, Wellbeing & Health Overview & Scrutiny Committee is recommended to:
  - (a) Comment on the draft PNA as part of the consultation process.

## Background

- 7 A PNA is an assessment of need for pharmaceutical services in a HWB area. Pharmaceutical services are nationally commissioned services provided by community pharmacies, dispensing appliance contractors, and dispensaries in GP practices.
- 8 A PNA:
  - (a) considers the demographics of the area and any expected changes within the 3-year lifetime of the document;
  - (b) identifies the health needs of the population and which needs can be met by the provision of pharmaceutical services;
  - (c) describes and maps the provision of pharmaceutical services nationally commissioned by NHSE&I.
- 9 A PNA then considers whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.
- 10 If gaps in pharmaceutical services are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services in a specified area. This can then trigger pharmaceutical applications to NHSE&I to meet those needs or to secure those improvements or better access to pharmaceutical services.
- 11 The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the priorities in the Joint Health and Wellbeing Strategy (JHWS).
- 12 A PNA Steering Group leads on the development of the PNA as a subcommittee of the HWB (Appendix 2), working to the PNA timeline in Appendix 3.
- 13 The key conclusion of the draft PNA 2022-25 is that there are still sufficient pharmaceutical services across County Durham. This can be demonstrated with the following points in the Executive Summary of the draft PNA (Appendix 4):
  - (a) There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation);
  - (b) A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities;

- (c) Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham;
  - (d) The estimated builds of future housing developments by 2025 will not require new pharmaceutical services;
  - (e) County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000;
  - (f) Public surveys of pharmaceutical services indicate that on average 93% of people who responded stated that they could easily access pharmaceutical services.
- 14 The Executive Summary (Appendix 4) also includes the following key statements:
- a) The provision of all essential and necessary advanced services (New Medicine Service and Community Pharmacist Consultation Service) in County Durham are adequate to meet the current and future needs for pharmaceutical services;
  - b) The provision of the other relevant advanced service, the Community Pharmacy Seasonal Influenza Vaccination is adequate however a more equitable provision is required across all localities;
  - c) The widespread provision of the new other relevant advanced services (the Hypertension Case-Finding Service and the Smoking Cessation Service) should be encouraged.

## **The public consultation**

- 15 Part of the process of producing a draft PNA for statutory public consultation is to gather public views at an early stage. This was done by using the results of Healthwatch and Community Champion surveys in 2020 and 2022, respectively. These are summarised as:

### **Healthwatch**

- 16 Healthwatch County Durham carried out an online survey at the beginning of 2020 to gain an initial insight of the experiences of people accessing pharmaceutical services in County Durham. Of the 260 responses received:
- 94% can easily access pharmacy services;

- 54% access pharmacy services at least monthly;
- 55% always visit the same pharmacy service;
- 62% normally get to their pharmacy by car or taxi;
- 72% use a high street pharmacy with 25% use a GP practice dispensary;
- 15% have used an online / internet pharmacy.

## Community Champions

- 17 In January 2022, the Community Champion network promoted an online survey to their local communities. Of the 629 responses received:
- 92% can easily access pharmacy services;
  - 6% access pharmacy services at least weekly, and 55% access pharmacy services less than once a week but at least monthly;
  - 57% always visit the same pharmacy service, and 35% usually visit the same pharmacy service;
  - 52% normally get to their pharmacy by car or taxi;
  - 55% use a community pharmacy with 41% use a GP practice dispensary;
  - 3% use an internet pharmacy service;
- 18 The statutory 60-day public consultation ran from 16 May to 14 July 2022. Regulation (Appendix 5) and national guidance shape this consultation process.
- 19 The PNA online consultation at <https://www.durham.gov.uk/consultation> contained an overview (e.g. how to obtain a paper copy), the draft PNA and links to maps of pharmaceutical services, plus a link to reply either directly to [pnaconsultation@durham.gov.uk](mailto:pnaconsultation@durham.gov.uk) or to respond to an online survey (as at 29 June 2022, a total of 289 responses had been received).
- 20 Promotion of the consultation with the statutory consultees (Appendix 5) was via:
- Email from [consultations@durham.gov.uk](mailto:consultations@durham.gov.uk) to Community Pharmacy County Durham, Local Medical Committee,

Healthwatch, NHS England, neighbouring HWBs, and hospital trusts;

- HWB letter to all pharmacies and dispensing doctors in County Durham.

21 Promotion of the consultation to the public included:

- Durham County News article in the summer edition;
- Briefing sent out to e.g. Area Action Partnerships, Community Champions, Healthwatch, Voluntary Groups, etc (Appendix 6);
- Social media messages.

### **Main implications**

22 The HWB is responsible for the production of a PNA every 3 years, and the next PNA is due for publication by the HWB on 1 October 2022 (deferred due to the pandemic).

23 A draft has been agreed by the PNA Steering Group and has undergone the statutory 60-day public consultation from 16 May to 14 July 2022.

### **Conclusion**

24 Adults, Wellbeing & Health Overview & Scrutiny Committee is asked to comment on the draft PNA that has undergone the statutory 60-day public consultation.

### **Background papers**

- Draft PNA 2022-2025 (separate document – Appendix 7)

### **Other useful documents**

- None

### **Author(s)**

Claire Jones

[claire.jones2@durham.gov.uk](mailto:claire.jones2@durham.gov.uk)

---

## **Appendix 1: Implications**

---

### **Legal Implications**

It is a statutory duty of the HWB to publish a PNA in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013).

### **Finance**

No significant implications.

### **Consultation**

A statutory 60-day public consultation is required by legislation in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013).

### **Equality and Diversity / Public Sector Equality Duty**

It is a requirement to consider the implications of the Equality Act 2010.

### **Climate Change**

No significant implications.

### **Human Rights**

It is a requirement to consider the implications of the Equality Act 2010.

### **Crime and Disorder**

No significant implications.

### **Staffing**

No significant implications.

### **Accommodation**

No significant implications.

### **Risk**

The publication of the next PNA must be achieved by the HWB by 1 October 2022.

### **Procurement**

No significant implications.

---

**Appendix 2: PNA steering group members**

---

<b>Name</b>	<b>Role</b>
Claire Jones	PNA Lead, Public Health Pharmacy Adviser, Public Health, DCC
Glen Wilson	Chair, Consultant in Public Health, Public Health, DCC
John Mitchell	Research and Consultant Officer, Research and Public Health Intelligence, DCC
John Russell	Senior Policy Officer, Spatial Policy Team, Regeneration and Local Services, DCC
Julie Bradbrook	Partnership Team Manager, Neighbourhoods and Climate Change, DCC
Emma Morris	Community Pharmacy County Durham
Kate Huddart	Head of Medicines Optimisation, NHS County Durham CCG
Christopher Cunnington-Shore	Chair, Healthwatch County Durham

### Appendix 3: Timeline for the development of the PNA

<b>Meeting</b>	<b>Date</b>	<b>Purpose</b>
PNA Steering Group	By the beginning of April	To agree first draft to send to Management Teams
Public Health Senior Management Team	27/04/22	For comment
PNA Steering Group	06/05/22	Agree consultation draft for statutory consultation
Briefing on PNA with Cllr Sexton	April 2022	Briefing for Cllr Sexton on PNA consultation
Statutory 60-day consultation	16/05/22 – 14/07/22	Public consultation
Adults Wellbeing and Health Overview and Scrutiny Committee	15/07/22	Consultation
PNA Steering Group	28/07/22	To agree final draft to send to Management Teams and HWB
Public Health Senior Management Team	03/08/22	Revised PNA following consultation
Adults and Health Services Senior Management Team	11/08/22	Revised PNA following consultation
Corporate Management Team	17/08/22	Revised PNA following consultation
Briefing on PNA with Cllr Sexton	August 2022	Briefing for Cllr Sexton on PNA before comes to Health and Wellbeing Board
Officer Health and Wellbeing Group	05/09/22	Revised PNA following consultation

<b>Meeting</b>	<b>Date</b>	<b>Purpose</b>
Health and Wellbeing Board	28/09/22	Formal agreement of PNA
Publication on DCC website	1/10/22	Content required at <a href="https://www.durhaminsight.info/pna/">https://www.durhaminsight.info/pna/</a> : <ul style="list-style-type: none"> <li>• Final PNA document</li> <li>• Section for supplementary statements</li> <li>• Pharmaceutical services listing and map</li> </ul>
Cabinet report	12/10/22	Final PNA for information

---

## Appendix 4: Executive summary in draft PNA 2022-25

---

County Durham is a predominantly rural county with a total population of approximately 533,000 people. The County has a large and increasing aging population. The County experiences higher levels of deprivation than the national average, and hence significant health inequalities.

A Pharmaceutical Needs Assessment (PNA) is an assessment of need for pharmaceutical services in a Health and Wellbeing Board (HWB) area. It is used by NHS England and Improvement (NHSE&I) in its consideration of applications to join the pharmaceutical list.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by NHSE&I that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.

The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the priorities in the Joint Health and Wellbeing Strategy (JHWS).

Potential gaps in pharmaceutical services could be for:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which, or days on which, services are provided.

Once any gaps are identified they are articulated as needs for pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time; or improvements or better access to pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time. This can then trigger applications to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>1</sup> require PNAs to include statements of the pharmaceutical services that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided to meet a current need

---

<sup>1</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents>

- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The PNA includes information on the following:

- The number and geographical distribution of pharmacies and dispensing GP practices in County Durham. In December 2021, there are 127 pharmacies and 13 dispensing GP practices in County Durham. These are presented in 6 localities. There are no dispensing appliance contractors in County Durham.
- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
- A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities.
- Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham.
- The estimated builds of future housing developments by 2025 will not require new pharmaceutical services.
- County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- Public surveys of pharmaceutical services indicate that on average 93% of people who responded stated that they could easily access pharmaceutical services.

### **The PNA contains the following statements:**

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- All essential services
- The following advanced services:
  - New Medicine Service
  - Community Pharmacist Consultation Service

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

- The following advanced services:
  - Community Pharmacy Seasonal Influenza Vaccination

- Hypertension Case-Finding Service
- Smoking Cessation Service

The pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided to meet a current or future need for pharmaceutical services are:

- Current need: The provision of all essential and necessary advanced services in County Durham are currently adequate to meet the needs for pharmaceutical services.
- To meet a future need: The provision of all essential and necessary advanced services in County Durham are adequate to meet the future needs for pharmaceutical services.

The pharmaceutical services that have been identified as services that would secure improvements or better access to pharmaceutical services, either now or in the future are:

- Current improvements or better access: The provision of the other relevant advanced service, the Community Pharmacy Seasonal Influenza Vaccination is adequate however a more equitable provision is required across all localities.
- In specified future circumstances to secure improvements or better access: The widespread provision of the new other relevant advanced services (the Hypertension Case-Finding Service and the Smoking Cessation Service) should be encouraged.

Other NHS services that affect the need for pharmaceutical services are also described.

The PNA and accompanying maps, the up-to-date map of pharmaceutical services, and any supplementary statements can be found at <https://www.durhaminsight.info/pna/>.

---

## **Appendix 5: Regulation 8: Statutory public consultation process**

---

8 (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- e) any NHS trust or NHS foundation trust in its area;
- f) the NHS Commissioning Board; and
- g) any neighbouring HWB.

8 (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

8 (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB:

- a) must consult that Committee before making its response to the consultation; and
- b) must have regard to any representations received from the Committee when making its response to the consultation.

8 (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

8 (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

8 (6) If a person consulted on a draft under paragraph (2):

- a) is treated as served with the draft by virtue of paragraph (5); or
- b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

---

## Appendix 6: Briefing wider stakeholders

---



### Your view counts!

## What do you think of the pharmacies and GP practice dispensaries in County Durham?

Pharmacies and, in rural areas GP practice dispensaries, are an integral part of our community and to ensure that they continue to meet our residents' needs, we are inviting you to tell us what you think about them, so we can use your feedback to help shape services over the next three years.

From 16 May to 14 July 2022, we are holding an online consultation with residents, which is part of a Pharmaceutical Needs Assessment (PNA). Producing a PNA is a legal responsibility of our Health and Wellbeing Board and considers how accessible pharmaceutical services (i.e. services from pharmacies and GP practice dispensaries) are for our residents and the types of services that are available.

The draft PNA for 2022-25 that we are now consulting on has already taken into account the results of public survey work conducted by Healthwatch and through our Community Champions network.

Your views are important during this consultation to help shape pharmaceutical services now and in the future. Your response could influence your local pharmaceutical services.

To take part, please read through the draft assessment for 2022-25 and submit your comments at <https://www.durham.gov.uk/consultation> or send your feedback to [pnaconsultation@durham.gov.uk](mailto:pnaconsultation@durham.gov.uk)

**The consultation closes at 5pm on 14 July 2022.**





**Draft**

# **Pharmaceutical Needs Assessment**

**2022-25**

## Contents

Section	Page number
<a href="#"><u>Executive summary</u></a>	5
<a href="#"><u>Section one: Pharmaceutical Needs Assessment</u></a>	7
1.1 <a href="#"><u>What is a PNA?</u></a>	7
1.2 <a href="#"><u>The regulations and content of a PNA</u></a>	7
1.3 <a href="#"><u>Pharmaceutical services</u></a>	8
1.3.1 <a href="#"><u>Definition of pharmaceutical services</u></a>	8
1.3.2 <a href="#"><u>Necessary pharmaceutical services</u></a>	8
1.3.3 <a href="#"><u>Other relevant pharmaceutical services</u></a>	8
1.3.4 <a href="#"><u>Other NHS services</u></a>	9
1.4 <a href="#"><u>Market entry</u></a>	9
1.5 <a href="#"><u>Process followed for developing the PNA</u></a>	10
1.6 <a href="#"><u>Process for updating the PNA</u></a>	11
1.7 <a href="#"><u>Localities for the purpose of the PNA</u></a>	11
<a href="#"><u>Section two: Population profile and health needs</u></a>	13
2.1 <a href="#"><u>Population health needs</u></a>	13
2.1.1 <a href="#"><u>Population profile</u></a>	13
2.1.2 <a href="#"><u>Life expectancy</u></a>	14
2.1.3 <a href="#"><u>Causes of premature mortality</u></a>	15
2.1.4 <a href="#"><u>Health inequalities</u></a>	15
2.1.5 <a href="#"><u>Lifestyle behaviours</u></a>	16
2.1.5i <a href="#"><u>Substance misuse</u></a>	16
2.1.5ii <a href="#"><u>Smoking</u></a>	17
2.1.5iii <a href="#"><u>Alcohol consumption</u></a>	17
2.2 <a href="#"><u>Priorities for health and social care</u></a>	17
2.2.1 <a href="#"><u>National and regional priorities</u></a>	17
2.2.2 <a href="#"><u>Local priorities</u></a>	18
2.2.2i <a href="#"><u>Joint Strategic Needs Assessment</u></a>	18
2.2.2ii <a href="#"><u>Joint Health and Wellbeing Strategy</u></a>	18
2.3 <a href="#"><u>Pharmaceutical services</u></a>	19
2.3.1 <a href="#"><u>Essential services</u></a>	19
2.3.2 <a href="#"><u>Advanced services</u></a>	19
<a href="#"><u>Section three: Types of pharmaceutical service</u></a>	20

3.1 <a href="#">Pharmaceutical services</a>	20
3.1.1 <a href="#">Essential services</a>	21
3.1.2 <a href="#">Advanced services</a>	22
3.1.2i <a href="#">New Medicine Service</a>	23
3.1.2ii <a href="#">Community Pharmacy Seasonal Influenza Vaccination</a>	23
3.1.2iii <a href="#">Community Pharmacist Consultation Service</a>	24
3.1.2iv <a href="#">Hypertension Case-Finding Service</a>	24
3.1.2v <a href="#">Smoking Cessation Service</a>	24
3.1.2vi <a href="#">The Appliance Use Review and Stoma Appliance Customisation Services</a>	24
3.1.3 <a href="#">Enhanced services</a>	25
3.1.4 <a href="#">Pharmacy Quality Scheme</a>	25
3.1.5 <a href="#">Distance selling premises</a>	25
3.1.6 <a href="#">Dispensing appliance contractors</a>	26
3.1.7 <a href="#">Dispensing doctors</a>	26
3.2 <a href="#">Other NHS services</a>	27
3.2.1 <a href="#">Public health commissioned services</a>	27
3.2.1i <a href="#">Sexual health services</a>	27
3.2.1i(a) <a href="#">Emergency Oral Hormonal Contraception Service</a>	27
3.2.1i(b) <a href="#">Chlamydia Screening Service</a>	27
3.2.1i(c) <a href="#">C Card Scheme</a>	27
3.2.1ii <a href="#">Stop smoking services</a>	27
3.2.1ii(a) <a href="#">Nicotine Replacement Therapy Voucher Scheme</a>	27
3.2.1ii(b) <a href="#">Level 2 Stop Smoking Service</a>	28
3.2.1iii <a href="#">Substance misuse services</a>	28
3.2.1iii(a) <a href="#">Alcohol Brief Intervention Service</a>	28
3.2.1iii(b) <a href="#">Supervised Consumption Service</a>	28
3.2.1iii(c) <a href="#">Naloxone Supply Service</a>	28
3.2.1iii(d) <a href="#">Needle Exchange Service</a>	28
3.2.2 <a href="#">CCG commissioned services</a>	29
3.2.2i <a href="#">Minor Ailment Service</a>	29
3.2.2ii <a href="#">Reimbursement of Tuberculosis Medication Costs Scheme</a>	29
3.2.2iii <a href="#">Food Thickening Voucher Scheme</a>	29
3.2.2iv <a href="#">Palliative Care Scheme</a>	29
3.2.2v <a href="#">Flu Antiviral Medicines Service</a>	29
3.2.2vi <a href="#">Minor Eye Conditions and Treatment Service</a>	30
3.2.3 <a href="#">ICS commissioned services</a>	30
3.2.3i <a href="#">Walk-in CPCS Emergency Medicine Supply</a>	30
3.2.3ii <a href="#">Think Pharmacy First – Minor Ailment Service</a>	30
3.3. <a href="#">Service provision by community pharmacy</a>	30
3.3.1 <a href="#">The necessary and other relevant pharmaceutical services</a>	30
3.3.2 <a href="#">Advanced pharmacy services</a>	31
3.3.3 <a href="#">CCG locally commissioned services</a>	32
3.3.4 <a href="#">Public health locally commissioned services</a>	32
3.3.5 <a href="#">Non-commissioned services</a>	32
<b><a href="#">Section four: Access to pharmaceutical services</a></b>	<b>33</b>

4.1 <a href="#">Location of pharmaceutical services</a>	33
4.1.1 <a href="#">Pharmacy services</a>	34
4.1.2 <a href="#">Dispensing GP practices</a>	35
4.1.3 <a href="#">Dispensing appliance contractors</a>	36
4.1.4 <a href="#">Out of area dispensing</a>	36
4.2 <a href="#">Opening hours of pharmacy services</a>	37
4.2.1 <a href="#">Access to pharmacy services out of hours</a>	37
4.3 <a href="#">The public view</a>	39
4.3.1 <a href="#">Healthwatch</a>	39
4.3.2 <a href="#">Community Champions</a>	39
4.4 <a href="#">Choice of pharmaceutical services</a>	40
4.5 <a href="#">Residents with a protected characteristic</a>	40
4.6 <a href="#">Future developments</a>	41
4.6.1 <a href="#">Regeneration sites and future employment opportunities</a>	41
4.6.2 <a href="#">Housing developments</a>	43
4.6.2i <a href="#">Dales</a>	43
4.6.2ii <a href="#">Easington</a>	44
4.6.2iii <a href="#">Derwentside</a>	44
4.6.2iv <a href="#">Sedgefield</a>	45
4.6.2v <a href="#">Durham</a>	46
4.6.2vi <a href="#">Chester-le-Street</a>	46
<b><a href="#">List of abbreviations</a></b>	48
Appendix 1: <a href="#">The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</a>	50
Appendix 2: <a href="#">Identifying gaps in pharmaceutical services</a>	54
Appendix 3: <a href="#">Timeline for the development of the PNA</a>	57
Appendix 4: <a href="#">Process for updating the PNA</a>	58
Appendix 5: <a href="#">Targets in the Joint Health and Wellbeing Strategy</a>	62
Appendix 6: <a href="#">Pharmaceutical service maps</a>	64
Appendix 7: <a href="#">Results of community pharmacy survey work</a>	65
Appendix 8: <a href="#">Location and opening hours of pharmaceutical services</a>	73
Appendix 9: <a href="#">Public views of pharmacy services</a>	88
Appendix 10: <a href="#">Housing developments in County Durham of 100 properties or more, and estimated builds by 2025</a>	102

## Executive summary

County Durham is a predominantly rural county with a total population of approximately 533,000 people. The County has a large and increasing aging population. The County experiences higher levels of deprivation than the national average, and hence significant health inequalities.

A Pharmaceutical Needs Assessment (PNA) is an assessment of need for pharmaceutical services in a Health and Wellbeing Board (HWB) area. It is used by NHS England and Improvement (NHSE&I) in its consideration of applications to join the pharmaceutical list.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by NHSE&I that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.

The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the priorities in the Joint Health and Wellbeing Strategy (JHWS).

Potential gaps in pharmaceutical services could be for:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which, or days on which, services are provided.

Once any gaps are identified they are articulated as needs for pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time; or improvements or better access to pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time. This can then trigger applications to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>1</sup> require PNAs to include statements of the pharmaceutical services that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided to meet a current need
- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The PNA includes information on the following:

- The number and geographical distribution of pharmacies and dispensing GP practices in County Durham. In December 2021, there are 127 pharmacies and 13 dispensing GP practices in County Durham. These are presented in 6 localities. There are no dispensing appliance contractors in County Durham.
- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
- A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities.
- Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham.

---

<sup>1</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents>

- The estimated builds of future housing developments by 2025 will not require new pharmaceutical services.
- County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- Public surveys of pharmaceutical services indicate that on average 93% of people who responded stated that they could easily access pharmaceutical services.

### **The PNA contains the following statements:**

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- All essential services
- The following advanced services:
  - New Medicine Service
  - Community Pharmacist Consultation Service

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

- The following advanced services:
  - Community Pharmacy Seasonal Influenza Vaccination
  - Hypertension Case-Finding Service
  - Smoking Cessation Service

The pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided to meet a current or future need for pharmaceutical services are:

- Current need: The provision of all essential and necessary advanced services in County Durham are currently adequate to meet the needs for pharmaceutical services.
- To meet a future need: The provision of all essential and necessary advanced services in County Durham are adequate to meet the future needs for pharmaceutical services.

The pharmaceutical services that have been identified as services that would secure improvements or better access to pharmaceutical services, either now or in the future are:

- Current improvements or better access: The provision of the other relevant advanced service, the Community Pharmacy Seasonal Influenza Vaccination is adequate however a more equitable provision is required across all localities.
- In specified future circumstances to secure improvements or better access: The widespread provision of the new other relevant advanced services (the Hypertension Case-Finding Service and the Smoking Cessation Service) should be encouraged.

Other NHS services that affect the need for pharmaceutical services are also described.

The PNA and accompanying maps, the up-to-date map of pharmaceutical services, and any supplementary statements can be found at <https://www.durhaminsight.info/pna/>.

## Section one: Pharmaceutical Needs Assessment

### Key points

A PNA is an assessment of need for pharmaceutical services commissioned by NHSE&I in a HWB area. These pharmaceutical services include the range of services commissioned by NHSE&I from pharmacies (including distance selling premises), dispensing appliance contractors, and dispensing doctors in rural areas.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by NHSE&I that can support health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period.

Once any gaps are identified this can then trigger applications to NHSE&I to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The main purpose of the PNA is to inform the submission of applications to NHSE&I for inclusion in a pharmaceutical list, and the subsequent determination of such applications.

The localities chosen for this PNA remain as:

1. Dales
2. Easington
3. Derwentside
4. Sedgefield
5. Durham
6. Chester-le-Street

### 1.1 What is a PNA?

A PNA is an assessment of need for pharmaceutical services in a HWB area. A HWB<sup>2</sup> is required to assess the need for pharmaceutical services in its area and to publish a statement of that assessment (i.e. a PNA).

A PNA considers the health needs of the population (Section 2), the current provision of pharmaceutical services commissioned by NHSE&I that can meet health needs (Section 3), and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. If gaps are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area. This can then trigger pharmaceutical applications to meet those needs or secure those improvements or better access to pharmaceutical services.

### 1.2 The regulations and content of a PNA

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>3</sup> (the 2013 Regulations) (Appendix 1) set out the minimum information that must be contained in a PNA and describe the process that must be followed in its development.

Regulation 4 and Schedule 1 of the 2013 Regulations outline the minimum requirements for PNAs. In addition, Regulation 9 sets out matters that the HWB is to have regard to. In summary the regulations require a series of statements of:

<sup>2</sup> <https://countydurhampartnership.co.uk/health-wellbeing-board/>

<sup>3</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents>

- the pharmaceutical services that the HWB has identified as services that are **necessary** to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
- the **other relevant** pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access;
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- **other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

### 1.3 Pharmaceutical services

#### 1.3.1 Definition of pharmaceutical services

'Pharmaceutical services' is a collective term for the range of services commissioned by NHSE&I. In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services (Note: County Durham does not have any LPS contracts).

Whilst a clinical commissioning group (CCG) or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services'. It is anticipated that from July 2022 CCGs will be replaced by integrated care boards (ICBs) that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHSE&I expects all ICBs to have done so. Therefore, from April 2023, some locally commissioned services that are commissioned from pharmacies by CCGs will move to the ICBs and will fall then within the definition of enhanced services (i.e. can be taken into account as a pharmaceutical service for the purposes of the PNA).

#### 1.3.2 Necessary pharmaceutical services

Once the provision of all pharmaceutical services has been identified the HWB is then required to identify those that are necessary services. These are defined within the 2013 Regulations as those that are necessary to meet the need for pharmaceutical services. Once it has determined which services are necessary services the HWB includes a statement to this effect within the PNA (Section 1.2).

#### 1.3.3 Other relevant services

The remaining pharmaceutical services are then deemed to be other relevant services and a statement to this effect is included in the PNA (Section 1.2).

These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services.

### 1.3.4 Other NHS services

The 2013 Regulations then require the PNA to include a statement of the other NHS services that the HWB considers affect the need for pharmaceutical services (Section 1.2).

Locally commissioned services (either by CCGs or the local authority) are deemed as 'other NHS services' in the PNA (Section 1.3.1).

Those NHS services that reduce the need for pharmaceutical services, in particular the dispensing service, include:

- hospital pharmacies
- personal administration of items by GP practices
- public health services commissioned by the local authority, and CCG-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services)
- flu vaccination by GP practices

NHS services that increase the demand for pharmaceutical services include:

- GP out of hours services (where a prescription is issued)
- walk-in centres and minor injury units (where a prescription is issued)
- community nursing prescribing
- dental services

### 1.4 Market entry

The main purpose of the PNA is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications.

Section 126 of the NHS Act 2006<sup>4</sup> places an obligation on NHSE&I (as at October 2021) to put arrangements in place so that drugs, medicines and listed appliances<sup>5</sup> ordered via NHS prescriptions can be supplied to patients.

Under the 2013 Regulations a person (a pharmacist, dispenser of appliances, or in some rural areas a GP) who wishes to provide pharmaceutical services commissioned by NHSE&I must apply to be included on the relevant pharmaceutical list. As at October 2021, NHSE&I is responsible for preparing, maintaining and publishing pharmaceutical lists in respect of each HWB area. Applications for inclusion in one of these lists are submitted to Primary Care Support England (PCSE) and determined by NHSE&I. This is known as the NHS "market entry" system.<sup>6,7</sup>

There are a number of different types of application which can be submitted where someone wishes to open new pharmacy or dispensing appliance contractor premises:

1. to meet a current need identified in the PNA
2. to meet a future need identified in the PNA
3. to secure improvements or better access identified in the PNA
4. to secure future improvements or better access identified in PNA
5. to secure improvements or better access that were not identified in the PNA (i.e. unforeseen benefits)
6. to open distance selling premises.

The first four types of application are based on the PNA for the area of the HWB where the applicant wishes to provide services. The 2013 Regulations require PNAs to include

---

<sup>4</sup> <https://www.legislation.gov.uk/ukpga/2006/41/section/126>

<sup>5</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

<sup>6</sup> <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>

<sup>7</sup> <https://www.england.nhs.uk/publication/pharmacy-manual/>

statements of the pharmaceutical services (Section 1.2) that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided to meet a current need
- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The needs, improvements or better access could be for a particular service or for a range of services (Appendix 2). Where the HWB does not identify any needs for, or improvements or better access to, pharmaceutical services within the PNA the only types of application for new premises that could be submitted are those offering unforeseen benefits or for distance selling premises.

Of the two types of application which lead to the opening of new premises that are not based on the PNA (those offering unforeseen benefits and those for distance selling premises), in 2020, these two types of applications accounted for approximately 94% of the applications submitted to open new premises (approximately 27% and 67% respectively) in England.<sup>8</sup> Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the PNA was written but would confer significant benefits on people in the area of the HWB.

Community pharmacy contractors that no longer wish to provide NHS services from their NHS pharmacy premises must provide their local NHSE&I team with adequate notice. Generally, contractors must give at least 3 months' notice to the NHSE&I in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors with 100 core hours in which case 6 months' notice is required.<sup>9</sup>

### **1.5 Process followed for developing the PNA**

The PNA process follows Regulations 3-9 and Schedule 1 of the 2013 Regulations (Appendix 1):

- Regulation 3 defines what is meant by pharmaceutical services.
- Regulation 4 and Schedule 1 set out the minimum information requirements for a PNA.
- Regulation 9 sets out specific matters that the HWB must consider when drafting its PNA.
- Regulation 8 sets out the minimum consultation process that each HWB is required to undertake during the development of its PNA.
- Regulation 6 sets out the circumstances where a HWB board may need to produce a new PNA sooner than the usual three yearly cycle, or when a supplementary statement may/must be published.

The PNA process also follows the supporting national guidance in the *Pharmaceutical needs assessments: information pack* published by the Department of Health and Social Care (DHSC) in 2021.<sup>10</sup> This national guidance recommends that a steering group is established to support the process of PNA development. The role of the group is to advise and develop structures and processes to support the preparation of a comprehensive and robust PNA, building on expertise from across the local healthcare community. Establishing the group also ensures that the views of the main stakeholders are taken into account throughout the process of writing the document.

---

<sup>8</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

<sup>9</sup> <https://psnc.org.uk/contract-it/market-entry-regulations/>

<sup>10</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

The Public Health Department of Durham County Council (DCC) oversaw the development of the PNA on behalf of the PNA steering group which is a subgroup of the HWB. Members of the steering group were contacted from the summer of 2021 for their input. The steering group then met from March 2022 to produce the first draft of the PNA. The same membership was represented in the previous PNA and consisted of:

**Table 1: PNA steering group members**

Name	Role
Claire Jones	PNA Lead, Public Health Pharmacy Adviser, Public Health, DCC
Glen Wilson	Chair, Consultant in Public Health, Public Health, DCC
John Mitchell	Research and Consultant Officer, Research and Public Health Intelligence, DCC
John Russell	Senior Policy Officer, Spatial Policy Team, Regeneration and Local Services, DCC
Julie Bradbrook	Partnership Team Manager, Neighbourhoods and Climate Change, DCC
Emma Morris	Community Pharmacy County Durham (CPCD) <sup>11</sup>
Kate Huddart	Head of Medicines Optimisation, NHS County Durham CCG
Christopher Cunnington-Shore	Chair, Healthwatch County Durham

From summer 2021, the Public Health Department gathered the relevant information from each steering group member; pharmaceutical service information from various service commissioners and portfolio leads; responses from a CPCD-approved community pharmacy questionnaire; and local Healthwatch and Community Champion public survey work before preparing a draft PNA. This was signed off by the PNA steering group in March 2022, and a final draft was then signed off by the group in May 2022. This final draft underwent the statutory 60-day public consultation 16/05/22 – 14/07/22 before final sign off by the HWB in September 2022 (Appendix 3).

### 1.6 Process for updating the PNA

Regulation 6(3) of the 2013 Regulations describes the process for PNA updates (Appendix 1). HWBs are required to publish their next PNA within 3 years of the date on which the latest version was published.

Once the PNA has been published, the HWB has a process for publishing new versions of the PNA (every 3 years, or sooner if it identifies any significant changes to the need for pharmaceutical services) and supplementary statements (statements of fact describing significant changes to the availability of pharmaceutical services). The process that meets the regulatory requirements regarding publishing new versions and/or supplementary statements is described in Appendix 4. This is a delegated duty carried out by Public Health and the Partnerships Team in DCC.

### 1.7 Localities for the purpose of the PNA

The 2013 Regulations require the HWB to divide its area up into localities and national guidance<sup>12</sup> suggests the use of existing boundaries such as:

- borough or district council boundaries
- super output areas,
- electoral wards, or

<sup>11</sup> Formally County Durham and Darlington Local Pharmaceutical Committee (LPC).

<sup>12</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

- CCG localities (recognising that CCGs will cease to exist from 1 July 2022).

Therefore, based on how the population of County Durham lives and travels, the localities chosen for the 2022-25 PNA remain as those chosen for the previous PNA:

1. Dales
2. Easington
3. Derwentside
4. Sedgefield
5. Durham
6. Chester-le-Street

These localities are also deemed to reflect any different needs of the different areas in the County.

## Section two: Population profile and health needs

### Key points

County Durham is a predominantly rural county with a total population of approximately 533,000 people. The County has a large and increasing aging population. The County experiences higher levels of deprivation than the national average, and hence significant health inequalities.

The PNA for County Durham takes account of the health needs identified in the JSNA and the priorities described in the JHWS.

The pharmaceutical services can support the health needs of the population are described in Section 2.3.

This section describes the health needs of the population that can be met by the provision of pharmaceutical services; and the national, regional, and local priorities for services.

### 2.1 Population health needs

Durham Insight at <https://www.durhaminsight.info/> provides access to information, data, and research about what it is like to live in County Durham. The information below is a summary of the key information pertaining to the provision of pharmaceutical services to support the population with long terms conditions (LTCs), particularly in the elderly and in areas of deprivation across the County.

Socially deprived communities currently bear the greatest burden of ill health and disease in County Durham. Reasons for this unequal distribution include socioeconomic factors, such as higher rates of unemployment, poor educational attainment, poorer quality housing, as well as lifestyle factors such as higher rates of smoking, higher rates of excessive drinking and poor diet. There is a clear social gradient nationally and locally in many measures, for example life expectancy and mortality i.e. lower life expectancy and higher mortality rates in the more deprived areas. There is a correlation between deprivation and life expectancy for men and women in County Durham, with the gap in life expectancy between the most and least deprived areas being 10.3 years for men and 7.9 years for women.

#### 2.1.1 Population profile<sup>13</sup>

Population information for County Durham shows that:

- Between 2001 and 2020 the population of County Durham increased by 8% with the North-East increasing by 5.5% over the same period. In 2020, the total resident population in County Durham is 533,149.
- The overall population of County Durham is projected to grow by 3.7% between 2018 and 2028 to 546,500 people.
- The 65+ population is currently 111,582 or 20.9% of total the population (the North-East average is 20.1%).
- The number of people aged 65 and over will increase by 18.7% (+20,300) by 2028 to 128,900.

<sup>13</sup> <https://www.durhaminsight.info/population>. Accessed 28.01.22

**Table 2: Population at a glance<sup>14</sup>**

Locality	Total population	% County Durham total population	65+ population	65+ population % of locality total
Chester-le-Street	54,758	10%	12,446	23%
Derwentside	95,367	18%	19,824	21%
Durham City	106,480	20%	19,166	18%
Dales	91,463	17%	21,637	24%
Easington	95,247	18%	18,956	20%
Sedgefield	89,834	17%	19,553	22%

**2.1.2 Life expectancy<sup>15 16</sup>**

People in County Durham are living longer. Life expectancy for men and women has been improving slowly over time, but has most recently declined for 2018-20 locally, regionally and nationally (due to the number of 'excess deaths' as a result of Covid-19 in 2020). Compared to 10 years ago, men in County Durham now live 0.7 years longer, and women live 0.4 years longer. However, life expectancy locally fell between 2017-19 and 2018-20 by 0.6 years for men and women (nationally the reduction was smaller than seen in County Durham).

There is inequality in life expectancy between County Durham and England. Life expectancy locally for men (77.7 years) and women (81.2 years) is statistically significantly lower than England (men 79.4 years, women 83.1 years). Life expectancy over time has been improving faster in England than in County Durham, meaning the 'gap' between County Durham and England for men and women has been increasing (the reduction seen in life expectancy nationally was smaller than seen in County Durham, again increasing the 'gap').

There is also inequality in life expectancy within County Durham. Life expectancy for men is statistically significantly lower than for women in County Durham (this is the case nationally). Life expectancy is also shorter for those born in the more deprived than those in the least deprived areas. This 'gap' within County Durham between the most and least deprived areas is now 10.3 years for men, and 7.9 years for women. This inequality gap has been rising over time in locally, regionally and nationally.

Healthy life expectancy is the average number of years a person could expect to live in good health based on current mortality rates and self-reported good health. Male and female healthy life expectancy in County Durham is not significantly different at 59.6 and 58.3 years, respectively. Healthy life expectancy in County Durham remains significantly lower than England for both men and women at 63.2 years and 63.5 years, respectively (Note: At the time of writing, healthy life expectancy is not updated for the period 2018-20).

The Life Course Infographics at <https://www.durhaminsight.info/health-and-social-care/related-factsheets-health-social-care/health-inequalities-and-the-social-determinants-of-health/> show the difference in average healthy life expectancy depending on where a person lives in County Durham. These are represented as bus routes from:

- Castleside to Seaham
- Stanhope to Blackhall Colliery
- Middleton-in-Teesdale to Sedgefield

<sup>14</sup> Source: <https://www.durhaminsight.info/population> then applied a report level filter. Accessed 28.01.22

<sup>15</sup> <https://www.durhaminsight.info/ageing-well/life-expectancy/>. Accessed 28.01.22

<sup>16</sup> <https://www.durhaminsight.info/health-and-social-care/related-factsheets-health-social-care/health-inequalities-and-the-social-determinants-of-health/>. Accessed 28.01.22

### 2.1.3 Causes of premature and preventable mortality<sup>17</sup>

Premature and preventable mortality can be used as important measures of the overall health of County Durham's population and as an indicator of inequality between and within areas. Deaths are considered premature if they occur before the age of 75 years. Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

Unhealthy behaviours remain a key driver to reducing premature deaths, but social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health. Mortality and morbidity, along with life expectancy and healthy life expectancy are influenced by the conditions in which people are born, grow, live, work and age. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Between 2017 and 2019 there were 2,795 premature deaths in County Durham from causes considered preventable, at a rate of 183.5 per 100,000 population. This is statistically significantly higher than England (142.2 per 100,000) and not statistically significantly different to the North-East (187.9). There is statistically significant variation in the rate of preventable premature mortality across North-East local authorities, with the rate ranging from 151/100,000 in Northumberland to 245/100,000 in Middlesbrough. County Durham's rate is not statistically significantly different to most North-East local authorities but is statistically significantly lower than Middlesbrough, South Tyneside (213.1/100,000) and Sunderland (206.4/100,000), and only significantly higher than Northumberland.

Rates of preventable and premature mortality are higher in County Durham than England for many causes including:

- Cardiovascular disease
- Cancer
- Liver disease
- Respiratory disease
- Suicide

LTCs, such as cardiovascular disease (CVD), respiratory disease and cancer are among the leading causes of premature mortality in County Durham and make a major contribution to the life expectancy gap between County Durham and England.

### 2.1.4 Health inequalities<sup>18 19</sup>

Health inequalities are differences in health status or in the distribution of health determinants between different population groups. They arise from differences in socio-economic and environmental factors which influence people's behaviour, the opportunities available to them, the choices they make, their risk of poor health and their resilience. The social determinants of health are widely described as 'the causes of the causes of health inequalities.' These are the conditions in which people are born, grow, live, work and

---

<sup>17</sup> <https://www.durhaminsight.info/ageing-well/premature-and-preventable-mortality/>. Accessed 28.01.22

<sup>18</sup> <https://www.durhaminsight.info/health-and-social-care/related-factsheets-health-social-care/health-inequalities-and-the-social-determinants-of-health/>. Accessed 28.01.22

<sup>19</sup> Health inequalities and the social determinants of health factsheet. Ref HSCW 003. June 2016. <https://www.durhaminsight.info/health-and-social-care/related-factsheets-health-social-care/health-inequalities-and-the-social-determinants-of-health/>

age. These conditions affect the likelihood of people enjoying long, healthy lives and will determine variations in health and life expectancy.

The health and wellbeing of the people in County Durham remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, with too many of our population suffering from avoidable ill-health and dying prematurely or from causes that are preventable. For example:

- Prevalence of many LTCs such as hypertension, stroke, diabetes and cancer are higher in County Durham than England.
- The rate of alcohol-related hospital admissions is significantly higher than England.
- Levels of teenage pregnancy, breastfeeding and smoking at time of delivery are worse than the England average.
- Almost 25% of Reception children and 38% of Year 6 children were classified as overweight in 2019-20.
- The rate of smoking related deaths for 2017-19 (277.8 per 100,000) was statistically significantly higher than England (202.2/100,000).

Health inequalities also exist within County Durham. For example:

- The distribution of life expectancy within County Durham is unequal. Life expectancy is 10.3 years lower for men and 7.9 years lower for women in the most deprived areas of County Durham than in the least deprived areas.
- There is a social gradient to excess weight and Smoking at Time of Delivery in County Durham, it is higher in the most deprived areas, whilst breastfeeding is lower in the most deprived areas.
- Cancer is the biggest contributor to the gap between the most and least deprived communities in County Durham for women (25%) and the second largest for men (19.4%).
- Circulatory disease is the largest contributor to the gap between the least and most deprived in County Durham for men (27.3%) and the third largest for women (18.9% with respiratory disease as the second largest contributor for women at 24%).
- External causes of death for men (11.1%) have a greater contribution to the gap between deprived and affluent communities in County Durham compared to women (2.4%).

The Primary Care Network (PCN) and Area Action Partnership (AAP) infographics at <https://www.durhaminsight.info/health-and-social-care/health-infographics/> show the differences in the health of the population in each area of County Durham.

## 2.1.5 Lifestyle behaviours

### 2.1.5i Substance misuse<sup>20 21</sup>

Substance misuse is strongly associated with poverty and deprivation and this impacts on substance misuse related deaths, blood borne virus infections, crime, child protection issues, domestic abuse and mental health. In County Durham the legacy of the loss of ready employment, especially male employment through mining and other industries, has left many communities vulnerable to the effect of substance misuse. These communities are not concentrated in specific areas across the county but spread among a diverse range of towns and small rural areas.

---

<sup>20</sup> <https://www.durhaminsight.info/living-well/substance-misuse/>. Accessed 28.01.22

<sup>21</sup> Substance misuse factsheet. Ref HSCW 023. Feb 2018. <https://www.durhaminsight.info/living-well/substance-misuse/>

### **2.1.5ii Smoking<sup>22 23</sup>**

Smoking is the single biggest cause of inequality in death rates between rich and poor in the UK. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off.

Historically the decline in smoking rates among higher-income groups has been much greater than among lower income groups. Smoking rates are highest in the routine and manual group, lower socio-economic groups and certain minority and vulnerable groups. Chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD), along with cancers, present the biggest challenge to reducing inequalities and improving life expectancy across these areas.

Approximate figures for County Durham show that 61,279 households have at least one smoker and 33% of households with a smoker fall below the poverty line.

Smoking prevalence in County Durham remains above the national average at 17.9%, compared to an average of 15.5% for England.

Smoking-related death rates are significantly higher in County Durham than England but are falling over time.

See the Challenge of Smoking Infographic at <https://www.durhaminsight.info/health-and-social-care/health-infographics/>.

### **2.1.5iii Alcohol consumption<sup>24 25</sup>**

Alcohol-related harm is a major health problem and is a causal factor in more than 60 medical conditions. The main health consequences of alcohol misuse are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and injuries. Additionally, there are psychiatric consequences such as depression and self-harm, as well as impact on the foetus.

Levels of alcohol harm are greater in County Durham than England.

Estimates suggest that 1.7% of adults in County Durham are dependent drinkers; this equates to around 7,000 people. 24% of adults in County Durham binge drink compared to 17% across England.

## **2.2 Priorities for health and social care**

### **2.2.1 National and regional priorities**

In January 2019, NHSE&I published the NHS Long Term Plan,<sup>26</sup> setting out its priorities for healthcare over the next ten years and showing how NHS funding will be used.

The NHS Long Term Plan sets out the aim that every part of England will be covered by an Integrated Care System (ICS) by April 2021. ICSs are population-based models of care that integrate primary, secondary, community and other health and care services and are a way of creating shared local responsibility for:

- Managing NHS resources more efficiently/effectively to improve quality of care and access to care, improve health outcomes, and reduce inequalities in quality, access and outcomes.

---

<sup>22</sup> <https://www.durhaminsight.info/living-well/tobacco-control/>. Accessed 28.01.22

<sup>23</sup> Tobacco Control factsheet. Ref HSCW 019. May 2017. <https://www.durhaminsight.info/living-well/tobacco-control/>

<sup>24</sup> <https://www.durhaminsight.info/living-well/alcohol-related-harm/>. Accessed 28.01.22

<sup>25</sup> Alcohol harm factsheet. Nov 2018. <https://www.durhaminsight.info/living-well/alcohol-related-harm/>

<sup>26</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>. Accessed 09.02.22

- Building wider partnerships with local government and other community partners to help address wider determinants of health and wellbeing and provide better, more independent lives for people with complex needs.
- Creating the capacity to implement system-wide changes.

County Durham is part of the North-East and North Cumbria ICS.<sup>27</sup>

The NHS Long Term plan also placed an emphasis on prevention, population health and integration. A key part of this was the creation of PCNs which are groups of neighbouring general practices working together and with community, mental health, social care, pharmacy, hospital, dentistry and voluntary services. Looking at the specific health and social care needs of patients living in their areas, PCNs are focusing on providing personalised, proactive and coordinated care for their patients, to help them live healthier for longer. There are 13 PCN's covering County Durham.

### **2.2.2 Local priorities**

County Durham will be where the majority of services will continue to be commissioned, planned and delivered, whilst also recognising working together with neighbours at scale where this adds value.

The Health and Social Care Act 2012 places clear duties on councils and CCGs to prepare a JSNA and a JHWS to be discharged through the HWB.<sup>28</sup> The PNA for County Durham takes account of the health needs identified in the JSNA and the priorities described in the JHWS.

#### **2.2.2i Joint Strategic Needs Assessment<sup>29</sup>**

The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are a continuous process of strategic assessment for the health and wellbeing needs of the local population. They are used to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.

The JSNA for County Durham provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham, and aims to:<sup>30</sup>

- highlight areas where there is a need to improve health and wellbeing outcomes for the local community
- aid decision makers in targeting resources to both areas and services
- act as a resource document to support health and wellbeing planning and commissioning
- help inform local plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.

#### **2.2.2ii Joint Health and Wellbeing Strategy<sup>31</sup>**

This strategy outlines a vision for improving health and wellbeing, and for addressing health inequalities in the county. The JHWS 2021-25 informs and influences decisions about health and social care services in County Durham, so that they are focused on the needs of the

<sup>27</sup> <https://www.northeastandnorthcumbriaics.nhs.uk/>. Accessed 09.02.22

<sup>28</sup> <https://countydurhampartnership.co.uk/health-wellbeing-board/>. Accessed 09.02.22

<sup>29</sup> <https://www.durhaminsight.info/jsna/>. Accessed 09.02.22

<sup>30</sup> <https://www.durham.gov.uk/jsna>. Accessed 09.02.22

<sup>31</sup> <https://countydurhampartnership.co.uk/health-wellbeing-board/joint-health-and-wellbeing-strategy/>. Accessed 09.02.22

people who use them and tackle the factors that affect health and wellbeing, for example drugs, alcohol, unhealthy weight, mental and physical wellbeing (Appendix 5).<sup>32</sup>

The HWB adopts a life course approach to its priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all the priorities. These priorities are:

- Starting Well
- Living Well
- Ageing Well

Six objectives have been chosen across the three strategic priorities, that are of importance given the impact they have on people's health and of the vision in 2025:<sup>33</sup>

1. Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England.
2. A smoke free environment with over 95% of residents not smoking and an ambition that pregnant women and mothers will not smoke.
3. Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability.
4. Over 90% of our children aged four to five years, and 79% of children aged 10-11 years are of a healthy weight.
5. Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates.
6. Increase the number of organisations involved in Better Health at Work Award (to improve health and wellbeing interventions at work).

## **2.3 Pharmaceutical services**

The following pharmaceutical services can therefore support the health needs of the population (Section 3 for further detail of each service):

### **2.3.1 Essential services**

- Dispensing of prescriptions and disposal of unwanted medicines.
- Healthy living pharmacy work (promotion of healthy lifestyles; signposting people to health or social care services; support for self-care).
- The Discharge Medicines Service which aims to reduce the risk of medication problems when a person is discharged from hospital.

### **2.3.2 Advanced services**

- The New Medicine Service which provides support for people with LTCs newly prescribed a medicine to help improve medicines adherence.
- The Community Pharmacist Consultation Service which connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.
- The Community Pharmacy Seasonal Influenza Vaccination Service.
- The Hypertension Case-Finding Service which support the early detection of hypertension (however, as at October 2021, this is a new advanced service).
- The Smoking Cessation Service which supports patients who started their stop smoking journey in hospital (however, as at October 2021, this is a new advanced service).

---

<sup>32</sup> [www.durham.gov.uk/jhws](http://www.durham.gov.uk/jhws). Accessed 09.02.22

<sup>33</sup> <https://countydurhampartnership.co.uk/health-wellbeing-board/vision-and-priorities/>. Accessed 09.02.22

## Section three: Types of pharmaceutical service

### Key points

'Pharmaceutical services' is a collective term for the range of services commissioned by NHSE&I.

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

All essential services which are provided by all pharmacies.

The following advanced services:

1. New Medicine Service
2. Community Pharmacist Consultation Service

These advanced services are provided by the majority of pharmacies.

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

The following advanced services:

1. Community Pharmacy Seasonal Influenza Vaccination: Service provision is adequate but variable across each locality. CPCD should continue to encourage all pharmacies to provide this service.
2. Hypertension Case-Finding Service and Smoking Cessation Service: At the time of writing the PNA, these are new advanced services and CPCD should encourage all pharmacies to provide them.

### 3.1 Pharmaceutical services

'Pharmaceutical services' is a collective term for the range of services commissioned by NHSE&I. NHSE&I does not hold signed contracts with the pharmacies.<sup>34</sup> Instead, pharmacies provide services under a contractual framework and the terms of service are set out in the 2013 Regulations.

In relation to the PNA, pharmaceutical services include:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors
- the dispensing doctor service provided by some GP practices in rural areas.

In July 2019, a national five-year deal for community pharmacies was agreed. This set out a vision for the expansion of clinical service delivery over the next five years, in line with the NHS Long Term Plan.<sup>35</sup>

Community pharmacies provide three tiers of pharmaceutical service which have been identified in 2013 Regulations. These are:

- Essential services: services all pharmacies are required to provide.

---

<sup>34</sup> Except for a LPS contract. A LPS contract allows NHSE&I to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. The contract must, however, include an element of dispensing. As of October 2021, there are no LPS contracts in County Durham.

<sup>35</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>; <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022>

- Advanced services: services that pharmacies can choose to provide in order to support patients with safe use of medicines.
- Enhanced services: services that can be commissioned locally by NHSE&I.

Whilst a CCG or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services' (Section 1.3).

### 3.1.1 Essential services<sup>36</sup>

All pharmacies, including distance selling premises, are required to provide the essential services. NHSE&I is responsible for ensuring that all pharmacies deliver all essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service on an annual basis.

As of October 2021, there are 7 essential services:

1. Dispensing of prescriptions.
2. Dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated 6 times. This would give a patient approximately 6 months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
3. Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
4. Promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of CHD (especially those with high blood pressure), or smoke, or are overweight; and participating in six health campaigns where requested to do so by NHSE&I.
5. Signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
6. Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
7. **Discharge Medicines Service (DMS)**.<sup>37</sup> This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60% of patients have 3 or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. Under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly. County Durham and Darlington Foundation Trust (CDDFT) began the roll out of DMS referrals in June 2021.

In addition, all pharmacies must ensure they are compliant with the **Healthy Living Pharmacy (HLP)** requirement which is an organisational development framework underpinned by three enablers of:

- Workforce development: A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion and a team member who has undertaken leadership training.

<sup>36</sup> <https://psnc.org.uk/services-commissioning/essential-services/>

<sup>37</sup> <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

- Engagement: Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public.
- Environment: Premises that facilitate health promoting interventions with a dedicated health promotion zone.

Pharmacy contractors had to ensure they are compliant with the HLP requirements from 1 January 2021, and distance selling premise website requirements had to be in place by 1 April 2021.

It should be noted that clinical governance is not an essential service.<sup>38</sup> Instead, it is a framework which underpins the provision of all pharmaceutical services.

And in addition, all pharmacies (with two exceptions) are now required to have a consultation room that is:

- clearly designated as a room for confidential conversations,
- distinct from the general public areas of the pharmacy premises, and
- a room where both the person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially.

The two exceptions are:

- distance selling premises, and
- pharmacies that NHSE&I have deemed to be too small to have a consultation room.

However, these pharmacies must have arrangements in place to enable confidential discussions as part of the provision of pharmaceutical services by telephone or another live audio link and a live video link.

### 3.1.2 Advanced services<sup>39</sup>

Advanced services are those services that pharmacy may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services 12 (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff.<sup>40</sup>

As at October 2021, the following services may be provided by pharmacies:

- New Medicine Service
- Community Pharmacy Seasonal Influenza Vaccination Service
- Community Pharmacist Consultation Service
- Hypertension Case-Finding Service
- Community Pharmacy Hepatitis C Antibody Testing Service (at the time of writing in October 2021, service commissioned until 31 March 2022)<sup>41</sup>

In early 2022 a Smoking Cessation Service was introduced for patients who started their stop smoking journey in hospital.

As at October 2021, the Community Pharmacy Covid-19 Lateral Flow Device Distribution Service<sup>42</sup> and the Community Pharmacy Covid-19 Pandemic Medicines Delivery Service<sup>43</sup>

<sup>38</sup> <https://psnc.org.uk/contract-it/essential-service-clinical-governance/>

<sup>39</sup> <https://psnc.org.uk/services-commissioning/advanced-services/>

<sup>40</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

<sup>41</sup> Introduced during the pandemic in September 2020, therefore service provision in County Durham as at October 2021 is negligible at 3 contractors. <https://psnc.org.uk/services-commissioning/advanced-services/hep-c/>

<sup>42</sup> As at October 2021, 98% of contractors are providing this service. <https://psnc.org.uk/services-commissioning/advanced-services/c-19-lateral-flow-device-distribution-service/>

<sup>43</sup> <https://psnc.org.uk/services-commissioning/advanced-services/pandemic-delivery-service/>

are also commissioned from community pharmacies. These however ceased to be commissioned in March 2022.

There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

- Appliance Use Reviews
- Stoma Appliance Customisation

### **3.1.2i New Medicine Service<sup>44</sup>**

25-50% of medicines are not taken as intended or directed, and 15% of people receiving new medicines take few, if any, doses. This 'non-adherence' may lead to further prescriptions, tests and investigations, poor clinical outcomes, increased admissions to hospital, and premature mortality. Non-adherence to appropriately prescribed medicines is therefore a considerable issue for the NHS.<sup>45</sup>

The New Medicine Service (NMS) provides support for people with LTCs who are newly prescribed a medicine, in order to help improve medicines adherence. From 1 September 2021, pharmacy teams began to support patients taking specific drugs<sup>46</sup> for the following conditions:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack
- CHD

### **3.12ii Community Pharmacy Seasonal Influenza Vaccination<sup>47</sup>**

This service runs from September to March with the aim of vaccinating eligible patients by the end of January. The administration of a flu vaccine is legally authorised by a national Patient Group Direction (PGD), and currently covers patients aged 18 years and older in the at risk groups that are published each year at [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme). Pharmacists providing this service carry out training for both injection technique and basic life support training every two years and must ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day.

Nationally the provision of this advanced service continues to increase: In 2020/21, 2.77 million seasonal influenza vaccines were administered by community pharmacies. This was

---

<sup>44</sup> <https://psnc.org.uk/services-commissioning/advanced-services/nms/>

<sup>45</sup> <http://psnc.org.uk/wp-content/uploads/2013/07/Commissioning-medicines-optimisation-services-from-community-pharmacy-Guidance-for-commissioners.pdf>

<sup>46</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists>

<sup>47</sup> <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>

a 61% increase from the 1.72 million vaccines administered in 2019/2020, and a 365% increase on the 595 thousand vaccines administered in 2015/16.<sup>48</sup>

### **3.1.2iii Community Pharmacist Consultation Service<sup>49</sup>**

The Community Pharmacist Consultation Service (CPCS) provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

The service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from GP practices and NHS111.

Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS111; these are patients who might otherwise have gone to see a GP.

### **3.1.2iv Hypertension Case-Finding Service<sup>50</sup>**

Early detection of hypertension is vital, and community pharmacy can provide a key role in detection and subsequent treatment of hypertension. Community pharmacy engagement has the potential to improve outcomes and reduce the burden on general practices.

The service has two stages: The first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

This service was commissioned from October 2021 and had not been implemented at the time of writing this PNA.

### **3.1.2v Smoking Cessation Service<sup>51</sup>**

In early 2022, a Smoking Cessation Service will be introduced as an advanced service. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

### **3.1.2vi The Appliance Use Review<sup>52</sup> and Stoma Appliance Customisation<sup>53</sup> Services**

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way in which the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

---

<sup>48</sup> <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england>

<sup>49</sup> <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

<sup>50</sup> <https://psnc.org.uk/services-commissioning/advanced-services/hypertension-case-finding-service/>

<sup>51</sup> <https://psnc.org.uk/services-commissioning/advanced-services/stop-smoking-service/>

<sup>52</sup> <https://psnc.org.uk/services-commissioning/advanced-services/aur/>

<sup>53</sup> <https://psnc.org.uk/services-commissioning/advanced-services/sac/>

The Stoma Appliance Customisation (SAC) service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

### **3.1.3 Enhanced services**

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHE&I. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.<sup>54</sup>

Enhanced services can be commissioned by NHSE&I to meet a local need, however as at October 2021, none are commissioned in County Durham.

### **3.1.4 Pharmacy Quality Scheme**

The Pharmacy Quality Scheme (PQS) is optional and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.<sup>55</sup>

From 1 September 2021, pharmacy was asked to focus on medication safety and improving patient outcomes by increasing access to primary care services and creating a more sustainable NHS. The criteria included:

- A Gateway Criteria: Working collaboratively with GPs in PCNs to support patients starting to take a new medicine.
- Medicines Safety and Optimisation Domain: Delivering a high-risk medicine (anticoagulation) audit.
- PCN Domain: Driving high uptake of flu vaccination.
- Addressing Unwanted Variation in Care Domain: An action plan to actively promote Covid-19 vaccinations, particularly in Black, Asian and minority ethnic and low uptake communities, incorporating myth busting methods as part of their efforts to tackle lower levels of Covid-19 vaccination uptake and to support these patients.
- Healthy Living Support Domain: Weight management referral in order to provide assistance to people who would like support with their weight, including advice and referral to support/exercise groups, local authority funded weight management services, and the NHS Digital Weight Management Programme.
- Prevention Domain: Antimicrobial stewardship.
- Digital Domain: Remote consultation skills.
- Respiratory Domain: Ensuring patients have personalised asthma action plans, including the use of spacers for children; checking inhaler technique; and encouraging return of unwanted and used inhalers for disposal to protect the environment provide a real community pharmacy focus for patients with respiratory illnesses and demonstrate an active approach to the sustainability agenda.

### **3.1.5 Distance selling premises**

Distance selling premises are pharmacies, but the 2013 Regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the

---

<sup>54</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

<sup>55</sup> <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier (**Note:** Distance selling premises must deliver all dispensed NHS items without charge). They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises. As of 30 June 2021, there were 379 distance selling premises in England.<sup>56</sup>

### **3.1.6 Dispensing appliance contractors**

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

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

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

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

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

Further information on the essential services requirements can be found in Schedule 5 of the 2013 Regulations.

### **3.1.7 Dispensing doctors**

Dispensing doctors are authorised to provide drugs and appliances in designated rural areas known as controlled localities. Controlled localities are areas that have been determined to be 'rural in character' by NHSE&I (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHSE&I will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport. Their importance comes into play in relation to the ability for a GP practice to dispense to its registered patients.

In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

---

<sup>56</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

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

Dispensing practices are not required to have a pharmacist in their dispensary and their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing doctors do not provide the full range of pharmaceutical services that pharmacies do, however, CCGs commission practice pharmacists to work in all GP practices including dispensing practices and nationally there continues to be a drive to integrate clinical pharmacists into GP practices.

### **3.2 Other NHS services**

Whilst a CCG or a local authority may commission 'locally commissioned services' from pharmacies, these do not fall within the legal definition of pharmaceutical services (i.e. *locally commissioned services* is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services'.

#### **3.2.1 Public health commissioned services**

##### **3.2.1i Sexual health services**

###### **3.2.1i(a) Emergency Oral Hormonal Contraception Service**

The aim of the Emergency Oral Hormonal Contraception (EOHC) Service is to increase the accessibility and availability of 'free at point of issue' EOHC to females aged 13 years and over in pharmacies in County Durham and Darlington. This service therefore helps to reduce unintended teenage pregnancies and to increase the knowledge of emergency contraception and its use. The EOHC Service is run through accredited pharmacists operating under a PGD.

In 2021, 96 pharmacies are contracted to provide this service<sup>57</sup> and the map at <https://www.durhaminsight.info/pna/> shows the locations of the EOHC Service in each of the 6 localities (Appendix 6).

###### **3.2.1i(b) Chlamydia Screening Service**

For pharmacies also offering the Chlamydia Screening Service, dual screening postal packs (for chlamydia and gonorrhoea) are offered during an EOHC consultation, where appropriate, to females aged 13-24 years and their partners. This aids the detection of undiagnosed infection.

###### **3.2.1i(c) C Card Scheme**

The aim of this scheme is to provide young people aged 13-24 with sexual health advice and information, and free condoms in a discreet and professional setting. Participating pharmacies largely provide the free condom supply service, however some pharmacies also provide the initial C Card registration service in addition to the ongoing supply of free condoms. Pharmacies signed up to provide C Card registration are specially trained to give advice about sexual health and the correct use of condoms.

##### **3.2.1ii Stop smoking services**

###### **3.2.1ii(a) Nicotine Replacement Therapy Voucher Scheme**

The Nicotine Replacement Therapy (NRT) Voucher Scheme uses a pre-numbered voucher distributed via trained stop smoking advisers commissioned by the Stop Smoking Service.

---

<sup>57</sup> Information provided by service commissioner in November 2021.

Pharmacies act as an NRT voucher dispensing point under this service and ensure that the NRT product is suitable for the patient.

### **3.2.1ii(b) Level 2 Stop Smoking Service**

This service provides a programme of stop smoking support and access to stop smoking treatments from pharmacies. The service includes:

- Identifying smokers and offering support (including targeting the priority groups of routine and manual workers).
- Delivering support by trained staff and enabling access to appropriate pharmacotherapy.
- Offering support for up to 12 weeks including weekly support for at least the first 4 weeks (including carbon monoxide monitoring).
- Referring smokers to specialist Level 3 services where appropriate (e.g. pregnant smokers).
- Achieving the required number of 4-week quitters.

### **3.2.1iii Substance misuse services**

#### **3.2.1iii(a) Alcohol Brief Intervention Service**

The aims of this service include to:

- Identify levels of drinking amongst those presenting with conditions possibly related to alcohol (e.g. persistent gastric symptoms, high blood pressure).
- Prevent progression to dependent drinking.
- Raise public awareness of safe levels of drinking and consequences of unsafe drinking (particularly targeting women who are pregnant / trying to conceive).
- Reduce alcohol related hospital admissions.

Pharmacists and/or their staff are trained in the appropriate use of the World Health Organisation alcohol screening AUDIT tool, and how to provide brief advice to patients aged 16 years and above.

#### **3.2.1iii(b) Supervised Consumption Service**

Supervised consumption of methadone and other medications through community pharmacies is an integral element to the overall shared care services provided to support people who misuse substances – heroin in particular. Current guidelines recommend that all new treatment for opiate dependence be subject to supervised consumption for the first three months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the service user, helping to promote a move away from chaotic and risky behaviour.

In 2021, 83 pharmacies are accredited to provide this service and the map at <https://www.durhamsight.info/pna/> shows the locations of the service in each of the 6 localities (Appendix 6).

#### **3.2.1iii(c) Naloxone Supply Service**

Drug deaths have been rising year-on-year in Great Britain. In England and Wales, two-thirds of drug poisoning deaths in 2020 were related to drug misuse and addiction.

Naloxone is an emergency antidote to opioid overdose. In the event of a suspected opioid overdose naloxone can temporarily reverse the life-threatening effects of an overdose of opioids such as depressed breathing.

The aim of the service is to provide a naloxone (Prenoxad) supply service to clients and the wider community to support a reduction in accidental deaths from opioid overdose.

#### **3.2.1iii(d) Needle Exchange Service**

The aim of the needle exchange service is to provide a needle exchange facility to injecting drug users over the age of 18 in order to reduce the levels of harm associated with injecting

drug use for individuals, families and local communities. Pharmacies distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. The pharmacy service compliments the exchange service offered at the Drug and Alcohol Recovery Centres.

### **3.2.2 CCG commissioned services**

#### **3.2.2i Minor Ailment Service**

There is an ongoing national drive to better utilise community pharmacy to more widely support self-care and to become the first port of call for minor ailments, hence moving appropriate patient consultations away from GP practices.

In the minor ailment service, patients are encouraged to consult the community pharmacy rather than the GP for a defined list of minor ailments. In 2021, patients who are registered with a County Durham and Darlington GP practice and who are exempt from NHS prescription charges, can receive treatment from an agreed local formulary free of charge.

#### **3.2.2ii Reimbursement of Tuberculosis Medication Costs Scheme**

This scheme enables patients who normally pay for their prescriptions to receive anti tuberculosis (TB) drugs free of charge. Patients present their prescription and a letter from community health services to their community pharmacy which then provides the prescription free of charge and subsequently claims this charge back from the CCG commissioning team.

#### **3.2.2iii Food Thickening Voucher Scheme**

This scheme enables patients seen by the Speech and Language Therapy service to quickly obtain food thickening products via a voucher through community pharmacies.

#### **3.2.2iv Palliative Care Scheme**

The aim of this scheme is to ensure that appropriate palliative care drugs are available in the community at the point of need. Designated community pharmacies hold an agreed list of palliative care drugs to enable easier access. This scheme has been particularly essential during the pandemic in 2020 and 2021.

In 2021-22, 95 pharmacies are contracted to provide this service.<sup>58</sup> The map at <https://www.durhamsight.info/pna/> shows the locations this service in each of the 6 localities (Appendix 6).

#### **3.2.2v Flu Antiviral Medicines Service**

Flu antiviral medicines can be prescribed to patients who at an increased risk of developing complications of influenza, during periods when national surveillance schemes show there is a lot of flu in the community. They also are prescribed on advice from UK Health Security Agency for outbreaks of influenza and avian flu in care homes, residential settings or individual contacts.

Antiviral medicines should generally be taken within 48 hours of getting the flu or of having contact with someone who has the flu. Therefore, this service ensures that the pharmacy stocks a locally agreed range of flu antiviral medicines, to ensure that patients have prompt access to these medicines during the opening hours of the pharmacy.

---

<sup>58</sup> Information received from service commissioner August 2021.

### **3.2.2vi Minor Eye Conditions and Treatment Service**

There is an ongoing national drive to better utilise community pharmacy to more widely support self-care, and to become the first port of call for minor ailments.

In the Minor Eye Conditions and Treatment Service (MECATS), patients who have been seen by a registered optometrist for a minor eye condition, then present to the pharmacy with a voucher requesting a treatment from an agreed local formulary. Patients who are registered with a County Durham and Darlington GP practice and are exempt from NHS prescription charges receive this treatment free of charge.

### **3.2.3 ICS commissioned services**

From July 2022, CCGs will no longer exist as the commissioning body for local NHS pharmaceutical services. The ICS will become the commissioning body from July 2022, and so during the lifetime of this PNA locally commissioned NHS pharmacy services may move to a more consistent region-wide model.

At the end of December 2021, two North-East and North Cumbria Integrated Care System<sup>59</sup> (NENC ICS) services were commissioned to support patients and the NHS over the winter period:

### **3.2.3i Walk-in CPCS Emergency Medicine Supply**

This service allows the patient to present directly to the pharmacy for an emergency supply of repeat medication without a prior referral from another service e.g. NHS111.

### **3.2.3ii Think Pharmacy First – Minor Ailment Service**

This service ran in parallel with the CCG-commissioned minor ailment service (Section 3.2.2i) to allow pharmacies to treat a wider range of minor ailments and provide a wider range of medicines.

## **3.3. Service provision by community pharmacy**

### **3.3.1 The necessary and other relevant pharmaceutical services**

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are (Section 3.1):

- All essential services
- The following advanced services:
  - New Medicine Service
  - Community Pharmacist Consultation Service

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are (Section 3.1):

- The following advanced services:
  - Community Pharmacy Seasonal Influenza Vaccination
  - Hypertension Case-Finding Service
  - Smoking Cessation Service

Information from the community pharmacy survey over the summer 2021 (67% response rate. Appendix 7) and from service commissioners is described below.

---

<sup>59</sup> Lead commissioner was Newcastle Gateshead CCG. Services managed by Pharmacy Services North East (PSNE)

### 3.3.2 Advanced pharmacy services

In October 2021, information provided by NHSE&I showed that:

**Table 3: Advanced service provision in the 23 Dales pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	96% (n=22)
Seasonal Influenza Vaccination 2021-22	74% (n=17)
NMS	100% (n=23)
AUR or SAC	0% (n=0)

**Table 4: Advanced service provision in the 28 Easington<sup>60</sup> pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	100% (n=28)
Seasonal Influenza Vaccination 2021-22	36% (n=10)
NMS	96% (n=27)
AUR or SAC	4% (n=1)

**Table 5: Advanced service provision in the 20 Derwentside pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	100% (n=20)
Seasonal Influenza Vaccination 2021-22	50% (n=10)
NMS	100% (n=20)
AUR or SAC	10% (n=2)

**Table 6: Advanced service provision in the 22 Sedgefield pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	100% (n=22)
Seasonal Influenza Vaccination 2021-22	64% (n=14)
NMS	100% (n=22)
AUR or SAC	0% (n=0)

**Table 7: Advanced service provision in the 21 Durham pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	100% (n=21)
Seasonal Influenza Vaccination 2021-22	57% (n=12)
NMS	100% (n=21)
AUR or SAC	5% (n=1)

**Table 8: Advanced service provision in the 12 Chester-le-Street pharmacies in October 2021**

Service	% of pharmacies providing this service
CPCS	100% (n=12)
Seasonal Influenza Vaccination 2021-22	42% (n=5)
NMS	83% (n=10)
AUR or SAC	8% (n=1)

<sup>60</sup> Information correct in October 2021 (1 distance selling premise in Seaham opened in December 2021)

This can be summarised as:

- During the pandemic, the majority of pharmacies provided the Covid-19 Lateral Flow Device Distribution Service and the Community Pharmacy Covid-19 Pandemic Medicines Delivery Service (both services decommissioned in March 2022).
- The provision of AUR and the SAC services continues to be minimal. Section 4.1.3 shows that on average pharmacies and dispensing doctors in County Durham issue 4.5 times the number of appliances compared to appliance contractors however there doesn't appear to be a need for these services.
- The necessary pharmaceutical services, the NMS and CPCS are now offered by the majority of pharmacies.
- Of the other relevant services:
  - The provision of the Influenza Vaccination Service is variable across each locality (this information is also mapped at <https://www.durhaminsight.info/pna/>). Given the essential role that community pharmacy played with Covid-19 vaccination during 2020 and 2021<sup>61</sup> (as at February 2022, a total of 23 community pharmacies in County Durham were providing Covid-19 vaccinations in County Durham<sup>62</sup>) it is important that CPCD continues to encourage pharmacies, particularly in the Easington locality which is one of the more deprived localities in the County, to provide future vaccination services.
  - The Hypertension Case Finding Service was commissioned from October 2021 and had not been implemented at the time of writing this PNA. Given that CVD is among the leading causes of premature mortality in County Durham (Section 2.1.3) CPCD should encourage as many pharmacies as possible to provide this service.
  - The Smoking Cessation Service had not been introduced at the time of writing of the PNA. Given that smoking remains the leading cause of preventable illness and premature death in England, and smoking prevalence and smoking-related death rates in County Durham remain above the national averages (Section 2.1.5) CPCD should encourage as many pharmacies as possible to provide this service.

### **3.3.3 CCG locally commissioned services**

- The Minor Ailment Service and the Food Thickening Voucher Scheme are now offered by the majority of pharmacies.
- The Palliative Care and MECAT Services are now widespread.

### **3.3.4 Public health locally commissioned services**

- The NRT Voucher Scheme and the EOHC Service are now offered by the majority of pharmacies.
- The provision of the Supervised Consumption Service is now widespread.
- The Naloxone Supply Service and the Needle Exchange Service remains a limited commissioned service from pharmacies (sitting alongside the services offered from the Recovery Centres).

### **3.3.5 Non-commissioned services**

- A goodwill prescription delivery service continues to be available from the majority of pharmacies.

---

<sup>61</sup> <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/>

<sup>62</sup> Information received from NHSE&I March 2022.

## Section four: Access to pharmaceutical services

### Key points

County Durham has a good distribution of pharmaceutical services with the rural population mainly being served by dispensing GP practices. This is reflected by the fact that, in December 2021, all residential properties in County Durham are within a 20-minute drive of a pharmacy or dispensing GP; and 80% are within a 20-minute walk of a pharmacy or dispensing GP. This is also reflected in the public surveys where an average of 93% of people who responded stated that they can easily access pharmaceutical services.

There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density.

Similarly, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since the older population is increasing. In addition, older patients often have higher morbidity and generally require more support with their medicines and access to pharmaceutical services.

County Durham experiences higher levels of deprivation than the national average. Research by Durham University has shown that 99.8% of the population in the areas of highest deprivation in England have access to a community pharmacy within a 20-minute walk. This pattern is generally supported locally in each of the 6 localities where pharmacy locations are mapped against areas of deprivation. Therefore, community pharmacy is already well-placed to provide pharmaceutical services in the heart of deprived communities.

In December 2021, County Durham has an above England average supply of community pharmacies, at 24 pharmacies per 100,000 population compared to the England average of 21 per 100,000.

There are no dispensing appliance contractors in County Durham.

A good distribution of pharmacies exists with extended and weekend opening hours in all localities. People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open in that locality.

Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham (only 5% of all items prescribed by GP practices in County Durham are dispensed outside the County).

None of the predicted housing development builds by 2025 will require new pharmaceutical services due to reasonable cover from already existing services.

### 4.1 Location of pharmaceutical services

An important consideration in determining the adequacy of pharmaceutical services is how long it takes to travel to a pharmacy or dispensing GP practice. In December 2021, all 260,141 residential properties in County Durham are within a 20-minute drive of a pharmacy or dispensing GP; and 80% (n=208,868) are within a 20-minute walk of a pharmacy or dispensing GP.

In order to protect patient access in areas of deprivation or where community pharmacy provision is sparse, a national Pharmacy Access Scheme (PhAS) remains in place. This

scheme pays additional monies to small and medium sized pharmacies that are a mile or more from another pharmacy (this is measured by road distance rather than as the crow flies). A list of pharmacies eligible for the 2022 PhAS, together with eligibility criteria and a guidance is available.<sup>63</sup>

In County Durham, 17 pharmacies are eligible for this payment from January 2022. This is to be expected due to the rural nature of County Durham.

#### 4.1.1 Pharmacy services

In December 2021, there are 127 pharmacies (13 of which are 100-hour pharmacies, and 7 of which are distance selling premises<sup>64</sup>) in County Durham (Appendix 8).

The number reported in the 2015-18 PNA was 125. The opening of two distance selling premises has increased the number from 125 to 127.

By March 2022, the total number of pharmacies will reduce to 125 with the consolidation and hence the closure of a Boots pharmacy in North Road, Durham City and in Durham Road, Ferryhill. Neither of these consolidations will create a gap in pharmaceutical services provision that can be met by a routine application.

By April 2022, the total number of pharmacies will reduce to 124 with the closure of Boots pharmacy in Newgate Street, Bishop Auckland. This closure does not leave a significant gap in pharmaceutical services provision.

**Table 9: Pharmacies in County Durham in December 2021**

Locality	Total number of pharmacies	Number of 100-hour pharmacies	Location of 100-hour pharmacies	Number of distance selling premises
Dales	23	5	Bishop Auckland (4) Crook (1)	0
Easington	29	2	Peterlee Seaham	2
Derwentside	20	3	Consett Stanley Tanfield	1
Sedgefield	22	2	Newton Aycliffe Spennymoor	2
Durham	21	1	Dragonville Industrial Estate, Durham	0
Chester-le-Street	12	0	-	2
<b>Total</b>	<b>127</b>	<b>13</b>		<b>7</b>

The County Durham population in 2020 was 533,149. Projections indicate this will increase to 546,500 by 2028. This means that in December 2021, County Durham has 24 pharmacies per 100,000 population (reducing to 23 pharmacies per 100,000 population in 2028). This remains higher than the England average of 21 per 100,000.<sup>65</sup>

<sup>63</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

<sup>64</sup> Information received from NHSE&I in November 2021 stated that in the North-East and North Cumbria Region there are a total of 19 Distance Selling Premises.

<sup>65</sup> In 2020-21 there are 11,600 active community pharmacies in England. <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>.

The maps at <https://www.durhaminsight.info/pna/> show that there is a good distribution of pharmacies across County Durham, with the rural population mainly being served by dispensing practices (Appendix 6).

The maps at <https://www.durhaminsight.info/pna/> also show pharmacy locations mapped against population density (all ages). There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density (Appendix 6).

Similarly, the maps at <https://www.durhaminsight.info/pna/> show pharmacy locations mapped against population density of the over 65's (Appendix 6). Again, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people. This is important since older patients often have higher morbidity and generally require more support with their medicines and access to pharmaceutical services.

A study published in the British Medical Journal (BMJ) in 2014 by Durham University<sup>66</sup> sought to determine the percentage of the population in England that have access to a community pharmacy within a 20-minute walk, and how this linked to social deprivation. It found that 90.2% of the population in the areas of lowest deprivation have access to a community pharmacy within a 20-minute walk, whilst 99.8% of the population in the areas of highest deprivation have access to a community pharmacy within a 20-minute walk. This is supported locally by the maps at <https://www.durhaminsight.info/pna/> where pharmacy locations are mapped against deprivation to show a good availability of pharmacies across the areas of deprivation in the 6 localities (Appendix 6). Therefore, community pharmacy is well-placed to provide pharmaceutical services in the heart of deprived communities.

#### 4.1.2 Dispensing GP practices

In December 2021, there are 13 dispensing GP practices in County Durham (Appendix 8), with the rural population mainly being served by dispensing practices (maps at <https://www.durhaminsight.info/pna/>).

The number reported in the 2015-18 PNA was 16. None of these closures were deemed to create a significant gap in the availability of pharmaceutical services in the areas affected.

**Table 10: Dispensing GP practices in County Durham in December 2021**

Locality	Total number of dispensing GP practices	GP practice
Dales	7	<ul style="list-style-type: none"> <li>• Auckland Medical Group, Bishop Auckland</li> <li>• Barnard Castle Surgery</li> <li>• Woodview Medical Practice, Cockfield</li> <li>• Old Forge Surgery, Middleton-in-Teesdale</li> <li>• Pinfold Medical Practice, Butterknowle</li> <li>• Evenwood Medical Practice</li> <li>• Gainford Surgery</li> </ul>
Easington	0	-

<sup>66</sup> Todd *et al.* The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8. <http://bmjopen.bmj.com/content/4/8/e005764>

Derwentside	3	<ul style="list-style-type: none"> <li>• Browney House Surgery, Langley Park</li> <li>• The Haven Surgery, Burnhope</li> <li>• Oakfields Health Group, Hamsterley Colliery</li> </ul>
Sedgefield	2	<ul style="list-style-type: none"> <li>• Bewick Crescent Surgery, Newton Aycliffe</li> <li>• St Andrews Medical Practice, Spennymoor</li> </ul>
Durham	1	<ul style="list-style-type: none"> <li>• Belmont and Sherburn Medical Group, Belmont</li> </ul>
Chester-le-Street	0	-
<b>Total</b>	<b>13</b>	

#### 4.1.3 Dispensing appliance contractors

There are no dispensing appliance contractors in County Durham. Information received from NHSE&I in November 2021 stated that in the NENC region there are 5 dispensing appliance contractors:

- Amcare Ltd, Sunderland
- B Braun Medical Limited, Sunderland
- Fittleworth Medical Limited, Sunderland
- BCA Direct Limited, South Shields
- Salts Medilink, Newcastle upon Tyne

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

On average, pharmacies and dispensing GP practices dispense 4.5 times more appliance items than appliance contractors (none of which are situated in County Durham):

**Table 11: Appliance dispensing in County Durham<sup>67</sup>**

Financial year	Number of items prescribed by County Durham GP practices	Number of appliance items dispensed by appliance contractors outside the HWB area	Number of appliance items dispensed in the HWB area
2018-19	15,849,377	114,031	507,348
2019-20	16,287,138	107,354	491,933
2020-21	15,944,531	104,814	448,607

#### 4.1.4 Out of area dispensing

Out of area pharmaceutical services do not provide a necessary dispensing service in County Durham based on the fact that approximately 5% of all items prescribed by GP practices in County Durham are dispensed outside the County:

<sup>67</sup> Information provided by NHS North of England Commissioning Support Unit (NECS) in January 2022

**Table 12: Out of area dispensing<sup>68</sup>**

Financial year	Number of items prescribed by County Durham GP practices	% total items prescribed in County Durham that are dispensed inside County Durham	% total items prescribed in County Durham that are dispensed outside County Durham
2018-19	15,849,377	94.7%	5.3%
2019-20	16,287,138	94.6%	5.4%
2020-21	15,944,531	94.3%	5.7%

## 4.2 Opening hours of pharmacy services

Pharmacies and dispensing appliance contractors have two different types of opening hours: core and supplementary. In general, pharmacies will have either 40 or 100 (for those that have opened under the former exemption from the market entry test) core opening hours per week. In December 2021 there are 13 100-hour pharmacies which provide extended and out of hours cover for pharmaceutical services across the county. Dispensing appliance contractors are generally required to have not less than 30 core opening hours per week. Core opening hours can only be changed by first applying to NHSE&I. As with all applications, they may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHSE&I at least 3 months' notice.

Therefore, all assessments on access to pharmaceutical services by opening hours are made using core hours only.

### 4.2.1 Access to pharmacy services out of hours

If a person urgently requires a doctor, then they are advised to contact their own GP practice between 8am – 6pm Monday to Friday. If their own GP practice cannot see them that day, they may be offered an appointment at the nearest primary care service.

Outside of these hours patients are advised to contact NHS111 or visit NHS111 online to be signposted to the appropriate service.

As of March 2022, the primary care services in the south of the county operate between 12pm – 8pm Monday to Friday, and 8am – 1pm Saturday, Sunday, and Bank Holidays.

These are located in:

- Dales: Bishop Auckland
- Sedgfield: Spennymoor and Newton Aycliffe
- Easington: Seaham and Peterlee

As of March 2022, the primary care services in the north of the county operate:

- Central Durham: Meadowfield operate between 6.30pm – 9.00pm Monday to Friday, 9am – 1.30pm Saturday, Sunday, and Bank Holidays.
- Chester-le-Street: Great Lumley operate between 6.30pm – 8.00pm Monday to Friday, 8am – 1.00pm Saturday, Sunday, and Bank Holidays.
- Derwentside: Tanfield View operate between 6.30pm – 9.00pm Monday to Friday, 8am – 6.00pm Saturday, 8am – 1pm Sunday and Bank Holidays.
- Durham: UHND site operate 12pm – 8pm Monday to Friday, 8am – 1pm Saturday, Sunday, and Bank Holidays.

<sup>68</sup> Information provided by NECS in January 2022

All primary care services are pre-bookable services via NHS111 or GP practices and do not offer walk in facilities.

People requiring urgent medication are generally provided with a prescription and directed to a 100-hour pharmacy open in that locality. Across County Durham there are 13 100-hour pharmacies.

**Table 13: Pharmacies in County Durham**

Locality	Total number of pharmacies in December 2021	Number of 100-hour pharmacies	Number of pharmacies with core opening hours after 6pm weekdays	Number of pharmacies with core opening hours on Saturday	Number of pharmacies with core opening hours on Sunday
Dales	23	5	5	11	5 (none open after 5pm)
Easington	29	2	2	12	2 (none open after 4pm)
Derwentside	20	3	3	7	3 (none open after 8pm)
Sedgefield	22	2	2	6	2 (none open after 4pm)
Durham	21	1	1	6	3 (none open after 5pm)
Chester-le-Street	12	0	0	4	0
<b>Total</b>	<b>127</b>	<b>13</b>	<b>13</b>	<b>46</b>	<b>15</b>

This information can be summarised as:

**Table 14: Locality core opening hours**

Locality	Core opening hours
Dales	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 5pm Sunday evenings).
Easington	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 4pm Sunday evenings).
Derwentside	There is reasonable access to pharmaceutical services in the evenings and at weekends.
Sedgefield	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 4pm Sunday evenings).

Durham	There is reasonable access to pharmaceutical services in the evenings and at weekends (with no pharmaceutical service after 5pm Sunday evenings).
Chester-le-Street	There is reasonable access to pharmaceutical services on Saturdays with no pharmaceutical service after 6pm weekdays or on Sunday, however there is provision in the nearby Durham locality.

There are no pharmacies open on Sunday evenings, however as of March 2022, the primary care services generally operate until 1pm at weekends, after which time patients will be directed to CDDFT out of hours service.

From October 2022, PCNs will be required to operate a service from 6.30 pm to 8 pm weekday evenings (already provided) and from 9 am to 5 pm on Saturdays (as of March 2022, primary care services operate until 1pm on Saturday), however there is reasonable access to pharmaceutical services during these times (Table 13 and 14).<sup>69</sup>

The maps at <https://www.durhaminsight.info/pna/> show the location of pharmacies with core opening hours after 6pm (these are the 100-hour pharmacies only) and pharmacies with core opening hours at the weekend (with a 100-hour pharmacy distinction) (Appendix 6). Appendix 8 lists the additional supplementary hours for each pharmacy, with a distinction of which pharmacies are 100-hour and which pharmacies are distance-selling, in order to give a full picture of total pharmacy opening hours.

### 4.3 The public view

Appendix 9 describes the results of the Healthwatch and Community Champion surveys in 2020 and 2022 respectively. Of those who responded, 93% reported that they can easily access pharmacy services.

Responses that summarise access to pharmacy services are described below:

#### 4.3.1 Healthwatch

Healthwatch County Durham carried out an online survey at the beginning of 2020 to gain an initial insight of the experiences of people accessing pharmaceutical services in County Durham. Of the 260 responses received:

- 94% can easily access pharmacy services
- 54% access pharmacy services at least monthly
- 55% always visit the same pharmacy service
- 62% normally get to their pharmacy by car or taxi
- 72% use a high street pharmacy with 25% use a GP practice dispensary
- 15% have used an online / internet pharmacy

#### 4.3.2 Community Champion

In January 2022, the Community Champion<sup>70</sup> network promoted an online survey to their local communities. Of the 629 responses received:

- 92% can easily access pharmacy services
- 6% access pharmacy services at least weekly, and 55% access pharmacy services less than once a week but at least monthly

<sup>69</sup> <https://www.england.nhs.uk/gp/investment/gp-contract/>

<sup>70</sup> <https://www.durham.gov.uk/covidcommunitychampion>

- 57% always visit the same pharmacy service, and 35% usually visit the same pharmacy service
- 52% normally get to their pharmacy by car or taxi
- 55% use a community pharmacy with 41% use a GP practice dispensary
- 3% use an internet pharmacy service

These responses are also available across each of the 6 localities (Appendix 9).

#### 4.4 Choice of pharmaceutical services

The 2013 Regulations require the HWB to have regard as to whether there is sufficient choice to obtaining pharmaceutical services. Of those who responded to the Community Champion survey, 57% always visit the same pharmacy service, and 35% usually visit the same pharmacy service.

Alongside location and opening hours of pharmaceutical services the following factors should also be taken into account:

- The majority of pharmacies provide a non-commissioned goodwill delivery service (Appendix 7). Whilst these are not a pharmaceutical service, where provided they can improve the provision of, or access to, services, particularly dispensing services, in the areas that the pharmacy delivers to. This is a private goodwill service and can therefore be withdrawn at any time.
- All pharmacies are now required to facilitate, to a reasonable extent, remote access to the pharmaceutical services they provide, where people wish to access them remotely. This change was brought into the terms of service earlier in 2021 and will take time to become embedded. However, it is likely that this will be an attractive option for certain residents, but not all as there will be those who do not have access to the internet or who prefer to access services on a face-to-face basis.
- Patients can choose to use a distance selling premise (Section 3.1.5) to get their medication delivered to them free of charge. As of 30 June 2021, there were 379 distance selling premises in England.<sup>71</sup> Of those who responded to the Healthwatch and Community Champions surveys, the use of distance selling premises continues to be minimal.
- The majority of prescriptions generated by GP practices are sent to pharmacies electronically which helps to support convenience and ease of access for patients across County Durham:

**Table 15: The electronic prescription service<sup>72</sup>**

<b>Financial year</b>	<b>% total items prescribed in County Durham that are prescribed electronically</b>	<b>% total items prescribed in County Durham that are prescribed as eRepeats</b>
2018-19	75%	26%
2019-20	82%	28%
2020-21	94%	31%

<sup>71</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

<sup>72</sup> Information provided by NECS in January 2022

#### **4.5 Residents with a protected characteristic**

The Equality Act 2010<sup>73</sup> sets out the framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled if they have a long term physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle so that access is provided to a service as close as it is reasonably possible to get to the standard normally offered to the public at large. The provider will be in breach of the legislation if there is a reasonable adjustment available which he chooses not to make, making the disabled person unable to access the service.

From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation. Easy open containers, large print labels, and reminder charts are common adjustments in pharmacy.

In August 2021, 19%<sup>74</sup> of pharmacies across County Durham that responded to the pharmacy survey (67% response rate) did not have unaided wheelchair access but had processes in place to allow for aided customer access (Appendix 7).

#### **4.6 Future developments**

The PNA describes any needs for pharmaceutical services that may arise during the three-year lifetime of the document. Matters to have regard to here include:

- housing developments
- regeneration projects
- highways projects that will affect how services are accessed
- creation of new retail and leisure facilities that will draw people to an area
- changes in the provision of primary medical services for example the relocation of GP practices.

##### **4.6.1 Regeneration sites and future employment opportunities**

In line with the development plan for County Durham<sup>75</sup> and from information gathered by Public Health in January 2022:

---

<sup>73</sup> PSNC Briefing 01/16: Equality Act 2010. January 2016. <http://psnc.org.uk/contract-it/pharmacy-regulation/dda/>

<sup>74</sup> 16 pharmacies out of the 85 that responded.

<sup>75</sup> <https://www.durham.gov.uk/article/3266/Development-Plan-for-County-Durham>

**Table 16: Summary of regeneration sites and future employment opportunities**

<b>Locality</b>	<b>Area</b>	<b>Description</b>	<b>Likely to significantly increase pharmaceutical service needs during 2022-25?</b>
<b>Dales</b>	Crook	Regeneration of town centre	No
	Willington	Regeneration of town centre	No
	Tow Law	Regeneration of town centre	No
	Bishop Auckland	Regeneration of town centre and transport links	No
	Bishop Auckland	Possible further development Tindale Retail Park	No
<b>Easington</b>	Peterlee	Regeneration of town centre	No
	Horden	Regeneration of town centre	No
	Seaham	Regeneration of town centre	No
	Murton	Jade Park development: New employment site offering an estimated 2200 jobs	No
<b>Derwentside</b>	Consett	Regeneration of town centre	No
	Stanley	Regeneration of town centre and road networks	No
<b>Sedgefield</b>	Spennymoor	Spennymoor town centre regeneration	No
	Newton Aycliffe	Forrest Park development: New employment site offering an estimated 3000 jobs.	No

<b>Durham</b>	Ackley Heads	New employment site offering an estimated 4000 jobs	No
	City centre	New leisure opportunities in centre and on riverbank to attract more evening and night-time visitors	No
	Thinford	Thinford roundabout retail park extension	No
	Bowburn	Integra 61 (Amazon) expansion: Comprises of a mixture of housing; a 70-bed hotel; a 60-bed residential care home; industrial storage and distribution; retail; restaurant/café; takeaway; public house; children's nursery; GP surgery and car showroom uses.  As at March 2022, 180 housing units are expected to be completed by 2025-26 (Appendix 10); the hotel, industrial storage and distribution, retail, restaurant/café, takeaway, public house, children's nursery, and car showroom aren't expected in the short term. Shorter term developments include a potential GP surgery and residential care home.	No (based on the information available in March 2022. The HWB will keep this development under review)
<b>Chester-le-Street</b>	Chester-le-Street	New leisure centre. Expansion at the riverside of sports	No

#### 4.6.2 Housing developments

For potential future changes to pharmaceutical service need due to new housing developments during 2022-25, an analysis of building 'commitments' (i.e. sites with planning permission) in County Durham was undertaken in October 2021.

In summary, the larger housing developments continue in the areas of Spennymoor, Newton Aycliffe, and Durham City. An analysis of the number of prescription items prescribed in 2018-19 and then in 2019-20 by the GP practices located in these areas showed that there had been a 4%, a 4% and a 1% increase in the number of items prescribed in these areas, respectively between 2018-19 and 2019-20.<sup>76</sup>

Factors taken into account for new housing developments in order to gauge potential demand for pharmaceutical services include:

- Is it a significant housing development: Appendix 10 shows the future housing developments of 100 or more builds and the estimated builds by 2025. Census data indicates an average of 2.2 people per house in County Durham.

<sup>76</sup> Analysis available on request. 2019-20 used as the comparator year since 2020-21 is not an accurate reflection of activity during the pandemic.

- What type of houses will be built in a development: For example, bungalows which are more likely to attract an elderly population; a housing association development which may be associated with a population experiencing multiple deprivations.
- Are other developments planned within that housing development: For example, GP practices, schools, retail and leisure facilities, and employment. In County Durham, if a local centre is planned as part of a larger housing development, it is usually 3-4 units. Locally there is an agreement that a reasonable allocation of patients to a GP is typically 1600 – 1700 patients to take into account any deprivation.
- Can a judgement be reasonably made as to whether this development may result in a re-distribution of the existing population in an area (e.g. a development specifically intended to meet localised housing needs) or a new population moving in to the area (e.g. a newly retired population moving to a local beauty spot, or as a result of the impact of a significant new employment opportunity)?
- Is the predicted incoming population likely to:
  1. Alter their choice of GP practice?
  2. Have significant health needs (e.g. an elderly population, or a population suffering from multiple deprivations)?
  3. Be able to easily access pharmaceutical services within 20 minutes (e.g. via foot, sustainable transport, or by car)? However, as described in Section 4.4, residents will have access to all the distance selling premises in England; pharmacies will increasingly be offering remote access to services where this is appropriate; and the majority of existing pharmacies offer a private goodwill delivery service.
- Can existing pharmacies meet an increased demand: For example, if residents do not have a sufficient choice of local pharmaceutical service (Appendix 10 shows the number of pharmacies within a 20-minute walk and a 20-minute drive of each housing development).

The impact in each locality of sites with an estimated build of more than 100 houses by 2025 is discussed below:

#### 4.6.2i Dales

Table 17 lists the housing developments in the Dales locality with an estimated build of more than 100 houses by 2025. These sites will contain approximately 600 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. One of the four sites also has a pharmacy within a 20-minute walk.

**Table 17: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Brack's Farm	Bishop Auckland	150	69	0
Land south of Douglas Crescent, Auckland Park	Bishop Auckland	200	68	0
Land north of Woodhouses Farm and south of Etherley Moor Wigdan Walls Road	Etherley Dene	140	59	0
Land east of Deerbolt HMYOI and north of Bowes Road, Startforth	Barnard Castle	104	13	1

#### 4.6.2ii Easington

Table 18 lists the housing developments in the Easington locality with an estimated build of more than 100 houses by 2025. These sites will contain approximately 400 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Two of the three sites also has a pharmacy(s) within a 20-minute walk.

**Table 18: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land west of Blackhall Cemetery and south of Hesleden Road	Blackhall Colliery	123	50	2
Land south of A182 Seaham	Countryside - East Durham	180	36	0
Land south-east of Stewart Drive	Wingate	125	82	1

#### 4.6.2iii Derwentside

Table 19 lists the housing development in the Derwentside locality with an estimated build of more than 100 houses by 2025. This site will contain approximately 150 new houses, however there are sufficient pharmacies within a 20-minute walk and drive of this site.

**Table 19: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Berry Edge South, off Genesis Way	Consett	150	32	3

#### 4.6.2iv Sedgefield

Table 20 lists the housing developments in the Sedgefield locality with an estimated build of more than 100 houses by 2025. These sites will contain approximately 1000 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Five of the seven sites also have a pharmacy(s) within a 20-minute walk.

**Table 20: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
H30 - Copelaw	Newton Aycliffe	170	47	1
Land north of Middridge Road	Newton Aycliffe	200	61	1

Land north of West Chilton Terrace	Chilton	120	78	2
Whitworth Park	Spennymoor	144	75	0
Land south of 100 To 106 Dean Road	Ferryhill	150	80	3
Land north of Durham Road, Middlestone Moor	Spennymoor	150	79	0
Land south of Eden Drive	Sedgefield	123	57	1

#### 4.6.2v Durham

Table 21 lists the housing developments in the Durham locality with an estimated build of more than 100 houses by 2025. These sites will contain approximately 1000 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. All of the sites have a pharmacy(s) within a 20-minute walk.

**Table 21: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Integra 61 Land south of Bowburn and west of A688	Bowburn	180	105	1
Bogma Hall Farm	Coxhoe	144	94	1
Land north-east of St. Mary's Terrace	Coxhoe - Parkhill	109	101	2
Land east of Mill Lane	Sherburn Village	106	105	1
Milburngate House	Durham City	303	113	3
Durham City	H5 - Sniperley Park	135	94	1
Land on the north-east side of Cross Lane	Sacrison	137	75	2

#### 4.6.2vi Chester-le-Street

Table 22 lists the housing developments in the Chester-le-Street locality with an estimated build of more than 100 houses by 2025. These sites will contain approximately 400 new houses, however there are sufficient pharmacies within a 20-minute drive of these sites. Two of the three sites also have a pharmacy within a 20-minute walk.

**Table 22: Sites with an estimated build of more than 100 houses by 2025**

Site name	Settlement	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Lambton Park, Chester Road	Bournmoor	150	76	0

Land east of Moss Close Farm	Pelton	130	63	1
Land west of Valley Road, Pelton Fell	Pelton Fell	135	63	1

## List of abbreviations

AAP	Area Action Partnership
ABPM	Ambulatory Blood Pressure Monitoring
AUR	Appliance Use Review
BMJ	British Medical Journal
CCG	Clinical Commissioning Group
CDDFT	County Durham and Darlington Foundation Trust
CHD	Coronary heart disease
COPD	Chronic obstructive pulmonary disease
CPCD	Community Pharmacy County Durham
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular disease
DCC	Durham County Council
DHSC	Department of Health and Social Care
DMS	Discharge Medicines Service
EOHC	Emergency oral hormonal contraception
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IBA	Alcohol brief intervention
ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LFT	Lateral flow test
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LTC	Long term condition
MDS	Monitored dosage system

MECATS	Minor Eye Conditions and Treatment Service
NECS	NHS North of England Commissioning Support Unit
NENC ICS	North-East and North Cumbria Integrated Care System
NHS BSA	NHS Business Service Authority
NHSE&I	NHS England and Improvement
NHSCB	NHS Commissioning Board
NMS	New Medicines Service
NRT	Nicotine replacement therapy
PCSE	Primary Care Support England
PhAS	Pharmacy access scheme
PCN	Primary Care Network
PGD	Patient group direction
PNA	Pharmaceutical needs assessment
PQS	Pharmacy Quality Scheme
PSNE	Pharmacy Services North-East
SAC	Stoma Appliance Customisation
TB	Tuberculosis
The 2013 Regulations	National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <a href="https://www.legislation.gov.uk/uksi/2013/349/contents">https://www.legislation.gov.uk/uksi/2013/349/contents</a>
UHND	University Hospital North Durham

## **Appendix 1: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>77</sup>**

### **Part 2: Pharmaceutical needs assessments**

#### **Regulation 3. Pharmaceutical needs assessments**

3 (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

3 (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

#### **Regulation 4. Information to be contained in pharmaceutical needs assessments**

4 (1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

4 (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

#### **Regulation 6. Subsequent assessments**

6 (1) After it has published its first assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

6 (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to:

- a) the number of people in its area who require pharmaceutical services;
- b) the demography of its area; and
- c) the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

6 (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where:

- a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
- b) the HWB

---

<sup>77</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents>. Accessed 30.12.21

- I. is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
- II. is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

6(4) Where chemist premises are removed from a pharmaceutical list, as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application:

- a) to meet a current or future need for pharmaceutical services; or
  - b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment.

### **Regulation 8. Consultation on pharmaceutical needs assessments**

8 (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- f) any NHS trust or NHS foundation trust in its area;
- g) the NHSCB; and
- h) any neighbouring HWB.

8 (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

8 (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB:

- a) must consult that Committee before making its response to the consultation; and
- b) must have regard to any representations received from the Committee when making its response to the consultation.

8 (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

8 (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

8 (6) If a person consulted on a draft under paragraph (2):

- a) is treated as served with the draft by virtue of paragraph (5); or
- b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

### **Regulation 9. Matters for consideration when making assessments**

9 (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters:

- a) the demography of its area;
- b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- c) any different needs of different localities within its area;
- d) pharmaceutical services provided in the area of any neighbouring HWB which affect:
  - I. the need for pharmaceutical services in its area, or
  - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
- e) any other NHS services provided in or outside its area (which are not covered by subparagraph (d)) which affect:
  - I. the need for pharmaceutical services in its area, or
  - II. whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

9 (2) When making an assessment for the purposes of publishing a PNA, each HWB must take account of likely future needs:

- a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
- b) having regard to likely changes to:
  - I. the number of people in its area who require pharmaceutical services,
  - II. the demography of its area, and
  - III. the risks to the health or well-being of people in its area.

## **Schedule 1: Information to be contained in pharmaceutical needs assessments**

### **1. Necessary services: current provision**

A statement of the pharmaceutical services that the HWB has identified as services that are provided:

- a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

### **2. Necessary services: gaps in provision**

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

### **3. Other relevant services: current provision**

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

- a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

### **4. Improvements and better access: gaps in provision**

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

- a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

### **5. Other NHS services**

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect:

- a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

### **6. How the assessment was carried out**

An explanation of how the assessment has been carried out, and in particular:

- a) how it has determined what are the localities in its area;
- b) how it has taken into account (where applicable):
  - I. the different needs of different localities in its area, and
  - II. the different needs of people in its area who share a protected characteristic; and
- c) a report on the consultation that it has undertaken.

### **7. Map of provision**

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

## Appendix 2: Identifying gaps in pharmaceutical services<sup>78</sup>

### Background

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by NHSE&I that can meet health needs, and therefore whether there are any potential gaps in pharmaceutical service delivery over a 3-year period. If gaps are identified, a PNA then describes any needs for, or improvements or better access to specified pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area. This can then trigger pharmaceutical applications to meet those needs or secure those improvements or better access to pharmaceutical services.

The 2013 Regulations require a series of statements of the pharmaceutical services that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided in order to meet a current need
- will need to be provided in specified circumstances in order to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

### Identifying gaps in pharmaceutical services to meet a current need in the PNA

Potential gaps in pharmaceutical services could be for:

4. Geographical gaps in the location of premises.
5. Geographical gaps in the provision of services.
6. Gaps in the times at which, or days on which, services are provided.

Once any gaps are identified they are to be articulated as needs for pharmaceutical services, or improvements or better access to pharmaceutical services.

### Geographical gaps in the location of premises

This is determined by:

- Mapping a standardised travel time (the view of the PNA Steering Group is that an acceptable travel time is 20 minutes either on foot or by car / public transport) from the pharmacies and dispensing GP practices to allow for the identification of any areas where the residential population lives outside that travel time (including services in neighbouring HWBs for any areas the edge of the HWB area that are outside the chosen travel time).
- Analysing where prescriptions are dispensed.
- Information gained from public engagement questionnaires to gather information on how the public travels to pharmaceutical services.

### Geographical gaps in the provision of services

- Provision of each of the NHSE&I commissioned advanced services are determined in order to establish any geographical gaps in provision (Note: All premises will provide all essential services).

### Current gaps in the times at which, or days on which, services are provided

- Consideration is given as to whether there are any gaps in the times at which services are provided. This could be for a specific service e.g. the need for the provision of the CPCS at the weekend, or a range of services.

---

<sup>78</sup> Adapted from <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

- When considering times of service provision, this should be based on core opening hours since supplementary opening hours can be changed with at least 3 months' notice.

### Articulating a current need in the PNA

#### Geographical gaps in the location of premises

If the current need for a pharmacy is identified, then the PNA should state that. However, it should be noted that a pharmacy of itself is not a pharmaceutical service, therefore the need would be expressed as follows:

“There is a current need for a pharmacy providing the following services, Monday to Saturday in Anytown:

- all essential services,
- the CPCS,
- the NMS, and
- flu vaccinations.”

The HWB could go on and specify the required opening hours.

#### Geographical gaps in the provision of services

The PNA should include a precise statement of the service(s) that needs to be provided in order to meet a need for that service(s). This precise statement should include a description of:

- The service(s) required
- In what location
- At what times of the day

An example of such a statement would be:

- “There is a current need for the provision of the CPCS on Saturdays and Sundays between the hours of 09.00 and 19.00 in Anytown.”

#### Current gaps in the times at which, or days on which, services are provided

Opening hours are not in themselves pharmaceutical services. Therefore, if there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times. For example:

“Better access to the following services would be secured by their provision on weekday evenings between 17.00 and 19.30 in Anytown:

- all essential services,
- the CPCS, and
- the NMS.”

#### Identifying gaps in provision to meet a future need

The PNA must set out any needs for pharmaceutical services that may arise during the 3-year lifetime of the document. Matters to have regard to here include (Section 4.6):

- housing developments
- regeneration projects
- highways projects that will affect how services are accessed
- creation of new retail and leisure facilities that will draw people to an area
- changes in the provision of primary medical services for example the relocation of GP practices.

#### Articulating a future need in the PNA

If a pharmacy providing a specified range of services is identified as needed within a

housing development, then consideration will need to be given as to the trigger for that need. Is it on:

- Completion of a certain number of houses?
- Occupation of a certain number of houses?
- Completion of a certain phase of the development?
- Completion of the whole development?
- Completion of some or all of the other facilities?

For example:

“There is a future need for a pharmacy within the village centre of the development on occupation of 1,000 houses, that is open Monday to Friday between 09.00 and 19.00, and on Saturdays 09.00 to 17.30, providing the following services:

- all essential services, and
- the following advanced services: CPCS, flu vaccination.”

### Appendix 3: Timeline for the development of the PNA

Meeting	Date	Purpose
PNA Steering Group	By the beginning of April	To agree first draft to send to Management Teams
Public Health Senior Management Team	27/04/22	For comment
PNA Steering Group	06/05/22	Agree consultation draft for statutory consultation
Briefing on PNA with Cllr Sexton	April 2022	Briefing for Cllr Sexton on PNA consultation
Statutory 60-day consultation	16/05/22 – 14/07/22	Public consultation
Adults Wellbeing and Health Overview and Scrutiny Committee	15/07/22	Public consultation
PNA Steering Group	28/07/22	To agree final draft to send to Management Teams and HWB
Public Health Senior Management Team	03/08/22	Revised PNA following consultation
Adults and Health Services Senior Management Team	11/08/22	Revised PNA following consultation
Corporate Management Team	17/08/22	Revised PNA following consultation
Briefing on PNA with Cllr Sexton	August 2022	Briefing for Cllr Sexton on PNA before comes to Health and Wellbeing Board
Officer Health and Wellbeing Group	05/09/22	Revised PNA following consultation
Health and Wellbeing Board	28/09/22	Formal agreement of PNA
Publication on DCC website	1/10/22	Content required at <a href="https://www.durhaminsight.info/pna/">https://www.durhaminsight.info/pna/</a> : <ul style="list-style-type: none"> <li>• Final PNA document</li> <li>• Section for supplementary statements</li> <li>• Pharmaceutical services listing and map</li> </ul>
Cabinet report	12/10/22	Final PNA for information

## Appendix 4: Process for updating the PNA<sup>79</sup>

Once the PNA has been published, the HWB has a process for publishing new versions of the PNA (every 3 years, or sooner if it identifies any significant changes to the need for pharmaceutical services) and supplementary statements (statements of fact describing significant changes to the availability of pharmaceutical services). This is a delegated duty carried out by Public Health and the Partnerships Team in DCC.

### **Publishing a new version of the PNA: Significant changes to the need for pharmaceutical services**

Once a PNA is published, the 2013 Regulations require the HWB to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent. This could be due to changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area.

The only exception to this requirement is where the HWB is satisfied that producing a new PNA would be a disproportionate response to the changes.

#### ***An example is:***

Whilst drafting its next PNA, the HWB notes that the regeneration of a steelworks plant is due to start in 4 years' time. As well as 15,000 houses there will also be a business park, retail area and extensive leisure and recreational facilities. It is anticipated that when finished the development will draw a considerable number of daily visitors.

Whilst groundworks will start in year 3, building of the first phase of housing is not due to start until the following year. The HWB is of the opinion that a pharmacy providing a specified range of pharmaceutical services 7 days a week will be required in the future but decides not to include the project in the PNA as it will not generate any need for pharmaceutical services within the 3-year lifetime of the PNA.

Six months after the PNA is published, it is announced that the project is being bought forward in order to stimulate the local economy and the first phase of housing will commence within the next 6 months.

Due to the location of the development on the edge of a town from which it is separated by a busy motorway, there is no easy access to the nearest pharmacies.

The HWB board is of the opinion that this represents a significant change to the need for pharmaceutical services and starts the process of producing its next PNA.

### **Publishing supplementary statements: Significant changes to the availability of pharmaceutical services**

PCSE is responsible for notifying a range of organisations when:

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

NHSE&I is responsible for notifying a range of organisations when:

- core and/or supplementary opening hours change
- pharmacy or dispensing appliance contractor premises close permanently
- a dispensing practice ceases to dispense either to a particular area or completely

A supplementary statement is published to explain significant changes to the availability of pharmaceutical services where:

<sup>79</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

- the changes are relevant to the granting of a future application(s) for inclusion in the pharmaceutical list for the HWB area;
- the HWB is satisfied that producing a new PNA would be a disproportionate response to those changes (or it is already producing its next PNA but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services).

Supplementary statements are statements of fact only; they do not make any assessment of the impact the change may have on the need for pharmaceutical services. Effectively, they are an update of what the PNA says about the availability of pharmaceutical services. They are not a vehicle for updating what the PNA says about the need for pharmaceutical services.

Once published the supplementary statement becomes part of the PNA and will therefore be referred to by NHSE&I when it determines applications for inclusion in a pharmaceutical list. It will also be referred to by NHS Resolution when it determines an appeal. Supplementary statements are therefore published alongside the PNA.

Publication of a supplementary statement can then lead to applications to meet a current need as a current need would be inferred by the publication of the supplementary statement.

Where the HWB identifies changes to the availability of pharmaceutical services that are not relevant to the granting of applications and therefore does not issue a supplementary statement, it will keep a record of these changes so that they can be incorporated into the next version of the PNA.

***Examples of where a supplementary statement would need to be considered<sup>80</sup>***

***When there is no significant change in the availability of pharmaceutical services that would be relevant to the granting of a future application(s), a supplementary statement would not need to be published. Examples include:***

A change of ownership of a pharmacy (this not a change to the availability of pharmaceutical services and therefore no supplementary statement is issued).

A pharmacy has relocated three doors down the road i.e. a no significant change relocation (this is a very minor change to the availability of pharmaceutical services and is not relevant to the granting of a future application for inclusion in the pharmaceutical list and therefore no supplementary statement is issued. The HWB would update the map showing the premises at which pharmaceutical services are provided).

One of three pharmacies that are on the same road within 600 metres of each other reduces its supplementary opening hours on a Saturday and now closes at 13.00 instead of 17.00. The other two pharmacies open on Saturday afternoons, one until 22.00 as it is a 100-hour pharmacy (whilst this is a change to the availability of pharmaceutical services it is not relevant to the granting of a future application due to the close proximity of the two other pharmacies, one of which must stay open until 22.00, therefore a supplementary statement does not need to be issued).

<sup>80</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

***When there is a significant change in the availability of pharmaceutical services that is relevant to the granting of a future application(s), a supplementary statement would need to be published. Examples include:***

The only pharmacy in a deprived part of a town closes. The next nearest pharmacy is 2 miles away. This is a change to the availability of pharmaceutical services, so the HWB considers whether the change is therefore relevant to the granting of a future application for inclusion in the pharmaceutical list by considering e.g. travel times to the nearest pharmacy, the availability of private and public transport, the fact it is likely to be too far to walk for many people, and the availability of other NHS services. If the HWB considers that there is now a gap in the provision of pharmaceutical services, then it would need to publish a supplementary statement. This can then lead applications to meet a current need as the current need would be inferred by the publication of the supplementary statement. Following the closure of the pharmacy the HWB must update the map showing the premises at which pharmaceutical services are provided.

The PNA identifies the need for a new pharmacy. An application is subsequently received, granted and the pharmacy opens. This is a change to the availability of pharmaceutical services and is also relevant to the granting of future applications as the PNA only identified the need for one pharmacy. A supplementary statement is therefore published so as to avoid the submission of unnecessary applications. Following the opening of the pharmacy the HWB must update the map showing the premises at which pharmaceutical services are provided.

An unforeseen benefits application for a pharmacy within a village is granted. This is a change to the availability of pharmaceutical services and is also relevant to the granting of further applications. A supplementary statement would therefore need to be published so as to avoid the submission of unnecessary applications.

Consolidation applications – see below.

### **Consolidation applications<sup>81</sup>**

A supplementary statement must be issued in connection with the granting of a consolidation application.

Since 5 December 2016 pharmacies have been able to apply to NHSE&I to consolidate the provision of pharmaceutical services at two pharmacies onto one site, i.e. one set of premises closes. However, such applications:

- cannot involve distance selling premises
- can only involve two pharmacies that are in the area of the same HWB
- may be submitted where the applicant owns both pharmacies
- may be submitted where the applicant owns one of the pharmacies and another contractor owns the other pharmacy.

NHSE&I is directed to refuse a consolidation application if it satisfied that to grant it would create a gap in pharmaceutical services provision that could be met by an application offering to:

- meet a current or future need for pharmaceutical services, or
- secure improvements or better access to pharmaceutical services.

HWBs have a statutory duty to make representations in writing which indicate whether or not granting the application would create such a gap. The HWB therefore has a process by

---

<sup>81</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

which a consideration can be made as to whether the closure of one of the pharmacies would result in such a gap.

When the pharmacy that is to close does so the HWB will be notified of this by PCSE. At that point the HWB issues a supplementary statement where it is of the opinion that the closing of one of the pharmacies does not create a gap that could be met by an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services. Such a supplementary statement remains in place and provides regulatory protection for the continuing pharmacy against an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services for the remaining lifetime of the PNA.

Having granted a consolidation application NHSE&I must then refuse any further “unforeseen benefits” applications by other pharmacy contractors seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as evidence of a gap in provision. This would be the case at least until the next revision of the PNA.

When the PNA is then to be revised, the HWB will need to consider again where there are any current geographical gaps in the location of premises. The HWB will be aware that the consolidation did not previously create a gap and a supplementary statement was published at the time to this effect. Unless there have been other changes in the locality, and these are then sufficient to have created a need for an additional pharmacy or the provision of a pharmaceutical service or services at certain times, there will continue to be no gap. It is recommended that within the PNA that it is noted that a pharmacy previously closed as the result of a consolidation but that did not create a gap and the HWB remains of that opinion. This will then ensure that the regulatory protection conferred by the consolidation will continue for the lifetime of the next PNA.

HWBs should note that if a consolidation application is refused the owner of the site that was to be closed can still give notice to NHSE&I that they intend to close the pharmacy. The HWB would then need to consider whether it will need to provide a supplementary statement following this closure. If the refusal was because NHSE&I was satisfied that to grant the consolidation would create a gap in pharmaceutical services provision, then a supplementary statement would be required following the closure of the premises.

## Appendix 5: Targets in the Joint Health and Wellbeing Strategy

The JHWS outlines a vision for improving health and wellbeing, and for addressing health inequalities in the county. The JHWS 2021-25 informs and influences decisions about health and social care services in County Durham, so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing, for example drugs, alcohol, unhealthy weight, mental and physical wellbeing.<sup>82</sup>

The HWB adopts a life course approach to these priorities, recognising the importance of mental health and wellbeing, physical activity and the social determinants of health cutting across all the priorities. These priorities are:

- Starting Well
- Living Well
- Ageing Well

The extract taken below was correct in February 2022. This information only includes those targets and actions that can be supported by the provision of pharmaceutical services.

**Strategic Priority 1 Starting Well:** This priority covers the early years of life from conception to young adulthood and includes pregnancy, birth, and childhood.

Priorities include:

- Ensure immunisation rates are maintained.
- Develop whole system commission for wellbeing and mental health.
- Support women to achieve a smoke free pregnancy.
- Support women to initiate and continue breastfeeding their babies.
- Continue the countywide offer around physical activity and good nutrition.
- Reduce preventable unintentional injuries among children and young people.

**Strategic Priority 2 Living Well:** This priority covers adulthood, from leaving school/university to retiring and includes our working life.

Priorities include:

- Work with a range of partners to deliver Making Every Contact Count to enable every contact to be a healthy contact.
- Better identify the rate of self-harm and reduce the levels of suicide across County Durham.
- Reduce the prevalence of harm caused by smoking.
- Develop a Sexual Health Strategy for County Durham to ensure equitable access and a strategic focus on reducing sexually transmitted infections and good contraceptive health.
- Help people to manage their own long-term conditions including diabetes and respiratory conditions.
- Implement initiatives to support individuals to develop healthy eating habits and take part in physical activity.

**Strategic Priority 3 Ageing Well:** This priority covers additional actions in later life, noting that ageing begins at birth.

Priorities include:

- Promote the uptake of the vaccinations including flu, pneumococcal and shingles.
- Ensure dementia is identified and diagnosed at an early stage and families, carers and communities are helped to manage their condition.
- Continue to work with partners and providers to reduce the incidence of falls and fractures in older people.

---

<sup>82</sup> [www.durham.gov.uk/jhws](http://www.durham.gov.uk/jhws). Accessed 09.02.22

- Ensure the frail elderly are able to live well at home for as long as possible and receive high quality, consistent levels of service.
- Improve the end of life pathway to ensure providers aspire to delivering support to people at the end of their life to deliver personal, bespoke care.
- Develop and implement an Active Ageing Strategy.

## Appendix 6: Pharmaceutical service maps

### Master map of pharmaceutical services in County Durham

The up-to-date listing and map of all pharmacies and dispensing GP practices in County Durham is at <https://www.durhaminsight.info/pna/>. It is a statutory requirement to keep this information up to date (Appendix 1).

### Mapping exercise for the PNA 2022-25

This mapping exercise was undertaken in December 2021 and will be available at <https://www.durhaminsight.info/pna/>, however is currently available at <https://experience.arcgis.com/experience/a86cfdc0c2d3441082ecbfd28ec6a5d3/>.

These maps can be viewed as the 6 PNA localities of:

- Dales
- Easington
- Derwentside
- Sedgefield
- Durham
- Chester-le-Street

The following maps were created in December 2021:

#### Population

- Location of pharmacies mapped against population density (all ages).
- Location of pharmacies mapped against population density of the over 65's.
- Location of pharmacies mapped against deprivation.

#### Access

- Pharmacies open after 6pm (with a 100 hour pharmacy distinction).
- Pharmacies open at the weekend (with a 100 hour pharmacy distinction).

Note: This information is based on core opening hours only since additional supplementary opening hours can, with a 3 month notice to NHSE&I, change at any time. Information on core opening hours was obtained from NHSE&I in October 2021.

#### Examples of advanced service provision

- Pharmacies providing the Seasonal Influenza Vaccination Service.

Note: This information is based on NHSE&I data in October 2021.

#### Examples of public health pharmacy service provision

- Pharmacies providing the EOHC Service.
- Pharmacies providing the Supervised Consumption Service.

Note: This information was based on PharmOutcomes claims and commissioner service data in November 2021.

#### Examples of CCG commissioned service provision

- Pharmacies providing the Palliative Care Service.

Note: This information is based on commissioner service data in November 2021.

## Appendix 7: Results of community pharmacy survey work

An online survey of all pharmacies was carried out via a PharmOutcomes questionnaire (template available on request) in August 2021. 67% of contractors (85 out of 127) replied, and the results are represented in each of the 6 localities.

Note: For the analysis of advanced services provided by pharmacies for the purposes of the PNA, this is taken from data provided by the services commissioner (i.e. NHSE&I) and not from the data provided below.

### Chester-le-Street

In August 2021, 3 of the 12 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

#### Pharmacy premises

- Two of the pharmacies that responded do not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

#### National pharmacy contract

##### Pharmacy Access Scheme payment

- None of the pharmacies that responded receive PhAS payments.

##### Advanced pharmacy services

Service	Of the 3 pharmacies that responded, the number providing the service
NMS	3
AUR	0
SAC	0
Influenza Vaccination 2021-22	3
CPCS	3
Hepatitis C Antibody Testing Service	0
Lateral Flow Device Distribution Service	3
Pandemic Medicines Delivery Service	2

##### CCG locally commissioned services

Service	Of the 3 pharmacies that responded, the number providing the service
Minor Ailment Service	3
Palliative Care Scheme	1
Reimbursement of TB Medication Costs	1
Food Thickening Voucher Scheme	2
MECATS	1

##### Local Authority locally commissioned services

Service	Of the 3 pharmacies that responded, the number providing the service
NRT Voucher Scheme	3
Level 2 Stop Smoking Service	0
Supervised Consumption Service	3
Naloxone Supply Service	1
Needle Exchange Service	2
Alcohol Brief Intervention Service	2

<b>Service</b>	<b>Of the 3 pharmacies that responded, the number providing the service</b>
EOHC Service	3
C Card Scheme	1

#### **Non-commissioned services**

<b>Service</b>	<b>Of the 3 pharmacies that responded, the number providing the service</b>
Supply of medication in a MDS	3
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	3

#### **Dales**

In August 2021, 19 of the 23 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

#### **Pharmacy premises**

- Three of the pharmacies that responded do not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

#### **National pharmacy contract**

##### ***Pharmacy Access Scheme payment***

- Four of the pharmacies that responded receive PhAS payments.

##### ***Advanced pharmacy services***

<b>Service</b>	<b>Of the 19 pharmacies that responded, the number providing the service</b>
NMS	18 (with 1 intending to provide in the next 12 months)
AUR	2
SAC	0
Influenza Vaccination 2021-22	15 (with 1 intending to provide in the next 12 months)
CPCS	17 (with 2 intending to provide in the next 12 months)
Hepatitis C Antibody Testing Service	0
Lateral Flow Device Distribution Service	19
Pandemic Medicines Delivery Service	15 (with 1 intending to provide in the next 12 months)

#### **CCG locally commissioned services**

<b>Service</b>	<b>Of the 19 pharmacies that responded, the number providing the service</b>
Minor Ailment Service	18 (with 1 intending to provide in the next 12 months)
Palliative Care Scheme	15
Reimbursement of TB Medication Costs	1 (with 2 intending to provide in the next 12 months)

<b>Service</b>	<b>Of the 19 pharmacies that responded, the number providing the service</b>
Food Thickening Voucher Scheme	13 (with 2 intending to provide in the next 12 months)
MECATS	13 (with 1 intending to provide in the next 12 months)

#### **Local Authority locally commissioned services**

<b>Service</b>	<b>Of the 19 pharmacies that responded, the number providing the service</b>
NRT Voucher Scheme	18 (with 1 intending to provide in the next 12 months)
Level 2 Stop Smoking Service	4 (with 2 intending to provide in the next 12 months)
Supervised Consumption Service	12
Naloxone Supply Service	9
Needle Exchange Service	1
Alcohol Brief Intervention Service	9 (with 4 intending to provide in the next 12 months)
EOHC Service	17 (with 1 intending to provide in the next 12 months)
C Card Scheme	18

#### **Non-commissioned services**

<b>Service</b>	<b>Of the 19 pharmacies that responded, the number providing the service</b>
Supply of medication in a MDS	16
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	16

#### **Derwentside**

In August 2021, 15 of the 20 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

##### **Pharmacy premises**

- One pharmacy does not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

##### **National pharmacy contract**

##### ***Pharmacy Access Scheme payment***

- One pharmacy receives PhAS payments.

### **Advanced pharmacy services**

<b>Service</b>	<b>Of the 15 pharmacies that responded, the number providing the service</b>
NMS	15
AUR	2
SAC	0
Influenza Vaccination 2021-22	14
CPCS	15
Hepatitis C Antibody Testing Service	0
Lateral Flow Device Distribution Service	15
Pandemic Medicines Delivery Service	9

### **CCG locally commissioned services**

<b>Service</b>	<b>Of the 15 pharmacies that responded, the number providing the service</b>
Minor Ailment Service	15
Palliative Care Scheme	9
Reimbursement of TB Medication Costs	8
Food Thickening Voucher Scheme	11
MECATS	6

### **Local Authority locally commissioned services**

<b>Service</b>	<b>Of the 15 pharmacies that responded, the number providing the service</b>
NRT Voucher Scheme	15
Level 2 Stop Smoking Service	10
Supervised Consumption Service	9
Naloxone Supply Service	6
Needle Exchange Service	2
Alcohol Brief Intervention Service	12
EOHC Service	14(with 1 intending to provide in the next 12 months)
C Card Scheme	12 (with 1 intending to provide in the next 12 months)

### **Non-commissioned services**

<b>Service</b>	<b>Of the 15 pharmacies that responded, the number providing the service</b>
Supply of medication in a MDS	9
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	14

## **Durham**

In August 2021, 18 of the 21 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

### **Pharmacy premises**

- Six pharmacies do not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

**National pharmacy contract  
Pharmacy Access Scheme payment**

- Four pharmacies receive PhAS payments.

**Advanced pharmacy services**

<b>Service</b>	<b>Of the 18 pharmacies that responded, the number providing the service</b>
NMS	16 (with 1 intending to provide within the next 12 months)
AUR	1
SAC	1
Influenza Vaccination 2021-22	16 (with 1 intending to provide within the next 12 months)
CPCS	18
Hepatitis C Antibody Testing Service	0 (with 1 intending to provide within the next 12 months)
Lateral Flow Device Distribution Service	18
Pandemic Medicines Delivery Service	11

**CCG locally commissioned services**

<b>Service</b>	<b>Of the 18 pharmacies that responded, the number providing the service</b>
Minor Ailment Service	18
Palliative Care Scheme	10
Reimbursement of TB Medication Costs	8
Food Thickening Voucher Scheme	9 (with 1 intending to provide within the next 12 months)
MECATS	6

**Local Authority locally commissioned services**

<b>Service</b>	<b>Of the 18 pharmacies that responded, the number providing the service</b>
NRT Voucher Scheme	18
Level 2 Stop Smoking Service	4 (with 1 intending to provide within the next 12 months)
Supervised Consumption Service	7 (with 1 intending to provide within the next 12 months)
Naloxone Supply Service	4 (with 1 intending to provide within the next 12 months)
Needle Exchange Service	0
Alcohol Brief Intervention Service	8 (with 3 intending to provide within the next 12 months)
EOHC Service	12
C Card Scheme	11

### Non-commissioned services

Service	Of the 18 pharmacies that responded, the number providing the service
Supply of medication in a MDS	16
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	17

### Easington

In August 2021, 16 of the 29 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

#### Pharmacy premises

- Three pharmacies do not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

#### National pharmacy contract

##### **Pharmacy Access Scheme payment**

- Three pharmacies receive PhAS payments.

##### **Advanced pharmacy services**

Service	Of the 16 pharmacies that responded, the number providing the service
NMS	16
AUR	1
SAC	0
Influenza Vaccination 2021-22	11
CPCS	16
Hepatitis C Antibody Testing Service	0 (with 1 intending to provide within the next 12 months)
Lateral Flow Device Distribution Service	16
Pandemic Medicines Delivery Service	7 (with 1 intending to provide within the next 12 months)

### CCG locally commissioned services

Service	Of the 16 pharmacies that responded, the number providing the service
Minor Ailment Service	14
Palliative Care Scheme	11
Reimbursement of TB Medication Costs	5
Food Thickening Voucher Scheme	5
MECATS	8

### Local Authority locally commissioned services

Service	Of the 16 pharmacies that responded, the number providing the service
NRT Voucher Scheme	14
Level 2 Stop Smoking Service	6 (with 2 intending to provide within the next 12 months)
Supervised Consumption Service	7
Naloxone Supply Service	5
Needle Exchange Service	0
Alcohol Brief Intervention Service	7 (with 1 intending to provide within the next 12 months)
EOHC Service	11
C Card Scheme	7 (with 2 intending to provide within the next 12 months)

### Non-commissioned services

Service	Of the 16 pharmacies that responded, the number providing the service
Supply of medication in a MDS	12
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	14

## Sedgefield

In August 2021, 14 of the 22 pharmacies in this locality responded to the pharmacy survey. Of the pharmacies that responded, the key results are:

### Pharmacy premises

- One pharmacy does not have unaided wheelchair access. At these pharmacies, the customer rings the doorbell or rings the pharmacy for aided access.

### National pharmacy contract

#### **Pharmacy Access Scheme payment**

- One pharmacy receives PhAS payments.

#### **Advanced pharmacy services**

Service	Of the 14 pharmacies that responded, the number providing the service
NMS	14
AUR	1
SAC	0
Influenza Vaccination 2021-22	14
CPCS	14
Hepatitis C Antibody Testing Service	0 (with 1 intending to begin within next 12 months)
Lateral Flow Device Distribution Service	13
Pandemic Medicines Delivery Service	9

**CCG locally commissioned services**

<b>Service</b>	<b>Of the 14 pharmacies that responded, the number providing the service</b>
Minor Ailment Service	13
Palliative Care Scheme	10 (with 1 intending to begin within next 12 months)
Reimbursement of TB Medication Costs	3
Food Thickening Voucher Scheme	10
MECATS	9

**Local Authority locally commissioned services**

<b>Service</b>	<b>Of the 14 pharmacies that responded, the number providing the service</b>
NRT Voucher Scheme	12
Level 2 Stop Smoking Service	5 (with 1 intending to begin within next 12 months)
Supervised Consumption Service	13
Naloxone Supply Service	6
Needle Exchange Service	1
Alcohol Brief Intervention Service	5 (with 2 intending to begin within next 12 months)
EOHC Service	14
C Card Scheme	8 (with 1 intending to begin within next 12 months)

**Non-commissioned services**

<b>Service</b>	<b>Of the 14 pharmacies that responded, the number providing the service</b>
Supply of medication in a MDS	11
Delivery of dispensed medicines (over and above the requirements of Pandemic Medicines Delivery Service)	13

## Appendix 8: Location and opening hours of pharmaceutical services<sup>83</sup>

ODS Code	Pharmacy or GP Surgery	Trading Name	Address 1	Address 2	Postcode	Pharmacy Core hours, or GP Dispensary Opening Hours	Additional Pharmacy <u>Supplementary</u> Hours
<b>Dales<sup>84</sup></b>							
FA121	Tesco Stores Limited	Tesco Pharmacy	St Helen Auckland Industrial Estate	Bishop Auckland	DL14 9AB	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
FC495	Boots UK Limited	Boots Pharmacy	Unit 8 Bishop Auckland Shopping Park	Bishop Auckland	DL14 9FA	Mon-Fri: 08:00-24:00, Sat: 09:00-23:00, Sun: 10:00-16:00	None
FAL36	Lloyds Pharmacy Limited	Lloyds Pharmacy	St Helen's Industrial Estate, St Helen's Auckland	Bishop Auckland	DL14 9TT	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 11:00-17:00	None
FA415	Asda Stores Ltd	Asda Pharmacy	South Church Road	Bishop Auckland	DL14 7LB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
	Auckland Medical Group		The Old Fire House, Watling Street	Bishop Auckland	DL14 6RP	Mon-Fri: 08:00-13:00; 14:00-18:00	
FXF69	Bestway National Chemists Limited	Well Pharmacy	Unit 7, Newgate Centre	Bishop Auckland	DL14 7JQ	Mon-Fri: 09:00-17:00	Sat: 09.00-1300
FTJ49	Boots UK Limited	Boots Pharmacy	Primary Care Centre, Watling Road	Bishop Auckland	DL14 6RP	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Thurs: 08:00-09:00

<sup>83</sup> Information based on: NHS BSA dispensing doctor list in October 2021; NHSE&I pharmacy listing and core opening hours October 2021; subsequent ongoing significant pharmacy changes to this information from October 2021 – May 2022 (information available on request)

<sup>84</sup> Key: Gold: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

FH490	Norchem Healthcare Limited	Knights M&M Pharmacy	172-174 Newgate Street	Bishop Auckland	DL14 7EJ	Mon-Fri: 08:00-12:30; 13:30-17:00,	Mon-Fri: 12:30-13:30; 17:00-17:30, Sat: 09:00-12:00
FHV08	Norchem Healthcare Limited	Knights M&M Pharmacy	Station View Medical Centre, 29a Escomb Road	Bishop Auckland	DL14 6AB	Mon-Fri: 08:45-13:00; 14:00-17:45	None
	Barnard Castle Surgery		Victoria Road	Barnard Castle	DL12 8HT	Mon-Wed: 08:00-17:45, Thurs: 08:00 -14:00, Fri: 08:00-17:45	
FV380	Day Lewis Plc	Day Lewis Plc	86 Galgate	Barnard Castle	DL12 8BJ	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00, Sat: 08:30-13:00
FMD09	Boots UK Limited	Boots Pharmacy	37-39 Market Place	Barnard Castle	DL12 8NE	Mon-Tue: 09:00-13:00; 14:00-17:30, Wed: 09:00-17:30, Thu: 09:00-13:00; 14:00-17:30, Fri: 09:00-17:30, Sat: 09:00-13:00; 14:00-17:30	None
FVV69	C & C Forster Ltd	Welsh Chemist	144 Melrose Drive	St Helen Auckland	DL14 9DN	Mon-Fri: 08:30-13:00; 14:00-17:30	None
FF689	M J & A Gordon Limited	Tow Law Pharmacy	24 High Street	Tow Law	DL13 4DL	Mon-Wed: 09:00-12:30; 13:30-18:00, Thurs: 09:00-12:30; 13:30-15.00, Fri: 09:00-12:30; 13:30-18:00, Sat: 09:00-12:00	None
FRW33	Gill & Schofield Pharmaceutical Chemists	Coundon Pharmacy	Victoria Lane	Coundon	DL14 8NL	Mon-Fri: 08:45-13:15; 14:00-17:30	None
FJ779	Stanhope Chemists Ltd	Stanhope Chemists Ltd	79 Front Street	Stanhope	DL13 2TZ	Mon-Tues: 09:00-12:15; 13:30-17:30, Wed: 09:00-12:15; 13:30-16.00,	None

						Thurs-Fri: 09:00-12:15; 13:30-17:30, Sat: 09:00-12:15	
	Woodview Medical Practice		The Surgery	Cockfield	DL13 5AF	Mon-Tues: 08:30 - 16:00, Wed-Thurs: 8:30-15:00 Fri: 08:30-18:00	
FGF94	Whitworth Chemists Limited	Whitworth your family pharmacy	38 Front Street	Cockfield	DL13 5DS	Mon: 08:45-13:00; 14:00-18:15, Tue-Thurs: 08:45-13:00; 14:00-17:30, Fri: 08:45-13:00; 14:00-18:00	Mon-Fri: 13:00 - 14:00, Sat: 08:45 -13:00
FT188	Wolsingham Pharmacy Ltd	Wolsingham Pharmacy	12 Market Place	Wolsingham	DL13 3AE	Mon: 09:00-12:15; 13:30-17:30, Tues: 09:00-12:15; 13:30-17:00, Wed: 09:00-12:15, Thu: 09:00-12:15; 13:30-17:00, Fri: 09:00-12:15; 13:30-17:30, Sat: 09:00-12:15	None
	Old Forge Surgery		The Surgery	Middleton-In-Teesdale	DL12 0QE	Mon-Fri: 08:00-18:00	
FRH84	Day Lewis Plc	Day Lewis Plc	19 Market Place	Middleton-In-Teesdale	DL12 0QG	Mon-Tues: 09:00-17:30, Wed: 09:00-13:00, Thu-Fri: 09:00-17:30, Sat: 09:00-13:00	None
FQ026	Northern Pharmacy Group Ltd	Crook Pharmacy	50 Hope Street	Crook	DL15 9HU	Mon-Fri: 07:00-23:00, Sat: 08:00-22:00, Sun: 10:00-16:00	None
FLA09	Boots UK Limited	Boots Pharmacy	8 North Terrace	Crook	DL15 9AZ	Mon-Sat: 09:00-17:30	None

FR233	Clemitsons Ltd	Clemitsons Ltd	25A Hope Street	Crook	DL15 9HS	Mon-Fri: 08:30-12:30; 13:00-17:00	Mon-Fri: 12:30-13:00, Sat: 09:00-12:00
FXH47	Clemitsons Ltd	Clemitsons Ltd	51 Hope Street	Crook	DL15 9HU	Mon-Fri: 08:30-12:00; 13:30-18:00	Mon-Fri: 12:00-13:30
FFV56	Britton & Robson Ltd	Britton & Robson Ltd	46 High Street	Willington	DL15 0PG	Mon-Fri: 08:30-12:30; 13:30-17:30	Mon & Wed: 08:00-08:30; 12:30-13:30; 17:30-18:00, Tues, Thurs & Fri: 08:00-08:30; 12:30-13:30; 17:30-19:00, Sat: 08:30-12:30
	Pinfold Medical Practice		Pinfold Lane	Butterknowle	DL13 5NX	Mon: 08:30-18:00, Tues 08:30-17:00, Wed 08:30-18:00, Thurs 08:30-17:00, Fri 08:30-18:00. Closed every day between 12:30-14:00	
	Evenwood Medical Practice		Copeland Lane	Evenwood	DL14 9SU	Mon: 10.00–12.00; 13.00-18.00, Tues: 08.00-12.00, 13:00-15:00 Wed: 08.00-13.00, Thurs: 08.00–12.00; 13.00-18.00, Fri: 08.00–12.00; 14.00-15.30	
	Gainford Surgery		Main Road	Gainford	DL2 3BE	Mon-Fri: 08:00-18:00	

Easington <sup>85</sup>							
FDE75	Asda Stores Ltd	Asda Pharmacy	Surtees Road	Peterlee	SR8 5HA	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
FHD21	Boots UK Limited	Boots Pharmacy	30-32 The Chare	Peterlee	SR8 1AE	Mon - Fri: 09:00-13:00; 14:00-16:45, Sat: 09:00-12:00; 13:00-16:45	Mon-Fri: 08:30-09:00; 13:00-14:00; 16:45-17:30, Sat: 08:30-09:00; 16:45-17:30
FCJ51		York Road Pharmacy	60 York Road	Peterlee	SR8 2DP	Mon-Tues: 09:00-13:00; 13:30-17:30, Wed: 09:00-13:00, Thu-Fri: 09:00-13:00; 13:30-17:30, Sat: 09:00-13:00	None
FDH51	IntraHealth Pharmacy Limited	IntraHealth Pharmacy Limited	William Brown Centre, Manor Way	Peterlee	SR8 5SB	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon: 08:30-09:00; 12:30-13:30; Tues-Fri: 08:30-09:00; 12:30-13:30; 18:00-19:00
FVF01	Bestway National Chemists Limited	Well Pharmacy	9 The Chare	Peterlee	SR8 1AE	Mon-Fri: 09:00-13:00; 14:00-17:30, Sat: 09:00-11:30	Sat: 11:30-13:00
FF604	Boots UK Limited	Boots Pharmacy	17 Blackhills Road	Horden	SR8 4DW	Mon - Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	Mon - Fri 08:30-09:00; 12:30-13:30 Sat: 11:30-12:00
FY376	M Whitfield Limited	M Whitfield Limited	30 Forth Street	Horden	SR8 4LB	Mon-Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	Sat: 11:30-12:30

<sup>85</sup> Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

FNC75	Boots UK Limited	Boots Pharmacy	South Hetton Health Centre, Front Street	South Hetton	DH6 2TH	Mon-Fri: 09.00-17.00	Mon-Fri: 08:30-09:00; 17:00-17:30
FL649	Boots UK Limited	Boots Pharmacy	1 Seaside Lane	Easington Colliery	SR8 3PF	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30
FCH78	Boots UK Limited	Boots Pharmacy	Craddock House, Seaside Lane	Easington Colliery	SR8 3PF	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 13:00-13:30, Sat: 09:00-13:00
FQ606	Asda Stores Ltd	Asda Pharmacy	Byron Place, South Terrace	Seaham	SR7 7HN	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
FA709	Boots UK Limited	Boots Pharmacy	63 Church Street	Seaham	SR7 7HF	Mon-Sat: 09:00-13:00; 14:00-16:45	Mon-Sat: 13:00-14:00; 16:45-17:30
FN907	Bestway National Chemists Limited	Well Pharmacy	43 Church Street	Seaham	SR7 7HF	Mon-Fri: 08:30-12:30; 14:00-18:00	Mon-Fri: 13:30-14:00
FEM40	Norchem Healthcare Limited	Knights Deneside Pharmacy	1 The Avenue, Deneside	Seaham	SR7 8LQ	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FNE72	J S Locum Services Ltd	Kaila Pharmacy	8 Blandford Place	Seaham	SR7 7EL	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
FGQ15	Vangmayi Ltd	J & J Pharmacy	1 West Grove, Westlea Estate	Seaham	SR7 8EL	Mon-Fri: 09:00-14:00; 14:30-17:30	Mon-Fri: 14:00-14:30, Sat: 09:15-13:00
FKG29	Norchem Healthcare Limited	Knights Harbour Pharmacy	Seaham Primary Care Centre, St Johns Square	Seaham	SR7 7JE	Mon-Fri: 09:00-18:00	Mon- Fri: 08:00-09:00, Sat: 09.00-13.00
FV165	G Whitfield Limited	G Whitfield Limited	16 Woods Terrace East	Murton	SR7 9AA	Mon-Wed: 09.00-12.30; 13.30-18:00, Thurs-Fri: 09.00-12.30; 13.30-17:00, Sat: 09:00-12:30	Mon-Wed: 08:30-09:00; 12:30-13:30, Thu-Fri: 08:30-09:00; 12:30-13:30; 17:00-18:00
FEQ59	Whitworth Chemists Limited	Whitworth your family pharmacy	13/15 Woods Terrace	Murton	SR7 9AD	Mon-Fri: 08:30-12:30; 13:30-17:30	Mon-Wed: 17:30 - 18:00, Sat: 09:00 - 12:00
FJW29	Crispin Pharmacy Ltd	Shotton Pharmacy	2 Front Street	Shotton Colliery	DH6 2LT	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:30

FL004	Haswell Pharmacy Limited	Haswell Pharmacy	80 Front Street	Haswell	DH6 2BL	Mon-Wed: 09:00-17:30, Thurs: 09:00-15.00, Fri: 09:00-17:30	Thurs: 15:00-17:30
FQL31	M Whitfield Limited	M Whitfield Limited	2 Stanley Terrace	Thornley	DH6 3ES	Mon-Wed: 09:00-12:30; 14:00-18:00, Thurs: 09:00-12:30; 14:00-17.30, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:00	None
FVH83	Norchem Healthcare Limited	Knights Meikle Pharmacy	51 Middle Street	Blackhall Colliery	TS27 4EE	Mon-Fri: 09:00-17:30	None
FCK33	M Whitfield Limited	M Whitfield Limited	28 Middle Street	Blackhall Colliery	TS27 4EA	Mon-Fri: 09:00-12:30; 13:30-17:30, Sat: 09:00-11:30	None
FLO73	Boots UK Limited	Boots Pharmacy	The Medical Centre, Front Street	Wingate	TS28 5PZ	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:30-09:00; 13:00-14:00, Sat: 09:00-12:00
FTA07	North Care Pharmacies	Phillips Chemists	11 Luke Street	Trimdon Colliery	TS29 6DP	Mon-Tues: 08:30 - 16:30, Wed-Fri: 08:30 - 12:30	Mon-Wed; 16:30-17:30 Thurs-Fri; 13:30-17:30
FFH88	M Whitfield Limited	M Whitfield Limited	The Primary Care Centre, Thornley Road	Wheatley Hill	DH6 3NR	Mon-Wed: 09:00-12:30; 14:00-18:00, Thurs: 09:00-12:30; 14:00-17:30, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:00	None
FLG08	Kaur Pharma Limited	Peterlee Pharmacy	81 Edenhill Road	Peterlee	SR8 5DD	Mon-Fri: 09:00-17:00	None
FWT31	D & D Healthcare (NE) Ltd	Netscripts Direct	Byron House, Hall Dene Way, Seaham Grange Industrial Estate	Seaham	SR7 0PY	Mon-Fri: 09:00-18:00	None

Derwentside <sup>86</sup>							
FW704	Boots UK Limited	Boots Pharmacy	Tanfield View Surgery, Scott Street	Tanfield	DH9 8AD	Mon-Fri: 07:00-23:00, Sat-Sun: 09:00-19:00	None
FTW78	Avicenna Retail Limited	Annfield Plain Pharmacy	3 West Road	Annfield Plain	DH9 7XA	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 09:00-13:00
	<a href="#">Browney House Surgery</a>		<a href="#">Front Street</a>	<a href="#">Langley Park</a>	<a href="#">DH7 9YT</a>	<a href="#">Mon-Fri: 09:00-17:30</a>	
FDR43	Bestway National Chemists Limited	Well Pharmacy	40 Front Street	Langley Park	DH7 9SA	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-08:45; 17:30-18:00, Sat: 08:45-12:30
FRK79	T & J Healthcare Ltd	Station Road Pharmacy	9 Station Road	Consett	DH8 5RL	Mon-Sat: 08:00-23:00, Sun: 10:00-20:00	None
FR810	John Low Ltd	Moorside Pharmacy	Consett Park Terrace, Moorside	Consett	DH8 8ET	Mon-Fri: 08:30-14:30	None
FJL38	John Low Ltd	John Low Ltd	83 Queens Road, Shotley Bridge	Consett	DH8 0BW	Mon-Fri: 08:30-13:30; 14:00-17:00	Mon-Fri: 13:30 - 14:00
FHM85	Lloyds Pharmacy Limited	Lloyds Pharmacy	12 Station Road	Consett	DH8 5RL	Mon-Fri: 08:45-12:45; 14:30-17:45, Sat: 09:15-13:00	Mon-Fri; 12:45-14:30 Sat: 09:00-09:15
FQR60	Bestway National Chemists Limited	Well Pharmacy	The Derwent Centre, Middle Street	Consett	DH8 5QP	Mon-Tues 09:30-14:00; 15:00-17:30, Wed-Sat 09:30-14:00; 15:00-17:00	Mon-Tues: 09:00-09:30, 14:00-15:00 Wed-Sat: 09:00-09:30; 14:00-15:00; 17:00-17:30
FH756	Boots UK Limited	Boots Pharmacy	Station Yard West, Delves Lane	Consett	DH8 5YA	Mon-Fri: 08:30-13:00; 14:00-17:30	Mon-Fri: 13:00-14:00, Sat: 08:30-12:00
FA527	Farah Chemists Limited	Burnopfield Pharmacy	Cedar Crescent	Burnopfield	NE16 6HU	Mon-Fri: 09.00-17.30	None
FNR44	Farah Chemists Limited	Dipton Pharmacy	Lesbury House, Front Street	Dipton	DH9 9AD	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:30-09:00

<sup>86</sup> Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

FK668	Farah Chemists Limited	Leadgate Pharmacy	George Ewen House, Watling Street	Leadgate	DH8 6DP	Mon-Fri: 09:00-17:00	Tue: 17:00-18:00 Thu: 17:00-18:00
FLX61	Lydon Pharmacy Group Ltd	Craghead Pharmacy	6 Standerton Terrace	Craghead	DH9 6DD	Mon: 08:30-12:30; 13:00-19:00, Tue-Wed: 08:30-12:30; 13:00-17:30, Thu: 08:30-13:00, Fri: 08:30-12:30; 13:00-17:30	None
FW299	Asda Stores Ltd	Asda Pharmacy	Front Street	Stanley	DH9 0NB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None
FTH09	Boots UK Limited	Boots Pharmacy	53 Front Street	Stanley	DH9 0SY	Mon: 08:30-13:00; 14:00-17:30, Tue-Sat: 08:30-13:00; 14:00-17:00	Tue-Sat: 17:00-17:30
FRR32	Lloyds Pharmacy Limited	Lloyds Pharmacy	Clifford Road	Stanley	DH9 0AB	Mon: 09:00-13:00; 14:00-18:00, Tue-Fri: 09:00-12:00; 14:00-18:00, Sat: 09:00-13:00	Mon: 13:00-14:00, Tue-Fri: 12:00-14:00, Sat: 13:00-14:00
FWL23	Lydon Pharmacy Group Ltd	Stanley Pharmacy	79 Front Street	Stanley	DH9 0TB	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00, Sat: 09:00-13:00
	<a href="#">The Haven Surgery</a>		<a href="#">The Haven</a>	<a href="#">Burnhope</a>	<a href="#">DH7 0BD</a>	<a href="#">Mon-Fri: 08:00-18:00</a>	
FFF81	M D & A G Burdon Ltd	Lanchester Pharmacy	15 Front Street	Lanchester	DH7 0LA	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 08:30-09:00; 13:00-14:00, Sat: 09:00-17:00
FYR54	Blue House Retail Ltd	Taylor's Pharmacy	226 Park Road	South Moor	DH9 7AN	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00, Sat: 09:00-12:00

	Oakfields Health Group		Oakfields Health Centre	Hamsterley Colliery	NE17 7SB	Mon-Wed: 08:30-18:00, Thurs: 08:30-12:00, Fri: 08:30-18:00. Closed every day between 12:00-14:00	
FRQ35	Sri Vijaya Venkata LLP	Consett Pharmacy	Unit 19b Number One Industrial Est	Consett	DH8 6SY	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri:13:00-14:00, Sat: 09:00-18:00
<b>Sedgefield<sup>87</sup></b>							
FMH62	Tesco Stores Limited	Tesco Pharmacy	Greenwell Road	Newton Aycliffe	DL5 4DH	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
	Bewick Crescent Surgery		27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Mon: 08.00-18.00 Tues: 08.00-09:30, Wed: 08.00-18:00; Thurs: 08.00-18.00, Fri: 08.00-18.00	
FPL65	A R McConnell Limited	The Village Pharmacy	Pioneering Care Centre, Cobbler's Hall, Burn Lane	Newton Aycliffe	DL5 4SE	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
FGR42	Boots UK Limited	Boots Pharmacy	57 Beveridge Way	Newton Aycliffe	DL5 4DU	Mon-Fri: 09:00-13:00; 14:00-17:00, Sat: 09:00-13:00; 14:00-15:00	Mon-Fri: 13:00-14:00, Sat: 15:00-17:00
FFK86	Robert & Roberts Limited	Bewick Pharmacy	27 Bewick Crescent	Newton Aycliffe	DL5 5LH	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
FWF67	Lloyds Pharmacy Limited	Lloyds Pharmacy	Pease Way Medical Centre	Newton Aycliffe	DL5 5NH	Mon-Fri :09:00-13:00; 14:00-18:00	Mon-Fri: 08:30 - 09:00; 13:00 - 14:00
FE649	Asda Stores Ltd	Asda Pharmacy	St Andrew's Lane	Spennymoor	DL16 6QB	Mon: 08:00-23:00, Tue-Fri: 07:00-23:00, Sat: 07:00-22:00, Sun: 10:00-16:00	None

<sup>87</sup> Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

	St Andrews Medical Practice		Sensier House, St Andrew's Lane	Spennymoor	DL16 6QA	Mon-Fri: 08:30-13:00; 14:00-18:00	
FGN07	Bestway National Chemists Limited	Well Pharmacy	St Andrews Medical Centre	Spennymoor	DL16 6QA	Mon-Fri: 09:00-13:00; 13:30-17:30	Mon-Fri: 08:30-09:00; 13:00-13:30; 17.30-18.00
FED01	Empharm North East Ltd	Miller Chemist	22 Cheapside	Spennymoor	DL16 6DJ	Mon-Fri: 09:00-12:30; 13:30-18:00	Mon-Fri: 08:45-09:00; 12:30-13:30, Sat: 09:00-13:00
FPC89	Boots UK Limited	Boots Pharmacy	18 Cheapside	Spennymoor	DL16 6DJ	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 09:00 - 16:00
FV584	Boots UK Limited	Boots Pharmacy	2 North Street	Ferryhill	DL17 8HX	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:00 <sup>88</sup>
FE061	J's Healthcare Limited	Higginbottom Pharmacy	11 Main Street	Ferryhill	DL17 8LA	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
FWC49	Centrechem Ltd	Sedgefield Pharmacy	11 Front Street	Sedgefield	TS21 3AT	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-12:00
FVW28	Norchem Healthcare Limited	Knights M&M Pharmacy	14 Church Street	Shildon	DL4 1DX	Mon-Fri: 08:30-13:00; 14:00-17:30	Sat: 09:00-12:00
FM788	Hancock & Ainsley Ltd	Hancock & Ainsley Ltd	1 Main Street	Shildon	DL4 1AJ	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri; 13:00-14:00 Sat: 09:00-12:00
FTH97	Intrahealth Pharmacy Limited	Cheapside Chemist	5 Cheapside	Shildon	DL4 2HP	Mon-Fri: 08:45-13:00; 14:00-17:30, Sat: 09:00-12:00	None
FPM81	Intrahealth Pharmacy Limited	Chilton Chemist	Chilton Health Centre, Norman Terrace	Chilton	DL17 0HF	Mon: 08:45-12:30; 13:30-17:45, Tues: 08:45-12:30; 13:30-17:30, Wed: 08:45-12:30; 13:30-17:45, Thu: 08:45-13:30, Fri: 08:45-12:30; 13:30-17:45. Sat: 08:30-12:00	None

<sup>88</sup> Added following the consolidation of two Boots sites in Ferryhill in March 2022.

FG885	Intrahealth Pharmacy Limited	Intrahealth Pharmacy Limited	West Cornforth Medical Centre, Reading Street	West Cornforth	DL17 9LH	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-18:00
FC276	North Care Pharmacies	Phillips Chemists	21a Church Road	Trimdon Village	TS29 6PY	Mon-Fri: 09:00-12:45; 13:45-18:00	Sat: 09:00-12:00
FYV47	North Care Pharmacies	Phillips Chemists	9 Alhambra Terrace	Fishburn	TS21 4BU	Mon-Fri: 08:50-12:30; 13.30-17.30	Sat: 09:00-12:00
FMN51	Robert & Roberts Limited	Neville Pharmacy	6 Neville Parade	Newton Aycliffe	DL5 5DH	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FDK64	Norchem Healthcare Limited	Knights Pharmacy	Norchem House, Chilton Industrial Estate	Chilton	DL17 0PD	Mon-Fri: 08:00-16:00	Mon-Fri: 16:00-17:00
<b>Durham<sup>89</sup></b>							
FLL39	Tesco Stores Limited	Tesco Pharmacy	Dragonville Industrial Estate, Dragon Lane	Durham	DH1 2XQ	Mon: 08:00-22:30, Tue-Fri: 06:30-22:30, Sat: 06:30-22:00, Sun: 10:00-16:00	None
FVC46	Alrahi & Singh Ltd	Pharmacy Express	Hilary House	Kelloe	DH6 4PE	Mon-Fri: 08:30 - 16:30	None
FHD04	Bestway National Chemists Limited	Well Pharmacy	25 Gilesgate	Gilesgate	DH1 1QW	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-18:00
FTT54	M Whitfield Limited	M Whitfield Limited	34 Sunderland Road	Gilesgate	DH1 2LG	Mon-Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-11:30	None
FQK30	Parkchem Ltd	Sherburn Village Pharmacy	2 Harley Terrace	Sherburn	DH6 1DS	Mon-Wed: 08:45-13:00; 14:00-18:00, Thu: 08:45-12:00; 13:00-17:00, Fri: 09:00-13:00; 14:00-18:00	Mon-Wed: 13:00 - 14:00, Thu: 12:00 - 13:00, Fri: 08:45 - 09:00; 13:00 - 14:00
	Belmont & Sherburn Medical Group		Broomside Lane	Belmont	DH1 2QW	Mon: 08:15-18:00, Tues: 08:15-13:00, Wed-Fri: 08:15-18:00	

<sup>89</sup> Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

FLK46	IntraHealth Pharmacy Limited	Belmont Pharmacy	6 Blue House Buildings, High Street	Belmont	DH1 1AR	Mon-Fri: 09:00-13:00; 14:00-18:00	
FK785	James & Lindsey Clark	J & L C Clark Chemists	10 Cheveley Park, Shopping Centre	Belmont	DH1 2AA	Mon-Fri: 09:00-17:00	Mon-Fri: 17:00-17:30, Sat: 09:00-13:00
FD330	Boots UK Limited	Boots Pharmacy	Unit 9, Durham City Retail Park	Belmont	DH1 2RP	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00, Sat: 10:00-16:00
FMG71	Boots UK Limited	Boots Pharmacy	Unit B, Arnison Centre Retail Park	Pity Me	DH1 5GB	Mon-Fri: 09:00-14:00; 15:00-18:00	Mon-Fri: 14:00-15:00; 18:00-19:00, Sat: 09:00-18:00, Sun: 10:30-16:30
FV167	Lloyds Pharmacy Limited	Lloyds Pharmacy	Arnison Centre Retail Park	Pity Me	DH1 5GD	Mon-Sat: 09:00-12:00; 14:00-17:00 Sun: 10:00-14:00	Mon-Sat: 08:00-09:00; 12:00-14:00; 17:00-20:00 Sun: 14:00-16:00
FLJ01	Coolmain Services Ltd	Leak Chemists	29 Front Street	Framwellgate Moor	DH1 5EE	Mon-Fri: 09:00-13:00; 14:00-18:00	Sat: 09:00-13:00
FRK21	W Smith (Durham) Ltd	Hall Newton Trading Ltd	55 Carr House Drive	Framwellgate Moor	DH1 5LT	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FV365	W Smith (Durham) Ltd	Winning Esh Trading Ltd	1 New House Road	Esh Winning	DH7 9JU	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09:00-12.30
FML39	W Smith (Durham) Ltd	W Smith (Durham) Ltd	Flass Terrace	Ushaw Moor	DH7 7LD	Mon-Fri: 09:00-12:30; 13:30-18:00	Sat: 09:00-12.30
FX194	Mr T Grey	The Storehouse Pharmacy	The Store House	Rainton Gate	DH4 6SQ	Mon-Fri: 08:30 - 12:30; 13:30 - 17:30	Mon-Fri: 08:15 - 08:30; 17:30 - 18:00
FYR53	Boots UK Limited	Boots Pharmacy	2-5 Market Place	Durham City	DH1 3NB	Mon-Sat: 08:30-17:30, Sun: 11:00-17:00	None
FA268	Bowburn Pharmacy Company Ltd	Bowburn Pharmacy	2 Ash Terrace	Bowburn	DH6 5AS	Mon-Fri: 08:45-12:30; 13:45-18:00	None
FGL33	M Whitfield Limited	M Whitfield Limited	1 Sanderson Street	Coxhoe	DH6 4DF	Mon -Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:00	None
FRQ38	Norchem Healthcare Limited	Knights M&M Pharmacy	The Health Centre, Sawmills Lane	Meadowfield	DH7 8NJ	Mon-Fri: 08:15-12:30; 13:30-17:15	Mon-Fri: 17:15-18:00

FGV81	Lalitha Consulting Ltd	Brandon Pharmacy	Manchester House, Commercial Street	Brandon	DH7 8PL	Mon-Fri: 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00
<b>Chester-le-Street<sup>90</sup></b>							
FAX71	Gorgemead Limited	Cohens Chemist	5 Bridge End	Chester-le-Street	DH3 3RE	Mon-Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-10:00; 11:30-13:00	Mon-Fri: 12:30-14:00, Sat: 10:00-11:30
FG999	Gorgemead Limited	Cohens Chemist	15 Middle Chare	Chester-le-Street	DH3 3QD	Mon-Fri: 09:00-17:30	Mon-Fri: 17:30-18:00
FQG19	Boots UK Limited	Boots Pharmacy	8-9 St.Cuthberts Walk	Chester-le-Street	DH3 3YQ	Mon-Sat: 09:00-13:00; 14:00-17:00	Mon-Sat: 13:00-14:00; 17:00-17:30
FDD30	Superdrug Stores Plc	Superdrug Pharmacy	48-50 Front Street	Chester-le-Street	DH3 3BD	Mon-Sat: 08:30-14:00; 14:30-17:30	None
FPQ55	Boots UK Limited	Boots Pharmacy	Cestria Health Centre, Whitehill Way	Chester-le-Street	DH2 3DJ	Mon-Fri: 09:00-17:00	Mon-Fri: 08:30-09:00; 17:00-17:30
FE898	Centrechem Ltd	Centrechem Ltd	Pelton Primary Care Centre, Ouston Lane	Pelton	DH2 1EZ	Mon-Fri: 09:00-18:00	Mon-Fri: 08:30-09:00 Sat: 09:00-12:00
FCQ82	Fletcher Gamble Limited	Pelton Fell Pharmacy	Fell Road	Pelton Fell	DH2 2NR	Mon-Fri: 09:00-12:00; 13:00-18:00	None
FQQ83	G Whitfield Limited	G Whitfield Limited	38 Gill Crescent North	Fencehouses	DH4 6AW	Mon-Wed: 09:00-12:30; 14:00-18:00, Thu: 09:00-12:30; 14:00-17:00, Fri: 09:00-12:30; 14:00-18:00, Sat: 09:00-12:30	None

<sup>90</sup> Key: Green: 100 hour pharmacies, Blue: Dispensing practices, Purple: Distance selling pharmacies

FA773	Boots UK Limited	Boots Pharmacy	The Medical Centre, Front Street	Sacriston	DH7 6JW	Mon-Fri: 09:00-13:00; 14:00-18:00	None
FMQ48	J Dinning (Lumley) Limited	Lumley Pharmacy	13 Lombard Place	Great Lumley	DH3 4QP	Mon-Fri: 08:30-17:45	None
FW641	Amerikana LLP	Vigo Pharmacy	Unit 1D, Drum Industrial Estate	Chester-le-Street	DH2 1SS	Mon-Fri : 09:00-13:00; 14:00-18:00	Mon-Fri: 13:00-14:00,
FWV77	Amerikana LLP	Sacriston Pharmacy	Suite 4, AMR Building, Sacriston Industrial Estate, Plawsworth Road	Sacriston	DH7 6JX	Mon-Fri 09:00-17:00	None

## Appendix 9: Public views of pharmacy services

### Public views gathered before and during the preparation of the draft PNA

#### Healthwatch

##### Local Healthwatch survey

Healthwatch County Durham carried out an online survey at the beginning of 2020 to gain an initial insight of the experiences of people accessing pharmaceutical services in County Durham. This work aimed to determine:

- The public's knowledge of services that pharmacies can offer.
- The effects of the local publicity campaign for pharmacy.
- The public's view of access to medicines, particularly delivery of medicines in the Dales.

The work programme was halted by Covid-19, and as a result there was no face-to-face engagement in the Dales as originally planned. However, overall the views and experiences of 260 individuals were collected for a report which is available at

<https://www.healthwatchcountydurham.co.uk/report/2020-10-05/pharmacies-services-or-dispensing-doctors-county-durham>. The executive summary describes what people told Healthwatch and, in response to these comments, the subsequent Healthwatch recommendations. These are described below:

##### ***What people told Healthwatch<sup>91</sup>***

- 94% can easily access pharmacy services
- 54% access pharmacy services at least monthly
- 55% always visit the same pharmacy service
- 62% normally get to their pharmacy by car or taxi
- 72% use a high street pharmacy with 25% use a GP practice dispensary
- 15% have used an online / internet pharmacy
  
- 77% said that the pharmacy usually has their prescribed medication in stock.
- 36% had problems obtaining their medication from their pharmacy (The main problem identified was that medication was in short supply/out of stock/discontinued).
  
- Other services that respondents would like to access from pharmacies include a range of health checks e.g. blood pressure, blood tests, cholesterol checks, urine samples. Several people commented that they would like the pharmacist to be able to prescribe certain medications that would result in fewer visits to the GP surgery.
  
- 74% had new medication explained to them by a pharmacist.
- 93% said that the pharmacy staff are polite and helpful.
- The thing 3 things that pharmacies do well are making sure prescriptions are appropriate and available in a timely manner; knowledgeable staff provide advice and information; good customer care with friendly, caring staff.
  
- Pharmacy services could be improved by dispensing more quickly; patients receiving a text message to say when medication is ready to collect; reducing paper copies when collecting medication to be more environmentally friendly.
  
- 83% said they were aware of national and local publicity from the NHS to 'selfcare' i.e. to make more use of community pharmacy services as the first port of call for advice and treatment.

---

<sup>91</sup> The report compares the results to the 2017 Healthwatch pharmacy survey

- 68% said they were now more likely to contact/visit a pharmacy for advice.
- Awareness of the services that pharmacies provided ranged from dispensing medicines (97%) and flu vaccination services (82%) to sexual health services (47%) and supplying a limited amount of prescription medication in an emergency (47%).
- Use of services ranged from the dispensing medicines service (91%) to sexual health services (6%) and supplying a limited amount of prescription medication in an emergency (20%).
- 76% feel comfortable about getting advice from and talking to a pharmacist about health problems.
- 59% are able to talk in the pharmacy without being overheard.

### **Healthwatch recommendations included**

Healthwatch carried out a survey on pharmacy services in 2017 and some of the recommendations made then continue to be appropriate, based on the responses of those who have participated in this survey:

- Respondents asked if pharmacies could dispense medications more quickly. In addition, 36% had problems obtaining their medication from their pharmacy. We would suggest that this is looked into further to identify where improvements could be made.
- Consideration should be given to offer additional health checks within pharmacies and to be able to prescribe certain medications, to reduce the need to visit the GP.
- The main reason cited for not accessing pharmacies for advice was the lack of privacy, with only 59% of respondents saying they could talk in the pharmacy without being overheard. Facilities to enable customers to talk to the pharmacist without being overheard should be made available and clearly advertised.
- When explaining new medication to customers, pharmacists should make it clear that this is what they are doing as currently only 74% of respondents were aware of this happening.
- One of the recommendations in the Healthwatch 2017 report was to raise public awareness of the services pharmacies offer. As a result, the Public Health team at DCC worked in partnership with the LPC, the CCG and Healthwatch to develop a publicity campaign across the County that focused on 'self-care'. A national campaign was also conducted and 68% of respondents said they were now more likely to contact/visit a pharmacy for advice. Further awareness campaigns should be considered.

### **National Healthwatch survey**

Healthwatch published the results of a national public survey in August 2021 at <https://www.healthwatch.co.uk/news/2021-08-23/covid-19-what-can-pharmacists-learn-peoples-experiences-services> which aimed to find out what the public thought worked well, and what could have been better when it came to the support pharmacies provided during the pandemic. A summary is:

#### **What was working well?**

Across the country, people particularly praised:

- Timeslots for prescription collection.
- Medication deliveries, which have been crucial for people self-isolating or shielding.
- Pharmacies being open while other services were difficult or impossible to access.
- Being able to collect or order repeat prescriptions in person.

#### **What improvements do people want to see?**

- Availability of medication: Many people have told us their medication has been delayed or is out of stock, sometimes because of missing or incorrect prescriptions. As a result, people are making multiple trips to their pharmacy.

- Waiting times: People struggled with long waiting times and queues, particularly those more vulnerable or during winter.
- Safety: Social distancing and infection control measures were not always in place or followed, leaving people feeling anxious and stressed about going to the pharmacy.
- Coordination: People experienced poor communication and coordination between pharmacies and GPs, with people finding a lack of coordination. It has then been difficult to resolve any issues caused by this.
- Delivery: Medication delivery has got worse or stopped completely in some areas, causing difficulties for those self-isolating or shielding.
- Better understanding about what pharmacists can do: The main reason people use pharmacies is to get their medication. But not everyone understands the full range of services and support you offer, such as preventative advice and treatment for minor ailments.

### Community Champions

In January 2022, the Community Champion<sup>92</sup> network promoted an online survey to their local communities. The following questions were asked:

1. How often do you use a pharmacy service?
2. Do you use the same pharmacy service?
3. What type of pharmacy service do you use the most?
4. Can you easily access pharmacy services?
5. Thinking about the pharmacy service you use most often, how do you normally get there (if applicable)?
6. What does your pharmacy service do well?
7. Are there any other services you would like to access from your pharmacy service?
8. Is there any way your pharmacy service could be improved?
9. In which of the following local areas do you live?
  - Dales (Bishop Auckland, Crook, Teesdale, Weardale)
  - Easington (Peterlee, Seaham, Horden)
  - Derwentside (Consett, Stanley, Lanchester)
  - Sedgefield (Newton Aycliffe, Spennymoor, Ferryhill, Shildon)
  - Durham (Sherburn, Belmont, Bowburn, Coxhoe, Meadowfield)
  - Chester-le-Street (Pelton, Sacriston, Fencehouses)
  - Don't know / none of these

The following answers were received from a total of 629 responses:

### Responses from across County Durham (n=629)

How often do you access local pharmacy services in your area?	At least once a week	Less than once a week but at least monthly	Around every few months	Around every six months	Around once a year	Less than once a year	Never
	6%	55%	26%	6%	4%	3%	2%

Do you always visit the same pharmacy service?	Always	Usually	No
	57%	35%	9%

Can you easily access pharmacy services?	Yes	No	Don't know / NA
	92%	7%	1%

<sup>92</sup> <https://www.durham.gov.uk/covidcommunitychampion>

<b>Thinking about the pharmacy service you visit most often, how do you normally get there?</b>	On foot <b>43%</b>	Public transport <b>2%</b>	Car or taxi <b>52%</b>	Other <b>3%</b>
---	-----------------------	-------------------------------	---------------------------	--------------------

<b>What type of pharmacy service is it?</b>	Community Pharmacy <b>55%</b>	GP Practice <b>41%</b>	Internet pharmacy service <b>3%</b>	Other <b>1%</b>
---	----------------------------------	---------------------------	--	--------------------

### Responses from the Dales (n=122)

<b>How often do you access local pharmacy services in your area?</b>	At least once a week <b>4%</b>	Less than once a week but at least monthly <b>65%</b>	Around every few months <b>19%</b>	Around every six months <b>5%</b>	Around once a year <b>5%</b>	Less than once a year <b>3%</b>	Never <b>0%</b>
--	-----------------------------------	--	---------------------------------------	--------------------------------------	---------------------------------	------------------------------------	--------------------

<b>Do you always visit the same pharmacy service?</b>	Always <b>60%</b>	Usually <b>34%</b>	No <b>7%</b>
---	----------------------	-----------------------	-----------------

<b>Can you easily access pharmacy services?</b>	Yes <b>94%</b>	No <b>5%</b>	Don't know / NA <b>1%</b>
---	-------------------	-----------------	------------------------------

<b>Thinking about the pharmacy service you visit most often, how do you normally get there?</b>	On foot <b>34%</b>	Public transport <b>1%</b>	Car or taxi <b>60%</b>	Other <b>6%</b>
---	-----------------------	-------------------------------	---------------------------	--------------------

<b>What type of pharmacy service is it?</b>	Community Pharmacy <b>44%</b>	GP Practice <b>53%</b>	Internet pharmacy service <b>3%</b>	Other <b>1%</b>
---	----------------------------------	---------------------------	--	--------------------

**What does your pharmacy or GP practice dispensary do well? Comments included:**

**Staff**

- Customer service.
- Friendly, approachable, reliable.
- Customer service is excellent. Staff are always friendly and polite. Being able to speak to someone privately is relatively easy. Vaccinations (e.g. flu) are handled well.
- Assist with health questions.
- Friendly with advice when needed.
- Recommend products and provides advice.
- Knows me and is quick and efficient.
- Very friendly and accommodating.
- Courteous.

**Service**

- Well organised.
- Always satisfied the needs of our family.
- Works as it should.
- Text when my script is ready.
- Online prescription ordering.
- Provide quick turnaround of prescriptions.
- Dispenses repeat prescriptions.
- They stock the items and reorder for repeat medications. Can get flu vaccination there.
- Always have supplies in and ready.
- Good selection of medicine and toiletries.
- Great service and products on sale.
- Dispenses medication for a person for whom I am a carer.
- Supply what I need on time every time, and with a smile.
- Vaccinations.
- Always ring to ask how we are getting on with a new prescription. Check with us regularly, delivers to home, and easy to order repeat prescriptions.

**Access**

- Provides very quick direct service from my dispensing GP.
- Social distancing and Covid-19 restrictions have been well maintained without being excessive.
- They are always available with clearly signed opening times.
- Quick / good service.
- Dispatch things promptly.
- It's local.
- Deliveries.
- Customer service and opening times.
- Convenient location.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- Vaccinations for Covid-19.
- Information on reliable private services in the community.
- Information on cancer services would be helpful.
- Deliver my prescriptions.
- It's in the doctor's surgery so hours can be difficult.
- Better stocked shop.
- Not sure if they do checks blood test etc.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Staff**

- Making it clear that counter staff hold appropriate qualifications so their advice can be taken reliably.

**Service**

- Communication with the GP practice.
- More seating while waiting for prescription.
- Card payment.
- Send a text when the medication is available to be collected.
- I'd like to have to visit less often - 3 months supply of medication would be helpful and a more efficient.
- More Covid-19 test kits available.
- I would rather not be asked for my address in front of other customers.
- Stop chopping and changing brands.

**Access**

- Waiting times for prescriptions take a very long time in my local pharmacy.
- A delivery service for prescriptions.
- Automatic door.
- Longer opening time.
- Revert to pre-Covid opening hours.
- It's been worse since Covid-19 due to limited hours and limited dispensing at local surgery.

**Responses from Easington (n=67)**

How often do you access local pharmacy services in your area?	At least once a week	Less than once a week but at least monthly	Around every few months	Around every six months	Around once a year	Less than once a year	Never
	6%	68%	18%	3%	0%	2%	3%

Do you always visit the same pharmacy service?	Always	Usually	No
	73%	19%	8%

Can you easily access pharmacy services?	Yes	No	Don't know / NA
	91%	10%	0%

Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot	Public transport	Car or taxi	Other
	40%	2%	57%	2%

What type of pharmacy service is it?	Community Pharmacy	GP Practice	Internet pharmacy service	Other
	25%	70%	2%	3%

**What does your pharmacy or GP practice dispensary do well? Comments included:**

**Staff**

- Very cheerful drivers.
- Always polite and try to be helpful.
- Pleasant, friendly service where they know you by name.
- I feel valued.
- Friendly and knowledgeable.
- Customer service.

**Service**

- Good medical advice.
- Dispenses medicines.
- Text me when prescription is ready.
- Great service in a timely manner.
- Always have the right medication in stock.
- Online prescription is usually correct and on time.

**Access**

- Delivers prescriptions.
- Prescription pick-up.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- Vaccinations would be handy.
- More weekend out of hours service. Pharmacies are limited outside of the regular 9-5 Monday to Friday.
- Faster service.
- More baby products.
- Free products that are relevant to younger children's ailments.
- Health check-ups.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Staff**

- Only one staff member on the front of service.
- More pharmacists.
- Some staff don't seem competent in certain areas and can't sign post on other options available.
- Pharmacy staff need to acknowledge customers when they arrive at the front desk.

**Service**

- They are slow at getting prescriptions from doctors and sometimes say they haven't got them in stock.
- More varied stock.
- Better communication between staff and customer regarding the fulfilment of a prescription.

**Access**

- Longer opening hours.
- Emergency pharmacy services on weekends.
- Don't open at lunchtime or offer a late-night service.
- Reduce the time it takes to dispense medication.
- The service is too slow.
- It can take a week from prescription being requested from GP to then actually receiving it.

## Responses from Derwentside (n=40)

<b>How often do you access local pharmacy services in your area?</b>	At least once a week	Less than once a week but at least monthly	Around every few months	Around every six months	Around once a year	Less than once a year	Never
	8%	48%	28%	8%	5%	3%	3%

<b>Do you always visit the same pharmacy service?</b>	Always	Usually	No
	49%	36%	15%

<b>Can you easily access pharmacy services?</b>	Yes	No	Don't know / NA
	100%	0%	0%

<b>Thinking about the pharmacy service you visit most often, how do you normally get there?</b>	On foot	Public transport	Car or taxi	Other
	36%	3%	61%	0%

<b>What type of pharmacy service is it?</b>	Community Pharmacy	GP Practice	Internet pharmacy service	Other
	64%	28%	8%	0%

### What does your pharmacy or GP practice dispensary do well? Comments included:

#### Staff

- Have staff on hand to give practical advice.
- Quick service, friendly and knowledgeable staff.
- Friendly and know my dad's usual medication.
- Friendly and approachable.

#### Service

- Local and helpful.
- Small and convenient.
- Does what it is expected to do.
- Keeps me informed about my prescription.
- Also good at telling me when other services are available such as flu jabs.
- Text message to let me know when my prescription is ready.
- Always timely with prescriptions, manage social distancing and Covid-19 regulations very well.
- Prescriptions are always on time.
- Offer health advice and can prescribe drugs without the need to attend the doctor's surgery.
- Competitive pricing for my private prescription items.
- I like that my prescriptions are sent electronically from the GP surgery. I have been able to speak with the pharmacist for advice when required also.

#### Access

- In a large supermarket, so long opening hours. Easy to access the service, as I work varying shifts.
- Easy access to repeat prescription items.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- The ability to drop off samples for testing.
- Advice on support services for people with long term conditions.
- Links to advice services.
- More advice on mental health.
- General health check
- Antibiotics for things such as eye/throat infections as I feel this is a waste of doctor's surgeries time.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Staff**

- More staff at busier times.

**Service**

- If they had a website, as the GP does.
- Better in dealing with people with mental illness.
- Consistency with medication brands.
- Bigger premises so more stock could be held.

**Access**

- It could use first class post.

**Responses from Sedgefield (n=83)**

How often do you access local pharmacy services in your area?	At least once a week	Less than once a week but at least monthly	Around every few months	Around every six months	Around once a year	Less than once a year	Never
	6%	65%	24%	2%	1%	1%	0%

Do you always visit the same pharmacy service?	Always	Usually	No
	63%	31%	6%

Can you easily access pharmacy services?	Yes	No	Don't know / NA
	95%	4%	1%

Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot	Public transport	Car or taxi	Other
	47%	1%	48%	4%

What type of pharmacy service is it?	Community Pharmacy	GP Practice	Internet pharmacy service	Other
	69%	25%	4%	2%

**What does your pharmacy or GP practice dispensary do well? Comments included:**

**Staff**

- Pharmacist excellent and happy to do consultations and give advice.
- Friendly, helpful, knowledgeable service from staff.

**Service**

- Good service.
- Advice, flu vaccines, well stocked.
- Have the prescription ready for collection.
- Helpful when medication was very difficult to get.
- Prescriptions, flu jab, help getting Covid-19 LFTs.
- Excellent repeat prescription service.
- Well- linked with GP's.
- Sort things out when need medication with short notice.
- Provides good service in my village for the basic needs.
- Keeping me informed and up to date with any changes.

**Access**

- Delivery service.
- Good opening times, friendly service.
- Convenience and flexibility.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- Weight management clinic possibly.
- Already offers free blood pressure checks, would benefit from blood sugar checks for diabetes.
- Flu jabs.
- Covid-19 vaccinations.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Staff**

- More staff.
- Staff to be friendly.

**Service**

- Give out my address to all that can hear.
- Explanation of the prescriptions.
- It is not uncommon for my prescription to be "lost" in the IT system linking the GP and the pharmacy.
- Premises could do with a tidy/clean up.
- Larger premises to accommodate growing demands and service expansion.
- Dispensing NHS prescriptions correctly and in a timely manner.
- Inform me when my prescription is ready.
- We order direct from the pharmacy. Sometimes we get additional items which we have specifically advised are not required. The items are returned but I understand that once dispensed they are destroyed which is a waste of money to the NHS & taxpayers.
- Consistency in stocking.

**Access**

- Open for more than 5 days per week.
- Parking.
- Extended opening hours so people who work full time can access the service.

## Responses from Durham (n=126)

<b>How often do you access local pharmacy services in your area?</b>	At least once a week <b>6%</b>	Less than once a week but at least monthly <b>47%</b>	Around every few months <b>32%</b>	Around every six months <b>6%</b>	Around once a year <b>3%</b>	Less than once a year <b>5%</b>	Never <b>2%</b>
--	-----------------------------------	--	---------------------------------------	--------------------------------------	---------------------------------	------------------------------------	--------------------

<b>Do you always visit the same pharmacy service?</b>	Always <b>49%</b>	Usually <b>39%</b>	No <b>12%</b>
---	----------------------	-----------------------	------------------

<b>Can you easily access pharmacy services?</b>	Yes <b>87%</b>	No <b>11%</b>	Don't know / NA <b>2%</b>
---	-------------------	------------------	------------------------------

<b>Thinking about the pharmacy service you visit most often, how do you normally get there?</b>	On foot <b>54%</b>	Public transport <b>3%</b>	Car or taxi <b>40%</b>	Other <b>3%</b>
---	-----------------------	-------------------------------	---------------------------	--------------------

<b>What type of pharmacy service is it?</b>	Community Pharmacy <b>83%</b>	GP Practice <b>12%</b>	Internet pharmacy service <b>3%</b>	Other <b>2%</b>
---	----------------------------------	---------------------------	--	--------------------

### What does your pharmacy or GP practice dispensary do well? Comments included:

#### **Staff**

- Providing advice / consultations.
- Friendly, reliable, and welcoming staff and knowledgeable.
- Customer service and communication.

#### **Service**

- Dispensing prescriptions, delivering and advising on updates.
- Dealing with electronic prescriptions from the GP, and with repeats. Flu vaccines and Covid-19 vaccines. BP checks.
- Reminds me to re-order my medication and delivers it efficiently tells me when my tablets are ready by text.
- Provides an excellent re-ordering service via the internet.
- Convenient opening hours, reliable brand, efficient and friendly service.
- Carry out tests, do injections and discuss problems in a small private cabin.
- Attentive to the community's needs and make themselves part of the community so they understand their role and the priorities of the local area.
- Good range of products.
- I order repeat prescriptions through NHS App - and there is an arrangement in place that GP surgery forwards prescription to specific pharmacy who text me when it is ready for collection. System has worked well for me.
- Sending messages when prescription is ready.

#### **Access**

- Convenient location.
- Prompt service on site.
- Easy to see the pharmacist for advice.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- Testing services.
- Dietary counselling advice.
- Access to PrEP and anonymous STI/ HIV testing kits.
- A doctor attached to the pharmacy would be a nice idea.
- Health checks but staffing levels would need to increase as my local pharmacy wouldn't cope with the demands of any additional services.
- Covid-19 vaccinations.
- Larger range of injections.
- Could repeat prescriptions be ordered through the pharmacy to save on GP practice time?
- Flu vaccination.
- Delivery to home addresses.
- Free contraception for adults.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Staff**

- More pharmacists.
- More staff.

**Service**

- Sometimes they get my prescriptions muddled up and they are not always processed together.
- A better stock of everyday medicines.
- Having LFT kits available.
- Cheaper brands.
- Covid-19 booster injections in the pharmacy - organisation was chaotic and booking times ignored.
- Often not having the items prescribed and return visits necessary.

**Access**

- The access through the website is dreadful.
- Make a shorter time between submitting prescription request and receiving it.
- Delivery of items.
- Sometimes very long wait times.
- Better arrangements for queuing.
- Improve waiting time.
- Open at weekend or longer hours.
- Be within walking distance.
- We just don't have enough. None in Langley Moor or Crossgate Moor so have to go to town.
- More local.
- My regular pharmacy at Boots, North Rd is about to close and I'd like to see it remain open.

**Responses from Chester-le-Street (n=37)**

How often do you access local pharmacy services in your area?	At least once a week	Less than once a week but at least monthly	Around every few months	Around every six months	Around once a year	Less than once a year	Never
	3%	51%	30%	5%	8%	0%	1%

<b>Do you always visit the same pharmacy service?</b>	Always <b>58%</b>	Usually <b>36%</b>	No <b>6%</b>
---	----------------------	-----------------------	-----------------

<b>Can you easily access pharmacy services?</b>	Yes <b>97%</b>	No <b>3%</b>	Don't know / NA <b>0%</b>
---	-------------------	-----------------	------------------------------

<b>Thinking about the pharmacy service you visit most often, how do you normally get there?</b>	On foot <b>51%</b>	Public transport <b>0%</b>	Car or taxi <b>46%</b>	Other <b>3%</b>
---	-----------------------	-------------------------------	---------------------------	--------------------

<b>What type of pharmacy service is it?</b>	Community Pharmacy <b>50%</b>	GP Practice <b>47%</b>	Internet pharmacy service <b>3%</b>	Other <b>0%</b>
---	----------------------------------	---------------------------	--	--------------------

**What does your pharmacy or GP practice dispensary do well? Comments included:**

**Staff**

- Polite staff.
- Extremely helpful and knowledgeable.
- Customer service.

**Service**

- My GP can send prescriptions directly to my pharmacy.
- Dispensing.
- Repeat prescriptions.
- Texts received informing me prescription ready for collection.

**Access**

- Quick process.
- Linked to GP surgery next door.
- Delivery of prescriptions.

**Are there any other services you would like to access from your local pharmacy or GP practice dispensary? Comments included:**

- Immunisations.
- Covid-19 jabs.

**Is there any way your pharmacy or GP practice dispensary could be improved? Comments included:**

**Service**

- Too small for the community served there is no space inside shop.
- Need to have prescriptions ready, to avoid waiting.
- Dislike giving address's when people in chemist.
- Improve the wait time until collection is possible i.e. under a week.
- We would like to receive texts when our prescriptions are ready for collecting.
- Digital notification when prescription ready to collect.
- Website.

**Access**

- Open on weekends or longer hours.

**Organisations that responded during the statutory 60-day consultation in the summer  
2022**

### Appendix 10: Housing developments in County Durham of 100 properties or more, and with estimated builds by 2025<sup>93</sup>

Site name	Settlement	Total no of units	Total completed	Total left to build	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
<b>Dales</b>							
Brack's Farm	Bishop Auckland	300	96	204	150	69	0
Land south of Douglas Crescent, Auckland Park	Bishop Auckland	500	94	406	200	68	0
Former Cemex site	St Helen Auckland	100	17	83	83	58	4
Land north of Woodhouses Farm and south of Etherley Moor Wigdan Walls Road	Etherley Dene	234	0	234	140	59	0
High Riggs (land adjacent Darlington Road)	Barnard Castle	107	60	47	47	16	2
Land east of Deerbolt HMYOI and north of Bowes Road, Startforth	Barnard Castle	162	58	104	104	13	1
H22 - High West Road	Crook	250	0	250	85	59	4
Former Riding Carpets site	Willington	213	155	58	58	79	1
<b>Easington</b>							
Low Hills (land between Easington and Peterlee)	Peterlee	900	0	900	90	57	1
Land west of Blackhall Cemetery and south of Hesleden Road	Blackhall Colliery	123	0	123	123	50	2
Field to the south of Wayside, Wingate Lane	Wheatley hill	106	98	8	8	78	1
Land South of A182, Seaham	Countryside - East Durham	1500	0	1500	180	36	0
Land south-east of Stewart Drive	Wingate	250	0	250	125	82	1
East of Martindale Walk, south of Wellfield Road South	Wingate	166	128	38	38	48	0

<sup>93</sup> Information correct October 2021

Site name	Settlement	Total no of units	Total completed	Total left to build	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
<b>Derwentside</b>							
Shotley Bridge Hospital	Consett – Shotley Bridge	280	207	73	73	30	1
Land south of Fenwick Way	Consett	319	273	46	46	32	4
Berry Edge South, off Genesis Way	Consett	406	59	347	150	32	3
Former Explorer Group Delves Lane Dales View	Delves Lane	227	194	33	33	40	4
Middles Farm Village	Craghead	296	230	66	66	54	2
Land north-east of Annfield Auto Services Residential Development Site, Shieldrow Lane	New Kyo	102	66	36	36	54	2
<b>Sedgefield</b>							
Land east of Clare Lodge and Durham Road	Chilton	191	157	34	34	73	1
Land north of West Chilton Terrace	Chilton	123	0	123	120	78	2
Whitworth Park	Spennymoor	726	582	144	144	75	0
Black & Decker (Durham Gate)	Spennymoor	279	243	36	36	87	0
Former Electrolux site, Merrington Lane	Spennymoor	425	0	425	60	78	5
Thorns Lighting, Merrington Lane	Spennymoor	414	351	63	63	83	5
Land at and to West of K Hartwell LTD Butchers, Race Green Lane Industrial Estate	Spennymoor	108	84	24	24	85	0
Land south of 100 To 106 Dean Road	Ferryhill	161	0	161	150	80	3
Land north of Durham Road, Middlestone Moor	Spennymoor	300	22	278	150	79	0
Land at Spout Lane	Shildon	278	226	52	52	52	1
H30 – Copelaw	Newton Aycliffe	1400	0	1400	170	47	1

Site name	Settlement	Total no of units	Total completed	Total left to build	Estimated number of houses that will be built by 2025-26	Pharmacies within a 20-minute drive time	Pharmacies within a 20-minute walk time
Land north of Middridge Road	Newton Aycliffe	256	54	202	200	61	1
Site O - Cobblers Hall	Newton Aycliffe	175	151	24	24	60	1
Land at former Sedgfield Community Hospital, Salters Lane	Sedgfield	100	21	79	79	70	1
Land south of Eden Drive	Sedgfield	277	154	123	123	57	1
<b>Durham</b>							
Integra 61 land south of Bowburn and west of A688	Bowburn	270	13	257	180	105	1
Former Cape Asbestos Works, Durham Road (The Grange)	Bowburn	360	286	74	74	100	1
Bogma Hall Farm	Coxhoe	153	9	144	144	94	1
Land west of Browney Lane	Meadowfield	292	286	6	6	97	1
Land to north-east of St. Mary's Terrace	Coxhoe - Parkhill	210	101	109	109	101	2
Land east of Mill Lane	Sherburn Village	132	26	106	106	105	1
Land north of Ladysmith Terrace	Ushaw Moor	167	147	20	20	82	1
Mount Oswald	Durham City	291	236	55	55	98	3
Milburngate House	Durham City	303	0	303	303	113	3
Former Police HQ, Aykley Heads	Durham City - Aykley Heads	217	162	55	55	85	2
Durham City	H5 - Sniperley Park	1700	0	1700	135	94	1
Durham City	H6 - Sherburn Road	420	0	420	40	107	3
Land north-east side of Cross Lane	Sacrison	200	63	137	137	75	2
<b>Chester-le-Street</b>							
British Oxygen Co, Vigo Lane	Chester-le-Street	233	196	37	37	71	0
Lambton Park, Chester Road	Bournmoor	400	13	387	150	76	0
Land rear of Newfield Terrace Newfield Farm	Newfield	274	258	16	16	59	0

<b>Site name</b>	<b>Settlement</b>	<b>Total no of units</b>	<b>Total completed</b>	<b>Total left to build</b>	<b>Estimated number of houses that will be built by 2025-26</b>	<b>Pharmacies within a 20-minute drive time</b>	<b>Pharmacies within a 20-minute walk time</b>
Land east of Moss Close Farm	Pelton	190	0	190	130	63	1
Land off former Parkside School Heathway	Parkside	116	71	45	45	35	2
Land west of Valley Road, Pelton Fell	Pelton Fell	165	0	165	135	63	1

This page is intentionally left blank

**Adults, Well-being and Health  
Overview and Scrutiny Committee**

**15 July 2022**

**Quarter Four, 2021/22  
Performance Management Report**

**Ordinary Decision**



---

**Report of Paul Darby, Corporate Director of Resources**

**Electoral division(s) affected:**

Countywide.

**Purpose of the Report**

- 1 To present an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlight key messages to inform strategic priorities and work programmes.
- 2 The report covers performance in and to the end of quarter four, January to March 2022.

**Executive Summary**

- 3 The government has now removed the last remaining COVID-19 restrictions and launched a plan for '[living with COVID](#)' based on choice and personal responsibility.
- 4 However, as we transition from the pandemic, the household budgets of many of our residents remain tight. As of January 2021, the cost of living was at a 40 year high, prices had increased by almost 6% over a 12-month period, inflation is rising faster than wages and expected to climb above 10% within the year, and private rents are 7% higher than pre-COVID levels. In addition, more financial pressures are emerging with energy bills expected to increase by 50% following the removal of the energy price cap, and a 1.5% rise in National Insurance contributions in April 2022.
- 5 The latest published data estimated that almost 15% of households across the county were experiencing fuel poverty. However, this data relates to 2020, before the latest cost of living increases and escalation in energy prices. It is therefore expected that the actual percentage to be both higher and to increase over the coming months, with people in rural areas and/or already struggling being disproportionately affected. As

fuel prices increase, the cost of transport will increase and accessibility of the poorest people to essential services is likely to decrease, again exacerbated in rural areas.

- 6 Through the Poverty Action Steering Group (PASG) we have adopted a coherent and co-ordinated strategic approach, both within the council and across our partners to address poverty across County Durham. We are currently consulting on a revised [Poverty Action Plan](#), which sets out a comprehensive response to the impacts of the wide-ranging poverty issues within the county.

### **Long and Independent Lives**

- 7 Data for the period 2018-20 show a reduction in both life expectancy (LE) and healthy life expectancy (HLE) in County Durham since the previous release (2017-19), with the exception of female HLE which has increased by a full percentage point. However, HLE in both males and females continue to remain lower than national levels. It is expected that future data releases covering the period of the pandemic will demonstrate a continued negative impact on LE and HLE.
- 8 The impact of the pandemic on the mental health of the population is also demonstrated through increasing hospital admission rates for intentional self-harm, particularly in the 10-24 year-old age group. Increases in admission rates for alcohol specific conditions have also been identified for the same period. A new campaign, '[Now You're Talking](#)', has been developed, to encourage people to talk about their mental health. The campaign is due to roll out in spring 2022.
- 9 Provisional data from adult social care show that permanent admissions to residential and nursing care have returned to a similar level to those seen 12 months ago. Admissions remain, however, below pre-pandemic levels.
- 10 As we come through the recovery phase of COVID, competing operational pressures continue to impact negatively on services users being reviewed within 12 months. 65% of service users received an assessment or review in the last 12 months, compared to almost 90% the previous year. Following additional resources into Adult Care, and mitigating actions to address this, it is expected that performance should improve during 2023.
- 11 However, the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services continues to increase. The latest position (88.7%) is the highest performance for four years.

- 12 Despite a steady increase throughout the year, in 2021/22 visitors to leisure centres were below target by 33%, with 1,163,667 fewer visitors than at the start of the pandemic. We have also seen an increase in cancellations of gym and swim memberships compared to last year with initial indications showing that the increases in the cost of living are having an impact.

## **Risk Management**

- 13 Effective risk management is a vital component of the council's agenda. The council's risk management process sits alongside our change programme and is incorporated into all significant change and improvement projects. The latest report can be found [here](#).

## **Recommendation**

- 14 That Adults, Well-being and Health Overview and Scrutiny Committee notes the overall position and direction of travel in relation to quarter four performance, the impact of COVID-19 on performance, and the actions being taken to address areas of underperformance including the significant economic and well-being challenges because of the pandemic.

## **Background**

- 15 The performance report is structured around the three components.
- (a) High level state of the County indicators to highlight areas of strategic significance. These are structured around the [County Durham Vision 2035](#).
  - (b) Council initiatives of note against the ambitions contained within the vision alongside a fourth 'excellent council' theme contained within our [Council Plan](#)<sup>1</sup>.
  - (c) A long list of key performance indicators against the themes of the Council Plan.
- 16 It also includes an overview of the continuing impact of COVID-19 on council services, our staff, and residents.

## **Background papers**

- County Durham Vision (County Council, 23 October 2019)  
<https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf>

---

<sup>1</sup> approved by full council October 2020

## **Other useful documents**

- Council Plan 2020 to 2023 (current plan)  
<https://www.durham.gov.uk/article/2366/Council-Plan>
- Quarter Three, 2021/22 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s152742/Performance%20Report%202021-22%20003.pdf>
- Quarter Two, 2021/22 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s149087/Q2%20Performance%20Report%202021-22%20-%20Cabinet.pdf>
- Quarter One, 2021/22 Performance Management Report  
<https://democracy.durham.gov.uk/documents/s144872/Q1%20Performance%20Report%202021-22.pdf>

## **Author**

Andy Palmer

Tel: 03000 268551

---

## **Appendix 1: Implications**

---

### **Legal Implications**

Not applicable.

### **Finance**

Latest performance information is being used to inform corporate, service and financial planning.

### **Consultation**

Not applicable.

### **Equality and Diversity / Public Sector Equality Duty**

Equality measures are monitored as part of the performance monitoring process.

### **Climate Change**

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

### **Staffing**

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

### **Accommodation**

Not applicable.

### **Risk**

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

### **Procurement**

Not applicable.



# Durham County Council Performance Management Report

## Quarter Four, 2021/22

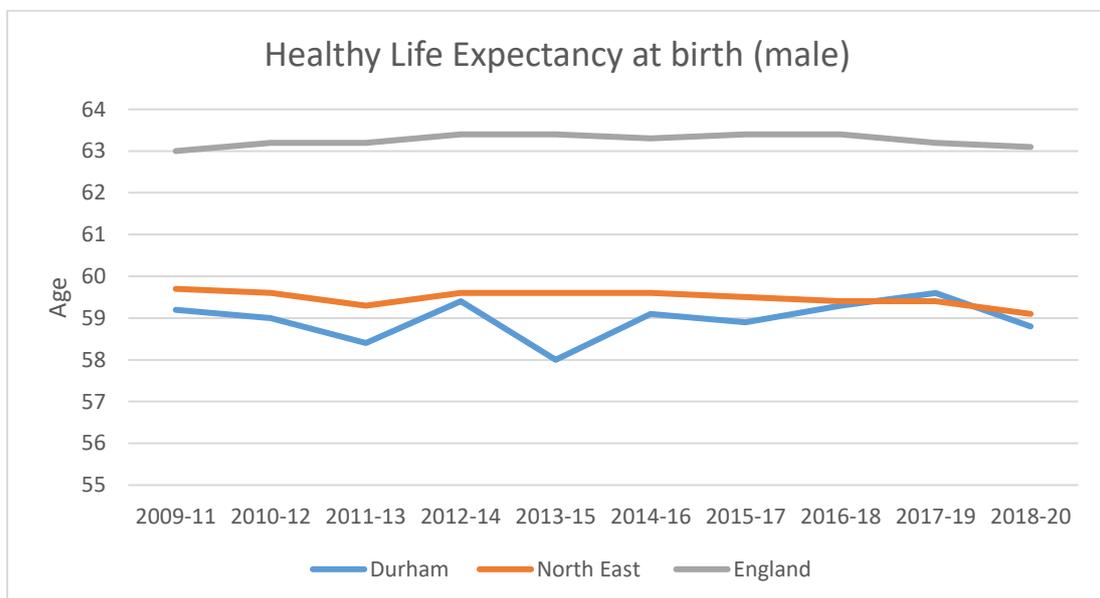


## Long and Independent Lives

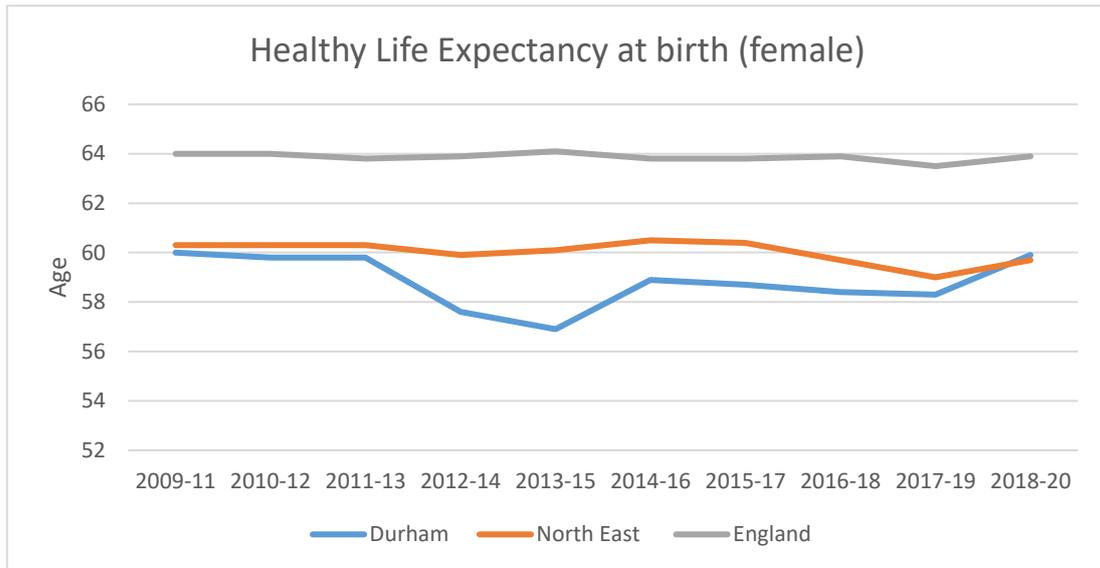
- 1 The ambition of Long and Independent Lives is linked to the following key objectives:
  - (a) County Durham will have a physical environment that will contribute to good health;
  - (b) We will promote positive behaviours;
  - (c) Health and social care services will be better integrated;
  - (d) People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people;
  - (e) We will tackle the stigma and discrimination of poor mental health and build resilient communities.

## National, Regional and Local Picture

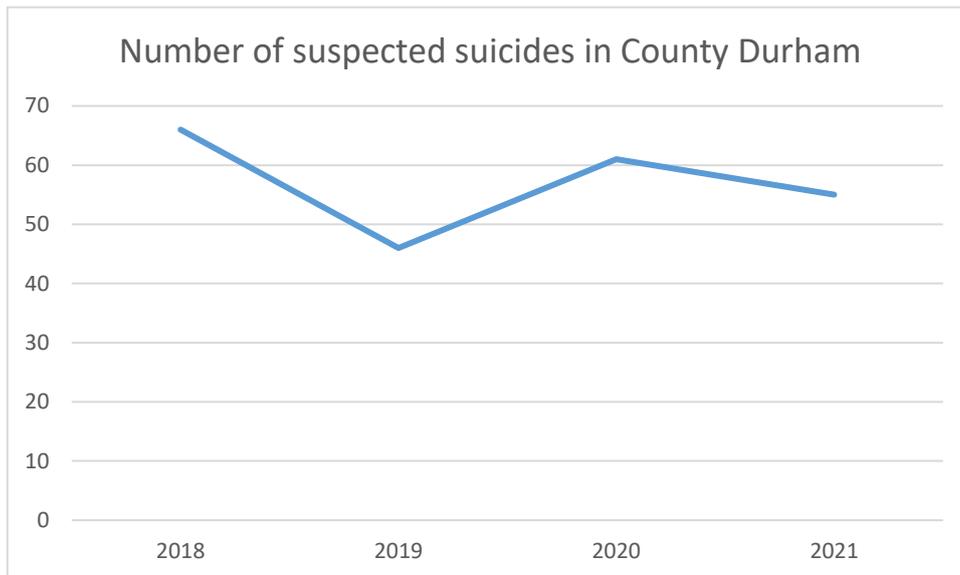
- 2 Recent [data](#) (for the 3-year pooled period 2018-20) shows a reduction in male healthy life expectancy (HLE) whilst female HLE has increased by over one percentage point since the last release (2017-19). Both sets of data follow regional and national trends, with male HLE reducing at regional and national levels, while HLE for females has increased. Male HLE at birth has reduced over the last 10 years, however, the reduction is not statistically significant.



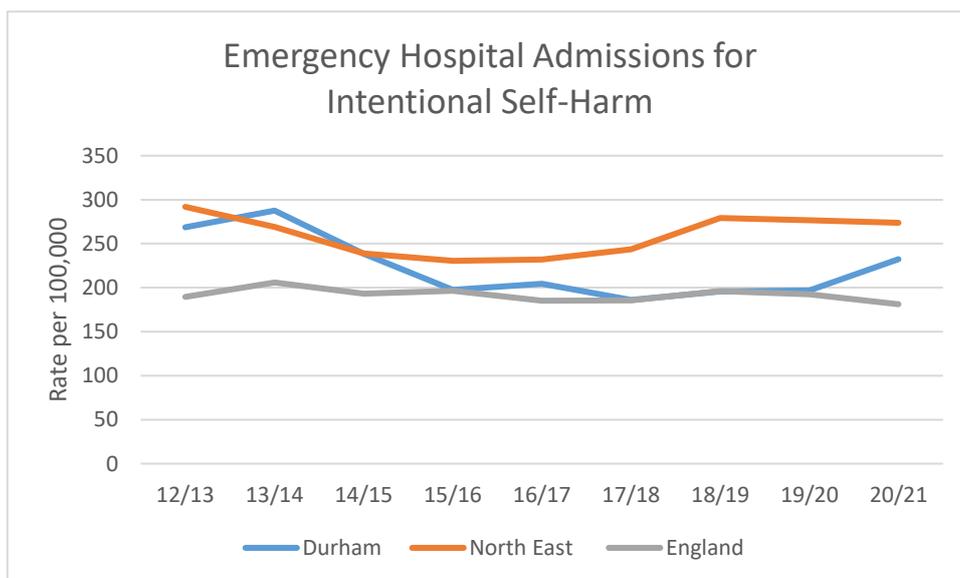
- 3 Whilst female HLE has increased and is now above the regional average it remains similar to 2009-11 levels. Changes to female HLE are not statistically significant.



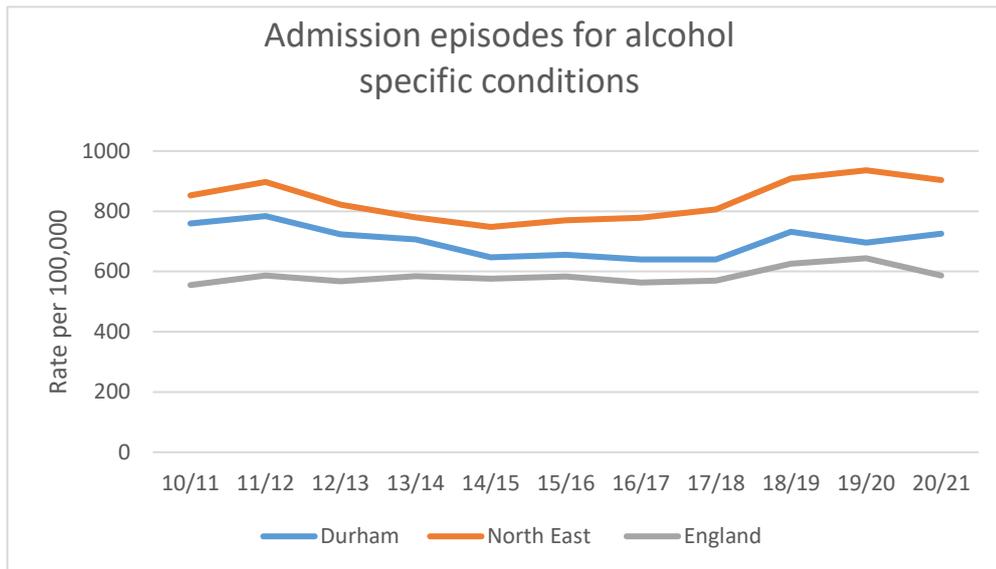
- 4 The gap between life expectancy and healthy life expectancy at birth for both females (59.9) and males (58.8) in County Durham remains (statistically significantly) lower than the England averages for the same period (63.9 and 63.1 respectively).
- 5 Data for HLE contrast with life expectancy (LE) data released last year, with both male and female LE reducing over the same period. Both sets of refreshed data (LE and HLE) are for the period (2018-20) which includes the first year of the pandemic. The [Office for National Statistics](#) highlights that the pandemic has resulted in a significant impact on LE data. Once further data are released to cover the full period (2020-22), a clear understanding of the full impact will be available.
- 6 The recent '[Levelling Up the UK](#)' White Paper aims to reduce the gap in HLE between the lowest and highest areas, with the aim that, by 2035, HLE across the UK will have risen by five years. Analysis from the [Health Foundation](#) found that without significant resource to tackle this, these targets are unlikely to be achieved.
- 7 The impact of the pandemic on mental health continues, with many organisations conducting research into specific areas. The [World Health Organisation](#) (WHO) has recently concluded that 'the pandemic has led to a worldwide increase in mental health problems, including widespread depression and anxiety'.
- 8 The WHO report noted that rates of suicide did not increase during the pandemic. Data from Public Health confirms this position in County Durham with a similar number of suspected suicides during the pandemic compared to previous years.



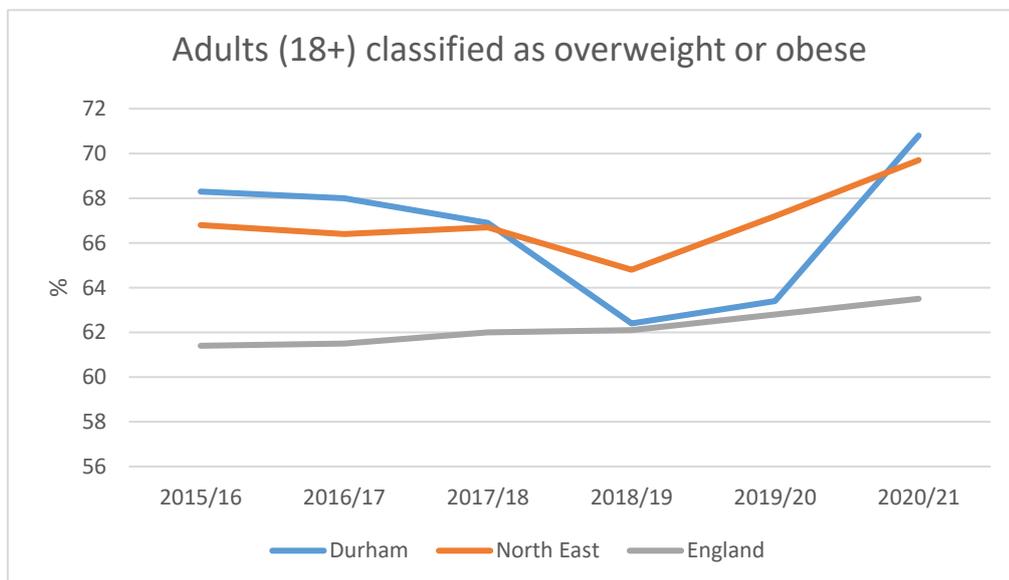
- 9 Whilst finding suicides did not increase, the report outlines that numbers of reported acts of self-harm varied. Recent data for County Durham highlight an increase in the rate of hospital admissions for intentional self-harm in the first year of the pandemic, while regional and national rates reduced.



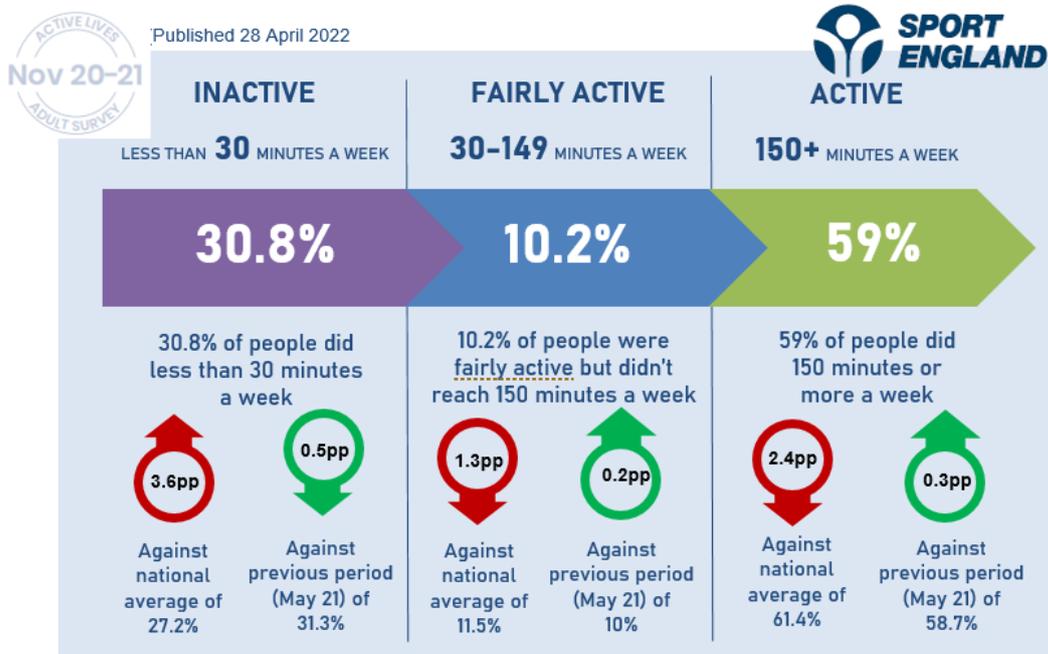
- 10 Alongside increasing admission rates for self-harm, data for County Durham also demonstrate rising [admission rates for alcohol specific conditions](#) during the first year of the pandemic. Regional and national rates have reduced over the same period, which leads to concern that higher admissions in County Durham will reflect a greater number of people drinking at home, causing '[silent harm](#)' to themselves, compared to other areas of the country.



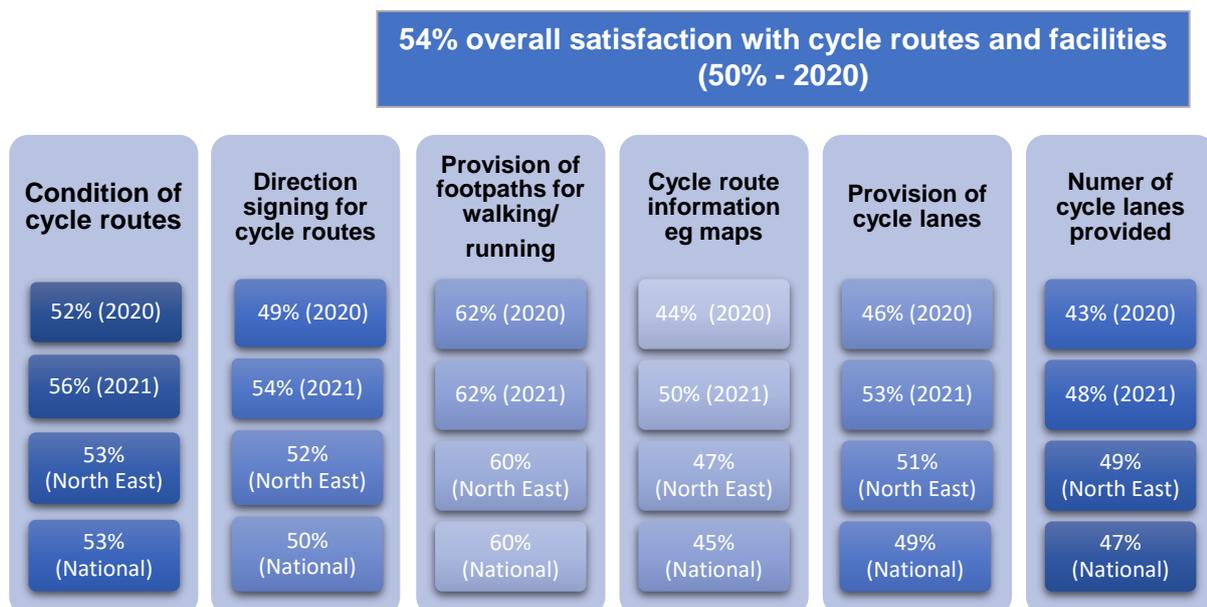
- 11 Under-18 conception data have shown a continued reduction in rates which continue to be below the north east average, although latest data do not include any period of the pandemic.
- 12 Latest regional and national data demonstrate that the percentage of adults classed as overweight or obese has been increasing over the last few years. Whilst this had been reducing in County Durham, and was very similar to the national average between 2018-2020, this increased significantly during the first year of the pandemic with 70.8% of adults classed as overweight or obese.



- 13 Latest data from the Active Lives survey (November 2020 to November 2021) show as the pandemic has progressed, activity levels have stabilised over the past 12 months. Levels of low or no activity for County Durham (<30 minutes a week) was on par with the previous 12 months, but above the national average. 'active' participation levels (150+ minutes per week) continue to remain relatively static but below national average.



- 14 The National Highways and Transport (NHT) Survey 2021 shows that overall satisfaction with cycle and walking routes and facilities has increased to 54% from 50% in the 2020 survey<sup>1</sup>, however this is within the confidence levels for the survey.



<sup>1</sup>NHT Survey, performance is significantly better if performance is 4pp or more above average and significantly worse if performance is 4pp or more below average.

## **A physical environment contributing to good health**

- 15 A £2.8 million grant from National Lottery Heritage Fund is being used to showcase coastal and marine heritage in the North of England between the Tyne and the Tees. A partnership scheme called SeaScapes has been established. SeaScapes works to improve access to beaches, explore the shipwrecks and habitats beneath the waves, improve biological recording, tackle marine litter and create opportunities for local people and visitors to enjoy. Currently, SeaScapes is liaising with Newcastle University Beneath the Waves (shipwrecks) project, which is attracting interest from the diving community. A short film in collaboration with the East Durham Artists Network, Durham University, Sunderland University and former miners has been made, based on Blast Beach. A “Source to Sea” workshop on the issue of plastic pollution for the River Wear has also been held.
- 16 Additional resources have been secured for both tree inspections and the provision of new trees and woodland. Initiatives are underway to increase tree coverage and improve woodland across the county, including the Urban Tree Challenge Fund, the North East Community Forest, Trees for Children and Durham Woodland Revival (DWR). We are working with landowners on the potential creation of woodland and have provided training to landowners and community groups, with contractor training planned for the autumn. DWR has also planted 1.9km of hedging and in the last year 37,368 trees have been planted across all the initiatives.
- 17 We continue to offer free walking, running and cycling activities. During 2021/22, 6,097 people attended our Walk Durham programme across 47 different venues ranging from Gentle Steps to 90 minute Wellbeing Walks; and 218 people joined our Run Durham ‘get into running’ courses. We also provide a wide range of community-based wellbeing activities. During the year, 2,332 people took part in 280 sessions across 22 different venues and 111 sessions were also delivered across our library sites, attended by 1,111 people. Ten people also accessed the Borrow a Bike scheme.
- 18 Leisure centre visitor numbers have increased this quarter, mainly due to the MOVE campaign. However, despite a steady increase quarter on quarter, the year-end position shows visitor numbers are below target by 33%, with 1,163,667 fewer visitors than at the start of the pandemic (end of March 2020). Gym memberships have also increased steadily throughout the year, with 17,202 at the end of March. Although memberships are higher than pre-COVID levels, figures are inflated due to three additional leisure centres in-sourced post-COVID and if the new sites are excluded, actual comparable figures are still below pre-COVID levels. During March 2022, gym memberships experienced the highest cancellations this financial year, with initial indication that the cost of living crisis has led to cancellations. Similarly, swim membership cancellations have also

increased compared to last year. However, actual swim memberships are performing well, with 1,460 members at the end of March. Although the year-end position includes members from two new sites (Peterlee and Wolsingham), swim memberships are above pre-COVID levels even without those two sites included. We will continue to monitor gym and swim memberships closely, however the service is targeting a full recovery by the end of March 2023.

- 19 Our MOVE pilot finished at the end of March with final memberships totalling 3,193 which is well above target of 1,750 memberships. 230 memberships were issued to young people aged 11 to 15 years. A final report is being produced that will set out the full monitoring and evaluation of the pilot scheme. The support element of this initiative, including one-to-one appointments and signposting, will continue to the end of September to allow a full 12-month pilot to ascertain impact. The MOVE programme was funded by the government (£1.2 million) to provide free gym or swim memberships to encourage people to get moving and keep moving as part of their everyday lives.

### **Promoting positive behaviours**

- 20 During the pandemic Public Health has continued to work on key areas to improve the health of the population including the aim to reduce smoking prevalence and to increase healthy eating opportunities whilst encouraging increasing levels of physical activity.
- 21 To increase awareness, the Health and Wellbeing Board received a [presentation](#) outlining the latest position to tackle smoking and encouraged the partnership to endorse the work of the All-Party Parliamentary Group on Smoking, including a [commitment](#) to securing the government's goal of a smokefree country by 2030. This included the relaunch of the Local Government Declaration on Tobacco Control and the NHS Smokefree Pledge, to celebrate No Smoking Day on 9 March 2022.
- 22 Public Health has been working closely with independent takeaway food outlets to promote healthy cooking practices and menu options. This involves the offer of training sessions for staff in these outlets and should lead to healthier options for residents of County Durham. It is expected that the training will take place later this year.
- 23 A new physical activity strategy is under development, based on feedback from partner workshops held at the end of 2021. The strategy aims to provide a high level overview of the importance of physical activity, with a draft to be presented to the Health and Wellbeing Board in July 2022.

## Better integration of health and social care services

- 24 Work continues to support the developing integration structures for health and social care across County Durham. The Health and Wellbeing Board received a recent [presentation](#) outlining the implications of the government's Health and Social Care Integration [White Paper](#) and the developing place-based governance across the county. The shared vision for integration in County Durham was agreed as: 'To bring together health and social care as well as voluntary organisations to achieve improved health and wellbeing for the people of County Durham'. Integration programme principles and workstreams were also confirmed.

## People will be supported to live independently for as long as possible

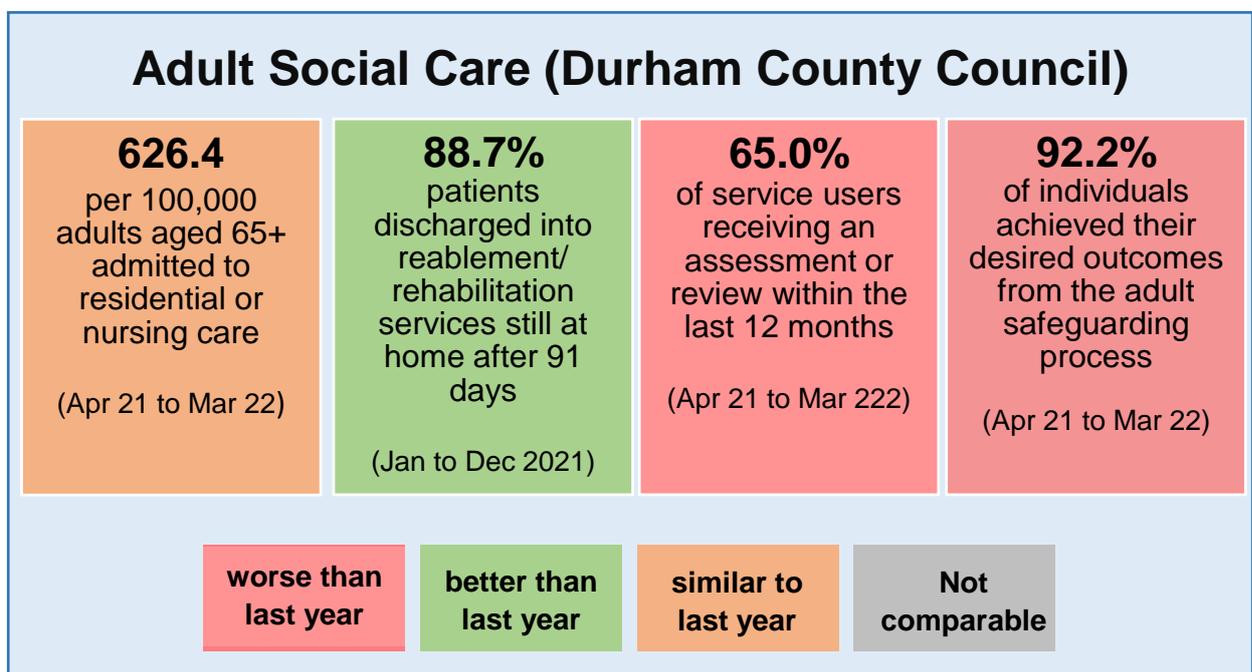
- 25 The introduction of a new case management system in June 2021 has resulted in issues in accurately measuring the number of permanent admissions to residential and nursing care. Provisional data from adult social care show that permanent admissions to residential and nursing care have returned to a similar level to those seen 12 months ago. Admissions remain below pre-pandemic levels.

Permanent admissions to residential and nursing care (rate per 100,000 population)		
2019/20 (pre-COVID)	2020/21	2021/22
757.3	625.8	626.4
	145 fewer people from 2019/20	136 fewer people from 2019/20

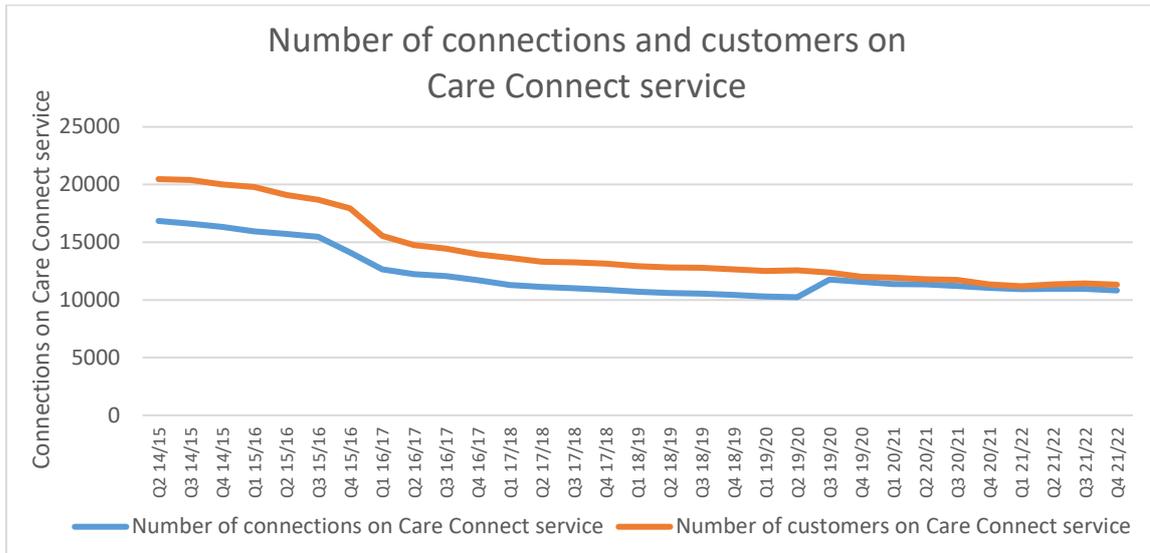
- 26 The proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services continues to increase. The latest position (88.7%) is the highest performance for four years.
- 27 In relation to the adult safeguarding process, 92.2% of individuals achieved their desired outcomes during quarter four. This is a slight reduction since the previous quarter and is also lower than the same period last year (95.0%). Performance for the last two quarters is the lowest since this indicator was recorded in 2016/17.
- 28 The change to a new case management system, which has increased the administrative burden for the recording of reviews, has continued to impact negatively the percentage of service users assessed or reviewed within the last 12 months.

Service users assessed or reviewed within the last 12 months		
2019/20 (pre-COVID)	2020/21	2021/22
87.8%	89.9%	65.0%

29 The administrative burden in recording reviews will last until the first 12 month cycle is complete, following implementation of the new system. This has also been compounded by the need to reprioritise work due to operational pressures as we come out of the pandemic. Adult Care has provided further resource to support the mitigation of these issues and it is expected that performance for these indicators will improve during the course of 2023.



30 During quarter four, Care Connect answered 97.6% of calls within a minute, showing an improvement on the previous quarter (97.5%) and slightly higher than the service target (97.5%). The Care Connect emergency response rate (arriving at the property within 45 minutes of a call) is consistently above the 90% target and this quarter was 97.7%, with 3,952 calls responded to within 20 minutes.



31 There has been a reduction in the number of Care Connect customers this quarter, reflecting the longer term downward trend in both the number of customers and connections. At year end, the number of connections decreased by 2.1% and the number of customers by 0.25% compared to 2020/21, The full reason for the decline in use is not fully understood, however, there have been numerous impacts as a result of the pandemic. This may be indicative of various changes including patterns of behaviour, changing needs, cost of living increases, the emergence of mobile phone and associated digital technologies in the market place.

### Tackling the stigma of poor mental health and building resilient communities

- 32 To support mental health in County Durham, the Health and Wellbeing Board reviewed the work of the Mental Health Strategic Partnership and the Mental Health Strategy and Concordat 2018-21, with the aim of revising governance arrangements across the county. This has been particularly important in light of the pandemic’s impact on mental health and the ongoing integration of mental health provision through the Integrated Care System (ICS).
- 33 The Health and Wellbeing Board agreed to support the development of a new system-wide approach to mental health and wellbeing, which will provide strategic governance for approaches representing prevention, early intervention and specialist delivery across the life course.
- 34 A new campaign, [‘Now You’re Talking’](#), has been developed, to encourage people in County Durham to talk about their mental health. Consultation has taken place during quarter four, with the campaign due to roll out in spring 2022 across various local media outlets and on public transport.

- 35 To improve access to employment opportunities, three Mental Health Employment Practitioners have been appointed. The posts are hosted by [Durham Enable](#) and work with clients requiring mental health support, by offering advice, guidance, signposting and training. This ensures that people receive appropriate information and resources to improve their mental health and to support access to paid employment.
- 36 In January 2022, Durham County Council was awarded the Better Health at Work 'Maintaining Excellence' Award, which recognises the council's ongoing commitment towards achieving and maintaining excellent workplace health and wellbeing. Throughout 2022/23, the council will continue to promote good workplace health and wellbeing through targeted staff campaigns on matters such as mental health, financial wellbeing, menopause, healthy eating, musculoskeletal issues and cancer awareness.
- 37 The council has also been shortlisted for the LGC Award 2022 in the Public Health category for our work on health, especially mental health. The winners will be announced July.

## Key Performance Indicators – Data Tables

There are two types of performance indicators throughout this document:

- (a) Key target indicators – targets are set as improvements can be measured regularly and can be actively influenced by the council and its partners; and
- (b) Key tracker indicators – performance is tracked but no targets are set as they are long-term and/or can only be partially influenced by the council and its partners.

A guide is available which provides full details of indicator definitions and data sources for the 2020/21 corporate indicator set. This is available to view either internally from the intranet or can be requested from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

### KEY TO SYMBOLS

	Direction of travel	Benchmarking	Performance against target
GREEN	Same or better than comparable period	Same or better than comparable group	Meeting or exceeding target
AMBER	Worse than comparable period (within 2% tolerance)	Worse than comparable group (within 2% tolerance)	Performance within 2% of target
RED	Worse than comparable period (greater than 2%)	Worse than comparable group (greater than 2%)	Performance >2% behind target

### National Benchmarking

We compare our performance to all English authorities. The number of authorities varies according to the performance indicator and functions of councils, for example educational attainment is compared to county and unitary councils however waste disposal is compared to district and unitary councils.

### North East Benchmarking

The north east figure is the average performance from the authorities within the north east region, i.e., County Durham, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-On-Tees, South Tyneside, Sunderland.

More detail is available from the Strategy Team at [performance@durham.gov.uk](mailto:performance@durham.gov.uk)

## LONG AND INDEPENDENT LIVES

### Are our services improving the health of our residents?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
34	% of mothers smoking at time of delivery	14.0	Oct-Dec 2021	14.7 (green)	16.6 (green)	8.8 (red)	11.6 (red)	11.2 (red)		Yes
35	Four week smoking quitters per 100,000 smoking population	2,452 [1,830]	2020/21	Tracker	2,945 [2,198] (red)	1,670 (green)	2,213 (green)	2,736 (red)		No
36	Male life expectancy at birth (years)	77.8	2018-20	Tracker	78.3 (amber)	79.4 (red)	77.6 (green)	77.9 (amber)		No
37	Female life expectancy at birth (years)	81.2	2018-20	Tracker	81.8 (amber)	83.1 (red)	81.5 (amber)	81.6 (amber)		No
38	Female healthy life expectancy at birth (years)	59.9	2018-20	Tracker	58.3 (green)	63.9 (red)	59.7 (amber)	60.2 (amber)		Yes
39	Male healthy life expectancy at birth (years)	58.8	2018-20	Tracker	59.6 (amber)	63.1 (red)	59.1 (amber)	59.9 (amber)		Yes
40	Excess weight in adults (Proportion of adults classified as overweight or obese)	70.8	2020/21	Tracker	63.4 (red)	63.5 (red)	69.7 (amber)	69.2 (red)		Yes
41	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	14.3	2018-20	Tracker	13.4 (red)	10.4 (red)	12.4 (red)	12.6 (red)		No
42	Prevalence of breastfeeding at 6-8 weeks from birth (%)	29.8	2021/22	Tracker	29.0 (green)	47.6 (red)	35.4 (red)	35.1 (red)		Yes
43	Estimated smoking prevalence of persons aged 18 and over*	14.3	2020	Tracker	17.0	12.1 (red)	13.6 (red)	13.5 (red)		No
44	Self-reported well-being - people with a low happiness score	8.8	2020/21	Tracker	10.9 (green)	9.2 (green)	10.1 (green)	10.3 (green)		Yes
45	Participation in Sport and Physical Activity: active	59%	Nov 2020-Nov 2021	Tracker	60.6% (amber)	61.4% (red)	58.7% (amber)			Yes
46	Participation in Sport and Physical Activity: inactive	30.8%	Nov 2020-Nov 2021	Tracker	30.1% (amber)	27.2% (red)	29.9% (amber)			Yes

\*Smoking prevalence data is taken from the Annual Population Survey which, prior to the COVID-19 pandemic, was collected via face-to-face interviews. In 2020, due to the impact of the pandemic, this moved to telephone only collection. Data between 2019 and 2020 cannot, therefore, be compared.

## Are people needing adult social care supported to live safe, healthy and independent lives?

Page 196

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
47	Adults aged 65+ per 100,000 population admitted on a permanent basis in the year to residential or nursing care	626.4	2021/22	N/a	625.8 (amber)					Yes
48	% of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	88.7	2021	N/a	84.1 (green)	79.1 (green)	72.1 (green)	80.0 (green)		Yes
49	% of individuals who achieved their desired outcomes from the adult safeguarding process	92.2	2021/22	Tracker	95.0 (red)	94.8 (red)	94.9 (red)	96.0 (red)		Yes
50	% of service users receiving an assessment or review within the last 12 months	65.0	2021/22	Tracker	89.9 (red)					Yes
51	Overall satisfaction of people who use services with their care and support	69.6	2019/20	Tracker	67.8 (green)	64.2 (green)	67.5 (green)	66.2* (green)		No
52	Overall satisfaction of carers with the support and services they receive (Biennial survey)	51.2	2018/19	Tracker	43.3** (green)	38.6 (green)	47.2 (green)	41.8* (green)		No
53	Daily delayed transfers of care beds, all, per 100,000 population age 18+	2.9	Feb 2020	Tracker	1.5 (red)	11.0 (green)	7.0 (green)	11.0* (green)		No
54	% of adult social care service users who report they have enough choice over the care and support services they receive	77.6	2019/20	Tracker	75.1 (green)	66.6 (green)	73.0 (green)	69.2* (green)		No

\*unitary authorities

\*\* results from 2016/17 survey

## Other additional relevant indicators

### LONG AND INDEPENDENT LIVES

#### Are children, young people and families in receipt of universal services appropriately supported?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
24	% of free school meals (FSM) eligible pupils taking FSM	76.0	Jan 2021	Tracker	75.8 (green)	82.6 (red)	82.6 (red)			No
25	Under-18 conception rate per 1,000 girls aged 15 to 17	16.5	2020	Tracker	19.0 (green)	13.0 (red)	18.6 (green)	18.1 (green)		Yes
26	% of five year old children free from dental decay	73.2	2019	Tracker	74.2 (amber)	76.6 (red)	76.7 (red)	71.7 (green)		No
27	Alcohol specific hospital admissions for under 18s (rate per 100,000)	52.5	2018/19-2020/21	Tracker	52.8 (green)	29.3 (red)	52.0 (amber)	46.7 (red)		Yes
28	Young people aged 10-24 admitted to hospital as a result of self-harm (rate per 100,000)	450.9	2020/21	Tracker	361.2 (red)	421.9 (red)	542.9 (green)	619.6 (green)		Yes
29	% of children aged 4 to 5 years classified as overweight or obese**	24.9	2019/20	Tracker	24.0 (red)	23.0 (red)	24.8 (amber)	25.0 (green)		No
30	% of children aged 10 to 11 years classified as overweight or obese**	37.6	2019/20	Tracker	37.7 (green)	35.2 (red)	37.5 (amber)	37.2 (amber)		No

\*\*The National Child Measurement Programme ended in March 2020 when schools closed due to the COVID-19 pandemic. Comparisons to North East and Nearest Statistical Neighbours should be treated with caution as not all submitted of their measurements. NCMP data for the academic year 2020/21 has been published, however, local authority data is not available due to a 10% sample in each area being recorded.

### CONNECTED COMMUNITIES

#### How well do we reduce misuse of drugs and alcohol?

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
85	% of successful completions of those in alcohol treatment	37.4	Mar 2021-Feb 2022	Tracker	32.6 (green)	36.6 (green)	30.7 (green)			Yes

Ref	Description	Latest data	Period covered	Period target	12 months earlier	National figure	North East figure	Nearest statistical neighbour	Period covered if different	updated this quarter
1986	% of successful completions of those in drug treatment - opiates	6.0	Mar 2021-Feb 2022	Tracker	4.8 (green)	5.0 (green)	3.3 (green)			Yes
87	% of successful completions of those in drug treatment - non-opiates	35.6	Mar 2021-Feb 2022	Tracker	35.3 (green)	34.7 (green)	30.0 (green)			Yes

## Adults Wellbeing and Health Overview and Scrutiny Committee

15 July 2022

### NHS Quality Accounts 2021/22 Adults Wellbeing and Health Overview and Scrutiny Committee responses



---

## Report of Paul Darby, Corporate Director of Resources

### Electoral division(s) affected:

None

### Purpose of the Report

- 1 To inform members of the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) of the responses made on behalf of the Committee in respect of NHS Foundation Trust Draft Quality Accounts 2021/22.

### Executive summary

- 2 The AWHOSC have previously agreed responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.
- 3 Upon receipt of the respective Quality Accounts, these were circulated to the Adults Wellbeing and Health OSC membership for consideration and comment. A special meeting of the AWHOSC was held on 9 May 2022 where representatives of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust presented information on the performance against the Quality Account priorities for 2021/22 and the proposed priorities for 2022/23.
- 4 The views provided by members at the Committee were included in responses to the draft Quality Accounts which also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.
- 5 In order to comply with the deadline for responding to the Quality Account documents, draft responses were produced and signed off by the Statutory Scrutiny Officer, Ros Layfield in consultation with the Chair

of the Committee and sent to each Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts.

## Recommendation

- 6 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

## Background

- 7 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2020/21 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.
- 8 Draft Quality Accounts documents were received as follows:-

<b>Foundation Trust</b>	<b>Date received</b>	<b>Deadline for response</b>
North East Ambulance Service NHS Foundation Trust	19 April 2022	18 May 2022
County Durham and Darlington NHS Foundation Trust	10 May 2022	10 June 2022
Tees Esk and Wear Valleys NHS Foundation Trust	11 May 2022	13 June 2022

- 9 Upon receipt of the respective Quality Accounts and following consideration of the respective Trust presentations at the AWHOSC meeting held on 9 May 2022, responses to the draft Quality Accounts were produced which set out the key issues within the Quality Accounts and also set out the key areas of work that the Committee had undertaken in respect of each NHS Foundation Trust.
- 10 The responses were signed off by the Statutory Scrutiny Officer, Ros Layfield in consultation with the Chair of the Committee and sent to each Foundation Trust within the mandated timeframe for responses which was 30 days following receipt of the draft Quality Accounts. A copy of the responses is attached to this report at Appendix 2.

### **Considerations**

- 11 Members of the Committee are asked to note the responses to the draft Quality Accounts of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust.

### **Legislative Background**

- 12 The Health Act 2009 requires the NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2020/21 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

### **Background papers**

- Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2021/22
- County Durham and Darlington NHS Foundation Trust Quality Account 2021/22
- North East Ambulance Service NHS Foundation Trust Quality Account 2021/22

---

**Contact:** Stephen Gwilym

Tel: 03000 268140

---

---

## **Appendix 1: Implications**

---

### **Legal Implications**

This report has been produced in accordance with the Health Act 2009 as they relate to NHS FT Quality Accounts.

### **Finance**

Not applicable

### **Consultation**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk.**

Not applicable

### **Procurement**

Not applicable

---

**Appendix 2: Adults Wellbeing and Health Overview and Scrutiny  
Committee responses to the NHS FT Quality Accounts 2021/22**

---

Attached as a separate document

This page is intentionally left blank

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2021/22**

The Committee welcomes North East Ambulance Service (NEAS) NHS Foundation Trust's Quality Account 2021/22 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

In considering the performance information provided by the trust, members noted that NEAS was the best performing ambulance trust across England and Wales in respect of responsiveness for category 1, 2 and 4 calls which was commendable in view of the system pressures placed upon the health and social care sector during the past year. However, members remain concerned that performance was within national targets for category 1 calls only. In respect of performance across County Durham the committee noted that for category 1 and 2 calls performance is worse than the trust average. This is a major concern given that these represent the most serious and life-threatening incidents and members would welcome information from the trust that details how performance in these areas is to be improved.

Notwithstanding these concerns, members are aware of the impact on performance that handover delays at emergency departments, turn-around times for cleaning of vehicles during the COVID-19 pandemic to prevent cross infection and also the impact of COVID-19 on staff sickness levels have all had.

During consideration of the Quality Account members raised a number of issues for which they would like a response from the trust. These include:-

- the priority given to 999/111 calls made from nursing homes and how this is assessed as there have been concerns raised at the length of time to respond to such calls;
- response times for cardiac 999 calls in rural areas of County Durham and also the incidence of vehicles being out of area which exacerbates lengthy response times to calls from these areas;
- Members of the public and councillors remain concerned at the lengthy response times for 111 calls which often leads to abandoned calls and the patient/caller defaulting to the emergency department which in turn increases pressure within hospital trusts. Members would appreciate

some clarification from the trust on how the proposed Quality Account priorities for 2022/23 will address these issues;

- the presentation given to members referenced the number of “calls offered” and again clarification is needed on what this means in reality. Does this represent the number of calls answered?
- there are several references within the Quality Account to hear and treat plans. The committee would like information on the development opportunities being offered to staff who support the hear and treat service and how this will provide assurance that hear and treat decisions are made safely and appropriately.

The Committee welcome the progress made by the trust against the 2021/22 Quality Account priorities for the management of patients in the EOC; improving cardiac arrest care and end of life care. The trust has highlighted a number of areas where progress has not been able to be delivered including clinicians upgrading peri arrest care, improving the availability of baseline data for hear and treat rates and the provision of a seven-day dedicated transport service for end of life care. The committee would welcome information on how these outstanding issues are to be addressed.

In considering the trust's proposed priorities for 2022/23, members particularly welcome the proposals for addressing and delivering reductions in handover delays and are interested in receiving regular updates against this particular activity in view of the concerns expressed by the committee on this issue. The remaining priorities are supported by the committee although members again would seek clarity on how these priorities would improve the quality of services provided to patients and also ambulance response performance and the effectiveness and timeliness of the 111 service, particularly within County Durham.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to receive and consider performance overview information. As in previous years, the Committee would request a progress report on delivery of the 2022/23 priorities and performance targets within the Quality Account.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2021/22**

The Adults Wellbeing and Health Overview and Scrutiny Committee welcomes County Durham and Darlington NHS Foundation Trust's Quality Account 2021/22 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

Members have been specifically engaged with the Trust in respect of the healthcare system response to the COVID-19 pandemic; Shotley Bridge Community Hospital; winter planning and the work of the Local Accident and Emergency Delivery Board, the Trust's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) policy and the Sunderland and South Tyneside Path to Excellence Phase 2 programme.

In terms of performance against the 2021/22 priorities the Committee notes that whilst the number of falls across the Trust has increased due to the increase in the number of patients, the incidence of falls per 1000 bed days has reduced at acute and community sites. Members are concerned that the number of falls resulting in moderate or greater harm has increased but note that due to the rapid review process investigations this has identified that falls due to lapses in care have decreased.

During consideration of the Quality Account members raised a number of issues for which they would like a response from the trust. These include:-

- The provision of detailed sepsis data including the identification of patients with symptoms of sepsis, the timeliness of associated tests and the administration of antibiotics in cases where sepsis is suspected or identified. Whilst acknowledging the steps taken by the Trust in managing sepsis performance is still a concern. Training and development for staff and the ability of staff to take decisions early in respect of treating sepsis is considered essential;
- The need for timely and responsive dementia care advice and support for those patients in crisis and their families/carers, particularly those with mental health issues who receive treatment in acute hospital settings;

- Whilst noting the performance within the trust in respect of pressure ulcers against the Trust's zero tolerance approach, members expressed concern that the incidence of pressure ulcers may increase as patients remain reluctant to contact the NHS as they remain concerned at the risks of COVID-19;
- Waiting times in A&E remain a concern and the Committee is pleased to note that this has been identified as a priority for 2022/23. Members would like clarification as to whether this reflects an increase in demand upon the service, an insufficient number of inpatient beds, staffing pressures or the fact that the A&E department is too small to cope with the demand and that planned work to extend the facility at UHND remains outstanding.
- The Committee welcome the priority to embed prompt recognition and action on signs of patient deterioration and the plans to increase staff training for patient deterioration.

The Committee are also pleased that the Trust will continue to retain discharge summaries as a priority moving forward and the planned investment in a new Electronic Patient Register system for 2022/23 which will assist in speeding up the discharge process and also ensure that discharge summaries contain high quality and all relevant and required information.

Reference is made to the work proposed across maternity standards in response to the second Ockenden Inquiry report and members are pleased to see work planned to ensure that staffing across the maternity service remains safe.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to engage with the Trust in terms of performance. As in previous years, the Committee would request a progress report on delivery of 2022/23 priorities and performance targets within the Quality Account.

## **DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **COMMENTS ON TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2021/22**

The Adults Wellbeing and Health Overview and Scrutiny Committee welcomes Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's draft Quality Account 2021/22 and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The Quality Account process provides the Committee with one such mechanism.

Members have continued to engage with the Trust in respect of the specific impact of the COVID-19 pandemic on the services provided by TEWV particularly regarding the time for referral into services as well as accessing initial and follow up treatments. Additional engagement with the Trust has taken place in respect of the Trust's 2021/22 business plan; Care Quality Commission inspection results and associated improvement action plans; adult mental health rehabilitation and recovery services for County Durham and Darlington provided at Primrose Lodge, Chester-le-Street together with stakeholder engagement feedback.

The Committee considers that the Quality Account is clearly set out and that progress made against 2021/22 priorities is clearly identified. Whilst the Committee expressed concerns at the number of quality metrics that are below target, they noted that the identified targets were stretch targets within the Quality Account. In examining the Trust performance across these metrics the Committee were also concerned at the incidents of physical restraint within County Durham. Whilst it is acknowledged that these related to a small number of acutely unwell patients at Lanchester Road hospital who have extremely complex needs, the Committee would welcome information on how the trust will improve performance in this area.

It is noted that the Trust has identified below target performance in a number of areas due to the ongoing impact of the COVID 19 pandemic specifically in respect of the Trust's ability to reinstate face to face patient consultations and engagement together with the redeployment of frontline staff to deal with infection prevention and support the COVID-19 vaccination programme.

During consideration of the Quality Account members raised a number of issues for which they would like a response from the Trust. These include:-

- Measures to improve the performance of the Trust in ensuring that patients are treated with dignity and respect;

- Members were informed that whilst resources within the Trust are split 50/50 between inpatient and community services, patient numbers receiving services from the Trust are split 10/90 between inpatient and community services respectively. In order for members to have more clarity in respect of this data, the Committee have requested that the Trust provides data for those patients receiving inpatient/community based services across key service areas including CAMHS, Adult Mental Health Services, Older Peoples Mental Health Services and Learning Disabilities/Autism;
- The Trust's plans to address previously reported concerns in respect of transitioning arrangements for service users from CAMHS to Adult Mental Health Services;
- Confirmation of how the Trust will improve performance in terms of the time taken from initial referral into services to subsequent treatment particularly in respect of CAMHS;
- Whilst members noted the value of services being accessible remotely such as the talking changes service, they feel that these are not appropriate for everyone and that face to face appointments should be offered to patients where necessary. The Committee would welcome information on how the availability of face to face appointments is to be increased.

Members remain concerned about the impact of the current COVID-19 pandemic on mental health within the community, which is likely to result in a further increase in demand upon mental health services and therefore are keen to learn from TEWV as to how they are working with partners across the health and social care system to ensure that service users continue to be supported.

In respect of the proposed Quality Account priorities for 2022/23, the Committee supports them and the associated actions. Members agree with the importance of continued investment in mental health services and welcome the work being undertaken by TEWV in association with local authorities and NHS County Durham CCG and the continued investment in mental health services, particularly in terms of counselling services. The Committee also support the engagement of the community and voluntary sector organisations to deliver mental health support and advice services, whilst acknowledging that this will require resource investment.

Finally, in order to ensure that it continues to provide a robust health scrutiny function and to provide assurances in this respect to the residents of County

Durham, the Committee would request a progress report on delivery of 2022/23 priorities and performance targets.

This page is intentionally left blank

**Adults Wellbeing and Health Overview  
and Scrutiny Committee**

**15 July 2022**



**Refresh of the Adults Wellbeing and  
Health OSC Work Programme 2022/23**

---

**Report of Paul Darby, Corporate Director of Resources**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 To provide the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with an updated draft work programme for 2022/23.

**Executive summary**

- 2 AWHOSC review their work programme each year to reflect the objectives and associated outcomes and actions identified within the Council Plan and in the context of the County Durham Vision 2035.
- 3 The proposed AWHOSC work programme has been framed around the shared County Durham Vision 2035 and also reflects the 'long and independent lives' strategic ambition therein. The draft work programme also reflects NHS Partner strategies, priorities and actions that have been developed.
- 4 Overview and scrutiny work programmes are designed to be flexible to accommodate items which may arise throughout the year. This flexibility is particularly important as we have an extensive work programme and we must ensure that we are able to accommodate issues that may arise during the term of the work programme.

**Recommendations**

- 5 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

- a) Receive and comment on the proposed Adults Wellbeing and Health OSC work programme for 2022/23 (copy attached at Appendix 2);
- b) Agree the Adults Wellbeing and Health OSC work programme for 2022/2023 and the flexibility it offers to respond to emerging issues;
- c) Consider a topic for in-depth or light touch review activity.

## **Background**

- 6 Scrutiny Committees adapted to change during the pandemic and some of these adaptations have become part of business as usual for the committee such as briefing reports being used to provide information to members of the committee. The AWHOSC work programme is refreshed annually and takes into consideration the priorities of the Committee, areas identified by service groupings and also NHS Partner strategies, priorities and actions that have been developed.
- 7 The current overview and scrutiny committees work programmes are informed by:
  - County Durham Vision for 2035
  - Council Plan
  - Cabinet's Notice of Key Decisions
  - Partnership plans and strategies including those of NHS Partners
  - Performance and budgetary control data
  - Changes in government legislation
  - Key questions for improving performance
- 8 The County Durham Partnership agreed a Vision for County Durham 2035 which sets out our strategic direction and what we would like to achieve over the next 15 years and is written around three broad ambitions for the people of County Durham:
  - More and better jobs
  - People live long and independent lives
  - Connected communities
- 9 Each ambition contains a number of objectives together with some council specific objectives. Following the refresh of the council plan in April 2022,

it is now structured around five objectives which capture the three ambitions:

- Our Economy
- Our People
- Our Communities
- Our Environment
- Our Council

## **Council Plan 2020-2026**

- 10 The Council Plan is the primary corporate planning document for the county council and details Durham County Council's contribution towards achieving the objectives set out in the Vision for County Durham 2035 together with its own change agenda. It aims to provide a readable and accessible summary for members, partners and the public of our priorities for the county and the main programmes of work that we will undertake over the coming three years to help achieve these priorities.
- 11 Both the Vision for County Durham and the Council Plan are structured around the three ambitions which are mentioned above and below are the relevant objectives that apply to the AWHOSC:-

### **People will have long and independent lives**

- We will promote positive behaviours;
  - We will tackle the stigma and discrimination of poor mental health and build resilient communities
  - Better integration of health and social care services;
  - People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people.
- 12 The Council Plan has been structured around 5 objectives: Our Economy; Our People; Our Communities; Our Environment and Our Council. The key Council Plan objective for AWHOSC is Our People – wanting residents to live long and independent lives and in good health, protecting and improving residents health whilst tackling leading causes of illness and death; tackling health inequalities caused by the pandemic including mental health challenges; building our strong record for integrating health and social care and by building on the support the Council has provided to the care sector, ensuring we have a high quality care market that is sustainable for the future.

## Current Work Programme

- 13 In addition to providing a scrutiny role for activity of the Council, the Committee is also the designated Health Scrutiny Committee for the Council for the purposes of the Health and Social Care Act 2012. The Committee therefore leads on the review and scrutiny of NHS Services, Adult Social Care, Health inequalities and improvement and Public Health Services.
- 14 During 2021/2022, the AWHOSC prioritised items to be considered at a reduced number of formal meetings due to the size of the work programme. Reports on other items were circulated via email to members. The committee has undertaken budgetary and performance monitoring, responded to consultations and considered overview and progress monitoring reports and presentations in relation to the following:
- 15 In depth and light touch scrutiny reviews including updates were:
- Scrutiny Review of GP Services across County Durham
- 16 Consultations
- NHS Foundation Trust Quality Account 2020/21 responses and 2021/21 priorities for
    - North East Ambulance Service NHS FT
    - County Durham and Darlington NHS FT
    - Tees Esk and Wear Valleys NHS FT
- 17 Overview Activity:-
- Overview and Scrutiny Review of Access to GP services in County Durham
  - An Overview of Adult Social Care
  - An Overview of Public Health Services
  - Winter Planning and the work of the Local Accident and Emergency Delivery Board
  - Shotley Bridge Community Hospital updates
  - Local Outbreak Management Plan updates
  - Health Protection Annual Assurance Update
  - North East and North Cumbria Integrated Care System
  - Tees, Esk and Wear Valleys Inspection CQC Improvement Plan update
  - NHS Dentistry Services – Availability and Access
  - Improving access to Primary Access

- QWELL – Digital Mental Health Services for Adults
- County Durham and Darlington Adult Mental Health Rehabilitation and Recovery Services (Primrose Lodge, Chester-le-Street)
- Director of Public Health Annual Report
- County Durham and Darlington NHS FT – No Not Attempt CPR Policy
- North East Ambulance Service NHS FT – 999/111 services – System processes, demand, capacity and performance.

18 Budgetary and performance monitoring:

- Quarterly budgetary monitoring for the Adults and Health service grouping.
- Quarterly corporate performance monitoring overview for the Adults and Health service grouping.

19 The Adults Wellbeing and Health OSC has also considered the following areas which cut across objectives within the Council Plan or the remit of other Overview and Scrutiny Committees:-

- Children and Adolescent Mental Health Services (CAMHS)
- Leisure Transformation
- Alcohol and Drug Harm Reduction Group Update

### **Areas for consideration in the Adults Wellbeing and Health Overview and Scrutiny Work Programme**

- 20 Members of the AWHOSC are asked to agree the proposed work programme for 2022/23 that has been prepared and is attached at Appendix 2. The work programme is very comprehensive drawing on topical areas across the remit of the committee and it should be noted that it is also flexible.
- 21 Paragraphs 15 to 19 of the report identifies the activity undertaken by the Committee during 2021/22. The committee is asked to consider areas and review topics for inclusion in the work programme for 2022/23 in light of the current Council Plan and Vision for County Durham 2035. It is also important that members are able to respond to any statutory health service plans and/or consultations that are received during the course of the year.
- 22 Members are encouraged to identify areas of scrutiny investigation (in depth and light touch reviews) from the work programme. However, it is

anticipated that input from the thematic OSCs will be required into the Medium Term Financial Plan (MTFP) 13 development and beyond. This might include more detailed examination of budgets against the context of ongoing financial pressures faced by the Council and the need to identify further efficiencies or areas of income generation. This would impact on the committee's intention to carry out review activity in other areas for this work programme.

- 23 In relation to consideration of the involvement of the Committee in the examination of budgets, members will find attached to this report at Appendix 3 a presentation which will be given to members by the Finance Manager, Adults and Health Services to provide more information.

## Conclusion

- 24 The work programme identifies areas of work that fall within the remit of the AWHOSC and is flexible in its delivery.

## Background papers

- [Council Plan 2022 - 2026](#)
- <https://countydurhampartnership.co.uk/county-durham-partnership/county-durham-vision-2035/>

---

**Contact:** Stephen Gwilym

Tel :03000 268140

---

---

## **Appendix 1: Implications**

---

### **Legal Implications**

Not applicable

### **Finance**

Not applicable

### **Consultation**

Not applicable

### **Equality and Diversity / Public Sector Equality Duty**

Not applicable

### **Human Rights**

Not applicable

### **Climate Change**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk**

The Overview and Scrutiny work programme is an important element of the Council's governance and risk management arrangements.

### **Procurement**

Not applicable

---

## **Appendix 2: Adults Wellbeing and Health OSC Work Programme**

---

Attached as a separate document.

---

## **Appendix 3: MTFP Savings Presentation Slides**

---

Attached as a separate document

This page is intentionally left blank

<p><b>Overview and Scrutiny Draft Work Programme 2022/23</b></p> <p>Adults Wellbeing and Health Overview and Scrutiny Committee</p> <p><b>Lead Officer:</b> Stephen Gwilym</p> <p><b>Principal Overview and Scrutiny Officer:</b> Stephen Gwilym</p> <p><b>IPG Contact: Andrea Petty</b></p> <ul style="list-style-type: none"> <li>• People live long and independent lives</li> </ul>	<p>Note:</p> <p>Overview and Scrutiny Review – A systematic six monthly review of progress against recommendations/action plan</p> <p>Scrutiny/Working Group – In-depth review/light touch review</p> <p>Overview/progress – Information on an issue; opportunity to comment, shape, influence, progress with a scrutiny review</p> <p>Performance/Budget – Ongoing quarterly monitoring performance reports/budgets</p>
---	--

Item	When	Priority during COVID-19 response period	Who	Outcome	Comment
<b>O/S Review</b>		<ul style="list-style-type: none"> <li>• report to AWH</li> <li>• circulate to AWH members via email</li> </ul>			
Access to GP Services across County Durham – Update on Recs (2)		Report to AWHOSC	S Gwilym POSO and J Chandy County Durham CCG/ICB	To provide further progress on the members' Review recommendations	Members will receive information on how their recommendations are progressing.

<b>Scrutiny/Working Group (light touch / in-depth review)</b>					
TBC		Report to AWHOSC	Stephen Gwilym Principal Overview and Scrutiny Officer	TBC	Scrutiny Review
<b>Overview/Progress</b>					
Adult and Health Services Overview/Update		Report to AWHOSC	Jane Robinson/Lee Alexander	To advise members of the latest policy and service developments in respect of Adult and Health Services including associated funding	This item provides members with an opportunity to consider the Council's statutory responsibilities regarding Adult and Health Services
Director of Public Health Annual Report	January 2023	Report to OSC	Amanda Healy, Director of Public Health	Update on Public Health priorities arising from DPH Annual Report	To receive the DPH annual report and reflect upon its content within the context of the Committee's work programme priorities for 2020/21 and beyond

<p>Health and Wellbeing Board – Annual Report</p>		<p>Report to OSC</p>	<p>Cllr Lucy Hovvels/Gordon Elliott</p>	<p>To provide members with an update of the key delivery plan actions against the JHWS</p>	<p>To receive the Health and Wellbeing Board annual report and reflect upon its content within the context of the Committee’s work programme priorities for 2021/22 and beyond</p>
<p>Safeguarding Adults Annual Report</p>		<p>Circulate Update Report to members via e- mail</p>	<p>Gordon Elliott</p>	<p>Update on Annual Report</p>	<p>To receive the Safeguarding Adults annual report and reflect upon its content within the context of the Committee’s work programme priorities for 2020/21 and beyond</p>

Integration of Health and Social Care Services		Report to AWHOSC	<p>Jane Robinson, Corporate Director of Adult and Health Services</p> <p>Amanda Healey, Director of Public Health</p> <p>Michael Laing – County Durham Care Partnership</p>	To provide an update on the integration of health and social care services	To ensure that members are aware of the ongoing progress being made in respect of the Integration of health and social care within County Durham as well as details of the Community Services Contract implementation
Oral Health Strategy	January 2023	Report to AWHOSC	Amanda Healy - DPH	To inform members of the development of the Oral Health Strategy	To allow members to comment upon the strategy and the key actions therein.

COVID 19/ Local Outbreak Management Plan – Update/Review/Learning	October 2022	Report to AWHOSC	Amanda Healy, Director of Public Health County Durham	To advise members of the Council and Partners approach to managing the COVID-19 Pandemic	To provide members' assurance that the Council and Partners have appropriate measures in place to tackle the COVID-19 Pandemic and associated support mechanisms
Health Protection and Assurance Annual Update	15 July 2022	Report to AWH OSC	Amanda Healy, Director of Public Health County Durham	To provide members with information regarding the range of health protection, health promotion and Ill health prevention initiatives.	To advise members of the various steps being taken to ensure Health protection and Assurance
Winter Planning and Preparedness	October/November 2022	Report to AWH OSC	Sue Jacques, CDDFT Chief Exec and Chair of LADB.  Michael Laing Director of Integrated Community	To provide members with information regarding Winter Planning and Preparedness	To advise members of the various steps being taken to prepare for winter pressures on the NHS and Social Care.

			Services, CDCPartnership		
--	--	--	-----------------------------	--	--

Performance/Budget					
<b>Performance</b> Quarterly reporting	Q4 2021/22 – July 2022  Q1 2022/23 – October 2022  Q2 2022/23 – January 2023  Q3 2022/23 – April 2023	Report to AWHOSC	Stephen Tracey/ Angela Harrington  (Resources)	To provide members with progress towards achieving the key outcomes of the council's corporate performance framework.	Summary information to Members
<b>Budget Outturn Report</b> Quarterly reporting -	Q4 2021/22 Outturn – October 2022  Q1 2022/23 – October 2022  Q2 2022/23 – January 2023  Q3 2022/23 – April 2023	Report to AWHOSC	Andrew Gilmore  (Resources)	Detail of budget	Summary information to Members

Items from NHS County Durham CCG; NHS England and NHS Foundation Trusts					
The future of services currently delivered from Shotley Bridge Community Hospital	July 2022	Report to AWHOSC	NHS County Durham CCG  County Durham and Darlington NHS FT	Members are appraised of the proposals for and findings from the public and stakeholder consultation undertaken in respect of future service models for services provided at Shotley Bridge Community Hospital	Continued engagement of members as part of the Review of services provided at Shotley Bridge Community Hospital
North East and North Cumbria Mental Health, Learning Disability and Autism Partnership – Provider Collaboratives	TBC	Report to AWHOSC	TEWV	Members informed of three new provider collaboratives covering:- <ul style="list-style-type: none"> <li>• Children and young people mental health inpatient services</li> <li>• Adult low and medium secure services</li> </ul>	Engagement of members in new Mental Health Service collaboration across the North East and Cumbria

				<ul style="list-style-type: none"> <li>• Adult eating disorder services</li> </ul>	
North East Ambulance Service – Performance across County Durham	TBC	Report to AWHOSC	Mark Cotton, NEAS	Members are appraised of the impact upon NEAS of the new Ambulance Response Standards on performance against these across County Durham	To consider the implications for Ambulance Performance across County Durham of the new Ambulance Performance standards.
A&E Performance across County Durham and Darlington	TBC – Deferred due to COVID-19	Report to AWHOSC	NEAS CDDFT	Proposed examination of performance within County Durham and Darlington A&E including waiting times, demand and handover performance	Requested/Suggested as part of the consideration of Ambulance Response Standards and also pressures facing A&E in County Durham
Primary Care Update		Report to AWHOSC	ICS/ICB/ICP	To advise members of the progress of the Primary Care Strategy	Continued engagement of members.

Mental Health Services Update – CQC Inspection results and Improvement Plans – Tees Esk and Wear Valleys NHS FT		Report to AWHOSC	TEWV/NHS County Durham CCG	Members are appraised of the ongoing work in respect of the provision of mental health services for residents of County Durham	Continued engagement of members and Community into the development of mental health services within County Durham
South Tyneside and Sunderland Path to Excellence - Proposals for Phase 2	TBC		South Tyneside and Sunderland NHS Partnership  County Durham CCGs	Proposals for Phase 2 Consultation and Engagement reported to members as part of consultation /engagement	Potential Statutory Health Consultation
Quality Accounts 2021/22 – Monitoring Updates	November/December 2022	Report to AWHOSC  Report to AWHOSC	County Durham and Darlington NHS Foundation Trust  Tees Esk and Wear Valleys NHS Foundation Trust	Monitoring Updates on 2021/22 Quality Accounts Priorities	To provide Committee with assurance that QA priority actions are being delivered and agree Committee feedback on areas of under-performance

			North East Ambulance Service		
Quality Accounts 2022/23 – Preparation of Overview and Scrutiny Input and Commentary	April/May 2023	TBC	County Durham and Darlington NHS Foundation Trust  Tees Esk and Wear Valleys NHS Foundation Trust  North East Ambulance Service	Process of shaping and OSC commentary on 2022/23 Quality Accounts	Members agree timetable for 2022/23 Quality Account consideration and response
North Cumbria and North East ICS/ ICP arrangements	TBC		Sam Allen, ICB Chief Executive designate	Updates in respect of the North Cumbria and North East ICS/ North and Central ICP proposals	For members information and comment

- Also need to determine when and how to report into OSC on the NHS Legislation going through Parliament re ICSs and what this means for Adult Social Care Inspection regimes and Commissioning arrangements previously undertaken by CCG.

# SCRUTINY COMMITTEE JUNE/JULY 2022

**MTFP(13):**

**Involvement of Scrutiny Committees in the  
development of savings options**



## Development of MTFP(13)

- The 2022/23 revenue budget and four year financial plan for the period 2022/23 to 2025/26 [MTFP12] was approved by Council on 23 February 2022
- The MTFP12 forecasts identified a forecast £29.987 million savings shortfall for the period 2023/24 to 2025/26
- The majority of this savings shortfall [£16.607 million] was forecast to be required in 2023/24
- A lot has changed in the months since the budget was set on 23 February 2022!

# Development of MTFP(13)

- The initial MTFP(13) forecasts will be presented to Cabinet on 13 July 2022
- MTFP(13) will cover the four year period 2023/24 to 2026/27
- The forecast savings shortfall is expected to increase significantly from the forecasts include in MTFP12 due to the impact of inflationary impacts upon the council's budget and continued demographic pressures in Children's Services
- Savings options need to be developed over the coming months to ensure the council can set a balanced budget for 2023/24 if, as expected, there is insufficient resources generated from council tax and government grant increases to meet the unavoidable cost pressures we will face
- It is hoped that additional funding will be provided to the sector by Central Government but it is expected that this will not be clarified until the draft local government financial settlement is received in December 2022

## Scrutiny Role in Development of MTFP(13)

- Corporate Overview and Scrutiny Management Board will continue to have a strategic overview of the whole MTFP(13) process – including proposals for Council Tax increases and application of reserves
- It is recommended however that thematic scrutiny committees consider options for efficiency savings and/or opportunities for generating additional income within their thematic service areas
- This will provide the opportunity for thematic scrutiny committees to play an important role in the development of the MTFP(13) and help to attain a broader understanding of the services within their remit
- Any proposals put forward by thematic scrutiny committees will be considered by Cabinet for inclusion in MTFP(13) to assist in balancing budgets for 2023/24 and beyond

# Proposed Process to Developing Savings Options

- Thematic scrutiny committees receive quarterly reports on budgetary control and service performance – this is a rich source of data
- Discussions during finance briefings with Members previously there has been a wide range of potential opportunities for efficiencies and income generation discussed
- The proposed process will provide an opportunity for these options to be considered and tested further
- Thematic scrutiny committees may wish to set up Task and Finish groups to consider options for savings
- The Task and Finish Groups may wish to produce a range of high level options they would wish to consider Cabinet to consider or may wish to carry out some of their own research into a small number of areas utilising resource from service areas and finance to support such work
- If significant work is generated by the process consideration may need to be given to reprioritising other planned scrutiny work to ensure that support teams have the capacity to meet all requirements

# Timeframes

- It must be recognised that any detailed research into specific budget areas may take a number of months and would be unlikely to identify savings to support the 2023/24 budget setting process
- At the same time savings options could be identified to support future years' budgets
- If higher level options are submitted to Cabinet for consideration for the development of the 2023/24 budget they would be required by the end of November 2022
- Thematic scrutiny committees are requested to limit the number of budget areas to be looked at in detail as it must be recognised that this work would be a major drain on services whilst they are developing broader savings plans