



Draft

Pharmaceutical Needs Assessment

2022-25

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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 2013¹ 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.

¹ <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 HWB² 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 2013³ (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:

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

³ <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 2006⁴ places an obligation on NHSE&I (as at October 2021) to put arrangements in place so that drugs, medicines and listed appliances⁵ 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.^{6,7}

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

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

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

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

⁷ <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.⁸ 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.⁹

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 2021.¹⁰ 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.

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

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

¹⁰ <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) ¹¹
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 guidance¹² suggests the use of existing boundaries such as:

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

¹¹ Formally County Durham and Darlington Local Pharmaceutical Committee (LPC).

¹² <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 profile¹³

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.

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

Table 2: Population at a glance¹⁴

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^{15 16}

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

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

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

¹⁶ <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 mortality¹⁷

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^{18 19}

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

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

¹⁸ <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

¹⁹ 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^{20 21}

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.

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

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

2.1.5ii Smoking^{22 23}

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^{24 25}

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,²⁶ 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.

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

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

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

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

²⁶ <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.²⁷

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.²⁸ 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 Assessment²⁹

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:³⁰

- 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 Strategy³¹

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

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

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

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

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

³¹ <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).³²

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 2025:³³

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).

³² www.durham.gov.uk/jhws. Accessed 09.02.22

³³ <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.³⁴ 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.³⁵

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.

³⁴ 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.

³⁵ <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 services³⁶

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)**.³⁷ 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.

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

³⁷ <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.³⁸ 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 services³⁹

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.⁴⁰

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)⁴¹

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 Service⁴² and the Community Pharmacy Covid-19 Pandemic Medicines Delivery Service⁴³

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

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

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

⁴¹ 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/>

⁴² 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/>

⁴³ <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 Service⁴⁴

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.⁴⁵

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 drugs⁴⁶ 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 Vaccination⁴⁷

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. 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

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

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

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

⁴⁷ <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 2015/16.⁴⁸

3.1.2iii Community Pharmacist Consultation Service⁴⁹

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 Service⁵⁰

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 Service⁵¹

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 Review⁵² and Stoma Appliance Customisation⁵³ 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.

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

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

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

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

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

⁵³ <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.⁵⁴

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.⁵⁵

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

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

⁵⁵ <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.⁵⁶

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:

⁵⁶ <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 service⁵⁷ 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.

⁵⁷ 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.durhaminsight.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.⁵⁸ 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.

⁵⁸ 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 System⁵⁹ (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.

⁵⁹ 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 Easington⁶⁰ 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)

⁶⁰ 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 2021⁶¹ (as at February 2022, a total of 23 community pharmacies in County Durham were providing Covid-19 vaccinations in County Durham⁶²) 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.

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

⁶² 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.⁶³

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 premises⁶⁴) 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
Total	127	13		7

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 100,000.⁶⁵

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

⁶⁴ 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.

⁶⁵ In 2020-21 there are 11,600 active community pharmacies in England.
<https://www.nhsbsa.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 University⁶⁶ 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"> • Auckland Medical Group, Bishop Auckland • Barnard Castle Surgery • Woodview Medical Practice, Cockfield • Old Forge Surgery, Middleton-in-Teesdale • Pinfold Medical Practice, Butterknowle • Evenwood Medical Practice • Gainford Surgery
Easington	0	-

⁶⁶ 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"> • Browney House Surgery, Langley Park • The Haven Surgery, Burnhope • Oakfields Health Group, Hamsterley Colliery
Sedgefield	2	<ul style="list-style-type: none"> • Bewick Crescent Surgery, Newton Aycliffe • St Andrews Medical Practice, Spennymoor
Durham	1	<ul style="list-style-type: none"> • Belmont and Sherburn Medical Group, Belmont
Chester-le-Street	0	-
Total	13	

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 Durham⁶⁷

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:

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

Table 12: Out of area dispensing⁶⁸

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.

⁶⁸ 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
Total	127	13	13	46	15

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).⁶⁹

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 Champion⁷⁰ 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

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

⁷⁰ <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.⁷¹ 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 service⁷²

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

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

⁷² Information provided by NECS in January 2022

4.5 Residents with a protected characteristic

The Equality Act 2010⁷³ 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%⁷⁴ 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 Durham⁷⁵ and from information gathered by Public Health in January 2022:

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

⁷⁴ 16 pharmacies out of the 85 that responded.

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

Table 16: Summary of regeneration sites and future employment opportunities

Locality	Area	Description	Likely to significantly increase pharmaceutical service needs during 2022-25?
Dales	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
Easington	Peterlee	Regeneration of town centre	No
	Hornden	Regeneration of town centre	No
	Seaham	Regeneration of town centre	No
	Murton	Jade Park development: New employment site offering an estimated 2200 jobs	No
Derwentside	Consett	Regeneration of town centre	No
	Stanley	Regeneration of town centre and road networks	No
Sedgefield	Spennymoor	Spennymoor town centre regeneration	No
	Newton Aycliffe	Forrest Park development: New employment site offering an estimated 3000 jobs.	No

Durham	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)
Chester-le-Street	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 2019-20.⁷⁶

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.

⁷⁶ 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 https://www.legislation.gov.uk/uksi/2013/349/contents
UHND	University Hospital North Durham

Appendix 1: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷⁷

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

⁷⁷ <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 services⁷⁸

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.

⁷⁸ 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 https://www.durhaminsight.info/pna/ : <ul style="list-style-type: none"> • Final PNA document • Section for supplementary statements • Pharmaceutical services listing and map
Cabinet report	12/10/22	Final PNA for information

Appendix 4: Process for updating the PNA⁷⁹

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:

⁷⁹ <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 considered⁸⁰

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).

⁸⁰ <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 applications⁸¹

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

⁸¹ <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.⁸²

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.

⁸² 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

Service	Of the 3 pharmacies that responded, the number providing the service
EOHC Service	3
C Card Scheme	1

Non-commissioned services

Service	Of the 3 pharmacies that responded, the number providing the service
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

Service	Of the 19 pharmacies that responded, the number providing the service
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

Service	Of the 19 pharmacies that responded, the number providing the service
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)

Service	Of the 19 pharmacies that responded, the number providing the service
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

Service	Of the 19 pharmacies that responded, the number providing the service
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

Service	Of the 19 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)	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

Service	Of the 15 pharmacies that responded, the number providing the service
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

Service	Of the 15 pharmacies that responded, the number providing the service
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

Service	Of the 15 pharmacies that responded, the number providing the service
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

Service	Of the 15 pharmacies that responded, the number providing the service
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

Service	Of the 18 pharmacies that responded, the number providing the service
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

Service	Of the 18 pharmacies that responded, the number providing the service
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

Service	Of the 18 pharmacies that responded, the number providing the service
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

Service	Of the 14 pharmacies that responded, the number providing the service
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

Service	Of the 14 pharmacies that responded, the number providing the service
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

Service	Of the 14 pharmacies that responded, the number providing the service
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 services⁸³

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
Dales⁸⁴							
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

⁸³ 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)

⁸⁴ 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 ⁸⁵							
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

⁸⁵ 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 ⁸⁶							
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
	Browney House Surgery		Front Street	Langley Park	DH7 9YT	Mon-Fri: 09:00-17:30	
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

⁸⁶ 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
	The Haven Surgery		The Haven	Burnhope	DH7 0BD	Mon-Fri: 08:00-18:00	
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
Sedgefield⁸⁷							
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

⁸⁷ 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 ⁸⁸
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

⁸⁸ 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
Durham⁸⁹							
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	

⁸⁹ 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
Chester-le-Street⁹⁰							
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

⁹⁰ 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 Healthwatch⁹¹

- 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.

⁹¹ 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 Champion⁹² 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%

⁹² <https://www.durham.gov.uk/covidcommunitychampion>

Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot 43%	Public transport 2%	Car or taxi 52%	Other 3%
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What type of pharmacy service is it?	Community Pharmacy 55%	GP Practice 41%	Internet pharmacy service 3%	Other 1%
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Responses from the Dales (n=122)

How often do you access local pharmacy services in your area?	At least once a week 4%	Less than once a week but at least monthly 65%	Around every few months 19%	Around every six months 5%	Around once a year 5%	Less than once a year 3%	Never 0%
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Do you always visit the same pharmacy service?	Always 60%	Usually 34%	No 7%
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Can you easily access pharmacy services?	Yes 94%	No 5%	Don't know / NA 1%
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Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot 34%	Public transport 1%	Car or taxi 60%	Other 6%
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What type of pharmacy service is it?	Community Pharmacy 44%	GP Practice 53%	Internet pharmacy service 3%	Other 1%
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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)

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
	8%	48%	28%	8%	5%	3%	3%

Do you always visit the same pharmacy service?	Always	Usually	No
	49%	36%	15%

Can you easily access pharmacy services?	Yes	No	Don't know / NA
	100%	0%	0%

Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot	Public transport	Car or taxi	Other
	36%	3%	61%	0%

What type of pharmacy service is it?	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)

How often do you access local pharmacy services in your area?	At least once a week 6%	Less than once a week but at least monthly 47%	Around every few months 32%	Around every six months 6%	Around once a year 3%	Less than once a year 5%	Never 2%
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Do you always visit the same pharmacy service?	Always 49%	Usually 39%	No 12%
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Can you easily access pharmacy services?	Yes 87%	No 11%	Don't know / NA 2%
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Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot 54%	Public transport 3%	Car or taxi 40%	Other 3%
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What type of pharmacy service is it?	Community Pharmacy 83%	GP Practice 12%	Internet pharmacy service 3%	Other 2%
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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%

Do you always visit the same pharmacy service?	Always 58%	Usually 36%	No 6%
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Can you easily access pharmacy services?	Yes 97%	No 3%	Don't know / NA 0%
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Thinking about the pharmacy service you visit most often, how do you normally get there?	On foot 51%	Public transport 0%	Car or taxi 46%	Other 3%
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What type of pharmacy service is it?	Community Pharmacy 50%	GP Practice 47%	Internet pharmacy service 3%	Other 0%
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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 2025⁹³

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
Dales							
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
Easington							
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

⁹³ 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
Derwentside							
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
Sedgefield							
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
Durham							
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
Chester-le-Street							
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

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 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