



Pharmaceutical Needs Assessment

2015

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Acknowledgements

Lead authors	
Balsam Ahmad	Specialty Registrar in Public Health, Durham County Council (DCC)
Claire Jones	Public Health Pharmacist, Public Health Team, DCC
Nick Springham	Consultant in Public Health, DCC
Michael Fleming	Epidemiologist, Public Health Team, DCC
Kirsty Roe	Public Health Intelligence Specialist, Public Health Team, DCC
Steering group members	
Nick Springham	Consultant in Public Health, DCC
Balsam Ahmad	Specialty Registrar in Public Health, DCC
Michael Fleming	Epidemiologist, Public Health Team, DCC
Greg Burke	Chief Officer, Local Pharmaceutical Committee (LPC)
Dawn Cruickshank	Chair, LPC
Alastair Monk	Medicines Optimisation Pharmacist, Medicines Optimisation Team, North of England Commissioning Support (NECS)
Angela Harrington	Planning Manager, Planning and Service Strategy, Children and Adults Services, DCC
Geraint Morris	LPC member
Emma Patterson	Administration, Public Health Team, DCC
Other contributors	
Nichola Smith	Assistant Primary Care Contract Manager (Pharmacy & Optometry); County Durham, Darlington & Tees Area Team; Cumbria, Northumberland, Tyne & Wear Area Team; NHS England
Claire McVay	Assistant Primary Care Commissioning Support; County Durham, Darlington & Tees Area Team; Cumbria, Northumberland, Tyne & Wear Area Team; NHS England
Karen Nugent	Assistant Primary Care Support; County Durham, Darlington & Tees Area Team; Cumbria, Northumberland, Tyne & Wear Area Team; NHS England
Amanda Hale	Sexual Health Improvement & Protection Manager, County Durham and Darlington NHS Foundation Trust
Sandra Waters	Sexual Health Improvement Project Officer, Community Sexual Health, The Greenhouse, Annfield Plain
Bryn Morris-Hale	Senior Research and Intelligence Officer, Regeneration and Economic Development Services, DCC
Mark Harrison	Joint Commissioning Manager, Drug and Alcohol Commissioning Team, DCC
Ralph Heron	Development Manager, Drug and Alcohol Commissioning Team, DCC
Anne Everden	Pharmacist Consultant to Northumberland County Council
Lynn Wilson	Consultant in Public Health, DCC
Dianne Woodall	Public Health Portfolio Lead – Tobacco Control, Public Health Team, DCC
Michelle Baldwin	Public Health Practitioner, Public Health Team, DCC

Executive summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across County Durham and whether there are any potential gaps to service delivery. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). All HWBs must produce an updated PNA by 1st April 2015. The PNA will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of pharmaceutical services.

The Public Health department of Durham County Council (DCC) oversaw the development of the PNA on behalf of the HWB. In the process of undertaking the PNA, a steering group was established, and information and feedback sought from a number of stakeholders including the Local Pharmaceutical Committee (LPC), DCC, NHS England, Clinical Commissioning Groups (CCGs), the Local Pharmacy Network (LPN), NECS, community pharmacists and dispensing practices. A statutory public consultation was undertaken from 13th October 2014 to 12th December 2014 to seek the views of the public and other stakeholders.

The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA). County Durham is a predominantly rural county with a large and increasing aging population. County Durham experiences higher levels of deprivation than the national average.

The PNA report includes information on the following:

- The number and geographical distribution of pharmacies and dispensing practices in County Durham. These are presented by locality: Dales; Derwentside; Durham and Chester-le-Street; Easington; and Sedgefield.
- Ease of access and type of pharmaceutical service in County Durham and a judgement on the potential gaps in the provision of services and how these could be met.

The key conclusion from the PNA is that there are sufficient numbers of pharmacies in County Durham. This can be demonstrated using the following points:

- County Durham has ~ 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed in pharmacies in County Durham.
- There is a good distribution of pharmacies and dispensing practices in areas of high population density and within the 30% most deprived areas.
- A good distribution of pharmacies exists with extended and weekend opening hours in all localities.
- There are limited short term future housing developments which are relatively small and would not require a new pharmacy contract due to satisfactory cover from already existing pharmacies.

However, there is scope to further develop advanced, enhanced and locally commissioned services from the existing service providers in order to further support

targets in the Joint Health and Wellbeing Strategy (JHWS). These services should particularly focus on the growing elderly population; on the expansion of community pharmacy based public health services particularly in the deprived areas across the county; and exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

The PNA must be reviewed every 3 years. It will also be reviewed following any major changes such as a significant change to the availability of pharmaceutical services, or a fundamental redesign of the community pharmacy contract. The PNA can either be reviewed in full or a Supplementary Statement can be issued to become part of the existing PNA.

Section One: Introduction

Key points

A PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the JHWS, while taking account of financial constraints.

Pharmacy can support the achievement of a number of targets in the JHWS. This includes exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

National policy direction supports the development of community pharmacies to improve public health in their local communities and to *Make Every Contact Count*.

1.1 National policy

The NHS is ultimately working towards achieving targets in the *NHS Outcomes Framework*. Priorities in this framework are set under five domains. For example:

- **Domain 1: Preventing people from dying prematurely.** Target areas include reducing the under 75s' mortality from cardiovascular disease (CVD) and respiratory disease, and early detection of cancer.
- **Domain 2: Enhancing quality of life for people with long term conditions.** Particularly targeting chronic obstructive pulmonary disease (COPD), diabetes and dementia.
- **Domain 3: Helping people to recover from episodes of ill health.** Priorities here include reducing hospital re-admissions and helping older people to recover their independence.

In addition the *NHS Five Year Forward View* was published in October 2014¹. This describes how far greater use of pharmacists should be made in prevention and support for healthy living; to support self-care for minor ailments and long term conditions (LTCs); to provide medication review in care homes; and as part of more integrated local care models.

Key national drivers that are either shaping or will help to shape community pharmacy now and in the future include:

Pharmacy in England: Building on strengths – delivering the future

This White Paper² was published by the Department of Health (DoH) in April 2008 and set out the vision for pharmaceutical services in the future.

¹ <http://www.england.nhs.uk/ourwork/futurenhs/>

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

Improving health and patient care through community pharmacy – a Call to Action

The *Call to Action*³ for pharmacy was conducted by NHS England between December 2013 and March 2014. This was a consultation designed to gather views on what community pharmacy services should look like in the future and was carried out as part of the work of NHS England to redesign the whole of primary care (including GP services). Recommendations from national pharmacy bodies on this NHS England consultation included:

- A shift from a contract based on medicines supply to one focused on clinical care and patient outcomes.
- Common enhanced services currently commissioned by NHS England region-by-region (e.g. minor ailment schemes) to become nationwide essential services.
- All community pharmacists to become independent prescribers for a limited list of medicines, be given autonomy to alter prescriptions, and have appropriate access to patient records.
- Patients with long term conditions (LTCs) to be registered with a named community pharmacist, with the community pharmacy contract becoming more aligned with the GP contract.
- Pharmacies to become fully integrated into the provision of primary care and public health services, with an even better use of community pharmacies to promote public health messages.

Community Pharmacy – helping provide better quality and resilient urgent care⁴

This was published by NHS England in November 2014 and is part of a national drive to enable the better utilization of community pharmacy to help tackle winter pressures and support urgent healthcare provision. Three enhanced services are proposed of flu vaccination, emergency supplies of medicines, and provision of self-care support for winter ailments (see section 4.1c for further detail).

Public health

In addition, there is now a big push to fully utilize community pharmacies to improve public health in their local communities and to *Make Every Contact Count*. Driving this nationally is the Pharmacy and Public Health Forum which reports directly to Public Health England. This forum has published numerous key documents including:

- The first national public health standards for pharmacy practice (in conjunction with the Royal Pharmaceutical Society (RPS)⁵. These standards align with the Faculty of Public Health's nine core areas of public health practice.
- *Health on the high street: rethinking the role of community pharmacy*⁶ was published in 2013 in conjunction with the NHS Confederation. This discusses how public health services should be commissioned from community

³ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

⁴ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

⁵ <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

⁶ <http://www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx>

pharmacy. It states that the NHS has historically undervalued the role that community pharmacy can play in improving public health.

- *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report*⁷ was also published in 2013 and examined the evidence base for community pharmacy public health interventions. Appendix 1 is a summary of this evidence base.

1.2 Local policy

HWBs bring Local Authorities and CCGs together by promoting integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The HWB produces the JSNA which informs the HWB on the health and wellbeing of people in County Durham and how this compares to the rest of England⁸. The JSNA informs the PNA and the wider JHWS for County Durham which describes how social care and health services will work together and the services they will develop. A summary of the targets in the JHWS for County Durham 2014-17⁹ appears in Appendix 2 whilst Appendix 3 describes some of these priorities and how pharmacy is, or could in the future, support the delivery of these targets. This includes exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

1.3 Pharmaceutical needs assessment

A PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the JHWS, while taking account of financial constraints.

The Health Act 2009 introduced a legal requirement for all PCTs to publish a PNA by 1st February 2011. The Health and Social Care Act 2012¹⁰ transferred the responsibility for developing and updating PNAs to HWBs. All HWBs must produce an updated PNA by 1st April 2015. The PNA takes account of the JSNA and is a strategic commissioning document which will also be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA will also be used to:

- inform commissioning plans about pharmaceutical services that could be provided by community pharmacies and other providers to meet local need. These services can be commissioned by local authorities, NHS England and CCGs (see section 4);
- support commissioning of high quality pharmaceutical services;
- ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the JHWS;
- facilitate opportunity for pharmacists and pharmacies to make a significant contribution to the health of the population of County Durham; and

⁷ <https://www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacies-contribution-to-public-health>

⁸ <http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=6622>

⁹ <http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=8873>

¹⁰ <http://www.legislation.gov.uk/ukxi/2013/349/regulation/5/made>

- ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

1.4 Market entry

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 a person (a pharmacist, dispenser of appliances, or in some rural areas a GP) who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need in the PNA
- To meet a future need in the PNA
- To improve current access
- To improve future access
- To fulfil an unforeseen benefit (where the applicant provides evidence of a need that was not foreseen when the PNA was published)

1.5. Process followed for developing the PNA

The PNA process followed guidance set out by the *Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards* published by the DoH in 2013¹¹. Both prison pharmacy and hospital pharmacy are outside the scope of this PNA.

A steering group was established in April 2014. The core membership of the group consisted of representatives from the Public Health Department at the DCC (a consultant in public health, a speciality registrar in public health, the public health pharmacist, an epidemiologist and an administrator), representatives from the LPC (the chair, the chief officer and a member) and a representative from the Medicines Optimisation Team at NECS. In the first meeting the group agreed the terms of reference of the steering group, the PNA questionnaire to pharmacists and dispensing practices in County Durham, the timeline of the PNA process, the structure of the document, and the frequency of meetings. It was agreed that the steering group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements.

The services subcommittee of the LPC commented on the final draft before it was published for the statutory 60 day consultation on the DCC website at the end of 2014.

As part of the public consultation an online survey was designed to essentially test the conclusions of the draft PNA. A total of 321 responses were received to this online survey following awareness raising of the PNA consultation with the Area Action Partnerships, DCC employees, the Durham Residents Association, and Durham Community Action (see appendix 7). Appendix 8 lists the stakeholder organisations which commented on the draft PNA.

¹¹ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

1.6. Localities for the purpose of the PNA

The PNA steering group decided that for the purpose of the PNA the following localities would be used in the analyses and presentation of data. These are the Dales; Derwentside; Durham and Chester-le-Street; Easington; and Sedgefield.

Section Two: Population demography and health needs

Key points

The increasingly ageing population will have an impact on pharmaceutical services. Elderly patients often have higher morbidity and will require more support with their medicines and to access pharmaceutical services.

Pharmacy can make a significant contribution to supporting a reduction in premature mortality and improving the health of the population.

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. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities, and to work closely with wellbeing services.

2.1 Population profile¹²

Between 2001 and 2011 the population of County Durham increased by 4% from 493,678 to 513,242, higher than the 3.2% rise seen in the North East region but lower than the 7.8% seen across England and Wales. This increase in the county's population is predicted to continue for the near future and DCC projections indicate that by 2021 the county's population will have increased by 5.2% to 539,900 people, rising to 560,700 people by 2030 (a 9.3% increase from 2011).

As with other areas and national trends, the county has an ageing population. There have been changes throughout the population age structure since 2001. Figure 1 provides a more detailed picture of the changes in ages of the county's population from 2011 and onwards to 2030.

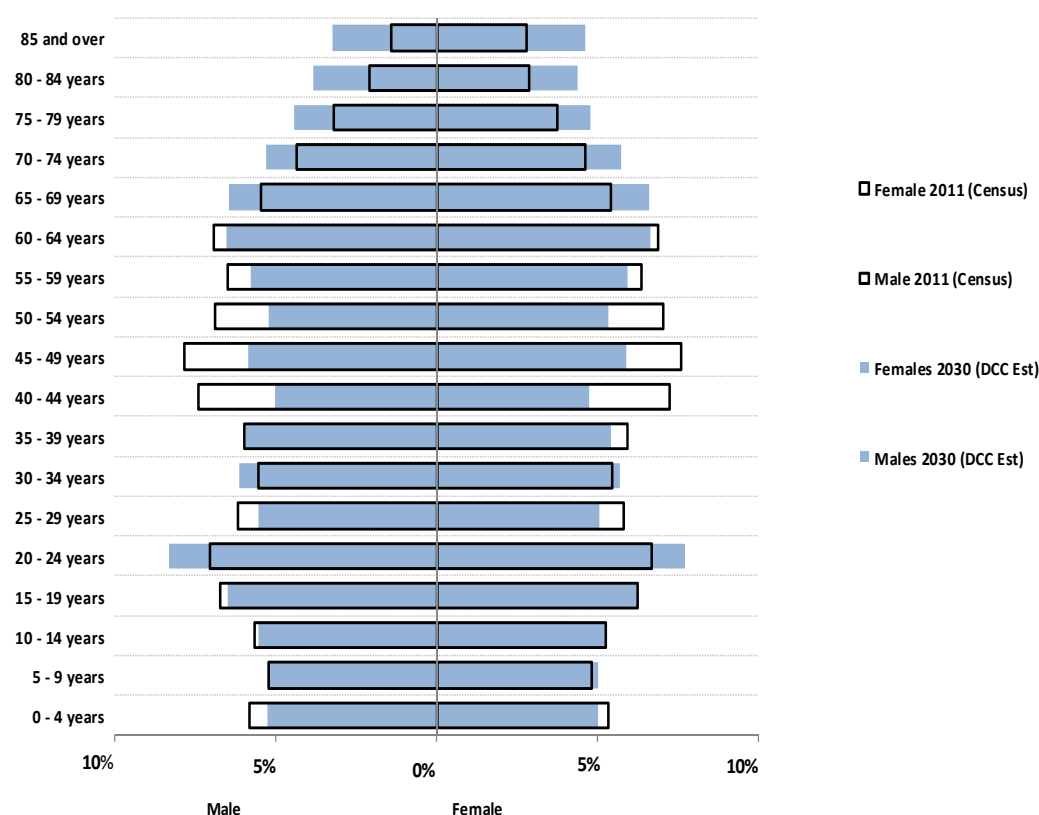
Since 2001 the county has seen a fall in younger people while the retired population continue to increase. This pattern is similar to that seen across the North East and England and Wales. In addition, the DCC population projections indicate that this pattern will continue until at least 2030 (figure 1).

Between 2001 and 2011 the retired population (65+ years) in County Durham had increased by 13.2%, higher than regional (8.0%) and national (11.0%) increases. In County Durham 18.0% of the population (92,300 people) were aged 65+ in 2011. Predictions indicate that the 65+ population will increase by a further 24.9% by 2021 and by 48.8% by 2030 (from a 2011 base). This increasingly ageing population will see the proportion of the county's population aged 65 or over increasing from almost one in five people (18.0%, 2011) to nearly one in four people (23.8%, 2030).

This projected increase in older people, combined with the decrease in the working age and younger population will have an impact on pharmaceutical services. Elderly patients tend towards a higher morbidity and will require more support with their medicines and to access pharmaceutical services.

¹² The information on which this part and subsequent ones are based is constantly changing. We used the most recent information at the time of writing this report.

Figure 1: Population age pyramid for County Durham 2011 to 2030



Source: County Durham JSNA, 2013

2.2 Deprivation in County Durham

County Durham experiences higher levels of deprivation than the national average. 28.8% of County Durham's population live in the 20% most deprived areas in England (Index of Deprivation, 2010), compared to 20.4% of England's population¹³. It should be noted that pockets of relative deprivation exist across the county, even in relatively affluent areas such as Durham and Chester-le-Street.

Almost 50% of the population live in relatively deprived areas (47% of County Durham lower super output areas (LSOAs) are in the 30% most deprived nationally). 34% of North Durham's LSOAs are in the most 30% deprived nationally, compared to 57% in Durham Dales, Easington and Sedgefield (DDES) CCG. In County Durham men from the least deprived areas will live 7 years longer than those from the most deprived areas. Females in the most affluent areas will live 7.2 years longer than those in the most deprived areas.

A study published in the BMJ in 2014 by Durham University¹⁴ 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

¹³ County Durham Health Profile 2014, Public Health England.

¹⁴ 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

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. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities.

2.3 Life expectancy and disease prevalence

Children born in County Durham will, on average, live just over a year less than the average for England, and in some parts of the county life expectancy is even lower. The average life expectancy for males in County Durham is 77.9 years and for females it is 81.5 years¹⁵. Life expectancy at birth in County Durham has been improving over time for both males and females, although not as fast as England. Disability free life expectancy (DFLE) is the average number of years a person could expect to live without illness or a health problem that limits daily activities. In County Durham male DFLE in the most affluent areas is 14.7 years higher than those from the most deprived areas. This difference is greater than the national (10.9 years) and regional (14.1 years) differences. For women in the most affluent areas the DFLE in County Durham is 13 years higher than those from the most deprived areas. Again this difference is greater than the national (9.2 years) and regional (11.8 years) differences.

Premature mortality can also be used as an important measure of the overall health of County Durham's population, and as an indicator of inequality between and within areas (e.g. County Durham and elsewhere, and within County Durham). Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole. There is significant variation in premature all-cause mortality within County Durham. Rates in Easington locality and DDES CCG are significantly higher than County Durham. Rates in North Durham CCG and the Chester-le-Street and Durham constituencies are significantly lower than County Durham. Early death rates from cancer, heart disease and stroke in County Durham are significantly worse than the England average but have been falling over time, closing the absolute and relative gap between County Durham and England. However the gap for early death rates from COPD has experienced little change over time (figure 2). Patterns of mortality show that circulatory diseases and cancers are key factors contributing to poor life expectancy for males and females. Following success with earlier interventions related to heart disease, the importance of similar early detection in relation to cancer has increased, as a way to reduce the gap in life expectancy. This is reflected by, for example, the NHS England *Be Clear on Cancer* symptom awareness campaigns.

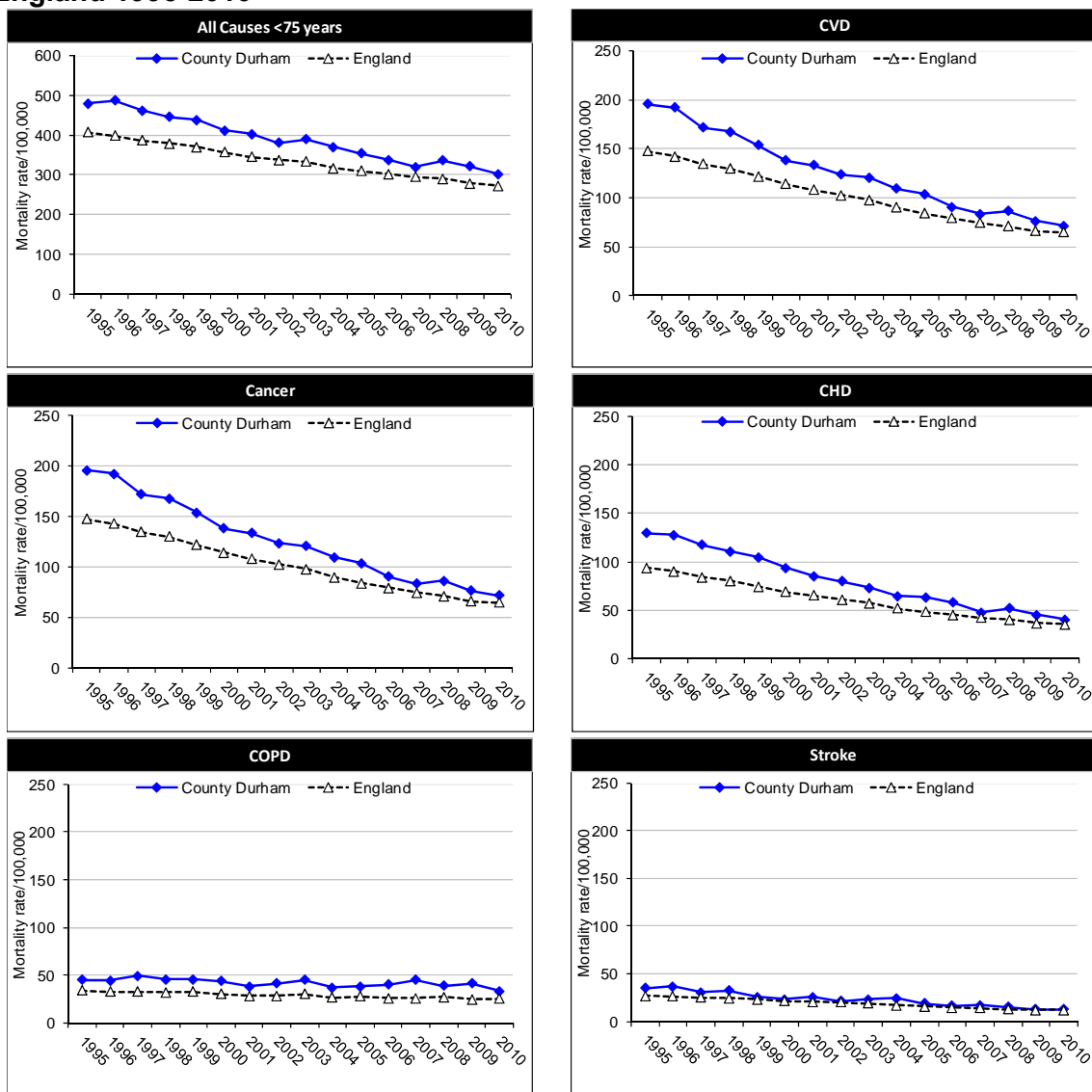
Coronary heart disease (CHD) prevalence in County Durham (5%) is higher than England (3.4%). There is also significant variation in prevalence within County Durham. Directly age standardised prevalence rates in DDES CCG are significantly higher than County Durham and North Durham CCG. The distribution of CHD prevalence in County Durham is unequal. It is higher in the more deprived wards. Diabetes prevalence in County Durham (6.8%) is higher than England (6%). The distribution of diabetes within County Durham (by wards) is unequal. There is significant variation between wards but this has a weak to moderate relationship with

¹⁵ Public Health England (2014). County Durham. Health Profile.
http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=20

deprivation. Similarly, the distribution of COPD within County Durham (by wards) is unequal. There is significant variation between wards, and this too displays a moderate relationship with deprivation.

Pharmacy can make a significant contribution to supporting the reduction in premature mortality and improving the health of the population. A review of the evidence base for the effectiveness of community pharmacy-led public health services concluded that a considerable body of evidence exists for the role of community pharmacy in a range of services, not only aimed at improving general health, but also at maintaining the health of those with existing disease (see Appendix 1). In addition a community pharmacy-led COPD case finding and support service won the respiratory category in the 2014 British Medical Journal awards¹⁶.

Figure 2: Premature mortality rates for various diseases in County Durham and England 1995-2010



Source: Health and Social Care Information Centre

¹⁶ <http://thebmjawards.bmj.com/the-2014-winners>

2.4 Lifestyle: prevalence of risk factors

Unhealthy lifestyles remain a key cause for increased rates of premature death. Many people in County Durham continue to follow unhealthy lifestyle behaviours when compared to England (see table 1). This is directly linked to the social, economic and environmental factors outlined above. Local priorities described in the JHWS for tackling health inequalities include reducing smoking (especially women smoking during pregnancy), tackling obesity, reducing alcohol misuse (including admissions), reducing teenage conceptions (and promoting good sexual health), promoting positive mental health, and reducing early deaths from heart disease and cancer (see Appendix 2 and 3). Lower than average levels of breastfeeding initiation and participation in physical activity are prevalent, together with a poor diet.

Table 1: Prevalence of risk factors in County Durham and England

	Prevalence of lifestyle factors (%)	
	County Durham	England
Smoking in pregnancy	19.9	12.7
Childhood obesity (yr 6)	21.0	18.9
Alcohol specific hospital stay (under 18)	81.5	44.9
Adult smoking	22.2	19.5
Physically active adults	52.2	56.0
Obese adults	27.4	23.0

Source: County Durham Health Profile 2014, Public Health England

In 2012 the Kings Fund report *Clustering of unhealthy behaviours over time: Implications for policy and practice*¹⁷ used data from the Health Survey for England to examine how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – co-occur in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours. The report concluded that in order to improve the public health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours.

Therefore DCC is developing the *Wellbeing for Life* Service which will be implemented in 3 phases. This service goes beyond looking at single issue healthy lifestyle services and instead aims to take a whole person and community approach to improving health.

Phase 1 began in November 2014 and consists of three staff bases plus one fixed satellite from which outreach will be coordinated:

- North Durham: Stanley
- East Durham: Easington
- South Durham: Bishop Auckland or Newton Aycliffe
- Fixed satellite: Dales

The service will help adults and families to improve their health around diet and nutrition, physical activity, obesity, smoking, alcohol consumption, and mental wellbeing. In addition it will help to build capacity and capability in communities to improve wellbeing by e.g. training community volunteers. The service will be targeted in the 30% most deprived geographical areas. Anyone will be able to sign-post into these services.

¹⁷ <http://www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time>

Sitting alongside phase 1 is the *Adult Wellbeing in Targeted Communities* outreach services in:

- Shildon
- Southmoor/Quaking Houses
- Burnhope/Brandon/Langley Park
- Trimdon

The emphasis of the work in Southmoor/Quaking Houses is tobacco control. In Mid Durham the focus is supporting older people to live healthy and fulfilled lives, improving health and reducing social isolation. In Shildon the focus is building capacity, emotional resilience, optimism, well-being and reducing social isolation. Phase 2 of the *Wellbeing for Life* Service will focus on the wider determinants of health e.g. housing; whilst Phase 3 of the Service will involve partnership working between primary care and specialist services to support patients with long term conditions.

Therefore in the future community pharmacies are likely to work very closely with their local wellbeing services.

Section Three: Access to pharmaceutical services

Key points

County Durham has an above national average supply of community pharmacies. This is an opportunity to allow for more patient choice, additional pharmaceutical services to the ageing and deprived populations in County Durham, and further support to urgent healthcare services.

A good distribution of pharmacies exists with extended and weekend opening hours in all localities. However, results from the public online survey indicate that opening hours of pharmacies could be reviewed again.

Of the current 291,273 properties in County Durham only 254 are not within a 20 minute drive of a pharmacy or dispensing practice. These households are largely situated in the Dales. A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

There are limited short term future housing developments which would not require a new pharmaceutical contract due to satisfactory cover from already existing services.

3.1 Number, type of pharmaceutical service and geographical distribution

In 2014 there are 125 pharmacies in County Durham (see Appendix 4). The number reported in the last PNA of 2011 was 116. Hence, there has been an increase of 9 pharmacies (7.75%). However this increase has been largely due to pharmacies opening outside the market entry system. Table 2 shows the distribution per locality. There was no indication of the number of distance selling pharmacies in the last PNA. In 2014 there are 5 distance selling pharmacies in County Durham (see Appendix 5). In the 2011 PNA there were 16 dispensing practices. In 2014 there are 18 dispensing practices, an increase of 11% (see Appendix 6).

The mid-year County Durham population estimate for 2012 was 514,000. This means that County Durham has 24.3 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000. If one excludes the total number of dispensing patients registered in the 18 dispensing practices (total 27,507 in January 2013) County Durham seems to have an above average supply of community pharmacies per 100,000 population (26 pharmacies per 100,000 population) which is higher than that of the North East (23) and the England (21) average. This is an opportunity to allow for more patient choice, additional pharmaceutical services to the ageing and deprived populations in County Durham, and further support to urgent healthcare services.

Table 2: Number of community pharmacies per locality in County Durham

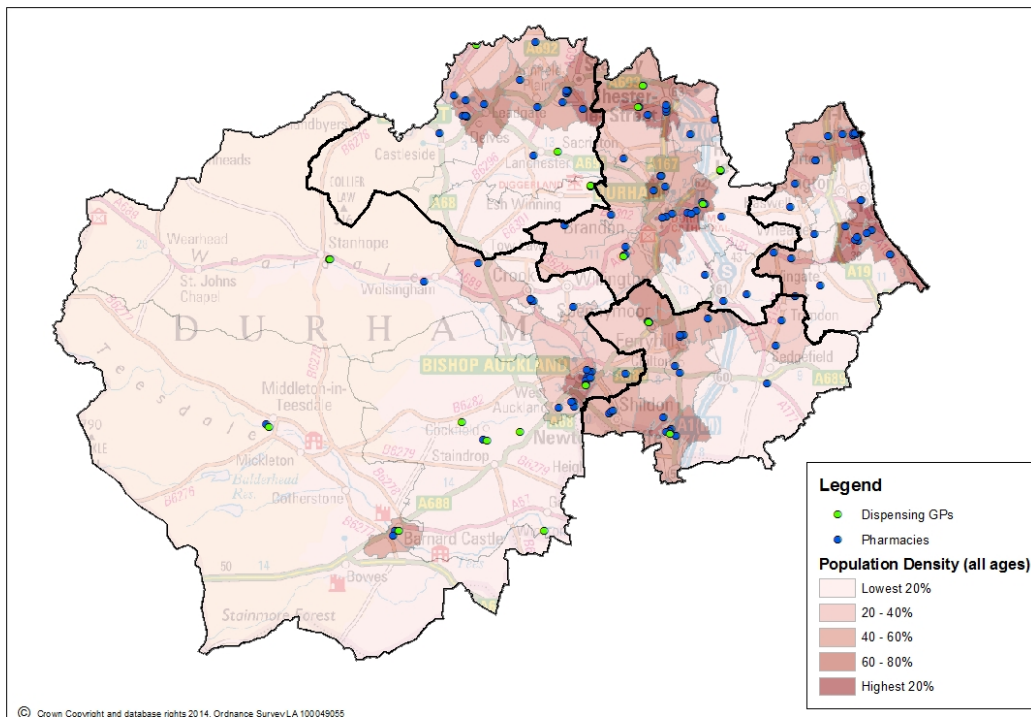
Locality	Number of pharmacies in 2011	Number of pharmacies in 2014
Dales	21	24
Derwentside	18	20
Durham and Chester-le-Street	29	32
Easington	26	26
Sedgefield	22	23
Total 11	6	125

3.2 Access to pharmaceutical services in areas of high population density

Map 1 shows that there is a good distribution and sufficient provision of pharmacies and dispensing practices in areas of high population density. The rural population in the Dales is mainly served by dispensing practices.

Dispensing doctors are authorised to provide drugs and appliances in designated rural areas known as controlled localities. A controlled locality is an area that has been determined to be ‘rural in character’ by NHS England, a PCT predecessor organisation, or following an appeal to the NHS Litigation Authority. NHS England holds the map of controlled localities in County Durham and Darlington. A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

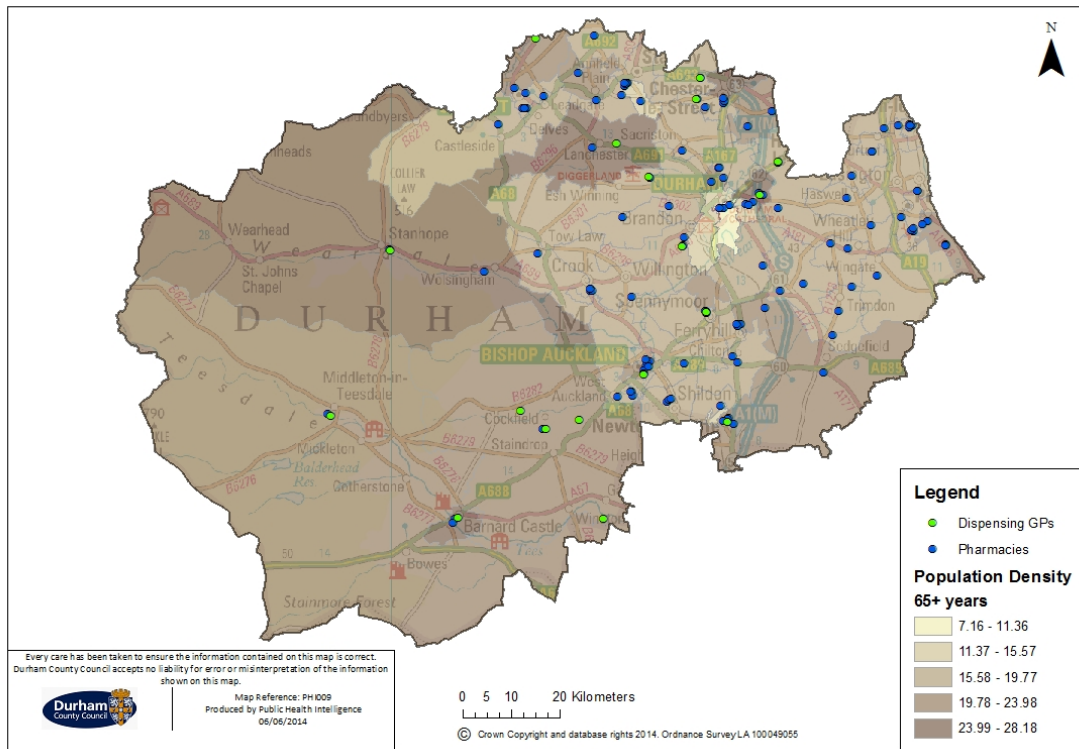
Map 1: Access to pharmacies and dispensing practices by areas of high population density in County Durham



3.3 Access to pharmaceutical services for elderly people

Map 2 shows that the areas of high population density of 65 year olds and over appear to be underserved by pharmacies and dispensing practices, however these areas map onto areas with overall low population density. Additional pharmaceutical services to the growing elderly population in County Durham should be explored by commissioners.

Map 2: Access to pharmacies and dispensing practices by areas of high population density of over 65s

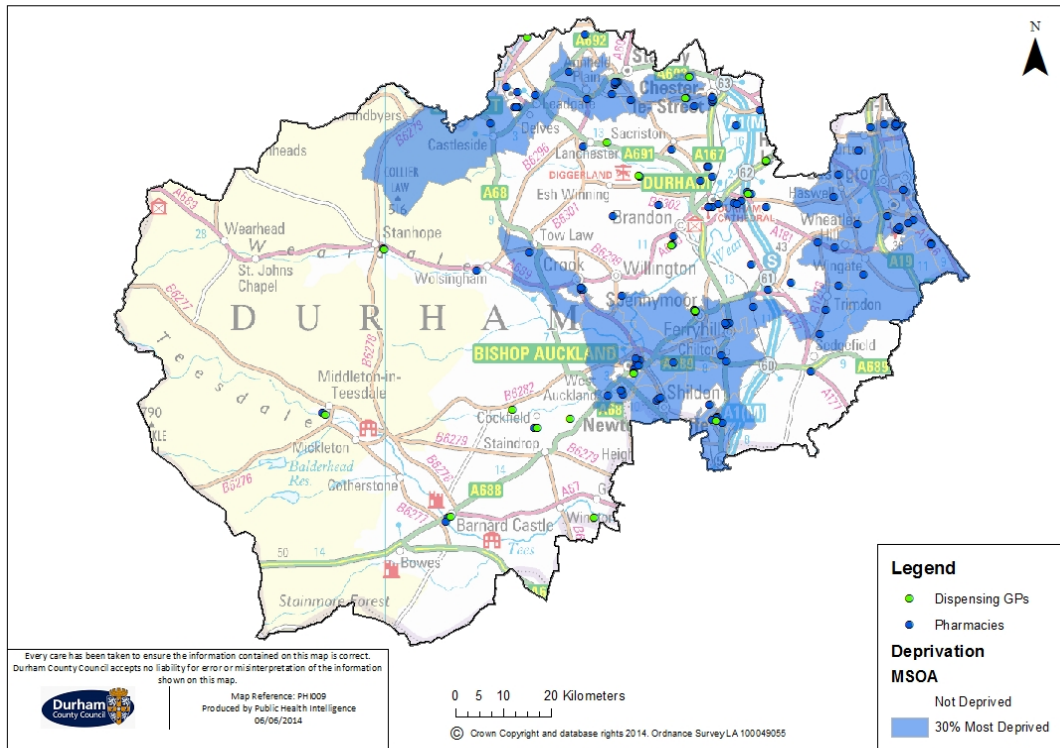


3.4 Access to pharmaceutical services in areas of high deprivation

Pharmaceutical services need to be targeted to the populations with the highest health needs. It is important to ensure that services are accessible to the population in the 30% most deprived areas. As map 3 shows there is a good distribution of pharmacies and dispensing practices in areas of high deprivation (i.e. 30% most deprived) in County Durham.

As discussed in section 2.2 community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities.

Map 3: Access to pharmacies and dispensing practices in County Durham in areas of high deprivation



3.5 Ease of access to pharmaceutical services

An important consideration in determining the adequacy of pharmaceutical services is how long it takes to travel to a pharmacy. However all pharmacies provide a daily delivery service. In addition the roll out of repeat dispensing and the electronic prescription service (EPS) will further help to support convenience and ease of access for patients across County Durham.

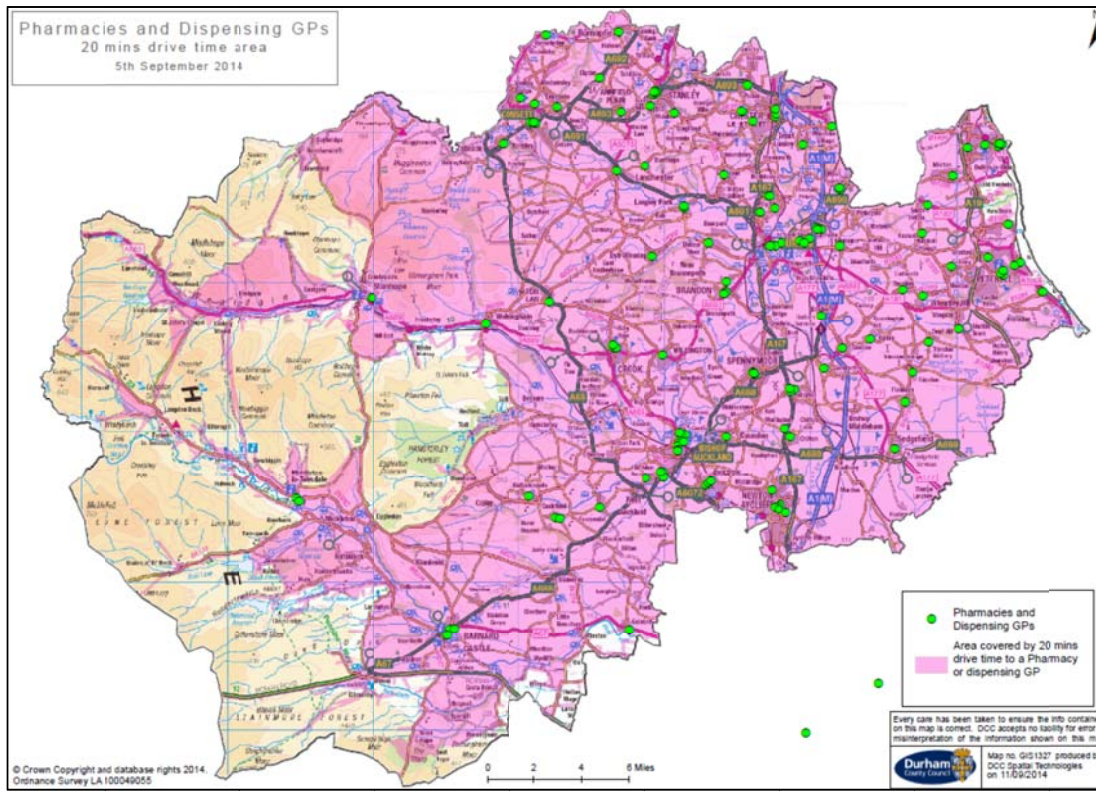
As discussed in section 2.2 a study published in the BMJ in 2014 by Durham University¹⁸ found that over 90% of the population in England have access to a community pharmacy within a 20 minute walk. The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future*¹⁹ states that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car. Map 4 shows that of the current 291,273 properties in County Durham only 254 are not within a 20 minute drive of a pharmacy or dispensing practice. These households are largely situated in the Dales.

Results from the public online survey showed that 97% of respondents can easily access pharmaceutical services (see appendix 7).

¹⁸ 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

¹⁹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

Map 4: Population within a 20 minute drive of a community pharmacy or dispensing practice



3.6 Access to pharmaceutical services by opening hours

The new market entry system came into force on 1st September 2012 whereby decisions on contract applications became based on local PNAs. This market entry system also removed the 100-hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres. NHS England is responsible for administering opening hours for pharmacies, which is likely to be handled locally by its Area Teams. A pharmacy has 40 core contractual hours (or 100 for those that have opened under the former exemption from the market entry test), which cannot be amended without the consent of NHS England.

In 2014 there are thirteen '100 hour' pharmacies out of a total of 125 pharmacies in County Durham (10.4%) (table 3) which provide extended and out of hours cover for pharmaceutical services across the county. In 2014, 64 pharmacies in County Durham (out of 125 pharmacies) are open on Saturday (excluding those 100 hour pharmacies). Map 5 shows the locations of all pharmacies with weekend opening hours. These extended and weekend opening hours will allow efficient signposting into community pharmacy from the urgent care sector as part of the national drive to support urgent healthcare provision (see section 4.1c).

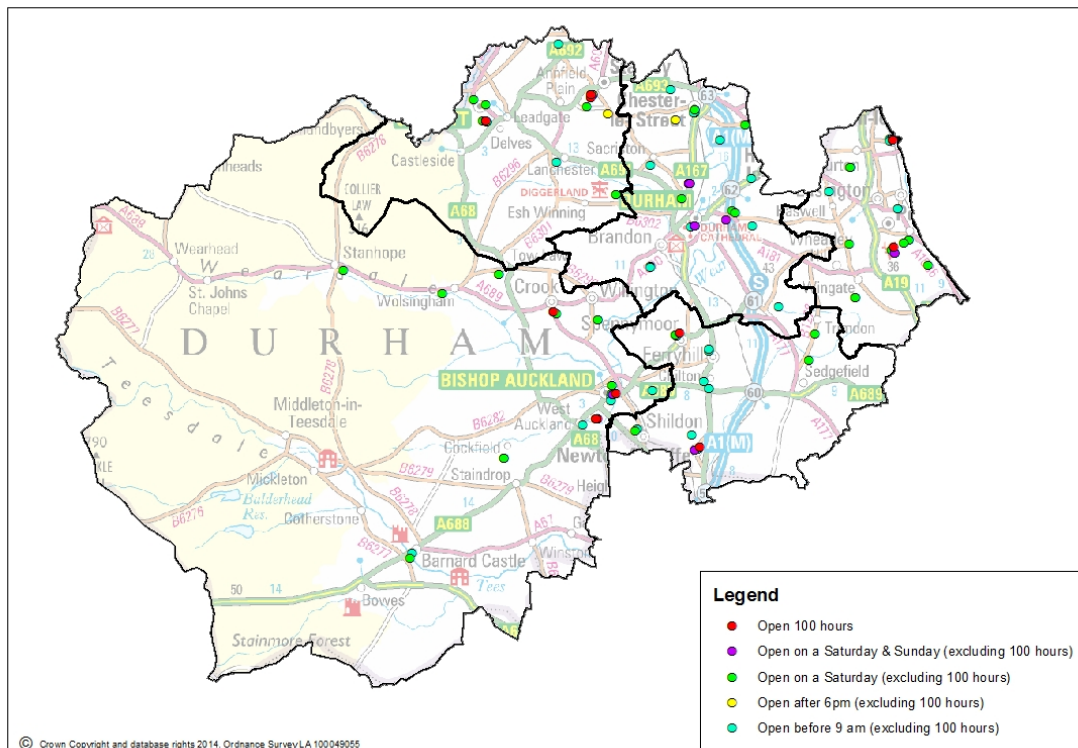
Results from the public online survey (see appendix 7) indicate that opening hours of pharmacies could be reviewed again to ensure sufficient coverage for the local population. Patterns of current opening hours should be considered using up to date information on www.nhs.uk.

Table 3: 100 hour pharmacies in County Durham

Locality	Details
Dales	<ul style="list-style-type: none"> Boots, Tindale, DL14 9FA Sainsbury's, Tindale, DL14 9AE Asda, Bishop Auckland, DL14 7LB Tesco, Tindale, DL14 9AB The Co-operative, Crook, DL15 9HU
Derwentside	<ul style="list-style-type: none"> Boots, Tanfield View, Stanley, DH9 8AD Asda, Stanley, DH9 0NB T & J Healthcare Ltd, Consett, DH8 5RL
Durham and Chester-le-Street	<ul style="list-style-type: none"> Tesco, Dragonville Industrial Estate, DH1 2XQ
Easington	<ul style="list-style-type: none"> Asda, Seaham, SR7 7HN Asda, Peterlee, SR8 5HA
Sedgefield	<ul style="list-style-type: none"> Tesco, Newton Aycliffe, DL5 4DH Asda, Spennymoor, DL16 6QB

Source: NHS England

Map 5: Pharmacies open on Saturday or Sunday in County Durham in 2014



3.7 Disability access

The Disability Discrimination Act 1995 has now been replaced by the Equality Act 2010²⁰. This sets out a framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled

²⁰ <http://psnc.org.uk/wp-content/uploads/2013/08/PSNC-Briefing-084.13-Equality-Act-2010-August-2013.pdf>

if they have a 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 adjustments are needed to overcome that obstacle. For example providing an easy open container, or ensuring that there is a care worker available to open the child resistant container, for a person with severe arthritis. 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. Easy open containers and large print labels are common adjustments in pharmacy. For patients who are forgetful, a reminder chart, showing which medicines are to be taken at particular times during the day may help, and for some patients, a monitored dosage system (MDS) may be the only adjustment that will allow the patient to improve their adherence to medicines taking. A minority of pharmacies have no wheelchair access (table 4) however making reasonable adjustments for disabled people is routine practice in community pharmacy and primary care.

Table 4: Pharmacies with no disabled access provision in County Durham

Locality	No of pharmacies	No wheelchair access
Dales	24	1
Derwentside	20	5
Durham and Chester-le-Street	32	3
Easington	26	1
Sedgefield	23	5
Total 12	5	15

Source: Pharmacy PNA questionnaire June-July 2014

3.8 Future housing developments

Table 5 shows the short term future housing developments (defined as a build in the next 5 years) of 100 or more builds. These are relatively small and would not require a new pharmacy contract to be issued for the areas of development due to satisfactory cover from already existing pharmacies. For example, the two largest sites in the Durham and Chester-Le-Street locality, at Sniperley Park and Newton Hall, already have a significant number of pharmacies and dispensing practices within a 20 minute drive.

Table 5: Short term housing developments in County Durham of 100 properties or more

Site Name	Settlement	Est yield
Bogma Hall Farm	Coxhoe	200
Stanley School of Technology	Stanley	110
Rear of High West Road	Crook	600
Sherburn Road	Durham City	475
Sniperley Park	Durham City	2200
North of Arnison	Durham City - Newton Hall	1000
Site O - Cobblers Hall	Newton Aycliffe	165
Low Copelaw	Newton Aycliffe	950
South of Eden Drive	Sedgefield	450
Woodhouses Farm	Bishop Auckland	600
Genesis Site	Consett	470
West House Farm	Sacrison	370
North of Cook Avenue	Bearpark	150
Syke Road	Burnopfield	100
Merryoaks	Durham City	250
Lambton Park	Lambton	400
Seaham Colliery Site	Seaham	180

Section Four: Service provision

Key points

Better utilisation of repeat dispensing, post-discharge medicines use reviews (MURs) and commissioning of services to further support medicines optimisation should be considered by commissioners, particularly with the growing elderly population in County Durham. Any service developments should be integrated into wider primary care services.

Commissioners may wish to increase access to the anticoagulation monitoring service, and the community pharmacy needle exchange service.

For the minor ailment scheme a consistent approach across the region could deliver greater benefits. This is particularly important with the current national drive for community pharmacy to support urgent healthcare provision.

During 2015 the Healthy Living Pharmacy framework will be revised as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county. Appropriate local marketing of this initiative will be essential.

Innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation should be explored.

Out of area pharmacies do not provide a 'necessary' pharmaceutical service for County Durham. However it is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas.

4.1 Pharmaceutical services

Any organisation can commission services from community pharmacy. NHS England commissions Pharmaceutical Services (see below) whilst local authorities and CCGs commission 'locally commissioned services' (see section 4.2).

NHS England is the only organisation that can commission NHS Pharmaceutical Services (i.e. via the national community pharmacy contract). Community pharmacies provide three tiers of Pharmaceutical Service which have been identified in The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013²¹. These are:

- Essential Services: services all pharmacies are required to provide.
- Advanced Services: services to support patients with safe use of medicines.
- Enhanced Services: services that can be commissioned locally by NHS England.

In addition a Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to meet specific local

²¹ <http://www.legislation.gov.uk/uksi/2013/349/made>

requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. All LPS contracts must, however, include an element of dispensing.

More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed in pharmacies in County Durham. This indicates that out of area pharmacies do not provide a 'necessary' pharmaceutical service for County Durham.

4.1a Essential services

Essential services are mandatory in the pharmacy contract and hence all community pharmacies are required to provide them. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service on an annual basis.

Essential services include:

- Dispensing medicines and appliances (with the EPS rolling out across the county)
- Repeat dispensing
- Disposal of unwanted medicines
- Public health (promotion of healthy lifestyles)
- Signposting
- Support for self-care

The public online survey indicated that 34% would like improvements in the ease of obtaining repeat prescription medicines (see appendix 7). The CCGs should continue their work to widely roll out the implementation of repeat dispensing for appropriate patients in order to improve the patient pathway, reduce GP practice workload, and improve the clinical care that patients receive in their community pharmacy.

4.1b Advanced services

There are four Advanced Services within the NHS community pharmacy contract. Community pharmacies can choose to provide any of these services as long as they meet the necessary requirements. The four advanced services are MUR, Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS).

As of June 2014, all pharmacies in County Durham provide MURs and the vast majority (except one) provide the NMS. The number of pharmacies providing the AUR and SCS service is currently very limited but is likely to reflect the fact that appliance contractors are currently largely providing this service, and that training to provide this service is currently limited.

The MUR service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for LTCs. A MUR is a way to:

- improve patients' understanding of their medicines,
- highlight problematic side effects and propose solutions,

- improve adherence and,
- reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

A MUR is not a full clinical review and is in addition to any reviews carried out by the patient's GP. Feedback is provided to the patient's GP where there is an issue for them to consider²². National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. These target groups are:

- patients taking high risk medicines (e.g. anticoagulants);
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital (ideally within four weeks of discharge);
- patients with respiratory disease;
- patients with CVD or with another condition which puts them at increasing risk of developing CVD, taking four or more medicines.

70% of the annual maximum of 400 MURs undertaken by each pharmacy should be on patients within the national target groups. In total 27,723 MURs were completed between April 2012 and March 2013 across County Durham.

Improving hospital discharge remains a huge challenge in the NHS. In August 2014 NHS England published a *Patient Safety Alert on the risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care*²³ with the aim of collecting and disseminating best practice. Changes in the General Medical Services (GMS) contract support this agenda. For example, enhanced services in the GMS contract in 2013-14 included the identification and case management of patients identified as seriously ill or at risk of emergency hospital admission. In 2014-15 changes to the GMS contract included a named accountable GP for people aged 75 and over (as part of the *Transforming Primary Care* agenda published in April 2014), and an enhanced service to reduce unplanned admissions to hospital.

In County Durham, the use of post-discharge MURs could be far better utilised in order to also support this agenda. This is particularly important with the growing elderly population in the county (see section 2.1). Results from the online public survey show that 52% of respondents think more support is needed with medicines following discharge from hospital (with 30% answering don't know) (see appendix 7). Any development of this service should be integrated into wider primary care services (e.g. integration with the admission avoidance schemes) with more robust communication between GP practices and community pharmacies (e.g. the LPN for Durham, Darlington and Tees is working with the Academic Health Sciences Network pharmacy subgroup to develop this service using the PharmOutcomes IT platform).

Non-adherence to prescribed medicines can lead to poor management of LTCs and a cost to the patient, NHS and society. The NMS aims to provide early support to patients who are newly prescribed a medicine with repeated follow-up in the short term to increase adherence and effective medicine taking. Increased patient adherence to treatment will consequently reduce drug wastage and medicines

²² <http://psnc.org.uk/wp-content/uploads/2013/06/MUR-Guidance-Oct-2013.pdf>

²³ <http://www.england.nhs.uk/2014/08/29/psa-communication/>

related hospital admissions. The NMS is targeted to new medicines prescribed in the four therapy areas of:

- Hypertension
- Type 2 diabetes
- Asthma / COPD
- Anticoagulation / antiplatelet therapy

The national evaluation of the NMS²⁴ found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important public health intervention. Interestingly, only 26% of respondents to the online public survey wished for more ongoing support with medicines from their pharmacy (see appendix 7 – 31% would not like more ongoing support; 43% answered not applicable).

4.1c Enhanced services

Enhanced Services can be commissioned by NHS England to meet a local need²⁵. There are 20 enhanced services listed in the 2013 Directions²⁶ however none are currently commissioned.

The menu of 20 enhanced services largely focuses on supporting the medicines optimisation agenda with service templates for a:

- Care home service
- Disease specific medicines management service
- Medicines assessment and compliance support service
- Medication review service

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. To support this, the *Medicines Optimisation Dashboard* was launched in June 2014 by NHS England²⁷.

County Durham has a growing elderly population (see section 2.1) making the commissioning of services to support better medicines optimisation an area which should be considered by commissioners, for example as enhanced services in the community pharmacy.

In addition NHS England can commission a seasonal flu vaccination service from accredited community pharmacists targeting the over 65s and the high risk groups. This service has been commissioned since 2012-13, and in 2013-14 just over 100 pharmacies participated across County Durham and Darlington. Patient feedback has indicated that the reasons for using the pharmacy were mainly about convenience, not needing an appointment, the proximity to home and the times the service was available²⁸. This flu vaccination service is now part of a national drive to better utilize community pharmacy to help tackle winter pressures and support urgent healthcare provision. *Community Pharmacy – helping provide better quality*

²⁴ www.nmsevaluation.org.uk

²⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-qa-230414.pdf>

²⁶ <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

²⁷ <http://www.england.nhs.uk/ourwork/pe/mo-dash/>

²⁸ Tompkins. Pharmacy Influenza Immunisation Scheme 2013/14: Evaluation Report. County Durham and Darlington Screening and Immunisation Area Team

and resilient urgent care²⁹ recommends the commissioning of three enhanced services of flu vaccination, emergency supplies of medicines, and provision of self-care support for winter ailments. The emergency supply of medicines scheme is running as a pilot from December 2014. A minor ailment service is currently a locally commissioned service (see section 4.2b).

4.2 Locally commissioned services

Any organisation can commission services from community pharmacy. NHS England can commission enhanced services (section 4.1c). Local authorities and CCGs can commission *locally commissioned services*. In order to commission these services a CCG would use the NHS Standard Contract and a local authority could its own public health contract or a national template. Table 6 describes the services that are commissioned in 2014.

When developing services it is important for commissioners to review and evaluate the currently commissioned services and health outcomes achieved. Any review should include whether to keep the status quo by allowing all pharmacy contractors to engage in new commissioned services by expression of interest, or whether targeted delivery by a small number of contractors would be more appropriate. For example, where there is a recognised health need in a certain population or location. It is important that any service evaluation includes actual service delivery by pharmacists as well as other providers who also meet specific pharmaceutical needs.

As discussed, out of area pharmacies do not provide a ‘necessary’ pharmaceutical service for County Durham. However it is important that those living in cross boundary areas are not disadvantaged in terms of access to services. It is therefore important that commissioners work across borders to ensure that services are based on the same criteria for patient inclusion.

Table 6: Locally commissioned services in community pharmacy

Service Co	Commissioner
Anticoagulant monitoring	CCG
Minor ailment service	CCG
Palliative care service	CCG
Gluten free food supply service	CCG
Reimbursement of TB medication costs	CCG
Food thickening voucher scheme	CCG
Sexual health services	DCC
Stop smoking services	DCC
Drug misuse services	DCC
Alcohol brief interventions	DCC
Health Checks	DCC

4.2a Anticoagulant monitoring

An anticoagulation monitoring service with community pharmacists provides patients with a local, accessible service. A service within pharmacy means that patients do

²⁹ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

not have to make inconvenient and timely visits to hospital. Table 7 describes the number of pharmacies currently providing this service.

During the re-commissioning process commissioners may wish to further increase access to this service taking into account local prevalence of atrial fibrillation, other drug management options, monitoring currently provided by other service providers, and the locations of the patients registered with the current pharmacy providers.

4.2b Minor ailment service

Encouraging patients to 'think pharmacy first' is a key national target demonstrated by, for example, *Community Pharmacy – helping provide better quality and resilient urgent care*³⁰. In a minor ailment service patients are encouraged to consult the community pharmacy rather than the GP for a defined list of minor ailments. Patients who are exempt from NHS prescription charges receive treatment from an agreed local formulary free of charge.

The aim of this service is to reduce GP workload in terms of the number of minor ailment consultations, and to improve patient access and choice, whilst allowing patients to receive expert advice in the pharmacy. An evaluation of the County Durham and Darlington scheme in 2010 by Sunderland University showed that 40% of patients asked would have made an appointment to see their GP if the scheme had not been in place.

Minor ailment schemes can also potentially have an impact on consultations for minor ailments in urgent care. *Community Pharmacy Management of Minor Illness*, published in 2014, showed that minor ailments cost the NHS an extra £1.1 billion a year when patients are treated in Emergency Departments or GP surgeries rather than at community pharmacies with treatment results being equally good³¹.

Provision of the minor ailment scheme is widespread (table 7). However a consistent approach across the Area Team would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to support urgent healthcare provision and enable referrals into community pharmacy from NHS 111 and Accident and Emergency Departments for emergency supply of prescription medication and treatment of minor ailments.

4.2c Palliative care service

The aim of this service 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 (table 7). Apart from this service there is no additional support from community pharmacy to the palliative care team.

4.2d Gluten free food supply scheme

This service is running as a pilot in Durham and Chester-le-Street. Following an annual review with a dietician, patients can obtain gluten free foods at the pharmacy without the need to visit their GP. If commissioners consider rolling out this service the use of PharmOutcomes should be considered to enable easier processing of vouchers.

³⁰ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

³¹ <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

4.2e Reimbursement of TB medication costs

This is a scheme administered across County Durham which enables patients who normally pay for their prescriptions to receive anti tuberculosis 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 commissioning team.

Table 7: CCG commissioned services

Locality	Number of pharmacies	Minor ailment service	Anticoagulation monitoring	Palliative care service
Dales	24	22	5	9
Derwentside	20	18	5	7
Durham and Chester-le-Street	32	30	0	10
Easington	26	26	2	5
Sedgefield	23	21	2	9
Total 12	5	117	14	40

Source: Pharmacy PNA questionnaire June-July 2014

4.2f Food thickening voucher scheme

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

4.2g Sexual health services

This service consists of emergency hormonal contraception (EHC) provision, chlamydia screening, and C card registration and supply.

EHC service

The aim of the EHC service is to increase the accessibility and availability of 'free at point of issue' EHC to females aged 13 years and over in pharmacies in County Durham. This service therefore helps to reduce unintended teenage pregnancies, and increase the knowledge of emergency contraception and its use, especially among young people. The EHC service is run through accredited pharmacists operating under a Patient Group Direction (PGD). All accredited pharmacists attend refresher training every two years in order to maintain their competence. Between April 2013 and March 2014 under 16's requests for EHC from pharmacies in County Durham continued to fall and represented 4% of the total consultations carried out. Requests from 16-18 year old requests have also continued to fall. This could be due to the increasing uptake of long acting reversible contraception by the younger females in the area.

Chlamydia screening

For pharmacies also offering the chlamydia screening service, dual screening postal packs (for chlamydia and gonorrhoea) are offered during an EHC consultation, where appropriate, to females aged 14-24 years and their partners. This aids the detection of undiagnosed infection. They are also offered to young people aged 13-24 who request a pack. Map 6 shows that there is a good distribution of pharmacies

providing chlamydia screening, especially in areas of high socioeconomic deprivation in County Durham.

C card service

The aim of the C Card 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 a small number of 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. During April 2013 to March 2014 pharmacies in County Durham accounted for 22.5% of the total of new registrations for C card among all outlets including GP practices, colleges, schools, youth clubs and others, and 47% of the total supply of free condoms.

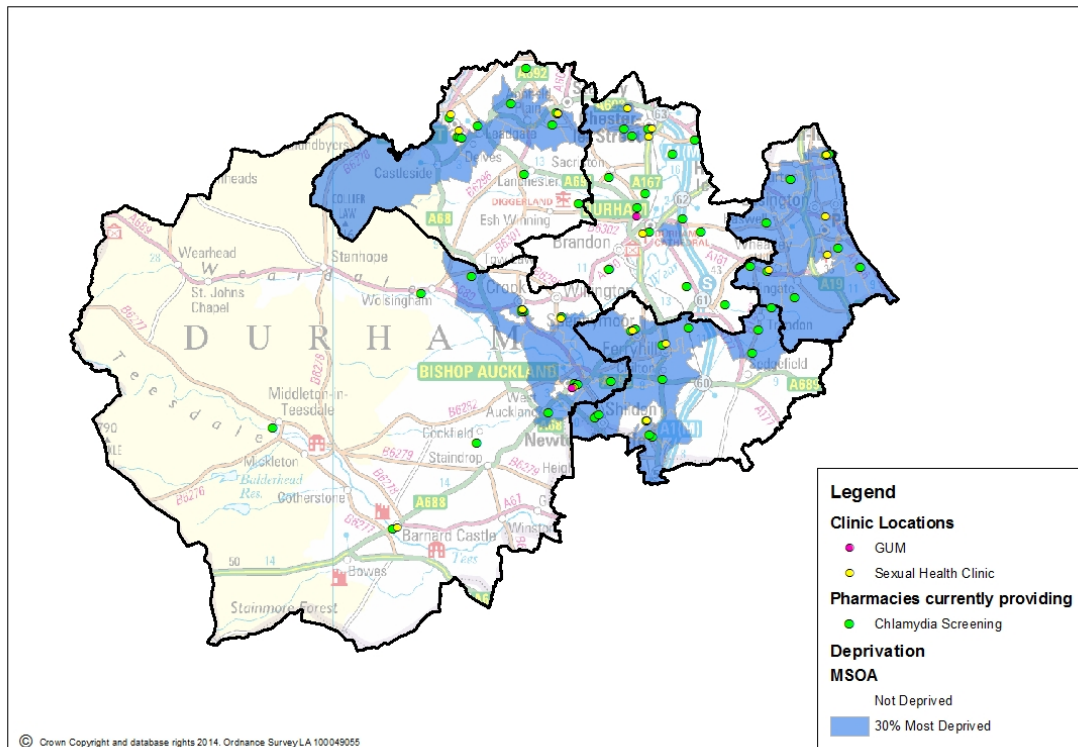
Table 8 shows the number of pharmacies providing each service. Provision of the EHC service is widespread, with approximately 50% of pharmacies also offering the chlamydia screening and C card supply service. The number of pharmacies currently offering the C card registration service is currently limited to 7% of pharmacies however this accounted for 22.5% of the total of all new registration in 2013-4.

Table 8: Sexual health services provided by pharmacists in County Durham

Locality No	of pharmacies	EHC service	C card registration	C card supply	Chlamydia screening
Dales	24	22	2	18	13
Derwentside	20	17	0	13	12
Durham and Chester-le-Street	32	25	3	16	17
Easington	26	20	3	9	10
Sedgefield	23	22	1	15	14
Total	125	106	9	71	66

Source: PNA pharmacy questionnaire June-July 2014

Map 6: Pharmacies in County Durham offering Chlamydia screening



4.2h Stop smoking services

Pharmacies provide either a Level 2 stop smoking service and/or dispensing of nicotine replacement therapy (NRT) via the NRT voucher scheme (table 9). The majority of pharmacies in County Durham (86%) provide NRT supply.

Table 9: Pharmacies providing Level 2 and NRT voucher services

Locality	Number of pharmacies	Level 2 service	NRT vouchers
Dales	24	7	19
Derwentside	20	11	19
Durham & Chester-le-Street	32	10	28
Easington	26	11	23
Sedgefield	23	10	18
Total	125	49	107

Source: PNA pharmacy questionnaire June – July 2014

The Level 2 service provides a programme of stop smoking support and access to stop smoking treatments, and is currently provided by 39% of all pharmacies in County Durham (table 9 and map 7). 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 a sufficient number of 4-week quitters (a minimum of 30 quitters per year with a minimum 40% quit).
- Seeking service user feedback using a standard questionnaire.

GP practices, community pharmacies and the specialist service are the three main settings for clients to access support in County Durham. Of all the clients seen in 2013-14, 26% were seen in a community pharmacy setting of which 45% quit, which represents 23% of all quitters (figure 3). This 4-week quit rate of 45% compares to a quit rate of 63% in the Level 3 specialist service and 47% in the GP practice setting.

Current provision in an area is always considered by the commissioner prior to approving new providers.

Map 7: Community pharmacies, GP practices and other specialist services offering smoking cessation services linked to areas of deprivation

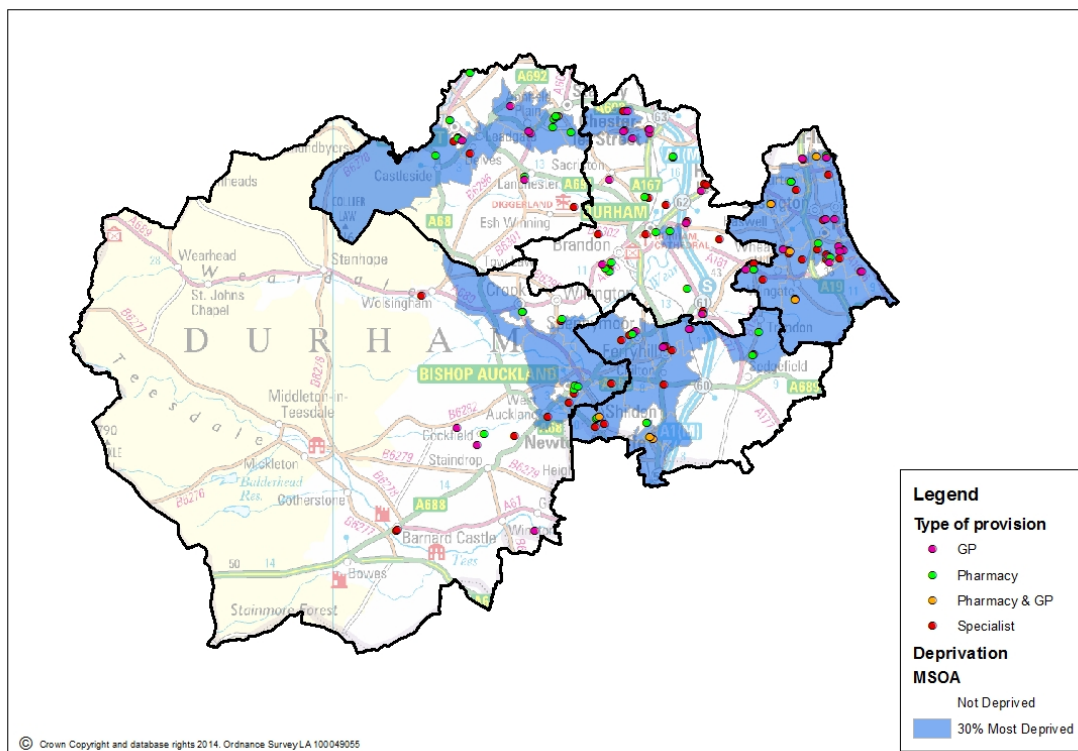
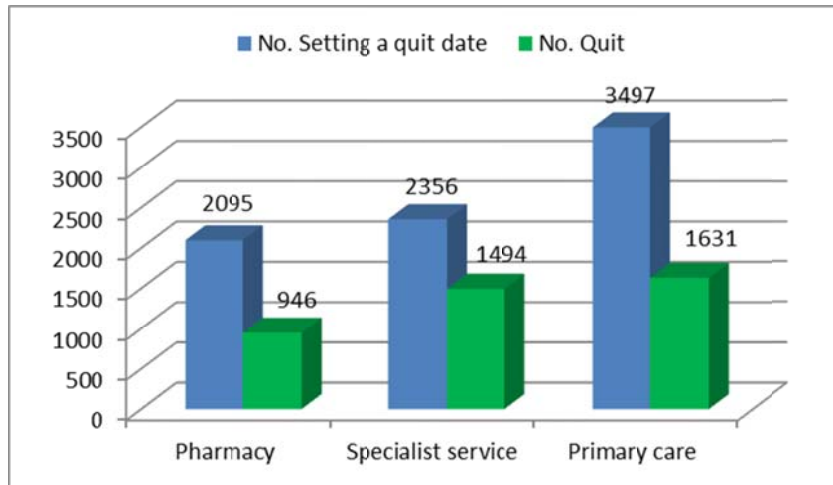


Figure 3: Number of clients setting a quit date, and number of 4-week quitters in 2013/14



4.2i Drug misuse services

County Durham Community Drug Service (CDS) is an integrated multi-agency treatment service consisting of seven providers working across multiple sites to provide support and treatment for adults who have recognized problematic substance use. It is well recognised that community pharmacy has a major role to play in the overall harm minimisation strategy by providing pharmaceutical care to drug users.

Supervised consumption

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. CDS works closely with local community pharmacies and service users to provide a locally based supervised consumption service to ensure adherence to treatment contracts. The aims of the supervised administration service are to:

- Provide drug treatment which will help to ensure that prescribed medication is consumed under professional supervision.
- Co-operate with local services to ensure that service users are aware of all treatment options and services which promote recovery from dependence.

Table 10 shows the service provision across County Durham, and map 8 the locations of the supervised administration services particularly in relation to areas of deprivation.

Needle exchange

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.

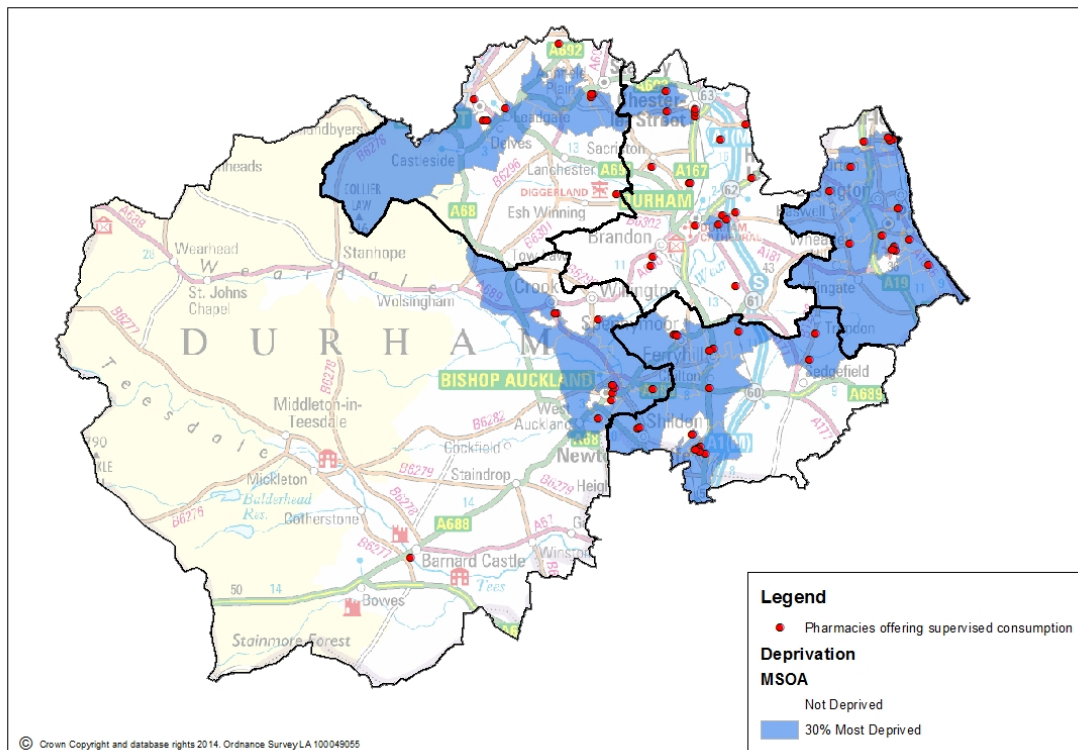
Pharmacies distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. In County Durham there are currently only three community pharmacy providers of this service all in the Derwentside locality (table 10).

Table 10: Number of pharmacies providing drug misuse services in County Durham

Locality	Number of pharmacies	Supervised administration	Needle exchange
Dales	24	12	0
Derwentside	20	13	3
Durham & Chester-le-Street	32	20	0
Easington	26	15	0
Sedgefield	23	16	0
Total	125	76	3

Source: PNA pharmacy questionnaire June-July 2014 / CDS information July 2014

Map 8: Pharmacies providing supervised administration service



A service review of the CDS will be complete by April 2015. During this review no new community pharmacy service providers are being commissioned. However a wider provision of community pharmacy-based needle exchange schemes could be considered in the future.

4.2j Alcohol brief interventions

The aims of the alcohol screening service in pharmacies are to:

- Identify levels of drinking amongst those presenting with conditions possibly

related to alcohol (e.g. persistent gastric symptoms, high blood pressure, presenting to the EHC service).

- 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).
- Refer appropriately to community based alcohol treatment services.
- Reduce alcohol related hospital admissions.

Pharmacists and/or their staff attend training in the appropriate use of the World Health Organisation alcohol screening AUDIT tool, and how to provide brief advice to clients aged 16+years. In 2014, 88 pharmacies in County Durham have attended training however the PNA questionnaire returns indicate that only 55 were currently providing the service (table 11) therefore the information in the PNA returns conflicts with the commissioner’s information.

Table 11: Alcohol screening in community pharmacies in County Durham

Locality	Number of pharmacies	Alcohol screening
Dales	24	7
Derwentside	20	9
Durham & Chester-le-Street	32	16
Easington	26	10
Sedgefield	23	12
Total	125	55

Source: PNA pharmacy questionnaire June-July 2014

Between April 2012 and March 2014, 7219 screens were undertaken in pharmacies in County Durham. The majority of these were linked to patients with gastric problems, high blood pressure, or as part of a MUR. Approximately 15% of these screens lead on to a full brief intervention and possible referral into the Alcohol Service.

4.2k Health Checks

Health Checks in County Durham (i.e. Check4Life) are part of a national risk assessment and management programme for those aged 40 to 74, who do not have existing CVD, and who are not currently being treated for CVD risk factors. The aim of the programme is to identify anyone in this eligible population who has a high risk of developing CVD and to individually assess them by calculating their risk of developing CVD, communicating that risk, and offering lifestyle advice and other interventions to reduce that risk. By the end of July 2014 a potential population in County Durham of 124,884 people were still eligible for a NHS Health Check³². The provision of Check4Life through accredited community pharmacies is currently limited due to various factors (e.g. competing agendas, low staffing levels, competency and IT issues) (table 12). Results from the online public survey indicate that the public welcome this service (see appendix 7).

³² www.healthcheck.nhs.uk

Table 12: NHS health checks in community pharmacies in County Durham

Locality	Number of pharmacies	Number providing NHS health check
Dales	24	4
Derwentside	20	5
Durham & Chester-le-Street	32	2
Easington	26	6
Sedgefield	23	4
Total	125	21

Source: Check4Life Quality Assurance Pharmacy Database August 2014

4.3 Healthy Living Pharmacy programme

There is increasing recognition that community pharmacy can make a significant contribution to improving the public's health. The Healthy Living Pharmacy (HLP) framework is the best known but by no means the only model for delivery of public health in a community pharmacy setting. Public health services are commissioned through three levels of increasing complexity and required expertise, with pharmacies aspiring to go from one level to the next. The framework is underpinned by three enablers of workforce development, engagement with the local community and other social care and health professionals, and premises with a dedicated health-promoting environment. Therefore the HLP concept involves community pharmacy health champions delivering lifestyle interventions with premises fit for purpose alongside local stakeholder engagement. Non pharmacist staff make a significant contribution to the delivery of public health services in HLPs.

An evaluation in 2013 of the national HLP pathfinder programme found that:³³

- Patient survey results were very positive with almost all users who returned questionnaires (98.3%) saying they would recommend the service to others.
- 76% of contractors said they had up to a 25% increase in income as a result of becoming a HLP.
- For stop smoking services the self-reported 4 week quit rate was similar to the national average and in some cases well above the national average. People walking into a HLP are twice as likely to set a quit date and quit smoking, compared to a non HLP³⁴.
- A high proportion of individuals receiving a chlamydia screening service or EHC were also being provided with additional relevant information such as advice on safe sex and use of condoms.
- Staff providing an alcohol service felt they were well equipped to open further dialogue on alcohol consumption and were able to sign post people to further services.

Locally the HLP framework has been running since 2012. Currently there are 10 pharmacies working towards Level 1 and 16 working towards Level 2. One of the priorities of the Public Health Pharmacist for County Durham will be to work with all stakeholders to reinvigorate the HLP programme during 2015. This will require careful local marketing since results from the online public survey indicate that only

³³ <https://www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacies-contribution-to-public-health>

³⁴ Community Pharmacy: Local governments new role in public health. LGA 2013. Available at http://www.local.gov.uk/publications/-/journal_content/56/10180/5597846/PUBLICATION

33% would welcome information and support on lifestyle issues from their pharmacy (see appendix 7).

Section Five: Conclusion and recommendations

The PNA for County Durham links to the health needs identified in the JSNA. County Durham is a predominantly rural county with a large and increasing ageing population. County Durham experiences higher levels of deprivation than the national average.

The key statements from the PNA for County Durham are:

- There is sufficient provision of pharmacies in County Durham with good overall access to pharmaceutical services. However, results from the public survey indicate that current opening hours of pharmacies could be reviewed.
- A review of rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.
- The active implementation of repeat dispensing and the EPS across the county should continue.
- The utilisation of post-discharge MURs should be improved ensuring integration into the wider patient pathway and more robust communication using PharmOutcomes.
- The national drive to allow signposting into community pharmacy from the urgent care sector should continue to be supported. This includes implementing a consistent approach across the region for a minor ailment service.
- Services that improve medicines optimisation should particularly target the growing elderly population in the county.
- Alongside a public marketing campaign, community pharmacy based public health services should be expanded particularly in the deprived areas across the county.
- Innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation should be explored.

These statements are not only in line with local target need and targets but also with recent national policy. For example the *NHS Five Year Forward View*³⁵ describes how far greater use of pharmacists should be made in prevention and support for healthy living; in support to self-care for minor ailments and LTCs; in medication review in care homes; and as part of more integrated local care models. In addition *Community Pharmacy – helping provide better quality and resilient urgent care*³⁶ describes the role that community pharmacies could play in supporting vulnerable housebound patients (e.g. by domiciliary medicines support and formal referral

³⁵ <http://www.england.nhs.uk/ourwork/futurenhs/>

³⁶ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

mechanisms if a vulnerable person is noticed to be deteriorating or not coping during a home medicines delivery); further support for healthy living; and improving the uptake of MURs particularly aimed at patients with respiratory disease and when discharged from hospital.

Appendix 7 shows the results of the online public survey which essentially tested the public's opinion of the broad conclusions in the PNA. These results showed that 97% of respondents can easily access pharmaceutical services, with only 11% stating that they feel there aren't enough pharmacies in County Durham. There was also broad agreement with the proposed service developments. For example: 52% think more support is needed with medicines following discharge from hospital (with 30% answering don't know); whilst 70% and 62% of respondents, respectively supported NHS Health Checks and information on a broader range of services in community pharmacy. However 67% of respondents would not like more information and support from community pharmacy on healthy lifestyles.

The PNA must be reviewed every 3 years. It will also be reviewed following any major changes such as a significant change to the availability of pharmaceutical services, or a fundamental redesign of the community pharmacy contract. The PNA can either be reviewed in full or a Supplementary Statement can be issued to become part of the existing PNA.

List of abbreviations

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CDS	County Durham Community Drug Service
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Airways Disease
CVD	Cardiovascular Disease
DCC	Durham County Council
DDES	Durham Dales, Easington and Sedgefield
DFLE	Disability Free Life Expectancy
DoH	Department of Health
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GMS	General Medical Service
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPN	Local Pharmacy Network
LSOA	Lower Super Output Area
LPS	Local Pharmaceutical Services
LTC	Long Term Condition
MDS	Monitored Dosage System
MUR	Medicines Use Review
NECS	North of England Commissioning Support
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
PCT	Primary Care Trust
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
RPS	Royal Pharmaceutical Society
SCS	Stoma Customisation Service

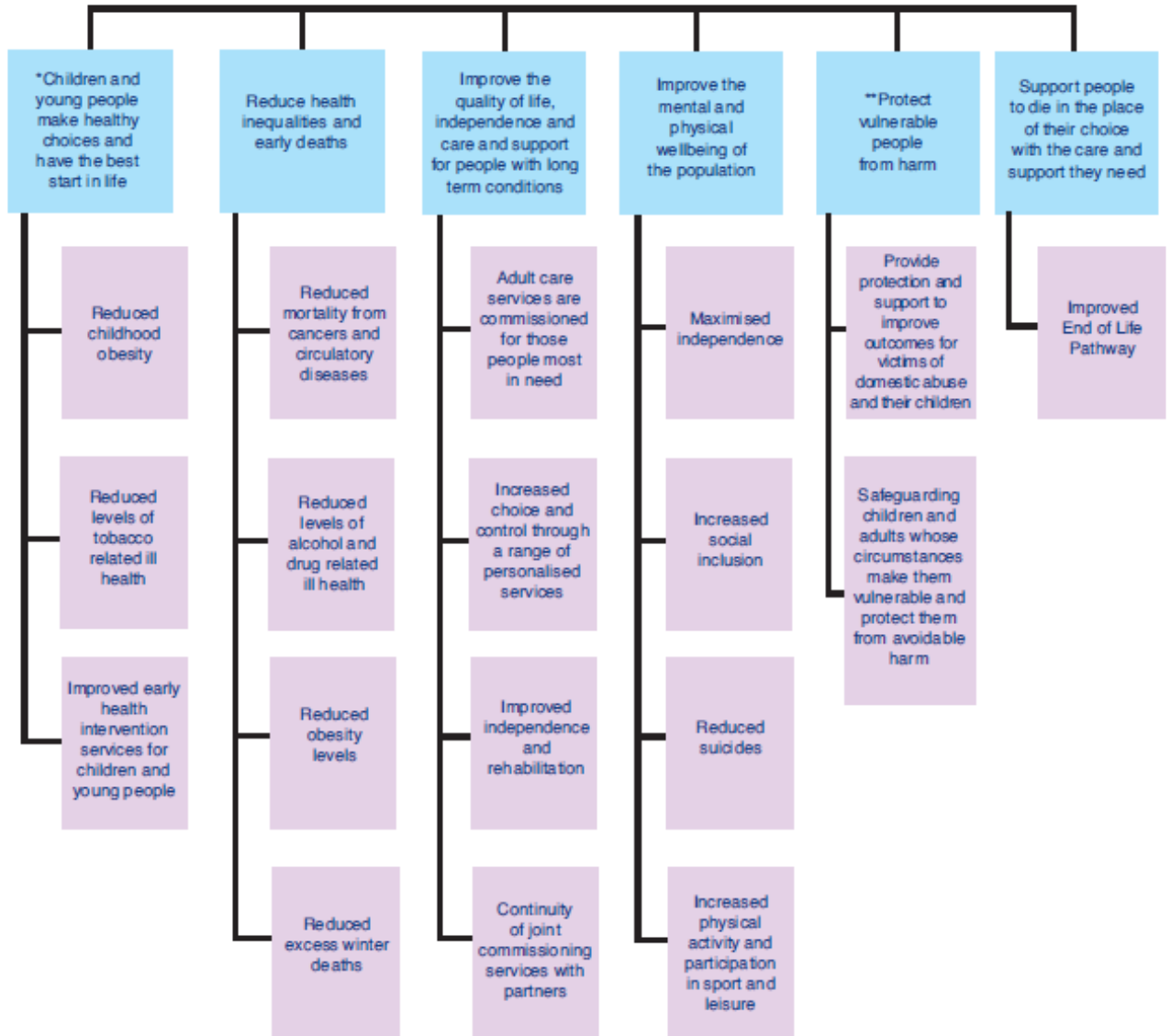
Appendix 1: Summary of the national evidence base for community pharmacy services³⁷

Service Evidence	base
Chronic disease management	<p>Strong evidence of improvements in lipid levels that were sustained for at least one year in both primary and secondary prevention of CHD.</p> <p>Strong evidence of significant reductions in systolic blood pressure alongside regular patient review.</p> <p>Good quality evidence that enhanced medicines management in patients with heart failure recently discharged from hospital led to reduction in hospitalisation but not mortality.</p> <p>Community pharmacists can make an important contribution to the management of people with diabetes for screening, improved adherence with medicines, reduced blood glucose or HbA1c levels, and achieving weight reduction.</p> <p>Good evidence that community pharmacy interventions can improve respiratory function and use of medicines in patients with asthma. The evidence in COPD is currently weak.</p>
Stop smoking	<p>All reviews indicate that community pharmacy stop smoking services provided by trained pharmacy staff were effective and cost effective in helping smokers quit smoking. The studies included in the reviews were rated as high level evidence (i.e. randomised controlled trials).</p>
Emergency hormonal contraception supply	<p>Good evidence that community pharmacy EHC services provide timely access to treatment and are highly rated by women who use them. However, currently there is no hard evidence about outcome, i.e. reduction of rates of teenage pregnancy as a result of access to EHC services from community pharmacy, although it would seem to be a reasonable assumption.</p>
Weight management	<p>The evidence points to the fact that although community pharmacy based weight management reduction programmes appear to show promise, there is insufficient evidence currently to support investment in the provision of weight management services through community pharmacy (Note: there is evidence that community pharmacy services are effective in achieving weight reduction in diabetic patients).</p>
Alcohol and drug misuse services	<p>Currently little available evidence of the effectiveness of community pharmacy based services for alcohol misuse. However, there is some evidence of success on a small scale from local initiatives.</p> <p>Moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users.</p> <p>Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, evidence is based on descriptive studies.</p> <p>Evidence suggests that inclusion of trained community pharmacists in the care of intravenous drug users, attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.</p>

³⁷ Community pharmacy and public health. Solutions for Public Health 2013. Available at <http://www.sph.nhs.uk/sph-documents/community-pharmacy-and-public-health-final-report>

Appendix 2: Joint Health and Wellbeing Strategy

Joint Health and Wellbeing Strategy Objectives and Outcomes



Appendix 3: Targets in JHWS and how community pharmacy can help (now and in the future)

JHWS target	Community pharmacy support
<p>Children and young people make healthy choices and have the best start in life</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Supporting the needs of young carers • Improving the rates of breast feeding • The <i>Baby clear</i> initiative (stop smoking services in pregnancy) • Improving oral health in children • Reducing childhood obesity • Education on the risks of alcohol 	<p>Availability of information on a wide range of support services for young carers</p> <p>Consistent health promotion messages on breast feeding, healthy diets and physical exercise, and oral health</p> <p>Level 2 Stop Smoking Services targeting pregnant women who smoke</p> <p>Alcohol screening service targeting parents</p>
<p>Reduce health inequalities and early deaths</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Targeting drug misuse, alcohol and smoking • Raising awareness of cancer • Implementation of Health Checks • Targeting people with learning disabilities to improve healthy lifestyles • Reducing excess winter deaths 	<p>Drug and alcohol misuse services</p> <p>Level 2 Stop Smoking Services</p> <p>Active participation in the NHS England <i>Be Clear on Cancer</i> campaigns</p> <p>Participation in Health Check programme</p> <p>Targeting people with learning disabilities and signposting to relevant support</p> <p>Providing information to elderly patients on fuel poverty</p>
<p>Improve quality of life, independence, care and support for people with LTCs</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Combating loneliness of older people • Reducing inappropriate admissions to care homes and hospital • Improving hospital discharge and reducing readmissions 	<p>Delivery drivers providing information about available services to housebound elderly patients</p> <p>Advanced services: Post discharge MUR (with active referral from secondary care)</p> <p>Potential enhanced services: Care home service, disease specific medicines management service, medicines assessment and compliance support service, medication review service</p>
<p>Improve mental and physical wellbeing of the population</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Early identification of people at risk of social isolation 	<p>Include community pharmacy team in referral pathways to e.g. improve the physical health of those with poor mental health; active role in suicide prevention; involvement in social prescribing.</p> <p>Delivery drivers acting as an early warning system.</p>

Appendix 4: Community pharmacies in County Durham

Name	Address
Dales	
J S Langhorne Ltd	19 Market Place, Middleton-In-Teesdale, Barnard Castle, County Durham, DL12 0QG
Whitworth Chemists Limited	38 Front Street, Cockfield, Bishop Auckland, County Durham, DL13 5DS
M J & A Gordon Limited	24 High Street, Tow Law, Bishop Auckland, County Durham, DL13 4DL
Asda Stores Ltd	South Church Road, Bishop Auckland, County Durham, DL14 7LB
Tesco Stores Limited	St Helen Auckland Industrial Estate, Bishop Auckland, County Durham, DL14 9AB
M & M Pharmacies Limited	172-174 Newgate Street, Bishop Auckland, County Durham, DL14 7EJ
Britton & Robson Ltd	46 High Street, Willington, Crook, County Durham, DL15 0PG
Boots UK Limited	31 Newgate Street, Bishop Auckland, County Durham, DL14 7EW
C & C Forster Ltd	144 Melrose Drive, St Helen Auckland, Bishop Auckland, County Durham, DL14 9DN
Clemitsons Ltd	25A Hope Street, Crook, County Durham, DL15 9HS
R S Marsden (Chemist) Ltd	86 Galgate, Barnard Castle, County Durham, DL12 8BJ
Chambers Chemist Ltd	Victoria Lane, Coundon, Bishop Auckland, County Durham, DL14 8NL
Stanhope Chemists Ltd	79 Front Street, Stanhope, Bishop Auckland, County Durham, DL13 2TZ
Clemitsons Ltd	51 Hope Street, Crook, County Durham, DL15 9HU
Boots UK Limited	Bishop Auckland Primary Care Centre, Watling Road, Bishop Auckland, County Durham, DL14 6RP
Wolsingham Pharmacy Ltd	12 Market Place, Wolsingham, Bishop Auckland, County Durham, DL13 3AE
Boots UK Limited	37-39 Market Place, Barnard Castle, County Durham, DL12 8NE

Name	Address
Boots UK Limited	8 North Terrace, Crook, County Durham, DL15 9AZ
Bestway National Chemists Limited	50 Hope Street, Crook, County Durham, DL15 9HU
Boots UK Limited	Unit 8 Bishop Auckland Shopping Park, Tindale Crescent, St Helen Auckland, Bishop Auckland, County Durham, DL14 9FA
M & M Pharmacies Ltd	Station View Medical Centre, 29a Escomb Road, Bishop Auckland, County Durham, DL14 6AB
Bestway National Chemists Limited	Unit 7, Newgate Centre, Bishop Auckland, County Durham, DL14 7JQ
Sainsbury's Supermarkets Ltd	St Helen's Industrial Estate, Tindale Crescent, St Helen's Auckland, Bishop Auckland, County Durham, DL14 9AE
M & M Pharmacies Ltd	203 Newgate Street, Bishop Auckland, County Durham, DL14 7EL
Easington	
Dixon & Hall Ltd	60 York Road, Peterlee, County Durham, SR8 2DP
Lloyds Pharmacy Limited	8 Blandford Place, Seaham, County Durham, SR7 7EL
J F Eilbeck (Chemist) Limited	Seaham Primary Care Centre, St Johns Square, Seaham, County Durham, SR7 7JE
Boots UK Limited	30-32 The Chare, Peterlee, County Durham, SR8 1AE
Boots UK Limited	The Medical Centre, Front Street, Wingate, County Durham, TS28 5PZ
G Whitfield Limited	16 Woods Terrace East, Murton, Seaham, County Durham, SR7 9AA
Crispin Pharmacy Ltd	2 Front Street, Shotton Colliery, County Durham, DH6 2LT
Boots UK Limited	17 Blackhills Road, Horden, Peterlee, County Durham, SR8 4DW
Boots UK Limited	South Hetton Health Centre, Front Street, South Hetton, County Durham, DH6 2TH
Bestway National Chemists Limited	9 The Chare, Peterlee, County Durham, SR8 1AE
M Whitfield Limited	22 Alexander Terrace, Wheatley Hill, Durham, County Durham, DH6 3JW

Name	Address
Bestway National Chemists Limited	43 Church Street, Seaham, County Durham, SR7 7HF
Boots UK Limited	Craddock House, Seaside Lane, Easington Colliery, County Durham, SR8 3PF
J F Eilbeck (Chemist) Limited	1 The Avenue, Deneside, Seaham, County Durham, SR7 8LQ
Boots UK Limited	1 Seaside Lane, Easington Colliery, Peterlee, County Durham, SR8 3PF
Haswell Pharmacy Ltd	80 Front Street, Haswell, County Durham, DH6 2BL
Norchem Healthcare Limited	51 Middle Street, Blackhall Colliery, County Durham, TS27 4EE
M Whitfield Limited	28 Middle Street, Blackhall Colliery, County Durham, TS27 4EA
Boots UK Limited	63 Church Street, Seaham, County Durham, SR7 7HF
Lloyds Pharmacy Limited	1 West Grove, Westlea Estate, Seaham, County Durham, SR7 8EL
Whitworth Chemists Limited	10 Woods Terrace East, Murton, Seaham, County Durham, SR7 9AA
Asda Stores Ltd	Asda Stores Ltd, Surtees Road, Peterlee, County Hall, SR8 5HA
Phillips Chemists Ltd	21a Church Road, Trimdon Village, County Durham, TS29 6PY
M Whitfield Limited	2 Stanley Terrace, Thornley, County Durham, DH6 3ES
Asda Stores Ltd	Byron Place, South Terrace, Seaham, County Durham, SR7 7HN
Phillips Chemists Ltd	15 Commercial Street, Trimdon Colliery, County Durham, TS29 6AD
IntraHealth Pharmacy Limited	William Brown Centre, Manor Way, Peterlee, County Durham, SR8 5TW
M Whitfield Limited	4 Sunderland Road, Horden, Peterlee, County Durham, SR8 4QJ
Durham and Chester-Le-Street	
M & M Pharmacies Limited	The Health Centre, Sawmills Lane, Meadowfield, County Durham, DH7 8NJ

Name	Address
Lloyds Pharmacy Limited	6 Bridge End, Chester-Le-Street, County Durham, DH3 3RA
Boots UK Limited	8-9 St.Cuthberts Walk, Chester le Street, County Durham, DH3 3BL
Boots UK Limited	Cestria Health Centre, Whitehill Way, Chester le Street, County Durham, DH2 3DJ
Middle Chare Pharmacy Limited	Middle Chare, Chester-Le-Street, County Durham, DH3 3QD
W Smith (Durham) Ltd	Flass Terrace, Ushaw Moor, County Durham, DH7 7LD
Coolmain Services Ltd	29 Front Street, Framwellgate Moor, County Durham, DH1 5EE
W Smith (Durham) Ltd	1 New House Road, Esh Winning, County Durham, DH7 9JU
M Whitfield Limited	34 Sunderland Road, Gilesgate, County Durham, DH1 2LG
M Whitfield Limited	1 Sanderson Street, Cornforth Lane, Coxhoe, County Durham, DH6 4DF
J Leak & S Cook	6 Blue House Buildings, High Street, Belmont, County Durham, DH1 1AR
James & Lindsey Clark	10 Cheveley Park, Shopping Centre, Belmont, County Durham, DH1 2AA
Bestway National Chemists Limited	25 Gilesgate, Gilesgate, County Durham, DH1 1QW
W Smith (Durham) Ltd	55 Carr House Drive, Framwellgate Moor, County Durham, DH1 5LT
Mr T Grey	The Store House, Rainton Gate, Houghton-Le-Spring, County Durham, DH4 6SQ
G Whitfield Limited	38 Gill Crescent North, Fencehouses, Houghton Le Spring, County Durham, DH4 6AW
Sainsbury's Supermarkets Ltd	J Sainsbury Supermarket, Arnison Retail Centre, Pity Me, County Durham, DH1 5GD
Boots UK Limited	Unit B, Arnison Centre Retail Park, Pity Me, County Durham, DH1 5GB
Boots UK Limited	2-5 Market Place, Durham, County Durham, DH1 3NB
J Dinning (Lumley) Limited	13 Lombard Place, Great Lumley, Chester le Street, County Durham, DH3 4QP

Name	Address
M & M Pharmacies Ltd	Phoenix House, 4 Sawmills Lane, Brandon, County Durham, DH7 8BJ
Alrahi & Singh Ltd	Hilary House, Kelloe, County Durham, DH6 4PE
Boots UK Limited	Unit 9, Durham City Retail Park, McIntyre Way, Belmont, Durham, County Durham, DH1 2RP
Fletcher Gamble Limited	Fell Road, Pelton Fell, Chester le Street, County Durham, DH2 2NR
Boots UK Limited	The Medical Centre, Front Street, Sacriston, County Durham, DH7 6JW
Centrechem Ltd	Pelton Primary Care Centre, Ouston Lane, Pelton, Chester Le Street, County Durham, DH2 1EZ,
Lloyds Pharmacy Limited	Manchester House, Commercial Street, Brandon, County Durham, DH7 8PL
Boots UK Limited	5a-6 North Road, Durham, County Durham, DH1 4SH
Tesco Stores Limited	Tesco Extra, Dragon Lane, County Durham, DH1 2XQ
Superdrug Stores Plc	48-50 Front Street, Chester-Le-Street, County Durham, DH3 3BD
Bowburn Pharmacy Company Ltd	2 Ash Terrace, Bowburn, Durham, County Durham, DH6 5AS
Parkchem Limited	2 Harley Terrace, Sherburn, Durham, County Durham, DH6 1DS
Derwentside	
Bestway National Chemists Limited	40 Front Street, Langley Park, Durham, County Durham, DH7 9SA
M D & A G Burdon Ltd	15 Front Street, Lanchester, Durham, County Durham, DH7 0LA
Farah Chemists Limited	Cedar Crescent, Burnopfield, Newcastle Upon Tyne, NE16 6HU
Lloyds Pharmacy Limited	Clifford Road, Stanley, County Durham, DH9 0AB
Lloyds Pharmacy Limited	12 Station Road, Consett, County Durham, DH8 5RL
Dixon & Hall Ltd	79 Front Street, Stanley, County Durham, DH9 0T,

Name	Address
John Low Ltd	83 Queens Road, Shotley Bridge, Consett, County Durham, DH8 0BW
Boots UK Limited	Tanfield View Surgery, Scott Street, Tanfield, Stanley, County Durham, DH9 8AD
Farah Chemists Limited	George Ewen House, Watling Street, Leadgate, Consett, County Durham, DH8 6DP
Ashchem Limited	3 West Road, Annfield Plain, Stanley, County Durham, DH9 7XA
Bestway National Chemists Limited	The Derwent Centre, Middle Street, Consett, County Durham, DH8 5QP
Farah Chemists Limited	Lesbury House, Front Street, Dipton, Stanley, County Durham, DH9 9AD
M J & A Taylor Ltd	226 Park Road, South Moor, Stanley, County Durham, DH9 7AN
Asda Stores Ltd	Front Street, Stanley, County Durham, DH9 0NB
Qammar Nazir	9 Station Road, Consett, County Durham, DH8 5RL
Boots UK Limited	53 Front Street, Stanley, County Durham, DH9 0SY
Sri Vijaya Venkata LLP	Unit 19b Number One Industrial Estate, Consett, County Durham, DH8 6SY
Boots UK Limited	Station Yard West, Delves Lane, Consett, County Durham, DH8 5YA
Dixon & Hall Ltd	6 Standerton Terrace, Craghead, Stanley, County Durham, DH9 6DD
John Low Ltd	Consett Park Terrace, Moorside, Consett, County Durham, DH8 8ET
Sedgefield	
Asda Stores Ltd	St Andrew's Lane, Spennymoor, County Durham, DL16 6QB
Lloyds Pharmacy Limited	Pease Way Medical Centre, 2 Pease Way, Newton Aycliffe, County Durham, DL5 5NH
Boots UK Limited	57 Beveridge Way, Newton Aycliffe, County Durham, DL5 4DU
A R McConnell Limited	Pioneering Care Centre, Cobbler's Hall, Burn Lane, Newton Aycliffe, County Durham, DL5 4SE

Name	Address
Centrechem Ltd	11 Front Street, Sedgefield, County Durham, TS21 3AT
Robert & Roberts Limited	27 Bewick Crescent, Newton Aycliffe, County Durham, DL5 5LH
Chilton Chemists Ltd	5 Cheapside, Shildon, County Durham, DL4 2HP
Hancock & Ainsley Ltd	1 Main Street, Shildon, County Durham, DL4 1AJ
Boots UK Limited	2 North Street, Ferryhill, County Durham, DL17 8HX
Boots UK Limited	18 Cheapside, Spennymoor, County Durham, DL16 6DJ
Bestway National Chemists Limited	St Andrews Medical Centre, St Andrews Lane, Spennymoor, County Durham, DL16 6QA
Robert & Roberts Limited	11 Main Street, Ferryhill, County Durham, DL17 8LA
Intrahealth Pharmacy Ltd	6-8 High Street, West Cornforth, Ferryhill, County Durham, DL17 9HR
Boots UK Limited	1 Durham Road, Ferryhill, County Durham, DL17 8LD
Phillips Chemists Ltd	9 Alhambra Terrace, Fishburn, Sedgefield, County Durham, TS21 4BU
Chilton Chemists Ltd	1 North Road, Chilton, Ferryhill, County Durham, DL17 0HE
Robert & Roberts Limited	6 Neville Parade, Newton Aycliffe, County Durham, DL5 5DH
Norchem Healthcare Limited	Norchem House, Chilton Industrial Estate, Ferryhill, County Durham, DL17 0PD
M & M Pharmacies Ltd	14 Church Street, Shildon, County Durham, DL4 1DX
Tesco Stores Limited	Tesco Extra, Greenwell Road, Newton Aycliffe, County Durham, DL5 4DH
Mr A D P Miller	22 Cheapside, Spennymoor, County Durham, DL16 6DJ

Appendix 5: Distance selling pharmacies (internet or mail order) in County Durham

Pharmacy Name	Trading Name	Address
Robert & Roberts Limited	Neville Pharmacy	6 Neville Parade Newton Aycliffe Co Durham DL5 5DH
Norchem Healthcare Limited	Norchem House Pharmacy	Norchem House Chilton Industrial Estate Ferryhill Co Durham DL17 0PD
M & M Pharmacies Ltd	M & M Pharmacy	203 Newgate Street Bishop Auckland Co Durham DL14 7EL
Sri Vijaya Venkata LLP	Consett Pharmacy	Unit 19b Number One Industrial Estate Consett Co Durham DH8 6SY
M & M Pharmacies Ltd	M & M Pharmacy	Phoenix House 4 Sawmills Lane Brandon Co Durham DH7 8BJ

Appendix 6: Dispensing practices in County Durham

Practice Code	Surgery	1st line address	2nd line	3rd line	4th line	Post Code
A83043	Old Forge Surgery	Middleton in Teesdale	Barnard Castle		Co Durham	DL12 0QE
A83035	Weardale Practice	Dale Street	Stanhope	Bishop Auckland	Co Durham	DL13 2XD
A83021	Auckland Medical Group	54 Cockton Hill Road	Bishop Auckland		Co Durham	DL14 6BB
A83060	Pinfold Medical Practice	Pinfold Lane	Butterknowle		Co Durham	DL13 5NX
A83046	Barnard Castle Surgery	Victoria Road	Barnard Castle		Co Durham	DL12 8HT
A83626	Evenwood Surgery 5 South View	Evenwood	Bishop Auckland		Co Durham	DL14 9QS
A83032	Woodview Medical Practice	The Green Cockfield	Bishop Auckland		Co Durham	DL13 5AF
A83061	Gainford Surgery	Gainford	Darlington			DL2 3BE
A83001	St Andrews Medical Practice	St Andrews Road	Spennymoor		Co Durham	DL16 6QA
A83037	Bewick Crescent Surgery	27 Bewick Crescent	Newton Aycliffe		Co Durham	DL5 5LH
A83014	Belmont Surgery	Broomside Lane	Belmont	Durham	Co Durham	DH1 2QW
A83637	Gardiner Crescent Surgery	21 Gardiner Street	Pelton Fell	Chester-le-Street	Co Durham	DH2 2NJ
A83024	The Surgery	Woodland View	West Rainton	Houghton-le-Spring	Co Durham	DH4 6RQ
A83033	Pelton & Fellrose Medical Group	Unit 1 The Lavender Centre	Pelton Lane Pelton	Chester-le-Street	Co Durham	DH21HS
A83022	The Medical Group	Adrian Clark House	Sawmills Lane	Meadowfield	Co Durham	DH7 7NH
A83622	The Haven Surgery	The Haven	Burnhope		Co Durham	DH7 0BD
A83618	Oakfields Health Centre	Hamsterley Colliery			Newcastle-upon-Tyne	NE17 7SB
A83617	Browney House Surgery	Front Street	Langley Park		Co Durham	DH7 9YT

Appendix 7: Responses to patient survey

Figure 1: Access to pharmacy services

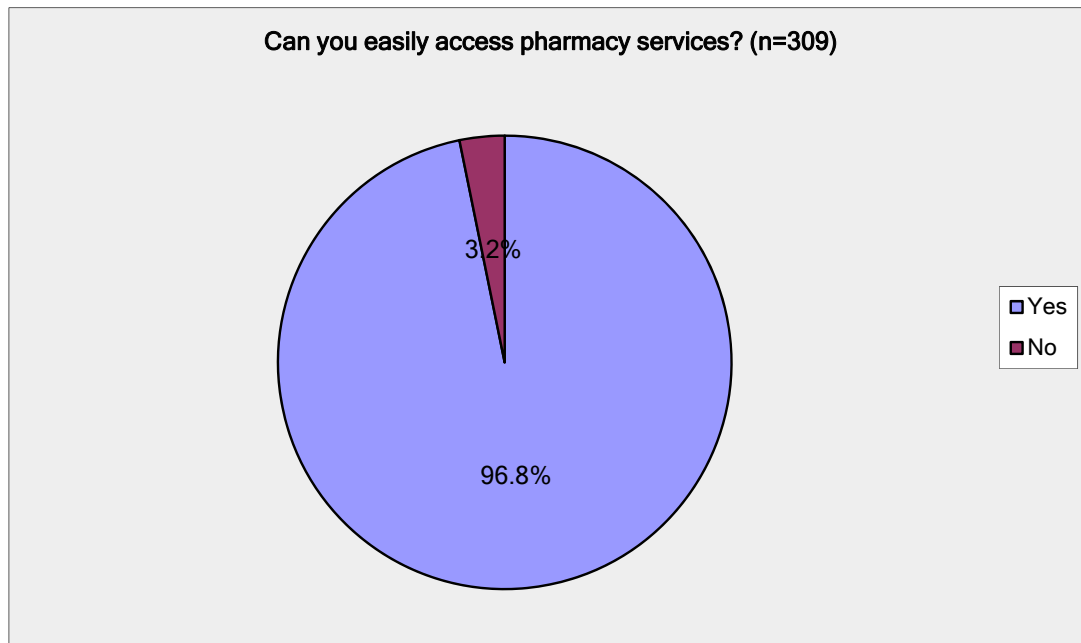
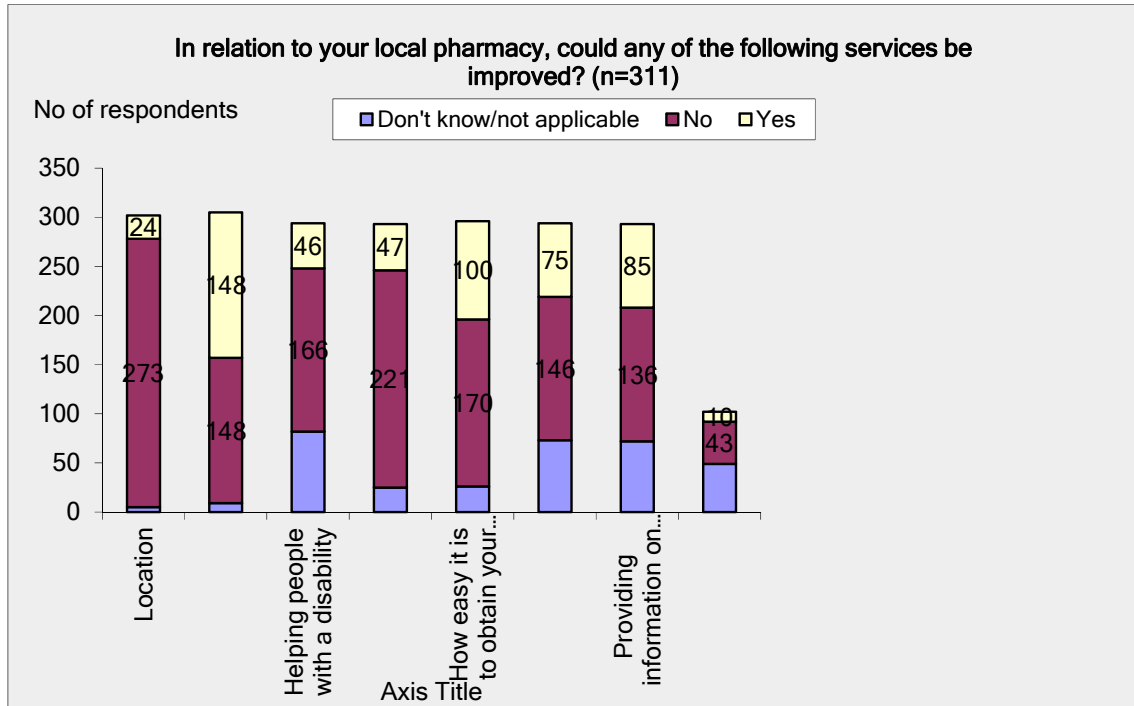


Figure 2: Respondents' views on key areas for improvements in pharmaceutical services



Keys to chart:

- Location
- Opening hours
- Helping people with a disability
- Advice on the medicines you buy
- How easy it is to obtain your repeat prescription medicines
- Advice on healthy lifestyles
- Providing information on other services

Figure 3: Views on the number of pharmacies in County Durham

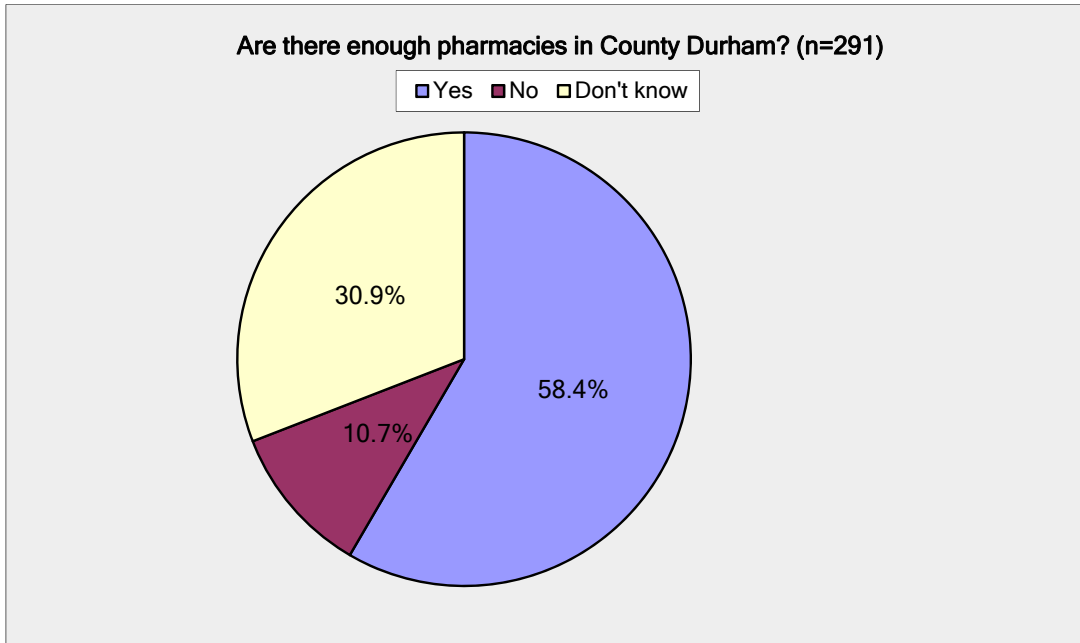


Figure 4: Respondent views on pharmacy support service with medicines following discharge from hospital

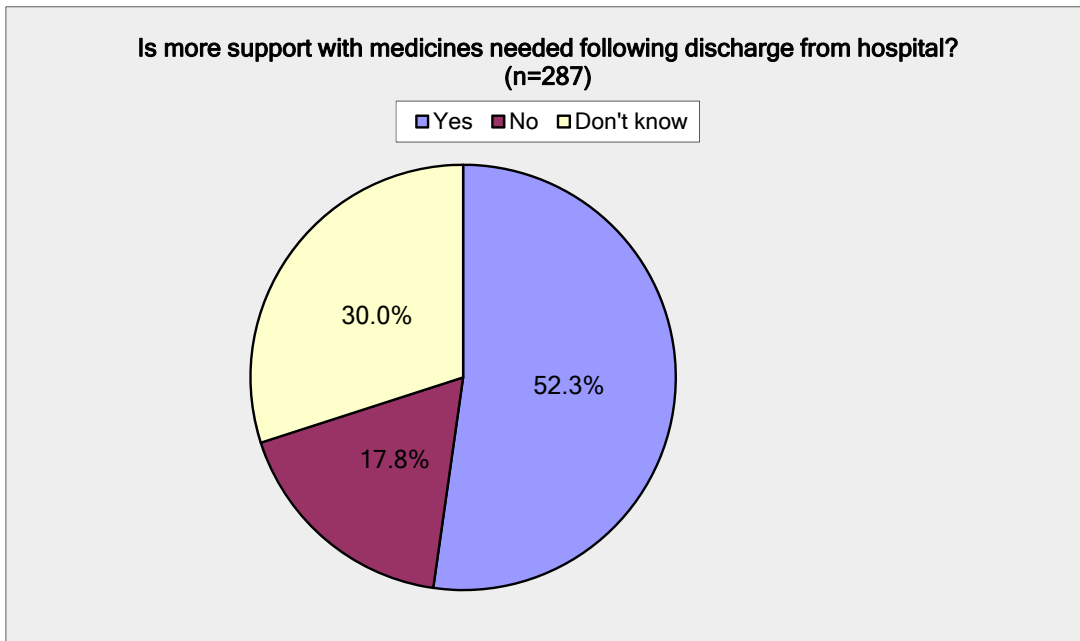


Figure 5: Respondent views on support with medicines from pharmacy

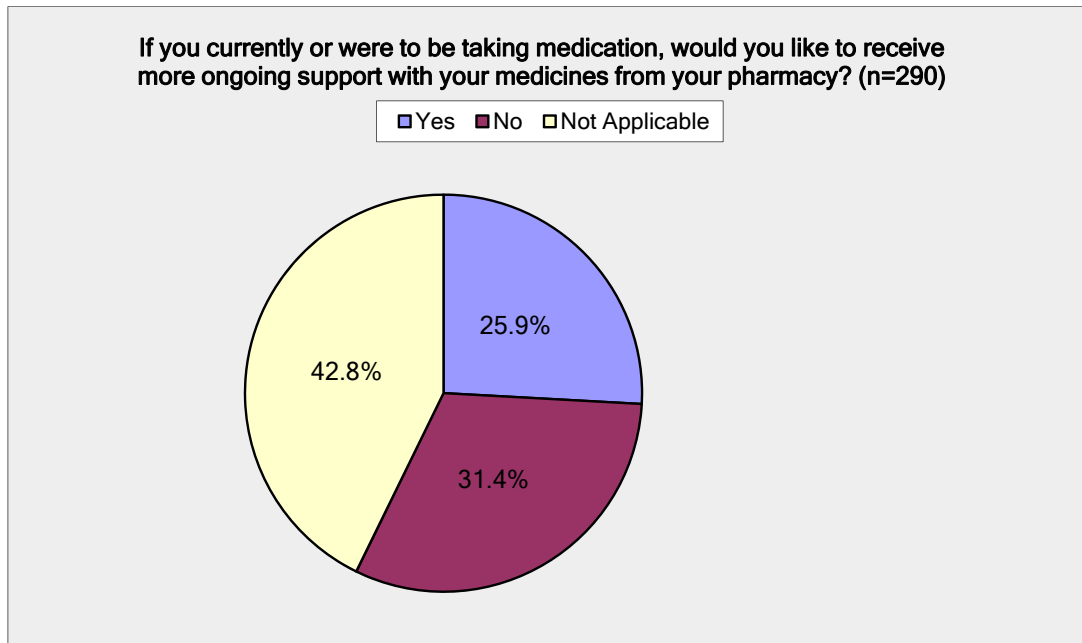


Figure 6: Respondent views on support with medicines related to dementia or learning difficulties

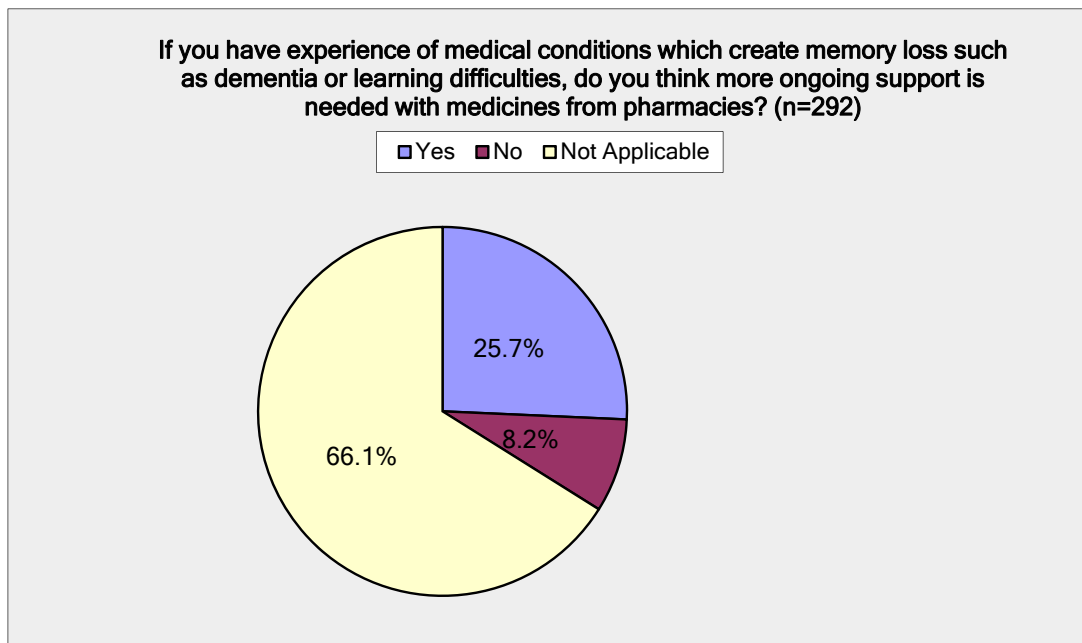


Figure 7: Respondent views on support from pharmacy in relation to lifestyle advice

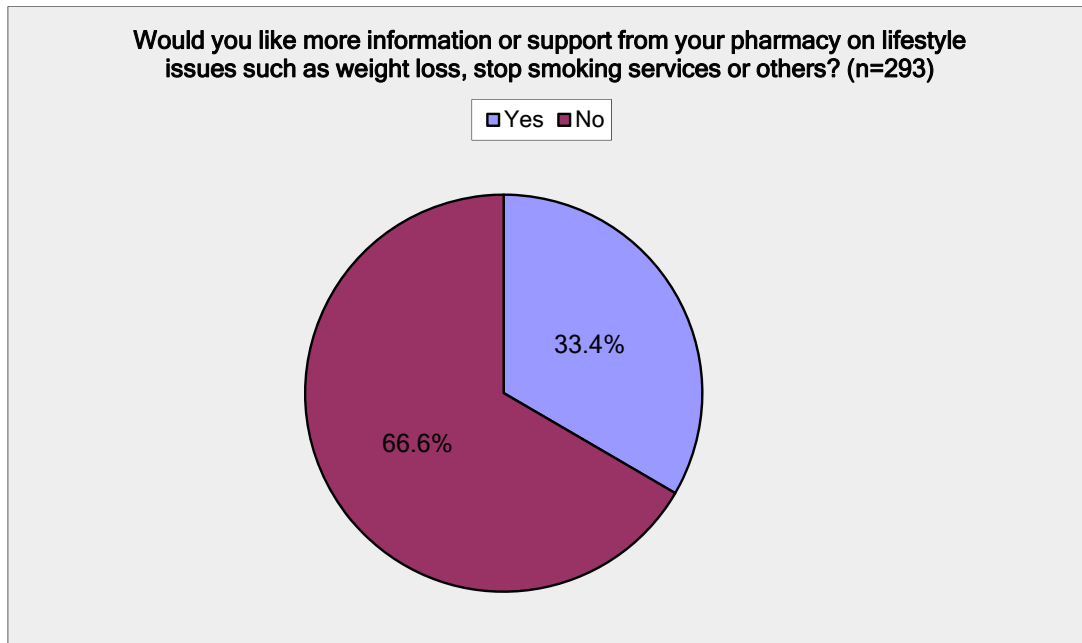
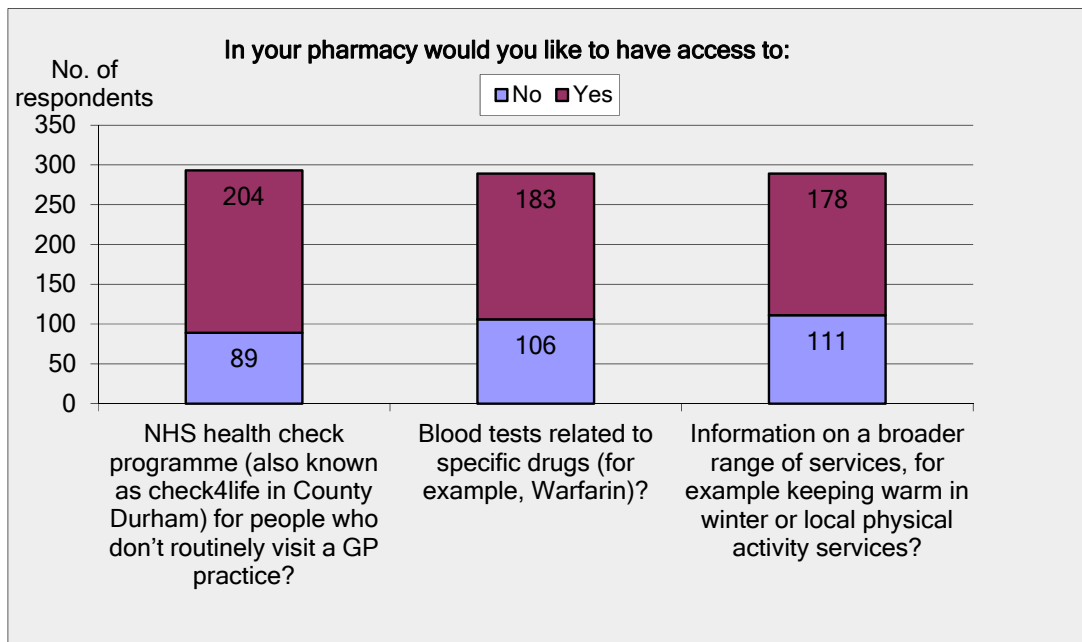


Figure 8: Respondent views on service types



Appendix 8: Organisation representation of stakeholders who responded to the public consultation

NHS England
Public Health Department at Durham County Council
North of England Commissioning Support
North Durham Clinical Commissioning Group
Local Pharmaceutical Committee
Local Pharmacy Network
Bestway National Chemists Limited
Lanchester Pharmacy
Wolsingham Pharmacy
Boots, UK
Oakfields Health Centre, Newcastle upon Tyne
Sildon Town Council