

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 17 June 2022 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 10) The minutes of the meeting held on 29 April 2022 are attached for approval, together with the Action List.
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item. <u>Items for Discussion</u>
4	Pharmaceutical Needs Assessment - Ed O'Malley (Pages 11 - 126)
5	Anti-Social Behaviour Review - Peter Wright (Pages 127 - 130)
6	Covid-19 Response & Vaccine Update - Alice Wiseman / Lynn Wilson (Pages 131 - 140)
7	Gateshead Health Protection Board - Marc Hopkinson (Pages 141 - 146)
8	Gateshead Cares System Board Update - Mark Dornan / All <u>Assurance Items</u>
9	Better Care Fund End of Year Return - John Costello (Pages 147 - 148)
10	Family Hubs Programme - Terms of Reference and Governance (Pages 149 - 154)
11	Updates from Board Members
11a	Progress Update on Implementation Plan for Health & Wellbeing Strategy (Pages 155 - 160)
12	A.O.B

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 29 April 2022

PRESENT:	Councillor Lynne Caffrey	Gateshead Council (Chair)	
	Councillor Leigh Kirton	Gateshead Council	
	Councillor Bernadette Oliphant	Gateshead Council	
	Councillor Gary Haley	Gateshead Council	
	Councillor Michael McNestry	Gateshead Council	
	Councillor Jonathan Wallace	Gateshead Council	
	Dr Mark Dornan	Newcastle Gateshead CCG	
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust	
	Alice Wiseman	Gateshead Council	
	Lisa Goodwin	Connected Voice	
	IN ATTENDANCE:	John Costello	Gateshead Council
		Yvonne Ormston	Gateshead Health FT
Nicola Allen		CBC Health Federation	
Louise Sweeney		Gateshead Council	
Claire Wheatley		Northumbria Police	
Dan Jackson		ICS	
Vicky Sibson		Gateshead Council	
Joanna Clark		Gateshead Health FT	
Lynn Wilson		Gateshead Council/CCG	
Saira Park		LSCB	
Anneliese Hutchinson	Gateshead Council		

HW322 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Martin Gannon, Siobhan O'Neil, Steph Downey, Stephen Kirk and Steve Thomas.

The Chair welcomed Clare Wheatly from Northumbria Police and Dan Jackson from the ICS as guests to the meeting.

HW323 MINUTES

The Board noted that a task and finish group would be set up by Louise Sweeney to develop the Health and Wellbeing Strategy Implementation Plan; the Board were advised that an invitation to contribute would be sent. It was agreed that an update on progress made would be reported back at the June Board meeting.

It was also noted that Joanna Clark of the Gateshead Health Foundation Trust had attended the previous meeting but that this had not been recorded; this record is to be updated online.

Noting the above, the minutes of the previous meeting held on 29 April 2022 were agreed as a correct record.

HW324 DECLARATIONS OF INTEREST

RESOLVED:

- (i) There were no declarations of interest.

HW325 UPDATE ON ICS DEVELOPMENT AND IMPLICATIONS FOR PLACE SYSTEMS - DAN JACKSON

The Board received a presentation providing an update on ICS development. The Board were provided with a summary of the four main aims of ICBs in addition to an overview of the ICS architecture.

From the presentation, the Board noted information relating to the development of the Integrated Care Board, this included membership, functions and delegations to place. The ICS forward plan for place-based working was also summarised; it was noted that HWBs will maintain their key role in setting the priorities for place-based working and in shaping strategy through the ICP, and that the ICB transitional place-based governance arrangements for 2022-3 will allow the NHS to continue to jointly commission with Local Authorities, focus on primary care development, and ensure that local quality and safeguarding issues are managed effectively.

The Board were also provided with an overview of the development of the Integrated Care Partnership, this included details of the role, membership and relationship to 'place'. From the presentation, the Board further noted efforts being made to engage with staff and stakeholders in addition to the planned next steps.

The Board questioned the reason as to why at a place-based level there is to be fewer directors looking after more 'places'. It was stated that there is to be a reduction from five directors to four in the new structure with the aim of having each director meeting the specific needs of each place in a more streamlined way. The Board also discussed the impact of population deprivation factors in budget allocations; it was argued that budgets are often decided based on population which would result in some areas in high need missing out.

A question was asked in relation to the number of elected members that would be invited to participate in the ICS structures; it was noted that there would need to be representation from a range of local authorities to ensure that decisions are made efficiently. The Board were assured that significant progress had been made at a place-based level and that a number of joint appointments were to be made. It was also highlighted that there are to be twelve Directors of Public Health working together to review the needs of their respective areas.

It was asked what the ICS would be allocating in terms of resources towards preventative measures and how this would work in practice. The Board also noted concern that the Northeast and Cumbria as a whole are deprived and that deprivation is not recognised by Government as it had been before. The Board was

informed that existing formulas would be used for now but that in the future there may need to be a different way of recognising deprivation; it was also stated that, with the ICB, there would be clearer outcomes and more efficient decision making with a central authority.

The Board was informed that budget planning methods would not change drastically moving forwards.

RESOLVED:

- (i) The Board noted the update from the presentation.

HW326

CLIMATE CHANGE STRATEGY FOR GATESHEAD - ANNELIESE HUTCHINSON / LUCY GREENFIELD

The Board received a report and presentation seeking endorsement of the Climate Emergency Strategy.

It was reported that the Climate Emergency supports the Gateshead Health & Wellbeing Strategy in addition to health and wellbeing being referenced in the Council's Environmental Policy adopted in 2021.

From the presentation the Board were provided with an overview of the impacts that climate change is having worldwide; a summary of the Council's journey to its current position was also highlighted as follows:

- The Council declared a Climate Emergency in 2019.
- The Council adopted a Climate Action plan in 2021.
- As a council, we have already made major progress in reducing carbon emissions from our own activities -a 55% drop since 2010. But this only accounts for around 2.5% of Gateshead's total carbon footprint.
- The Council is independently audited using Investors in the Environment –We are awarded 'silver' accreditation against the Investors in the Environment Framework with a score of 70% in 2020 -The first annual review in 2021 resulted in an improved of 75% with a carbon reduction of 19% from previous year.
- In November 2021 Cabinet approved a Climate Change Strategy for Gateshead for consultation.
- The Strategy sets out a vision for achieving our commitment to carbon neutrality by 2030.
- The themes within the strategy are; Transport, Economy and consumption, Energy, Food, Woodland and nature and Resilience.
- The Strategy recognises that delivering our targets will be a joint effort between the Council, business and the whole community.
- The Strategy will be supported by ward level action plans.

It was reported that a public-facing action plan had been developed to summarise what the Council will do to make its own operations carbon-neutral, this included transport, housing, energy, the environment and waste. Additionally, the Board were provided with a summary of actions being taken within Gateshead, this includes tree planting, increased use of renewable energies and the development of a Heat Strategy for Gateshead.

It was proposed that the Board endorse the draft Climate Emergency Strategy and commit to help achieve the vision and objectives within it. The Board acknowledged that a lot of work needs to be done and endorsed the proposals presented. The Board also discussed the need for collaborative work on climate change to continue across the whole system with partners and stakeholders doing their bit.

A comment was made highlighting the importance of allotment space in Gateshead, particularly to allow residents to grow their own produce and increase local food production. It was further stated that community gardens and allotment spaces are beneficial for mental health.

The Board also noted that it was important to engage with the younger population in Gateshead via schools and the youth parliament.

RESOLVED:

- (i) The Board endorsed the Climate Emergency Strategy.
- (ii) The Board agreed to commit to delivering the objectives within the strategy across the system.

HW327 COVID-19 RESPONSE & VACCINE UPDATE - ALICE WISEMAN / LYNN WILSON

The Board received a presentation providing an update on the Covid-19 response and vaccine rollout in Gateshead.

The Board were advised that ONS data suggests that cases in England are reducing but that at a local level there are increases. It was however highlighted that there is an expectation that local case data could be unreliable due to a national policy change in testing.

It was reported that the vaccine rollout in children has started with uptake being higher than expected; the Board were also advised that the spring booster programme had gone well despite supply issues.

It was acknowledged that there are still pressures on local hospital and GP services; particularly with delays to discharges and ambulance waiting times.

From the presentation, the Board were advised that the final phase of the regional campaign against Covid-19 ends 30th April 2022.

RESOLVED:

- (i) The Board noted the update.

HW328 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN / ALL

The Board received an update on the Gateshead Cares System Board.

From the presentation it was reported that there had been a successful development session for the System Board on 31st March with Sam Allen CX of Northeast and Cumbria ICS and other guests in attendance. It was highlighted that there had been a focus on a report-out by team members on progress in taking forward key programmes of work in addition to discussions around feedback from patients and staff. The Board were also advised that there had been a review of work programmes for 2022/23.

The Board received a summary of programme areas, this included children and young people and adults/older people. From the presentation it was noted that each programme area would address health inequalities, prevention, integrated pathways and evaluating outcomes.

An overview of cross system workstreams that will help enable integration (workforce, digital etc.) was also provided, in addition to a summary of work to progress an implementation plan for Gateshead's Health and Wellbeing Strategy.

RESOLVED:

- (i) The Board noted the update.

HW329 FOR INFORMATION - GATESHEAD SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020/21 - SAIRA PARK

RESOLVED:

- (i) The Board received and acknowledged the Gateshead Safeguarding Children Partnership Annual Report 2020/21.

HW330 UPDATES FROM BOARD MEMBERS

The Board discussed the impact of the cost-of-living crisis and the rise in energy prices, particularly for those who require specialist medical equipment at home. It was agreed that discussions across partners would continue on this matter.

The Board watched a video of local poet Rowan McCabe.

RESOLVED:

- (i) The Board noted the updates.

HW331 A.O.B.

RESOLVED:

- (i) There was no other business.

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**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB Informal meeting on 29th April 2022			
Minutes of last Board meeting on 4th March	An update on progress relating to the establishment of an Implementation Plan Group for the Health & Wellbeing Strategy to be reported to the June Board meeting	L Sweeney	Will be provided under the Partner Updates section of the agenda
Climate Change Strategy for Gateshead	To receive an update on progress in taking forward the Climate Change Strategy in six months To feed into the Implementation Plan being developed for the Health and Wellbeing Strategy	A Hutchinson / L Greenfield	To be picked up in Forward Plan
Matters Arising from HWB meeting on 22nd October 2021			
Safeguarding Adults Board Annual Report and Strategic Plan	Board Councillors to receive refresher safeguarding training	C Hulme	Safeguarding training offered to all Councillors on 9 th February via a Members Seminar. Arrangements are also being made to deliver refresher training on corporate parenting

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Gateshead

Pharmaceutical Needs Assessment 2022

Published by Gateshead Health and Wellbeing Board



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Executive Summary

The purpose of this document is twofold:

- To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead; and
- To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

The Health and Social Care Act 2012¹ transferred the responsibility for developing and updating Pharmacy Needs Assessments (PNA) to Health and Wellbeing Boards (HWB). A PNA describes the population's health needs and the pharmaceutical services which exist or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies. The initial PNA was produced and implemented on 1 April 2015 with the requirement that each HWB must publish a statement of its revised assessment within 3 years of publication.

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) in order to reduce unnecessary extra pressure on local authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic.

Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022.

Therefore, considering the announcement and following on from the publication of the Gateshead Pharmaceutical Needs Assessment 2018² the Health and Wellbeing Board has now produced an updated PNA for publication on 1 October 2022.

Through the Joint Strategic Health Needs Assessment (JSNA)³, the Council and the Clinical Commissioning Group (CCG) will identify the population's health needs. They will each commission services from pharmacies to address these needs. NHS England will use the PNA to decide if applications for new pharmacies are necessary to meet such needs or to provide commissioned services.

Pharmaceutical Needs Assessment process

Population health needs across Gateshead were identified in the JSNA. Health needs in Gateshead which can be addressed by pharmacies were considered in more detail. This included those needs that can be met through the core pharmacy contract with NHS England for services such as dispensing prescriptions, treatment of minor ailments and medicines advice. Other health needs that can be met through commissioned services, where community pharmacies might be one of a range of providers, were also considered.

The formal consultation on the draft PNA ran from **20 June to 18 August 2022** in line with the guidance on developing PNAs and section 242 of the NHS Act 2006. A summary of the comments received during the consultation, and the Council's response, has been included at Appendix 2 in this final PNA document.

Identified health needs

Gateshead is estimated to have had a population of around 202,000 in 2020. The population is forecast to increase by around 10% to 2043. The Gateshead population has a higher proportion of older people in comparison with England as a whole, and it is predicted that the number of people aged 85 years and over will increase by 82% over the next 20 years. In terms of overall deprivation, Gateshead is ranked 47th out of

317 local authorities (where 1 is most deprived). It is particularly disadvantaged in relation to employment and also disadvantaged in relation to income, education, skills and training. Higher than average proportions of children live in poverty.

Across a range of diseases and conditions – chronic obstructive airways disease (COPD), coronary heart disease (CHD), hypertension, diabetes, cancer – Gateshead has above average levels of need, particularly in its most deprived communities.

Current provision

There are 46 pharmacies in Gateshead, located primarily in areas of higher population density with 98.2% of residential addresses being within 1 mile walking distance of a community pharmacy. Gateshead is well provided for Monday to Friday, 9am to 5pm with more than one pharmacy in most towns and urban areas, allowing patient choice and capacity to provide enhanced services. There is one 100-hour pharmacy and three distant selling pharmacies, and one rural general practice provides dispensing services to some of their patients. However, there continues to be varied access to pharmacy services in the evenings and at weekends across the localities. Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all of these services across Gateshead.

The Health and Wellbeing Board considers that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services, there is though, a requirement to review the timings of this provision to ensure that residents and patients can access support when required, especially during the out of hours periods.

Future provision

Gateshead HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advance services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case Finding service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

Community Pharmacy services in Gateshead currently provide a wide range of commissioned services and have indicated a continued appetite for further development. Community pharmacies are required to provide support to the public health agenda as part of the essential service provision which will ensure a clear role to continue to support the public health needs and lifestyle challenges for the people of Gateshead.

Gateshead Council's public health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and drug misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Gateshead health system. It is essential that community pharmacy

continues to be recognised and supported to support the health needs of the population of Gateshead and that the people of Gateshead are aware of and fully utilise the services available from their Community Pharmacy services.

1. Introduction

The White Paper: Pharmacy in England: Building on Strengths⁵ - Delivering the Future was published by the Department of Health in April 2008 and set out the vision for pharmaceutical services in the future. It identified practical, achievable ways in which pharmacists and their teams could contribute to improving patient care through delivering personalised pharmaceutical services in the future.

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

The Health Act 2009⁶ introduced a legal requirement for all primary care organisations (PCOs) to publish an updated pharmaceutical needs assessment (PNA) by 1 February 2011. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs were required to produce a PNA by 1 April 2015 and every subsequent 3 years.

The PNA is a strategic commissioning document and will also be used to identify where there are gaps in pharmaceutical services which could be filled by market entry.

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

In May 2021, the Department of Health and Social Care (DHSC) initially determined that the requirement to publish renewed PNAs would be suspended for a year (to April 2022) to reduce unnecessary extra pressure on local authorities, Local Pharmaceutical Committees, pharmacy contractors and other stakeholders during the response to the COVID-19 pandemic. Further to this, due to ongoing pressures across all sectors in managing the pandemic response, the requirement to publish renewed PNAs was suspended further until October 2022⁷.

1.1. What is the Pharmaceutical Needs Assessment (PNA)?

A pharmaceutical needs assessment (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 strategic plan, while taking account of financial constraints.

The PNA will be used to:

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

This is not a stand-alone document and is aligned with the Gateshead Joint Strategic Needs Assessment (JSNA)³. It will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan e.g. delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

1.2. Gateshead PNA 2018 recommendations

The 2018 PNA for Gateshead² identified that at the time, there was adequate provision of NHS pharmaceutical services across Gateshead with further recommendations as follows:

- There is more than one pharmacy in most towns and urban areas, allowing patient choice and capacity to provide enhanced services.
- There continues to be adequate provision of NHS pharmaceutical services across most of Gateshead.
- The Health and Wellbeing Board considers that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services.
- It is recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes.
- Access to pharmacy in respect of urgent care appears adequate.
- All pharmacies in Gateshead currently provide a number of advanced services
- The Health and Wellbeing Board recognises the benefits of Healthy Living Pharmacy (HLP) scheme and recommends that all pharmacies become HLP level 1 enabled to further participate in the health of the community.
- The Health and Wellbeing Board recommends that pharmacies should support implementation of the MECC (Making Every Contact Count) approach.
- The Health and Wellbeing Board recognises the need for effective and safe transfer of information across the healthcare interface to exchange patient data and recommends that this is fully implemented across the services.
- The Health and Wellbeing Board recognises the benefit of active participation of the pharmacy services in the locally commissioned services.

This report reflects on the progress made regarding the recommendations made in the 2018 PNA, summarised in section 10.

1.3. Market Entry

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

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

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*⁸ a person i.e., a pharmacist, a 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.

The regulations allow an automatic exemption to the regulatory test for distance selling/internet-based pharmacies provided that they provide:

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

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 identified in the PNA;
- To meet a future need identified 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.

The Health and Social Care Act 2012¹ transferred the responsibility for producing the PNA to Health and Well Being Boards. NHS England will use the PNA to determine applications to open new pharmacies in that local council area.

In December 2016, following the consultation on community pharmacy 2016/17, amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁸ came into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

It is essential that HWBs are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned to support more effective patient care.

1.4. Pharmacy Services NHS Overview

There are more than 11,600 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for 85-95% of their total turnover.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing;
- Support for self-care;
- Signposting patients to other healthcare professionals;
- Participation in set public health campaigns (to promote healthy lifestyles);
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2020/21⁹ indicated that:

- There were 11,600 active community pharmacies and 112 active appliance contractors in England during 2020/21. 236 new pharmacies opened during 2020/21, while 451 closed. This is the lowest number of active contractors since 2015/16.
- 1.03 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2020/21. This is a 1.79% decrease from the number of items dispensed in 2019/20 but still a 2.35% increase in items dispensed since 2015/16.
- 964 million prescription items were dispensed via the Electronic Prescription Service (EPS) in 2020/21, 93.9% of all items dispensed in the year by community pharmacies and appliance contractors. This is an increase of 58.6 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £8.97 billion in 2020/21. This was an increase of 3.72% from £8.65 billion in 2019/20 and a six year high despite the reduction in dispensed items in 2020/21.
- 2.77 million seasonal influenza vaccines were administered by community pharmacies in 2020/21. This was a 60.9% increase from the 1.72 million vaccines administered in 2019/2020 and a 365% increase on the 595 thousand vaccines administered in 2015/16.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by Local Authorities and the NHS.

1.4.1. Community Pharmacy Contractual Framework 2019-2024

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a five-year plan, the Community Pharmacy Contractual Framework (CPCF)¹⁰ which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan¹¹.

In August 2021, the Framework described how community pharmacy services would be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

The Pharmacy Quality Scheme (PQS)¹² replaced the Quality Payments Scheme with the gateway and quality criteria changed on an annual basis, with some becoming CPCF Terms of Service requirements during 2020/21. For the 2021/22 scheme, there was a focus on priorities supporting recovery from COVID-19 which officially began on 1st September 2021.

By 2023/24, as outlined in the CPFT, the NHS and PSNC's vision that community pharmacies in England will:

- Be the preferred NHS location for treating minor health conditions;
- Take pressure off urgent care, out of hours services and GPs, reducing waiting times and offering convenient care for patients, closer to their homes;
- Become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities;
- Provide diagnostic testing on-site related to minor illness;
- Support key NHS targets such as tackling antimicrobial resistance; and
- Continue to ensure patients can safely and conveniently access the medicines they need as well as doing more to improve patient and medicines safety.

1.4.2. Pharmacy Integration Fund

As described in the previous PNA², the Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system;
- Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan.

The community pharmacy contractual framework (CPCF) agreement for 2019 – 2024 sets out the ambition for developing new clinical services for community pharmacy as part of the five-year commitment. The pharmacy integration programme will pilot and evaluate these services with the intention of incorporating them into the national framework depending on pilot evaluations.

1.4.3. Point of care testing

As part of the Community Pharmacy Contractual Framework¹⁰ agreement of 2019, NHS England and NHS Improvement committed to explore point-of-care testing (POCT) by community pharmacists to help in the drive to conserve the use of antibiotics. The impact of the COVID-19 pandemic and emergence of new POCT technologies that are more robust and less prone to error have now broadened the scope for the deployment of POCT in community pharmacies. This can help to improve the quality and efficiency of the delivery of diagnostic services closer to home and support the recovery of primary care. This drive also reflects the NHS Long Term Plan focus on prevention of ill-health, making the best use of the clinical skills of pharmacists and providing more clinical services in convenient and accessible locations in the community.

Examples of NHS-commissioned POCT services that can now be delivered in community pharmacies are:

- Non-invasive blood pressure monitoring as part of the hypertension case finding and blood pressure checks;
- Urinalysis for possible urinary tract infections;
- Chlamydia screening for the under 25s;
- Carbon monoxide monitoring as part of smoking cessation services;
- COVID-19 rapid antigen testing
- Blood glucose measurements as part of diabetes prevention services;
- Oxygen saturation using oximeters to assess people presenting with breathing difficulties;
- Peak flow measurements for patients with asthma.

2. Gateshead Pharmaceutical Needs Assessment Process

Section 2 provides a brief overview of the methodology adopted in bringing together the information contained within the PNA.

2.1. Identification of health need

The JSNA³ which incorporates key strategies such as the Health and Wellbeing Strategy as well as thematic specific needs assessments has been reviewed, along with feedback from the public and local professionals, to summarise local health needs relevant to pharmacy services in Gateshead. This summary is set out in Section 3.

2.2. Assessment of current pharmaceutical provision

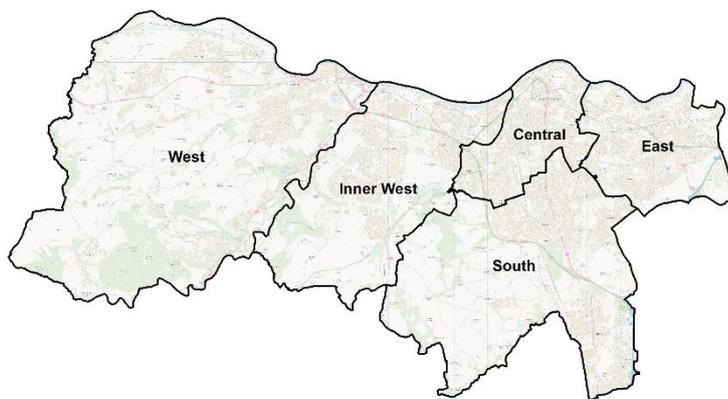
A steering group consisting of Gateshead Council's public health team, Newcastle Gateshead Clinical Commissioning Group, Healthwatch and the Local Pharmaceutical Committee was established to oversee the process. For full membership of the group see Appendix 11.

The steering group developed an online questionnaire Appendix 4 which was sent to all pharmacy contractors across Gateshead in between September 2021 and January 2022. This identified the current provision of pharmaceutical services in Gateshead.

Information was also gathered from a number of other sources e.g. NHS England and NHS Improvement (NHSE&I), Commissioners, Public Health Observatory Local Pharmaceutical Committee.

2.3. Gateshead Localities

Throughout the PNA reference is made to five localities which are built from ward boundaries. The five localities are shown in the map below and duplicated in the enlarged map in Appendix 5.



2.4. Public engagement

Public Survey regarding local pharmacy services

The views of the public and a range of agencies and groups were gathered in the form of a survey on Pharmacy Services. This was made available between 13.9.21 and 24.1.21 through Gateshead City Council's consultation portal with the survey title "Help improve your local pharmacy services". The survey was also made available online through the Council's online consultation portal.

In total, 310 survey responses were received. These have been considered as part of this PNA. Section 11 and Appendix 3 of this document provides a summary of the analysis and outcomes of the public engagement.

Provider engagement

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous

PNA as a baseline. Initially this was based on information provided by the NHS England Sub Region, Newcastle Gateshead CCG and Gateshead Council's public health team.

The information was then validated using a questionnaire made available to all community pharmacies including distance selling pharmacies. The questionnaire was not sent to appliance contractors. The survey was undertaken between 14.9.21 and 27.1.22. A total of 37 out of 46 community pharmacy contractors responded, giving a response rate of 80%. A summary of the findings of the survey are described in section 11 with detail within Appendix 4.

In relation to the contractors who did not respond, information held by the local authority, based on information provided by the service commissioners (NHSE&I, Newcastle Gateshead CCG and Gateshead Council) was used to inform PNA.

Pharmaceutical Needs Assessment Formal consultation

The formal consultation on the draft PNA for Gateshead ran from **20 June to 18 August 2022** in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012⁴, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)⁸, in addition to the Health and Wellbeing Board members, the following stakeholders were consulted during this time:

- Gateshead Local Pharmaceutical Committee
- Gateshead Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Gateshead
- Gateshead Clinical Commissioning Group
- Gateshead Healthwatch
- Queen Elizabeth NHS Foundation Trust, and NTW Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Northumberland, South Tyneside, and Sunderland.
- General Practitioners
- General public via the council website and Healthwatch
- Integrated Care Board

Letters were sent to all consultees informing them of the web site address (www.gateshead.gov.uk/consultation) which contained the draft PNA document. "A person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation".

The consultation sets out to determine:

- Whether the PNA provides a good reflection of the current pharmacy provision in Gateshead
- Whether there are sufficient community pharmacies to meet the needs of the population?
- Whether other services could be delivered by community pharmacies?

Section 10 and Appendix 2 summarises the findings of the formal consultation and responses made by the Health and Wellbeing board.

The final document was considered by Gateshead Health and Wellbeing Board at its meeting on xxx 2022.

3. Identified Health Need

Unless otherwise stated, the information below is a snapshot (as of March 2022) taken from Gateshead's Joint Strategic Needs Assessment (www.gatesheadjsna.org.uk) which contains detailed references to the sources used.

3.1. Population Profile

- Gateshead's population is projected to increase by 10,762 (5%) between 2018 and 2043 to 216,747.
- The population is ageing as seen in the population chart below (Chart 1): it is projected that by 2043 there will be an additional 12,316 people aged 65 or older, an increase of 29%. There will also be a decrease in the number of children and young people aged 0-15 of around 3,529 or 10%. The working age population is now effectively 16-65 as state pension age for men and women is now set at age 66. The working age population is set to decrease by 3,962 or 3% by 2043
- Increased housing provision may bring increasing demand on pharmaceutical services in the future. Table 1 below shows planned future housing developments to 2032 and beyond.²³

Chart 1: Gateshead Population (2018 and 2043 Compared)

Source: ONS Sub National Population Projections 2018

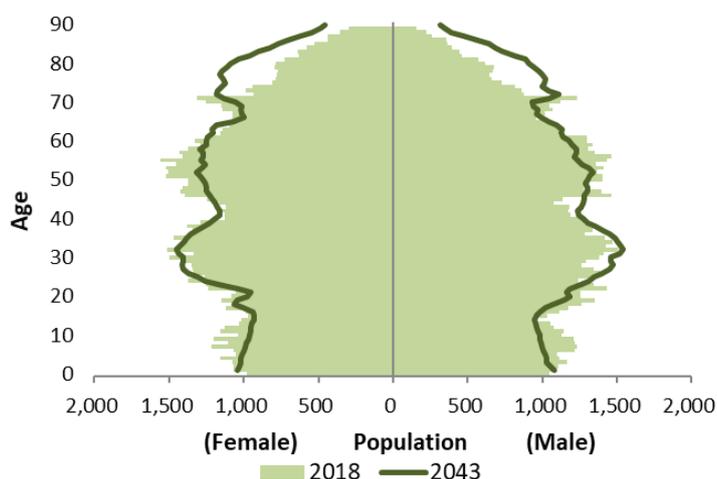


Table 1: Future Housing Developments²³

Source: Strategic Housing Land Availability Assessment 2020

Area	No. of planned new homes (Approx.)
Birtley	70
Blaydon	538
Bridges	2,031
Chopwell and Rowlands Gill	597
Chowdene	28
Crawcrook and Greenside	206
Deckham	127
Dunston and Teams	1,540
Dunston Hill and Whickham East	659
Felling	207
High Fell	310
Lamesley	558
Lobley Hill and Bensham	276
Low Fell	22
Pelaw and Heworth	111
Ryton, Crookhill and Stella	619
Saltwell	146
Wardley and Leam Lane	148
Whickham North	300
Whickham South and Sunniside	135
Windy Nook and Whitehills	42
Winlaton and High Spenn	357
Birtley/Lamesley	300
Dunston and Teams/Whickham North	289

3.2. Ethnicity

- It is estimated that around 3.7% (7,500) of the population are from a black or minority ethnic (BME) group. The BME population has increased from around 1.6% in 2001 and is expected to be higher again when 2021 Census results are published. This does not include Gateshead's orthodox Jewish community; over 3000 people state that their religion is Jewish, although this also includes the non-orthodox Jewish population. The Jewish community themselves estimate their population size to be around 6,000, including a large number of students.
- Gateshead's increasing diversity may have implications in terms of support for different communities. For example, there have been significant increases in residents of Chinese (+690) and African (+695) origin, and 2% of households do not contain anyone who considers English to be their main language.

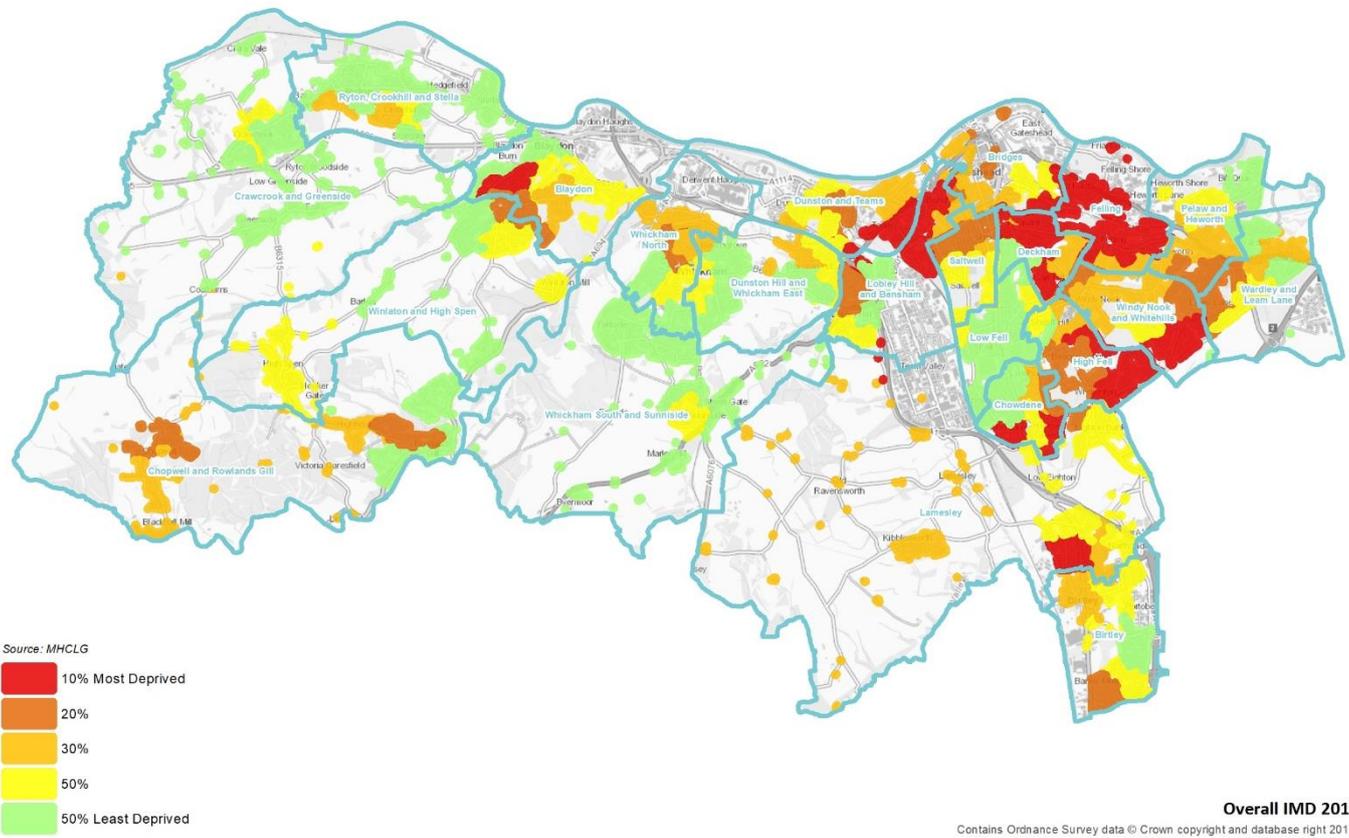
3.3. Social and Economic Disadvantage

- The Index of Multiple Deprivation (IMD)¹⁸ measures multiple deprivation for each local authority area as a whole and also for smaller Lower Layer Super Output Areas (LSOA) within each local authority. The index

is made up of one overall and seven themed Domains or groupings of deprivation indicators including income, employment, health and disability, education skills and training, barriers to housing and services, crime, and the living environment. The current index is IMD 2019.

- Overall, Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. Extending that range further, nearly 62,600 (31%) live in the 20% most deprived areas.
- It is also possible to estimate the population living in the different deprivation bands at ward level. There are ten wards containing areas within the 10% most deprived in England. At 82%, Felling ward is estimated to have the highest proportion of its population living in the 10% most deprived areas in England. This is followed by Deckham (60%) and High Fell (53%) wards. Low Fell ward is estimated to have the highest proportion of its population in the 50% least deprived areas in England. 86% of Low Fell's population lives in the 50% least deprived areas. This is followed by Crawcrook and Greenside (84%) and Whickham South and Sunnyside (83%).

Map 1: Index of Multiple Deprivation 2019



3.4. Life Expectancy and Mortality

- Life expectancy in Gateshead is currently 77.4 years for men and 81.6 years for women. This represents a decrease of less than half a year for both men and women and follows a period of stagnation in life expectancy increases. Both rates continue to be below the England average. The gap to England currently stands at 2.0 years lower for men and 1.5 years lower for women.
- For men, the biggest causes of deaths that help to explain why Gateshead has a higher mortality rate than England are circulatory diseases (25%), external causes (20%) and cancer (19%). For women, they are cancer (26%), circulatory diseases (20%) and respiratory diseases (18%).
- In Gateshead, life expectancy for men is 10.7 years less in the most deprived LSOAs compared to the least deprived areas (deciles); for women, the difference is 9.6 years. For both men and women, the gap

in life expectancy between people living in the most deprived and the least deprived areas has overall been increasing over time.

- Within Gateshead wards, life expectancy for men living in Dunston & Teams is 9.2 years less than for men living in Whickham South & Sunnyside. Women living in Felling will live on average 10.0 fewer years than women living in Whickham South and Sunnyside.
- Healthy life expectancy is 60.8 for men and 57.7 for women. Male healthy life expectancy is therefore greater than that for females (although confidence intervals mean no significant conclusions can be drawn at this point). Healthy life expectancy for men in Gateshead is about 2½ years less than across England as a whole and for women it is about 6 years less. Compared to the North-East, healthy life expectancy for men in Gateshead is about 1½ years more, but for women it is 2 years less than the North-East average.

3.5. Health Needs: Long Term Conditions

There are more than 60,000 people in Gateshead currently on disease registers, 7.2% of whom have more than one long term condition (LTC). The risk of unplanned hospitalisation increases with increasing number of LTCs. The percentage of people with some of the key LTCs is shown in the table below.

Hypertension is the main long-term condition and is a major risk factor for cardiovascular disease. In 2019/20, 16.3% of the population of Gateshead had hypertension, which is higher than the England average of 14.1%. This may be due in part to higher rates of detection of hypertension in Gateshead. Nonetheless, it is estimated that the true prevalence of diagnosed hypertension (a model based on patients who reported having been told by a doctor or nurse that they had high blood pressure) in Gateshead is 22.1% and that there are a further 12.1% with undiagnosed hypertension - a total of 34.2%, meaning that there are potentially many people not receiving the support they require for hypertension.

Premature mortality from cardiovascular disease is significantly worse in Gateshead (86.0 per 100,000 people younger than 75 years of age between 2017 and 2019, the equivalent of around 472 people) than in England overall (70.4 per 100,000).

Premature mortality for cardiovascular disease has been decreasing in both Gateshead and England since 2001-03, although the rate appears to be levelling out in recent years. The gap between Gateshead and England has generally narrowed.

Diabetes mellitus is another major risk factor for cardiovascular disease. The prevalence of diagnosed diabetes mellitus in the adult population of Gateshead is increasing, having been as low as 5.8% in 2009/10 but increasing to 7.3% in 2019/20

What services can/do pharmacies offer?

- Anti-coagulant monitoring
- Blood cholesterol check
- Blood glucose check
- Blood pressure check
- Discharge medicine service
- Hypertension case finding
- New Medicine Service
- On demand availability of specialist drugs service (palliative care)

Table 2: Prevalence of some key Long Term Conditions in Gateshead 2019/20

	% Long term conditions
Hypertension²	16.3%
Depression²	13.1%
Diabetes (17+)²	7.3%
Asthma^{2#}	6.6%
Chronic Kidney Disease²	5.7%
Coronary Heart Disease¹	3.7%
Chronic Obstructive Pulmonary Disease^{2#}	2.4%
Stroke²	2.3%
Osteoporosis (50+)¹	1.1%
Dementia³	0.9%
Epilepsy (18+)^{2#}	0.9%

¹ 2020/21 ² 2019/20 ³ 2018/19

NewcastleGateshead CCG

The prevalence of diagnosed COPD in Newcastle and Gateshead CCG was 2.4% in 2019/20; this has changed little over recent years and remains higher than in England (1.9%). It is estimated that 40% of (3,555) people with COPD in Gateshead are undiagnosed.

Nationally, mortality rates are decreasing for most cancers; however, mortality rates are increasing for liver cancer, pancreatic cancer, melanoma, oral cancer, and some digestive cancers.

The pharmacy public survey ([Appendix 3](#)) identified that 5% of respondents accessed a health check, screening or monitoring as part of the pharmacy services they use and 72% said their pharmacist explained how and why to use new medicine.

3.6. Health Needs: Substance Misuse

3.6.1. Drugs

In the year to April 2021 there were nearly 1,030 opiate users and over 360 non-opiate users in treatment in Gateshead.

The proportion of opiate users that left drug treatment successfully (free of drug[s] dependence) who did not then re-present for treatment within 6 months was 3.7% in 2020, which compares with the regional average of 3.3% and the England average of 4.7%.

What services can/do pharmacies offer?

- Needle Exchange
- Supervised Administration of opiate substitutes
- Hepatitis C testing
- Signposting

The proportion of non-opiate users that left drug treatment successfully who did not then re-present within 6 months was 26.3% in 2020, compared with 30.0% across the North-East and 33.0% for England as a whole.

At 11.3 per 100,000 people, the rate of deaths due to drug misuse in Gateshead is more than twice as high as the England average of 5.0. The general trend in deaths from drug misuse is of a slight increase nationally, with the trend of deaths in Gateshead increasing at a greater pace (although broad confidence intervals at the local level mean changes need to be interpreted with care). In the period 2018 to 2020, there were 66 deaths from drug misuse in Gateshead.

1% of respondents to the public survey said they use the pharmacy substance misuse services and needle exchange. 9% indicated they would use the service if it was available in their pharmacy.

3.6.2. Alcohol

A local survey conducted in 2016 (Adult Health and Lifestyle Survey) found that 90% of respondents drink alcohol. 34% of respondents were 'binge drinking'. The survey also found that 27% of respondents were what is known as 'increasing or higher risk drinkers', that is they were drinking more than 14 units of alcohol every week. Similarly, a 2020 Balance North-East survey found that 27% self-reported drinking at that level which was slightly higher than the North-East average of 25%.

What services can/do pharmacies offer?

- Brief intervention
- Healthy lifestyle advice
- Signposting to services

Alcohol misuse is a major problem within Gateshead in terms of health, social and economic consequences which affect a wide cross section of the borough at a considerable cost.

The (age-standardised) rate of alcohol-related hospital admissions in Gateshead is 1,045 per 100,000 population (DSR). This is significantly higher than both the regional average (908) and the England average (664). The general trend in alcohol related hospital admissions is up.

Mortality (in people under 75 years of age) from liver disease is higher in Gateshead than in England overall. Between 2017 and 2019 there were 146 deaths from liver disease among people living in Gateshead. [Chart - U75 mortality from liver disease]. Recent years have seen increases for both men and women.

Pharmacists can contribute to identification and supporting alcohol awareness when discussing healthy lifestyle options as part of discharge medicine service, new medicine services and other patient consultation opportunities.

3.7. Health Needs: Sexual Health

In 2019, there were 1,402 new Sexually Transmitted Infections (STI) diagnosed, a rate of 694 per 100,000 residents. This compares with the North-East rate of 641 and the England rate of 816. However, STIs disproportionately affect young people. Around a third (452) of new STIs being diagnosed are cases of chlamydia in people aged under 25.

What services can/do pharmacies offer?

- Condom distribution service
- Emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

Chlamydia is the most common STI, especially amongst young people. UK HSA (formerly Public Health England) recommends that local areas should be working towards a Chlamydia diagnosis rate of at least 2,300 per 100,000 in the 15 to 24 age group, and this is now an indicator in the Public Health Outcomes Framework. The diagnosis rate reflects both coverage and the proportion testing positive (at all sites, NHS, and non-NHS). In 2019, the chlamydia diagnosis rate for the 15- to 24-year-old age group in Gateshead increased to 1,910 per 100,000 residents, having dropped to 1,660 per 100,000 residents the previous year. This rate is below the target but is statistically similar to the national average of 2,043 and the regional average of 1,869 per 100,000.

The number of teenage pregnancies in young people aged between 15-17 years of age in 2018 was 52, down from 71 the previous year. The longer-term trend is down, having reduced from a high of 202 in 2000 and there has been a steady decrease since then. The rate per 1,000 in 2018 was 16.9 which is 6.2 percentage points lower than the 2017 rate. This compares with a 0.2 percentage points increase across the North-East and a 1.1 percentage points reduction across England as a whole. Gateshead's current Under 18s conception rate of 16.9 is well below the North-East rate of 24.9 and similar to the England rate of 16.7.

According to pooled 2016 to 2018 data, the wards of Deckham and Dunston and Teams have significantly higher under 18 conception rates than the England median rate. Only Birtley and Crawcrook & Greenside are significantly lower than the England median.

In the survey of pharmacy services, only 1 pharmacy said that they currently provide a gonorrhoea screening service, and only 1 provided an HIV screening service (although many - 25 and 21 respectively – said they would if commissioned).

Just 2% of respondents to the public survey said that they currently use sexual health services such as chlamydia testing or treatment, condoms, emergency contraception and pregnancy tests. A further 10% said they would use that service if it was available at the pharmacy they use.

3.8. Health Needs: Smoking

Smoking remains the greatest contributor to premature death and disease in Gateshead. In 2016-18, Gateshead's directly age standardised mortality rate for deaths attributable to smoking in 35+ year olds was 341.2 per 100,000 population which is statistically significantly higher than the England rate of 250.2 per 100,000. This means that Gateshead's rate is 36% higher than the England average.

What services can/do pharmacies offer?

- Smoking Cessation
- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting annual public health campaigns
- Promotion of Health Lifestyle

The biggest killer is lung cancer, which in 2017-19 killed 515 Gateshead people. The recent trend in the death rate indicates a downward trend as the rate per 100,000 (DSR) has reduced from 103.2 in 2011-13 to 83.9 in 2017-19. Smoking is also a major factor in deaths from many other forms of cancer and circulatory disease.

In Gateshead in 2019, the prevalence of smoking in adults was 17.1%. This is statistically worse than the England average of 13.9%.[1] Indicatively (because of large confidence intervals), the overall direction of travel has been down in recent years.

Smoking prevalence in Gateshead remains high for routine and manual occupation socio-economic groups at 29.8% and is significantly worse than the England average of 23.2%. The national trend has been down overall, however in recent years the Gateshead trend has been variable.

At delivery, 11.6% of all women giving birth were known to smoke. This is significantly higher than the England average of 9.6%, but a decrease on the previous year when the rate was 12.8%. The overall trend is currently downwards.

Smoking appears to be more common among children in Gateshead than in England overall, particularly among girls aged 14-15 years with 21% reporting that they smoke occasionally or regularly (compared to 8% of boys).

Pharmacists can contribute to the care of those wishing to stop smoking both as part of discussions of lifestyle options when discussing medications and also opportunistically when discussing product options and offering appropriate support where necessary.

1% of respondents to the public survey indicated that they currently use the smoking, alcohol, or weight management pharmacy services, and a further 14% indicated they would use these services if they were available at their local pharmacy.

3.9. Health Needs: Healthy Weight

In 2019/20 70.8% of adults in Gateshead had excess weight according to survey data. This is significantly worse than the England average of 62.8%. A local survey conducted in 2016 (Adult Health and Lifestyle Survey) showed variation in excess weight for men. For example, whilst 75% of men aged 35 to 64 and 74% aged 65+ are overweight or obese, this compares with just 40% of those aged under 35. The rate for women aged 35 to 64 is much higher at 58%, but the proportion does not differ in the older age bands for women, at 54% and 58% respectively.

What services can/do pharmacies offer?

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Health Checks
- NHS Weight Management Programme referral
- Hypertension case finding service
- Supporting annual public health campaigns

The local survey also asked about self-perception of weight. Of those who were overweight or obese (based on the measurements they provided), 92% realised they were in that weight zone. In addition, 92% said they would like to lose weight.

Of children attending Gateshead schools, 29.4% of 4–5-year-olds and 38.5% of 10–11-year-olds were classified as overweight or obese (excess weight). Both age groups are significantly higher than the England average. As with the adult population, excess weight in children is more prevalent in areas that are more deprived.

The underlying causes of obesity are complex, but include the ready availability of high calorie food, and a more sedentary lifestyle. Addressing obesity will require action at an individual, environmental and societal level.

Just 1% of respondents to the public survey indicated that they currently use smoking, alcohol, or weight management services, although 14% indicated they would use these services if they were available at their local pharmacy.

3.10. Health Needs: Vaccinations

In 2020/21, 83.5% of people aged 65 years or older had the seasonal influenza vaccine. This is above the Chief Medical Officers' target of 75% or higher and reflects a significant national increase in uptake following the outbreak of the Covid-19 pandemic.

What services can/do pharmacies offer?

- Flu vaccination programme
- Covid vaccination programme

In 2020/21, 59.0% of people younger than 65 years of age considered to be at risk received the flu vaccine. This is above the Chief Medical Officers' target of 55% or higher.

The national flu campaign, implemented primarily via GP practices, targets those most at risk e.g. children and young people, older people (>65 years) and those in clinical risk groups as defined in the national campaign. However, there are many people younger than 65 who are at elevated risk of contracting flu resulting in possible lost working hours and/ or further transmission. As this target group are more likely to be in the working population community pharmacy could help identify these people and offer to vaccinate immediately, without the need to attend the GP surgery. The provision of an influenza vaccine service, commissioned by NHS England via community pharmacies, therefore is an opportunity to contribute to health protection across the community.

22% of respondents to the public survey indicated that they currently use the pharmacy vaccine administration service which includes flu and Covid-19 amongst others. A further 36% indicated they would use this service if it were available at their local pharmacy.

3.11. Health Needs: Older People

Many of the people whose lives are substantially affected by long-term illness or disability are in their eighties or nineties and have age-related conditions such as osteoarthritis, visual or sensory impairment, or Alzheimer's disease. But there are also older people who are disabled by health problems much earlier in life, for instance people who suffer a severe stroke or early-onset dementia.

Population projections indicate the number of persons in Gateshead, aged 65 years and over will increase by 29%, by 2043 an additional 12,300 elderly people. The number of people aged 85 and over is projected to increase by 4,400 (82%), creating additional demands for social care, housing support and health services. Long term conditions and dementia will be among the biggest challenges faced by health services going forwards.

What services can/do pharmacies offer?

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Suitable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be "suitable adjustment" to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

As of 31 March 2021, 890 older people were looked after in long term residential or nursing care. This represents 2.2% of those aged 65 plus.

People with dementia require substantial amounts of care. Pharmacists can contribute to the care of those with dementia by reviewing and advising about their medication and helping to ensure that patients remember to take the medicines they require by advising on and supplying appropriate support where necessary. The number of patients with dementia is expected to rise as the number of elderly people in Gateshead increases. According to Projection Older People Population Information (POPPI) data, there were estimated to be 2,841 people aged 65+ with dementia in 2020, and this is expected to rise to 3,882 by 2040.

An ageing population will be associated with more harm as a result of falls. After adjusting for age, the rate of emergency admissions for injuries due to falls in people 65 years of age or older is significantly higher in Gateshead than in England overall. It is predicted that there will be a 25% increase in the number of people affected by falls and a 34% increase in the number of people admitted to hospital as a result of falls by 2040. Community pharmacists are in an ideal position to review medication which could contribute to dizziness and falls. As the population ages the proportion of people with a disability is also likely to increase creating additional demands for service provision.

Many of the respondents to the public survey were by older people (46% aged 65+, 25% aged 55 to 64) which is perhaps a reflection of the demographics described and also that this cohort of people experience higher levels of long-term conditions and so are frequently prescribed medication and access pharmacy services.

3.12. Health Needs: Other

Public Health initiatives

Pharmacists are required to participate in promotion of Public Health initiatives (see section x) and provide advice on healthy lifestyles.

Minor Ailments

Pharmacists have access to a considerable range of medicines which they can sell to the public for minor ailments. They are more accessible to the public than their GP as customers do not need to make an

appointment to access treatment. Gateshead pharmacies have participated in the Think Pharmacy First service for a number of years which enables people to access a free consultation and either purchase or, if they are eligible, receive free of charge medicines to treat minor ailments. This service is now to be extended across the integrated care footprint (see section 8.3).

Travel Clinics

Pharmacies have access to medicines and provide advice which may be useful to those travelling abroad, again without the need for an appointment with their GP although a formal consultation appointment with the pharmacist may be recommended for advice regarding travel vaccinations, which is not an NHS or locally commissioned service.

4. The Health System in Gateshead

4.1. General Practices

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

4.1.1. Extended hours

Gateshead Extra Care Service provide extended access appointments with local GPs and nurses. Appointments are available 8am-8pm Monday to Friday and 9am-2pm at Weekends or on Public Holidays. Patients can book appointments through their own registered GP practice or by contacting NHS 111 (who will book in appointments where clinically appropriate).

4.1.2. Urgent Treatment Centres

Gateshead urgent and emergency care services are based at the Emergency Care Centre at Queen Elizabeth Hospital (24/7) and Urgent Treatment Centre at Blaydon (08.00 – 22.00). Patients access the service either by self-presentation or referral from NHS 111. They are run by the Gateshead Health NHS Foundation Trust and are staffed by GP's, nurses. Medicines are either prescribed or supplied from over labelled stock through the use of Patient Group Directions.

Patients, following triage may also be streamed to community pharmacies for support.

4.1.3. Out of hours service

Gateshead Doctors Out of Hours Service (GatDoc) have provided GP out-of-hours care to the population of Gateshead since 1994. GatDoc provides an urgent out-of-hours GP service when GP surgeries in Gateshead are closed. Patients with urgent medical problems access the service by calling NHS111. The service also has arrangements in place to ensure that they can access pharmaceutical advice, even during the out of hours period.

The service utilises the network of community pharmacies with extended hours while they are open (patients are provided with prescription forms when pharmacies are open or when closed, over-labelled medicines stocked by the GatDoc Out of Hours Service).

4.2. Primary Care Network

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients.

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Gateshead there are five PCNs which are similar to the former five 'localities', with the exception that Central and South have merged into one PCN, and a new PCN was formed by Birtley Medical Group and Oxford Terrace and Rawling Road practices. The five PCNs are:

- Gateshead East PCN
- Gateshead Outer West PCN
- Gateshead Inner West PCN

- Gateshead Central South PCN
- Birtley, Oxford Terrace & Rawling Rd PCN

PCNs are expected to deliver seven NHS England specifications in a phased approach:

- Extended Hours Access;
- Structured Medication Reviews and Optimisation;
- Enhanced Health in Care Homes;
- Anticipatory Care;
- Personalised Care;
- Supporting Early Cancer Diagnosis;
- CVD Prevention and Diagnosis;
- Tackling Neighbourhood Inequalities.

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes, and value through a person-centred approach.

In Gateshead, each PCN at least one clinical pharmacist that work in their member GP practices. Some PCNs have also chosen to employ a pharmacy technician to complement the complement the work of the clinical pharmacist. The focus of the team is to conduct structured medication reviews (SMRs), focussed medication reviews, assist with patient queries regarding medications, and to implement clinical interventions relating to quality, safety, and cost-effectiveness. All pharmacists and technicians discuss medication changes and issues with community pharmacists as appropriate.

Community pharmacy services play a vital role in supporting the services provided by GP practices and the PCNs as reflected by the changes in the essential, advanced, and locally commissioned services as described later in this report. The LPC have overseen the appointment of a lead PCN pharmacist from community pharmacy to link with each of the five PCNs in Gateshead.

4.3. Hospital Services

Gateshead Health NHS Foundation Trust, better known as QE Gateshead, provides a range of health services from the main site at the Queen Elizabeth Hospital, and also from Dunston Hill Day Hospital, QE Metro Riverside and Bensham Hospital, all within Gateshead. A range of services are also provided from Blaydon Primary Care Centre and Washington Primary Care Centre, as well as a specialist unit in Houghton-le-Spring for patients who require rehabilitation care

Cumbria Northumberland Tyne & Wear NHS Foundation Trust provides specialist mental health services for the population of Gateshead although there are locations sited in the Gateshead area.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

4.3.1. Out of Hospital (Community) Services

Gateshead Care Partnership has been providing NHS community services across the borough by bringing together teams from the NHS, Community Based Care Ltd (whose membership comprises all Gateshead GPs) and Gateshead Council. This partnership enables the entire system to work together more effectively

so that all the experts from doctors and nurses to GPs and social workers are working together on better, more responsive care.

5. Current Provision of Pharmaceutical Services

5.1. Definition of Pharmaceutical Services

NHS England & NHS Improvement (NHSE&I) is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The requirements for the commissioning of pharmaceutical services are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*⁸ and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*¹³.

Section 7 and 8 describe the current community pharmacy services in Gateshead in more detail.

5.1.1. Core hours

Community pharmacy contractors provide Essential Services as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100-hour pharmacy service, and some may offer less than 40 hours. Core opening hours can only be changed by first applying to NHS England and NHS Improvement and as with all applications, these may be granted or refused.

5.1.2. 100-hour pharmacies

Previous regulation⁸ provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100-hour pharmacies provide extended and out of hours cover for pharmaceutical services across the borough. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This 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.

5.1.3. Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving NHS England 90 days' notice of the intended change but would not be expected to fall unless there had been prior reduction in demand.

5.1.4. Pharmacy services during the Pandemic

NHSE&I recognised that during the pandemic, there were occasions when temporary adjustments were needed to pharmacy opening hours as workload and other pressures on community pharmacy increased. It was recognised as important that pharmacy staff stay well and rest appropriately and contractors were supported to consider steps to temporarily shorten the working day or have periods of time for staff to recover and catch up with any backlog of work.

All pharmacies, both those providing 40-hour and 100-hour services were required to be open at specific times during the day as defined by NHSE&I and patients provided with information about how to contact the pharmacy if urgent help was required. This flexible approach to opening hours was no longer applicable by the time this PNA was carried out.

Subsequently, there have been some changes in hours of service, specifically regarding supplementary services rather than changes in core service delivery, with formal notification to NHSE&I as required by the NHS Regulations.

5.1.5. Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS)¹⁰. This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by NHS England and NHS improvement in January 2022 indicated that 3 pharmacies in Gateshead were identified as being eligible for the Pharmacy Access Scheme for 2022 these are:

- Lobley Hill Pharmacy
- Sunnyside Pharmacy
- Lloyds Pharmacy Greenside, Ryton.

5.1.6. Dispensing Appliance Contractors

Dispensing Appliance Contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors (DAC) are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

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

However, most (30 of 32) pharmacies responding to the PNA questionnaire said they provided all types of appliances. A small number (4) said they provided all appliances excluding stoma appliances, and 2 said they only provided dressings. Just one pharmacy indicated that they did not provide any appliances at all.

5.1.7. Distance Selling Pharmacies

Distance Selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁸ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential or advanced services whilst the patient is at the pharmacy premises.

As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

In the NHSE&I North-East and Yorkshire, in January 2022, there were 19 Distance Selling pharmacies of which 3 are located in Gateshead and increase of one provider since the previous PNA 2018 (appendix 6).

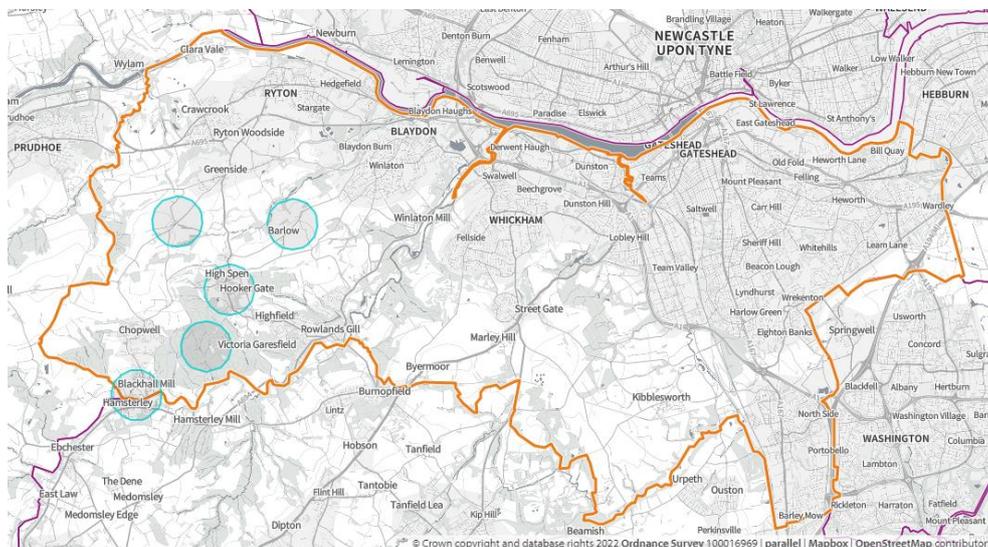
5.1.8. Dispensing Doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

In the previous PNA there were 2 dispensing doctor services in the west locality of Gateshead. The High Spen GP practice ceased the dispensing services in November 2020, leaving only one dispensing practice based in Chopwell.

Map 2 shows the settlements listed as controlled areas pinpointed on a map. However, this is not a representation of the boundaries of the controlled localities, just an indication of the areas that might be affected.

Map 2: Gateshead Rural Areas (Controlled Localities)



6. Access to Pharmacy Services in Gateshead

6.1. Number and type of pharmacies in Gateshead

In Gateshead, there are currently 46 community pharmacy services made up of:

- 42 standard contract (40 hour) pharmacies
- 1 100-hour pharmacy
- 3 distance selling pharmacies
- No appliance contractors
- 1 dispensing doctors' service.

There has been a decrease of four 40-hour pharmacies in Gateshead since the last PNA was published and one new distance selling pharmacy has opened in the same period.

The changes in community pharmacy services were as follows:

- Boots, 544 Durham Road, Low Fell (closing store), consolidated with Boots 479 Durham Road (remained open); November 2019
- Boots, 127, Prince Consort Road: closed February 2020
- Boots: Elvaston Road, Ryton (closing store) consolidated with Boots Dean Terrace, Ryton (remained open): September 2020
- Rowlands Pharmacy, Saltwell Road: closed February 2022
- Pacific Chem Limited, Distance selling pharmacy; opened.

There has also been some relocation of existing pharmacy services to alternative locations within the City area, generally close to previous sites with little change to service provision.

The High Spenneth branch of Rowlands Gill GP surgery ceased providing the dispensing services in November 2020.

6.2. Geographical location of pharmacies in Gateshead

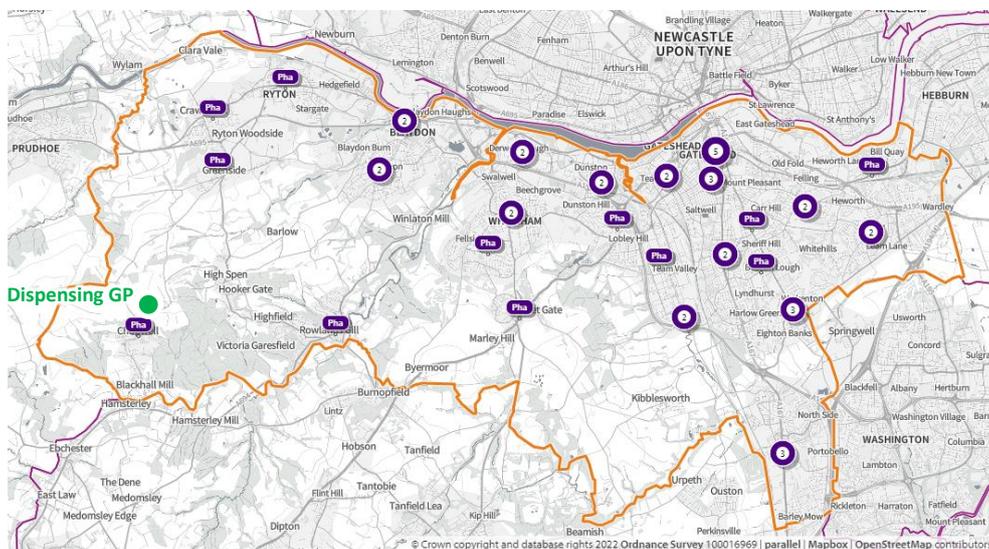
Map 3 identifies the current provision of essential pharmaceutical services. Appendix 6 provides further information regarding the location of all pharmacies and GP practices in the Gateshead area.

A full list of the pharmacy services and their opening hours is detailed in Appendix 10.

As seen in table 3, with 46 community pharmacy services in the Gateshead

area and a population of 201,950 (based on ONS 2020 mid-year population estimates)¹⁴, the average number of community pharmacies is 22.8 per 100,000 people; this equates to one pharmacy per 4,390 population.

Map 3: Community pharmacy and dispensing GP in Gateshead



If only the 43 "high street" pharmacies (the pharmacy stores that the public can "walk into" to access all service provision) are considered i.e., excluding distance selling and appliance contractors, the average number of pharmacies in Gateshead re-calculates as 21.3 per 100,000 population or one pharmacy per 4,697 population.

Table 4 demonstrates that Gateshead as a whole is well served by community pharmacies. Although East locality is shown to have less pharmacies per 100,000 population as discussed in section 6, all residents in East locality have access to pharmacy services within 1 mile; and there are neighbouring pharmacies in Central and South Gateshead and South Tyneside.

Table 3: Average number of pharmacies per 100,000 population, March 2022

Locality	No. of pharmacies	Population	Pharmacies per 100,000 population	Persons per pharmacy
Central	12	43,223	27.8	3,601
East	5	35,292	14.2	7,058
Inner West	9	34,325	26.2	3,813
South	11	44,514	24.7	4,047
West	9	44,596	20.2	4,955
Gateshead	46	201,950	22.8	4,390
ENGLAND	11,600	67,100,000	17.3	5,780

Sources: * Mid-Year Population Estimates 2020, Office for National Statistics (ONS)

There have been no comments during consultation to suggest patients do not have ready access to community pharmacy services.

6.3. Dispensing activity in Gateshead

To assess the average dispensing activity levels of Gateshead community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity¹⁵ was mapped to Gateshead localities using pharmacy codes and addresses.

Prescribing and data reports (ePACT2) published by NHS Business Services Authority in January 2022¹⁵ indicated that a total of 5,241,615 items were prescribed by GPs in the Gateshead HWB area in 2020/21.

Table 5 shows the number of prescriptions that were issued by GP practices and dispensed by pharmacies for each locality. These figures do not take into account prescriptions issued by dentists or GP practices outside the Gateshead locality. This information also does not reflect the GP dispensing activity.

Table 4: Average number of prescription items prescribed by Gateshead based prescribers and dispensed per pharmacy (including Appliance contractors and distance selling pharmacies), by Gateshead localities, 2020/21

Locality	No. of pharmacies	Number of Prescription items issued by practices ^{# +}	Average no. of prescription items per pharmacy per annum
Central	12	1,348,087	112,341
East	5	624,335	124,867
Inner West	9	747,998	83,111
South	11	1,351,952	122,905
West	9	961,511	106,835
Gateshead	46	5,033,883	109,432
England	11,600	1,030,000,000	86,711

Source: NHS Business Services Authority
(Note: These items are prescribed in Gateshead and dispensed in Gateshead and do not represent the total number of dispensed items by pharmacies which may process prescriptions from other areas)

The information shows that, on average, community pharmacies in Gateshead dispensed around 109,432 prescription items during 2020/21 compared to an average of 86,711 for England⁹. With the exception of the Inner West, all Gateshead localities dispensed on average, significantly more items prescription items per year than the average in England, however, the current pharmacy provision is found to meet this need.

Of the 46 pharmacy stores in Gateshead, 36 (78%) are part of a multiple or chain of pharmacy stores [defined as having 5 or more premises]. Therefore, just a quarter of the pharmacy premises in the area are smaller "independent" pharmacy stores.

In terms of dispensing activity, 64% of the prescriptions generated by Gateshead prescribers are dispensed in pharmacies which are part of a multiple or chain of stores indicating that the population of Gateshead continue to support and utilise their independent pharmacies as well as the larger businesses.

Although the majority of the prescriptions issued by Gateshead prescribers are dispensed "in area", on average over the last 3 years 6.6% are dispensed by pharmacies "out of area". In addition to this, it is important to note that equally, prescriptions dispensed by community pharmacies within Gateshead are prescribed by GP practices out of the Gateshead area, again demonstrating the cross-boundary activity.

Table 5: Percentage of Gateshead prescriptions dispensed "out of" the Gateshead area

	Percentage of items prescribed in Gateshead but dispensed "out of area"
2018/2019	6.4%
2019/2020	6.3%
2020/2021	7.1%
Average	6.6%

Source: NHS Business Services Authority

The HWB recognise that community pharmacies in Gateshead across the majority of localities, dispense significantly higher numbers of prescriptions than the national average but that the services are able to meet this current need.

6.4. Pharmacy Opening Hours in Gateshead

The North-East and Yorkshire NHSE&I Area Team is responsible for administering opening hours for all pharmacies in Gateshead. A table showing key opening times is attached in Appendix 10 and the map in Appendix 6 shows the current provision of essential pharmaceutical services within the Gateshead local authority boundary.

Access to community pharmacy across Gateshead is well provided for during core hours.

Excluding the distance selling pharmacies:

- Most (97%) of the 40-hour pharmacies in Gateshead open for more than the core contract hours with 35 (83%) being open until 6pm on weekday evenings;
- 29 (67%) of the pharmacies (40-hour and 100-hour providers) in Gateshead are open on Saturdays, of which 13 (30% of total pharmacies) remain open on Saturday afternoons;
- Only 7 (16%) of pharmacies are open on a Sunday and these tend to be those stores situated in supermarkets or shopping areas.

Table 6: Number of hours of pharmaceutical services available each week

Number of hours	Number of pharmacies	Percentage of pharmacies
Under 40	0	0%
40	4	9%
41 to 45	15	33%
46 to 50	12	26%
51 to 55	8	17%
56 to 60	1	2%
61 to 80	3	7%
81 to 99	2	4%
100 or more	1	2%
TOTAL	46	100%

Chart 2: Number of hours of pharmaceutical services available each week by locality

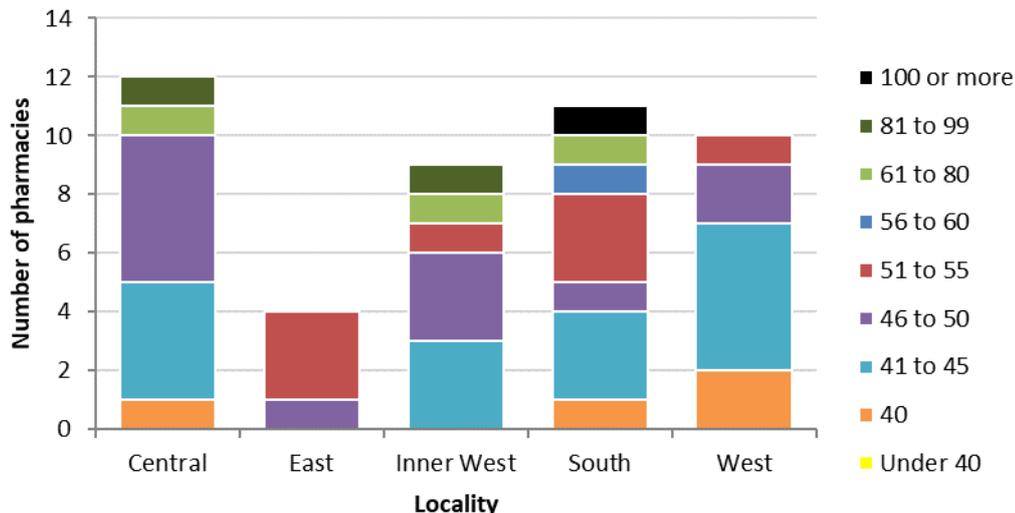


Table 6 illustrates how many Gateshead pharmacies provide supplementary hours (i.e. above 40 hours per week) and chart 2 demonstrates how these are distributed across localities.

All pharmacies are open for longer than the contracted 40 hours, with 14 pharmacies providing more than 50 hours opening time by providing extended supplementary hours.

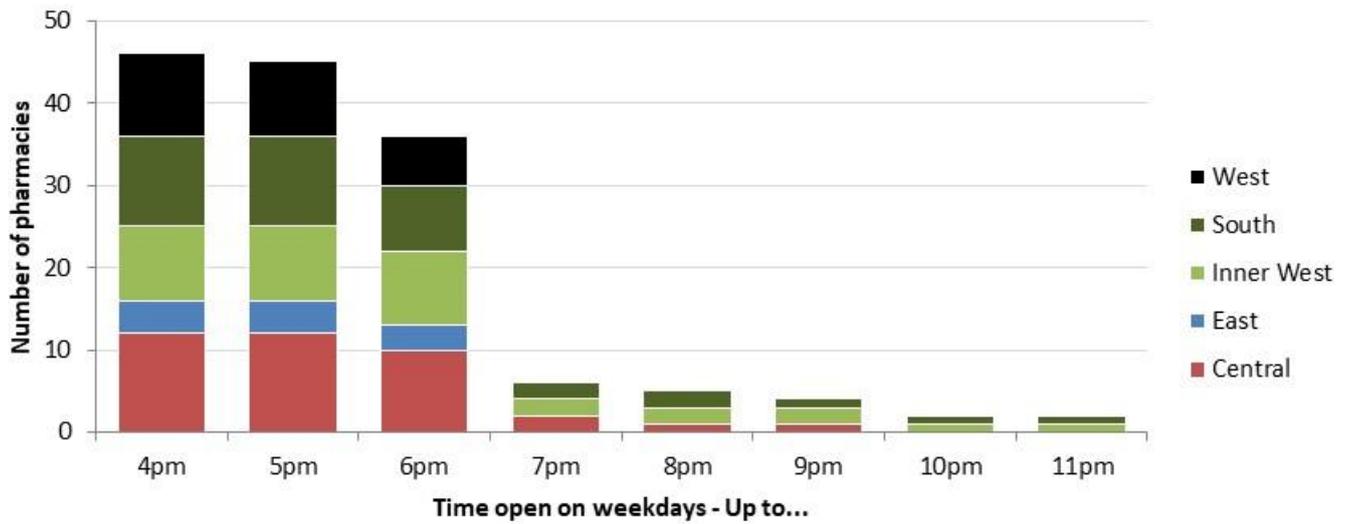
6.4.1. Weekday opening

The charts below show, by locality, the numbers of pharmacies open outside of Monday to Friday 9am to 5pm, pharmacies open during weekday evenings, pharmacies open on Saturdays, and pharmacies open on Sundays. Numbers are for total hours, i.e., including both core and supplementary hours.

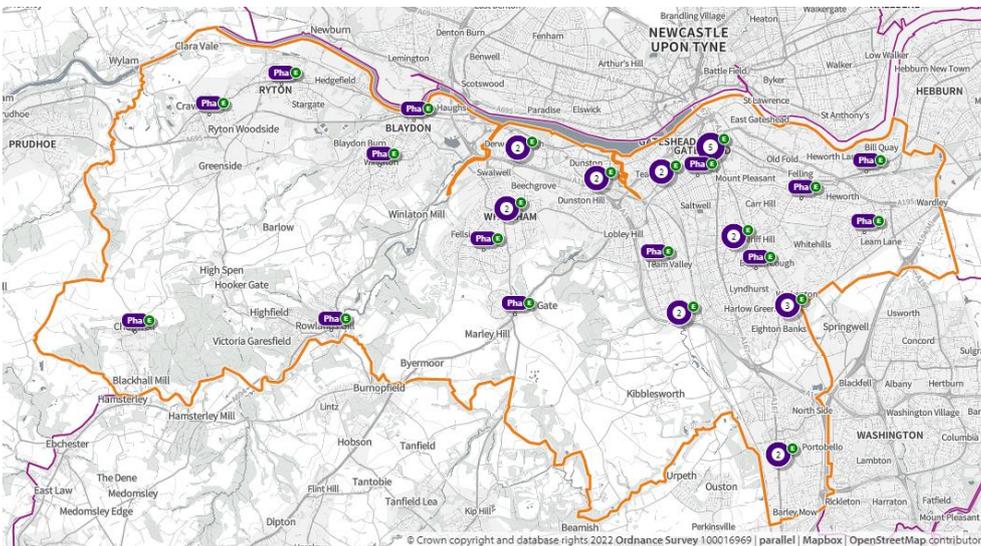
The maps also provide an overview of the distribution of these services during weekend evening opening Appendix 8 maps provide a larger visual account of the location and spread of pharmacy service locations across Gateshead.

(If a pharmacy's hours differed on one day of the week from the other four days this difference is ignored on the chart. For example, if a pharmacy is open four days of the week, until 6pm but closes one day at 5pm it is counted on the chart as being open until 6pm. Therefore, if a pharmacy opens one evening per week to mirror a surgery's late opening this is not reflected in these tables.)

Chart 3: Number of pharmacies open after 4pm on weekdays



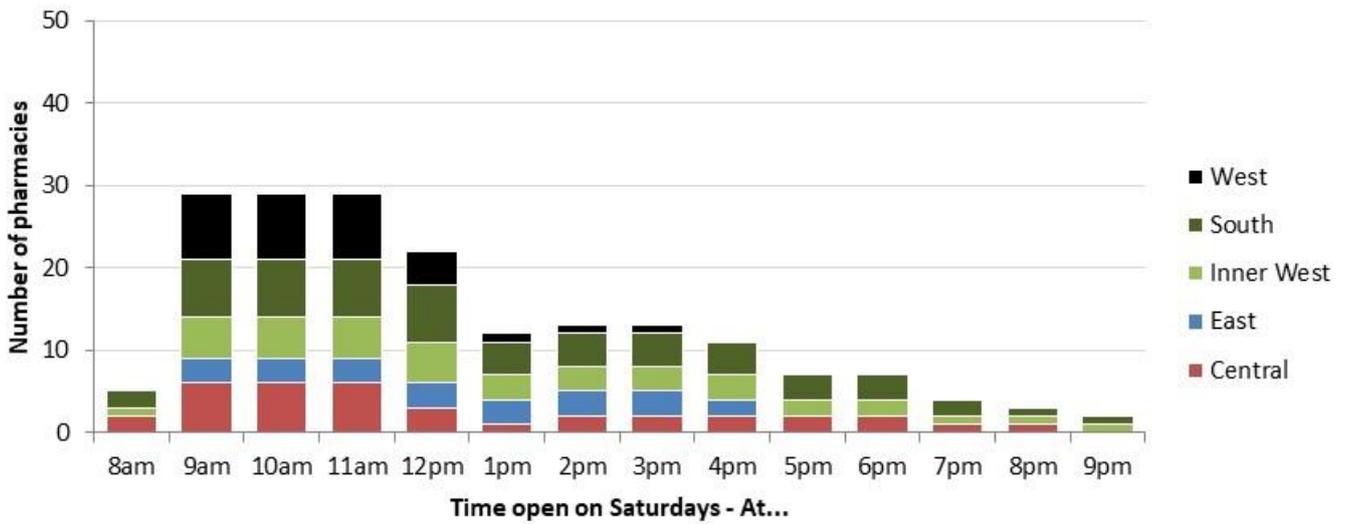
Map 4: Pharmacies open on weekday evenings (Appendix 8a)



6.4.2. Weekend Opening

The maps and charts below provide an overview of the distribution of these services over weekends.

Chart 4: Number of pharmacies open on Saturdays



Map 5: Pharmacies open on a Saturday (Appendix 8b)

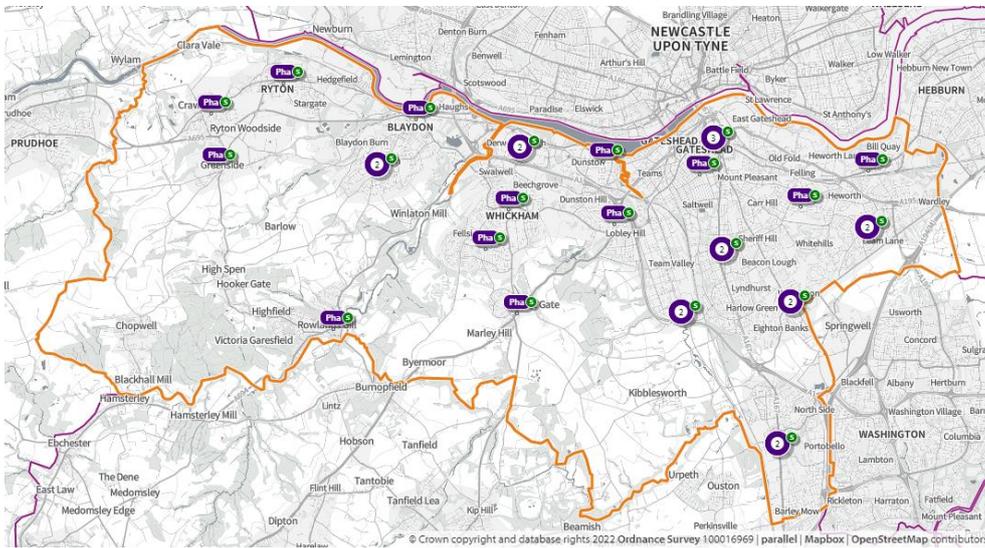
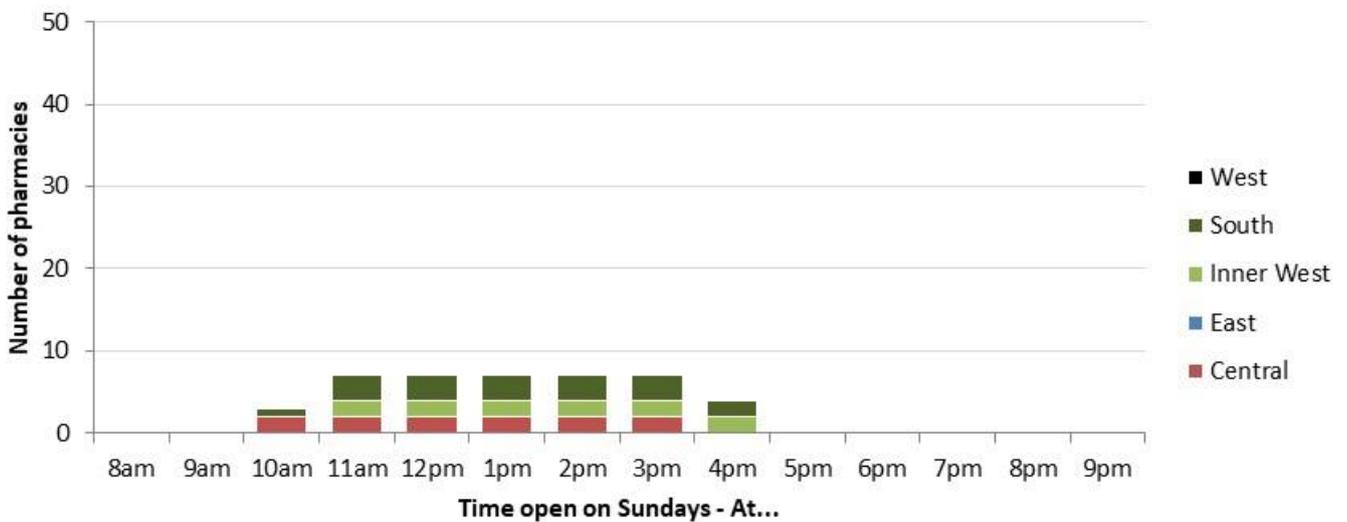
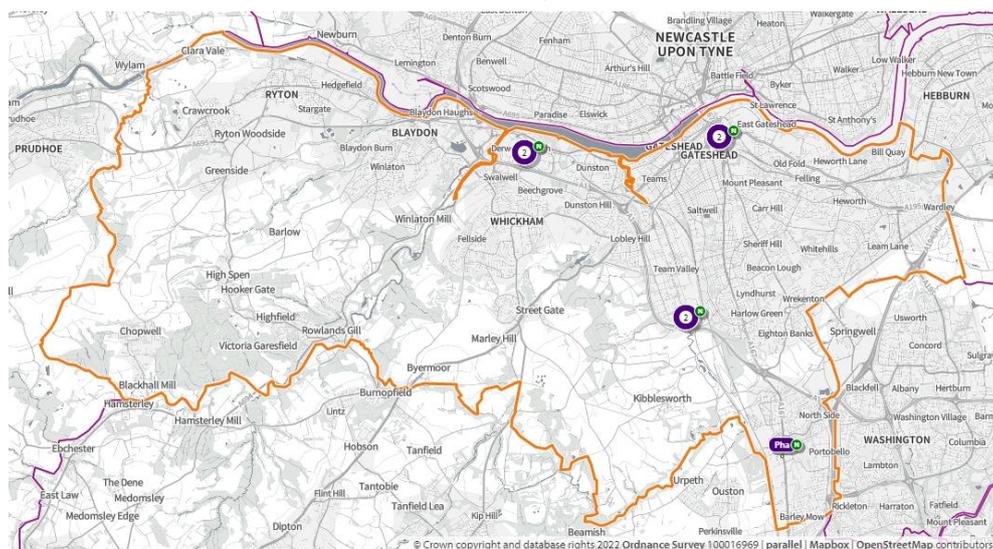


Chart 5: Number of pharmacies open on a Sunday



Map 6: Pharmacies open on a Sunday (Appendix 8c)

There is a good choice of and access to community pharmacy services in Gateshead between Monday and Friday. Services are more limited on Saturdays, but 67% of pharmacies are open on Saturday mornings and 30% are open on Saturday afternoons, allowing working residents to access pharmacy services. Sunday and evening provision across Gateshead is limited and mainly dependant on supermarket pharmacies.



These longer hours of access to pharmacy services are provided by the one 100-hour pharmacy provider and a number of community pharmacies provide extended hours including 9 community pharmacies that provide services for between 51 - 60 hours per week and 5 that provide services between 61-99 hours per week.

Access to pharmacies that are open for longer during the day and the weekend is greater in the Central, Inner West and South localities of Gateshead with the East and West localities having limited Saturday morning and no Sunday access within the locality.

While there has been a reduction in pharmacy provision in Gateshead since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends although this is reduced in the evenings and on Sundays which limits the ability to access self-care medicines as well as placing more demand on urgent and emergency care services.

There are also pharmacies with extended opening hours in neighbouring areas such as Newcastle and South Tyneside which patients in Gateshead may choose to access.

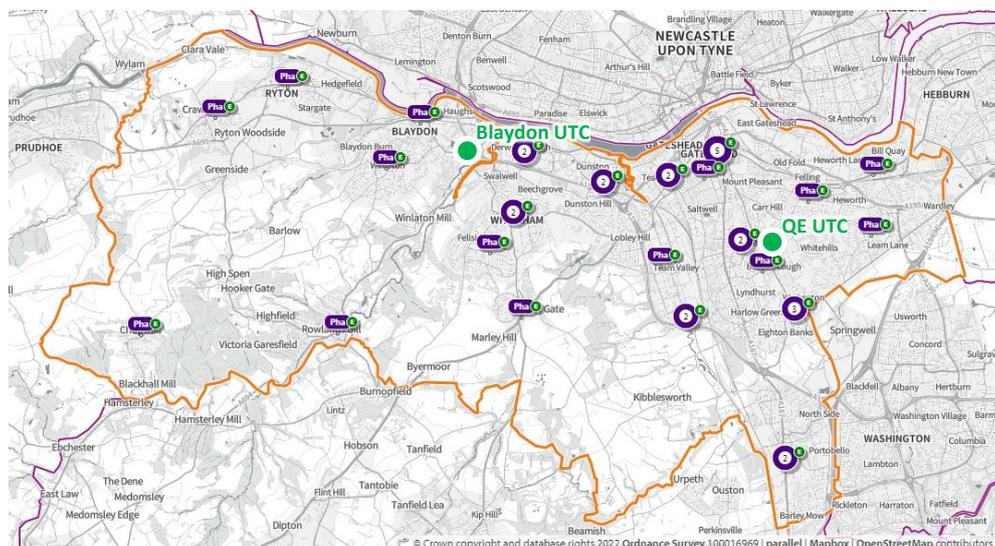
Our survey showed that 58% of respondents indicated that they would wait until the pharmacy was open with 26% stating that they would go to another store if their normal pharmacy was closed. Only 3% said they rang 111 service and were signposted to another pharmacy, 1% indicated that they would go to hospital and 1% would go to a walk-in centre.

6.4.3. Pharmacy opening during extended GP access and urgent care centres opening hours

In terms of access to the extended hour and urgent care centres, information from Newcastle Gateshead CCG for 2020/21 indicated that these services are accessed both on weekdays; 55% accessed Monday to Friday, and over weekends; 35% on Saturdays and 15% on Sundays. In terms of times of accessing the extended hours and urgent care services, this occurred mostly (50%) in the mornings between 9am-12midday, with 41% access between 1pm-5pm and 3% between 6-8pm. Reasons for accessing the services included seeking advice for prescriptions that had not been ordered (37%) or where the prescription had been ordered but was not ready (37%). Information is not currently available regarding the outcomes of accessing the services but solutions to these specific issues would include signposting to a community pharmacy for dispensing prescriptions.

Map 7 indicates the location of the pharmacies that provided the longer service provision during weekday evenings in relation to the extended GP and urgent care centres. Maps 5 and 6 on the previous pages indicates the community pharmacy provision that is available on Saturdays and Sundays which would contribute to the access of medicines via the extended GP and urgent care centres in Gateshead..

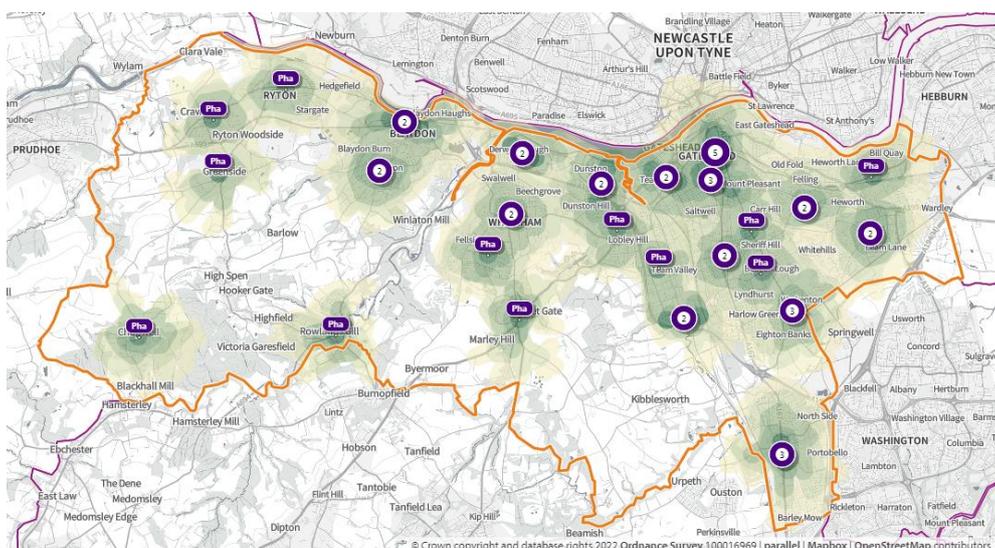
Map 7: Urgent treatment centres and pharmacies open on weekday evenings



6.4.4. Access to pharmacies by foot and by public transport

The following maps 8 and 9 (also available in Appendix 8) demonstrate access to community pharmacies by foot and by public transport in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

Map 8: Population within 1 mile walking distance of pharmacies (Appendix 8d)



In terms of accessibility¹⁶, 98% of the population of Gateshead are within 1 mile walking distance of a pharmacy, with 3,631 people (1.8%) living more than 1 mile walking distance.

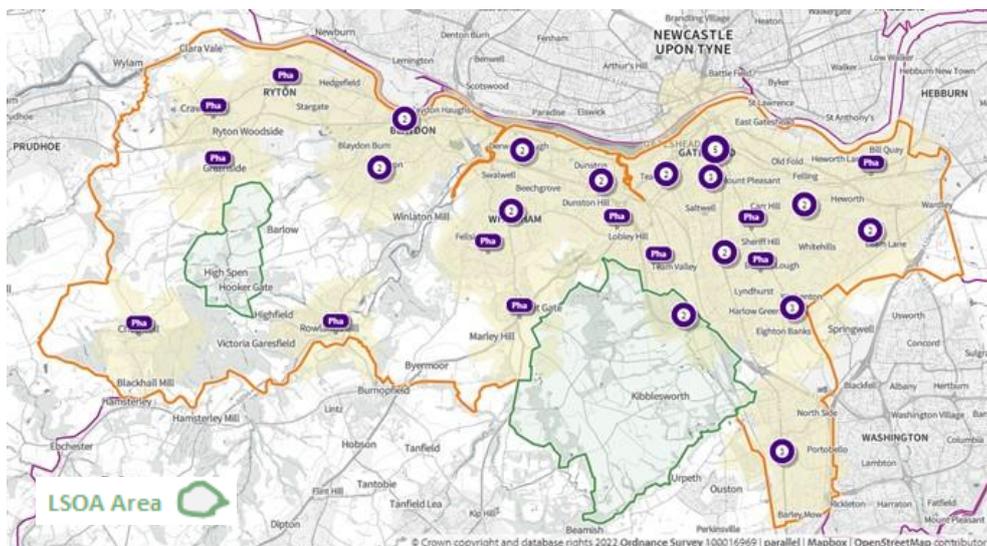
Map 9 below indicates the areas where people would be required to walk more than a mile to visit a pharmacy. However, 37% of the population are within 5 minutes walking distance to a nearby pharmacy with 69% being within a 10-minute and 87% within a 15-minute walk.

In addition, in terms of travel on public transport, 48% of the population of Gateshead is within a 4-minute travel time extending to 92% for 8 minutes travel time and 100% people should be able to access a pharmacy within 16 minutes when travelling on public transport see seen in Map 10.

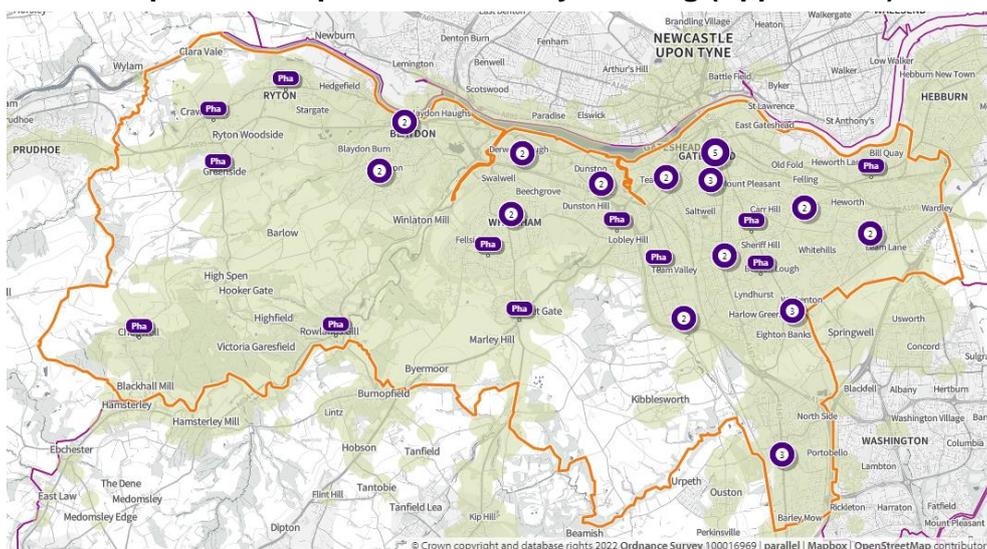
Most respondents to the survey were either regular pharmacy users, 92% of whom indicated that they either always or usually visit the same pharmacy. Half (49%) of respondents usually travel to their pharmacy on foot. Around a third (34%) travel by car or taxi. Relatively few used public transport (2%), the Internet (5%) or the telephone (5%).

In some conflict with the data regarding access to pharmacies, when asked about ease of travelling to their usual choice of pharmacy on foot or by public transport, 19% said it was difficult to get to on foot and 24% said it was difficult on public transport. The majority said it was easy using either method.

Map 9: Population within 1 mile walking distance of pharmacies and the areas (LSOA) that are outside of that distance (Appendix 8e)



Map 10: Population within 16 minutes travel time of pharmacies by public transport on a weekday morning (Appendix 8f)



6.4.5. Access to pharmacies in areas of increased deprivation in Gateshead

The previous section has shown that the majority of residential addresses in Gateshead are within 1 mile of a pharmacy. Consideration is also given to the more deprived areas of Gateshead and two areas of access are seen to be more limited, in particular the West locality around High Spen and in the South locality near Kibblesworth. This is demonstrated previously in Map 9.

Access for the population in the West locality is further enhanced when the dispensing doctor service in Rowlands Gill (West locality) is taken into account although the closure of the other dispensing service, in the High Spen area will have required some people to find alternative dispensing provision.

Although these areas have a more limited pharmacy provision, the findings regarding access to services by foot and public transport include these areas and demonstrate there is adequate access to services in terms of travel time for all the population of Gateshead.

6.4.6. Access to pharmacy services out of the Gateshead area

It is important to note that pharmacy services that are out of the Gateshead area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the city boundaries. Map 11 (Appendix 7) shows the locations of pharmacy services outside the Gateshead area demonstrating that there is further choice for people to access pharmacy provision across boundaries in the neighbouring areas.

Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

6.4.7. Improving access

Electronic prescription service

Whilst the Electronic Prescription Service (EPS) was being introduced across GP and pharmacy services at the time of the previous PNA² publication, it has now been implemented as part of the essential dispensing service all community pharmacies are now required to provide.

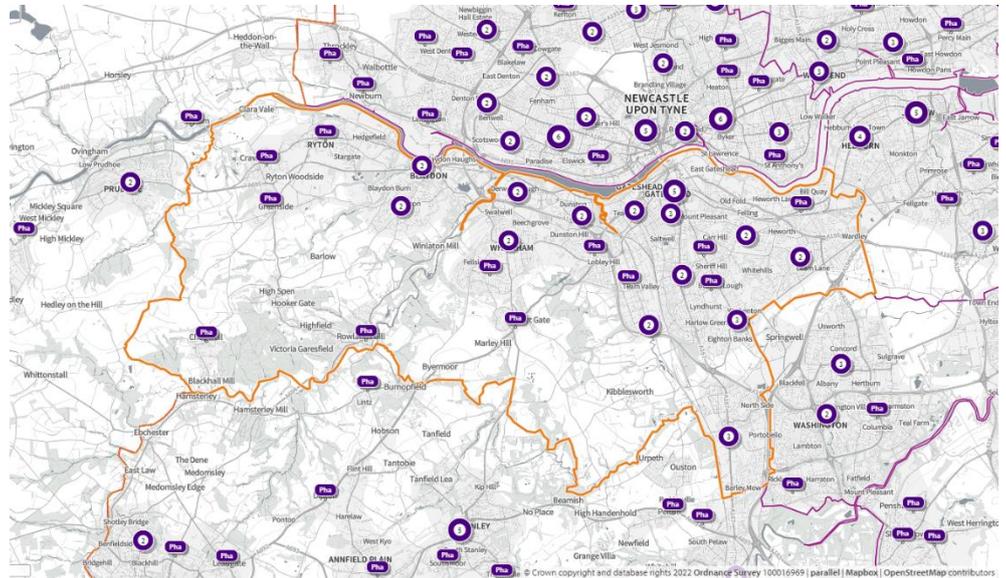
EPS makes the prescribing and dispensing process more efficient and convenient for both patients and staff. Prescriptions can be sent directly from the GP's computer to the computer in the community pharmacy via a secure internet link. Eventually the paper prescription, which is currently given to the patient, will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the community pharmacy nominated by the patient. It is also used to encourage more GPs to consider using the repeat dispensing scheme if a person's medicines are stable and suitable.

During 2020/21, 97.1% of the prescriptions issued in Gateshead were via the electronic prescribing system¹⁵.

Collection and delivery services

Two further services which improve access to medicines are prescription collection from the GP surgery and home delivery services. Patients are often surprised to find that these are not NHS services.

Map 11: Pharmacies in Gateshead and surrounding areas (Appendix 7)



Almost all (76%) of the pharmacies responding to the questionnaire indicated that they collect prescriptions from surgeries although generally this is likely to be less than in previous PNAs with the implementation of electronic prescribing across primary care.

68% of pharmacies deliver dispensed medicines free of charge with some pharmacies charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly, and vulnerable and those requiring end of life care or urgent medicines.

In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

It is also important to recognise that in response to COVID-19 the pandemic delivery service by community pharmacies was commissioned by NHSE&I. The service remained active until 31st March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

Disability access

To comply with the Equality Act 2010¹⁷, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as being having a disability 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 reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Reminder charts, showing which times of day medicines are to be taken;
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE&I regulations and guidance⁸ almost all pharmacies comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room;
- Distinct from the general public areas of the pharmacy premises;
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

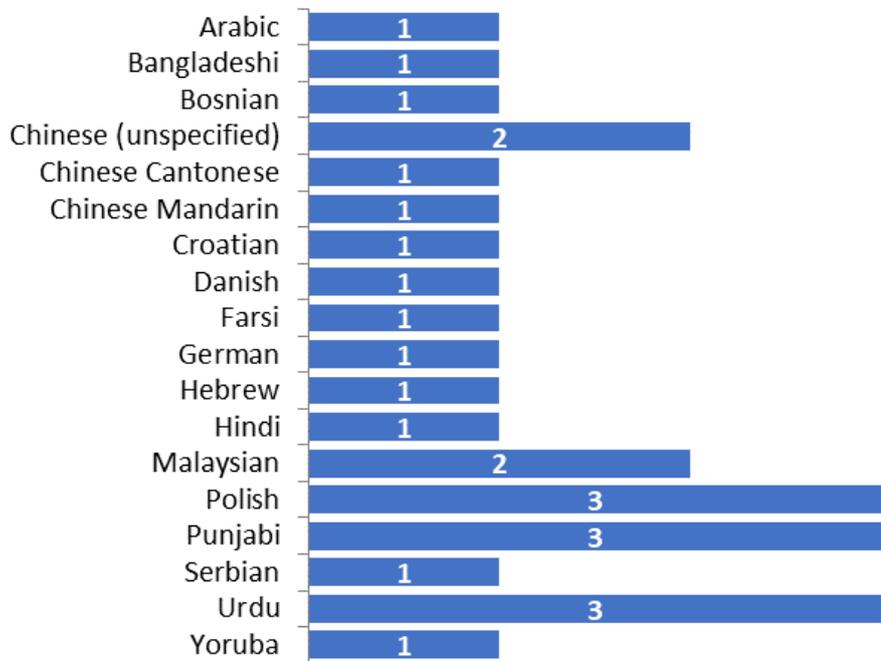
Access to support languages

As described in section 3.2, Gateshead has an increasing ethnic diversity including 2% of households where English is not considered the main language. This may have implications in terms of support required for different communities to support access and understanding of their medicines.

NHS England contracts with Language Empire to provide various linguistic services and all pharmacies were contacted in March 2021 by NHS England's public health team about the new arrangements from 1 April 2021 for Interpretation and Translation Services which they are able to access.

21 of the 37 (78%) pharmacies responding to the survey said they were able to converse in languages other than English, with some speaking more than one additional language as demonstrated by the chart below.

Chart 6: Additional languages spoken in some pharmacies Base = 21

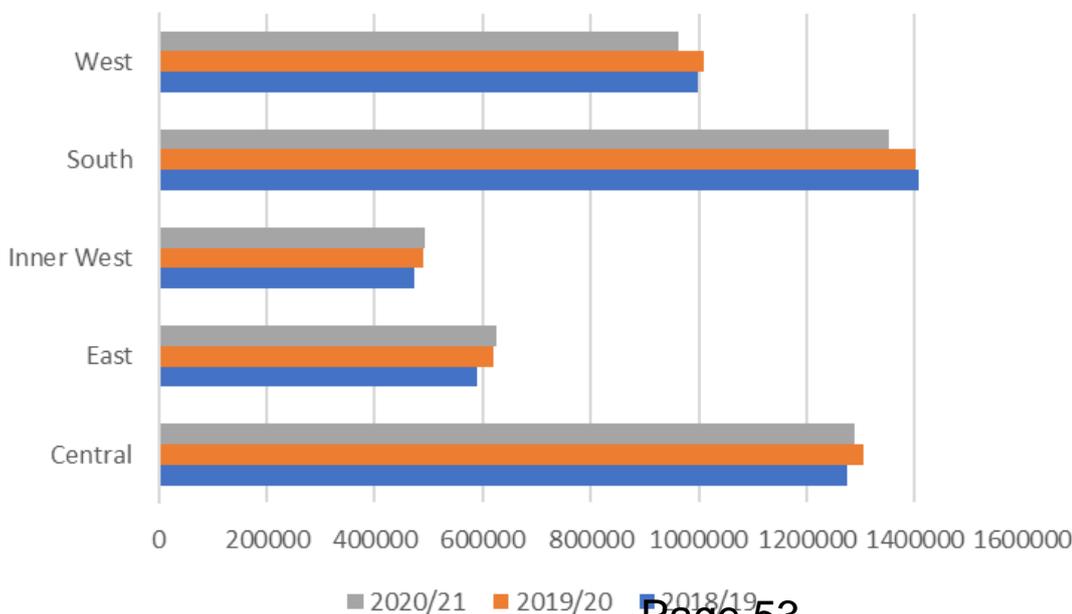


6.5. Access to pharmacies during pandemic

Consideration has been given to whether people would use their pharmacies differently during periods of lockdown, restricted movement and working from home during the COVID-19 Pandemic.

Chart 7 below indicates a similar annual trend regarding the number of items being dispensed¹⁵ by pharmacies, or dispensing doctors, in each locality over the last 3 years during suggesting that generally, people have not significantly changed their pharmacy dispensing choices during this period.

Chart 7: Prescriptions issued by GP practices and dispensed by pharmacies 2018/19 - 2020/21



6.6. Key points regarding access to pharmacies in Gateshead

The HWB recognise that community pharmacies in Gateshead across the majority of localities, dispense significantly higher numbers of prescriptions than the national average, however, the current pharmacy provision is found to meet this need.

Although there has been a reduction in pharmacy provision in Gateshead since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends, albeit more limited in the evenings and on Sundays. The east and west localities of Gateshead are less well served both with pharmacy premises and also the range of pharmacy opening hours, however, there is adequate provision in these areas.

In terms of accessibility, 98.2% of the population of Gateshead are within 1 mile walking distance of a pharmacy, with 3,631 people (1.8%) living more than 1 mile walking distance which demonstrates that the population of Gateshead has good access, in terms of walking or using public transport to all the pharmacy services across the area.

Although these areas have a more limited pharmacy provision, the findings regarding access to services by foot and public transport include these areas and demonstrate there is adequate access to services in terms of travel time for all the population of Gateshead.

The areas of Gateshead that are within the 30% most deprived areas in the country account for 52% of the areas in Gateshead⁽¹⁸⁾. However, the majority of pharmacy services are seen to be located near to or in these areas. From this information, there is adequate access to community pharmacy services across the areas of higher deprivation in Gateshead.

Concerns remain from the previous PNA about the accessibility of pharmacy services outside normal hours, which remains largely unchanged. This is particularly the case in the East and West localities. Access to pharmacy in the vicinity of the urgent care provision in Gateshead appears adequate. The HWB continue to recommend local discussions with the LPC regarding possible support to evening or weekend opening to ensure patients with minor ailments and/or require medication to be dispensed following consultation with and extended access service, out of hours GP or referral by 111 for emergency medication can access pharmacy support.

7. Pharmaceutical Services

7.1. Pharmacy services overview

NHS England and NHS Improvement (NHSE&I) commissions pharmaceutical services via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential Services: services all community pharmacies are required to provide;
- Advanced Services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions;
- Enhanced Services: services that can be commissioned locally by NHS England.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE&I to commission community pharmaceutical services tailored to meet specific local 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. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

7.1.1. Essential services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract')¹⁰ that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

As of October 2021, the essential services are:

- Dispensing of prescriptions,
- Dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them.
- Disposal of unwanted medicines returned to the pharmacy
- Promotion of healthy lifestyles, which includes providing advice and participating in health campaigns where requested to do so by NHS England and NHS Improvement.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- Support for self-care which may include advising on over-the-counter medicines or changes to the person's lifestyle.
- Discharge medicines service (a new service was introduced in 2021)
- Dispensing of appliances (in the "normal course of business").

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

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

In the previous PNA, all pharmacies were required to participate in the Health Living Pharmacy Scheme in recognition of the role that community pharmacy can play to help reduce health inequalities. The principle of

community pharmacy being proactive in supporting the Public Health agenda has now been incorporated into the essential services as the promotion of health lifestyles.

In addition, the Pharmacy Quality Scheme (PQS)¹² forms part of the Community Pharmacy Contractual Framework (CPCF)¹⁰. PQS is designed to support delivery of the NHS Long Term Plan and reward community pharmacies that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

7.1.2. Advanced Services

In addition to the essential services, the NHS Community Pharmacy Contractual Framework (CPCF)¹⁰ allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises. They are commissioned by NHS England and the specification and payment is agreed nationally.

Advanced services currently include:

- Appliance Use Review (AUR)
- Community Pharmacy Consultation Service (CPCS)
- Hepatitis C testing Service
- Hypertension case-finding service (from October 2021)
- New Medicine Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Flu vaccination service
- Smoking Cessation Advanced Service (from 10.3.22).

Additional advanced services were also established in response to the COVID-19 pandemic including:

- C19 Lateral Flow device distribution service
- Pandemic Delivery service

In April 2021, the Medicines Use Review (MUR) and Prescription Intervention Service services were decommissioned. Until 31st December 2020, 70% of MURs had to be targeted at high-risk medicines or patients who had recently been discharged from hospital.

The NHS Discharge Medicines Service was introduced as an essential service on 1st January 2021.

7.1.3. Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups (CCGs) and local NHS England teams. As noted in the definition of enhanced services, they are not classified as enhanced services because they are not commissioned by NHS England and NHS Improvement.

It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards. These will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Health and Wellbeing Boards should therefore be aware that some services that are commissioned from pharmacies by clinical

Gateshead - number of pharmacies providing advanced services	44	2	44	9
% of pharmacies providing services	96%	4%	96%	20%

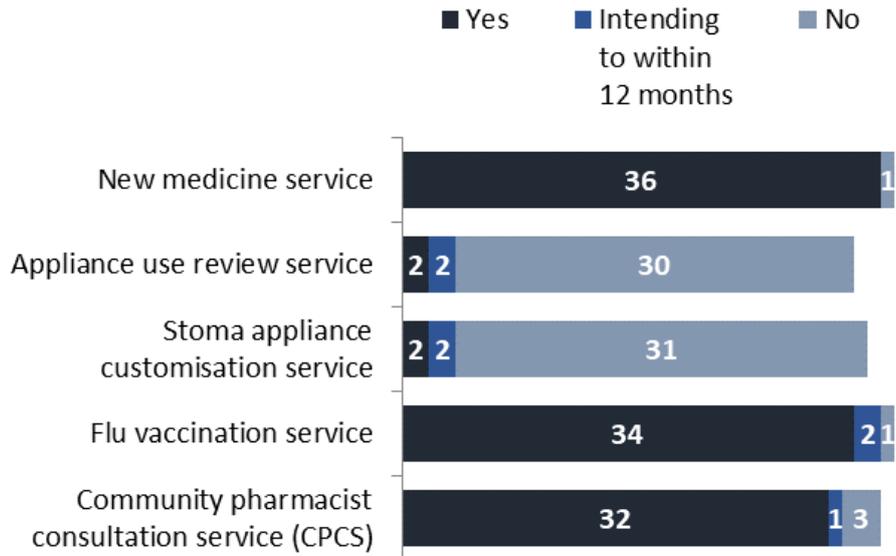
Source NHSE information January 2022¹⁹

Table 7 shows the distribution of pharmacies across the localities of Gateshead that deliver the Advanced services. At the time of production of the PNA, uptake of some of the more recently introduced services such as the hypertension case finding service was expected to increase as providers register their intent to provide.

This information is also largely reflected in the responses to the Pharmacy questionnaire regarding provision of Advanced services as summarised in chart 8 below. Further information regarding the pharmacy questionnaire is available in Appendix 4.

Chart 8: Are these advanced services provided?

Base = 37



7.3.1. Appliance use review

Appliance use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient’s home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient’s knowledge and use of any ‘specified appliance’.

Very few (2) of the pharmacies responding to the survey indicated that they provided appliance use review with a further 2 indicating that they intended to provide this within the next 12 months, However, this service is also provided by the Appliance Contractors as a specialism of the services.

7.3.2. Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. The service, which replaced the NHS Urgent Medicine Supply (NUMSAS) connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services

and in some cases, patients referred via the 999 service. Patients are also able to self-present for urgent supplies as part of a regional pilot to reduce pressure on urgent and emergency care services.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Thus, providing the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP²⁰.

In January 2022, NHS England and NHS Improvement announced that community pharmacy contractors could expect to receive more referrals from NHS 111 for the Community Pharmacist Consultation Service (CPCS) following a review of the NHS Pathway algorithms.

Almost all the pharmacies responding to the questionnaire indicated that they participate in the CPCS. This was further supported with information from NHSE &I which indicated that in January 2022, 96% of community pharmacies in Gateshead signed up to CPCS delivery, including two of the distance selling pharmacy services. However, there was no data available regarding number of type of referrals at the time of producing this PNA.

7.3.3. Hepatitis C testing service

The Hepatitis C testing service was launched in September 2020 and focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g. steroids or heroin, but who have not yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment as appropriate.

This service is currently being provided by 2 pharmacies in Gateshead (Whitworth standard contract and also Whitworth distance selling pharmacy, both based in Wrekenton).

7.3.4. Hypertension Case Finding Service

In 2020, NHS England and NHS Improvement (NHSE&I) commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service was commenced in October 2021 to support the programme of identification of undiagnosed cardiovascular disease.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;

- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements;
- Provide another opportunity to promote healthy behaviours to patients.

Responses in the pharmacy questionnaire indicated that two of the pharmacies were yet providing the Hypertension case finding service, though a further 24 (68%) respondents indicated that they would be providing the service if it were commissioned.

Information from NHSE in January 2022¹⁹ indicated that 9 (20%) pharmacies were signed up to delivery of the Hypertension Case finding services in Gateshead.

7.3.5. New Medicine Service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine

The New Medicine Service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.

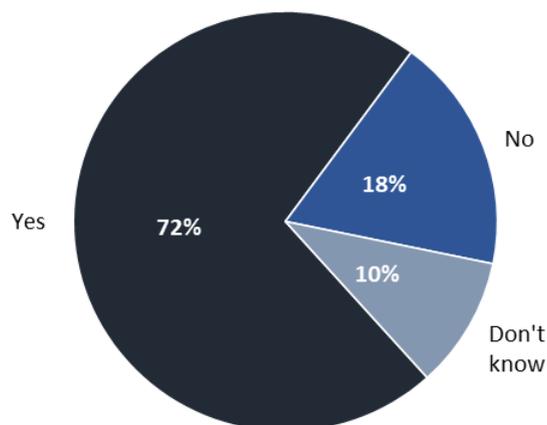
From 1st September 2021, a broad range of following conditions were covered by the service including respiratory conditions, diabetes (Type 2); hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson’s disease, urinary incontinence/retention, and many cardiac related conditions such as heart failure, atrial fibrillation, coronary heart disease, strokes, and long-term risks of venous thromboembolism/embolism.

The majority of respondents (97%) to the pharmacy questionnaire indicated that they were active participants in the New Medicines Service. This is supported by information from NHSE&I which indicated that in January 2022 all, but 2 pharmacies (both distance selling pharmacies) were signed up to provide NMS. However, during to the pandemic, submissions to NHSE&I reflecting activity were temporarily ceased. These will recommence in April 2022.

Nearly three quarters of respondents (72%) said their pharmacist explained how and why they should use any new medicine they receive. However, almost a fifth (18%) said that their pharmacist did not do that.

Chart 9: Does the pharmacist explain how/why to use new medicine?

Base = 287



7.3.6. Stoma Appliance Customisation Service (SAC)

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Two of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service with a further two indicating their intent to provide those services within 12 months.

7.3.7. Flu vaccination service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations. 92% of the pharmacies responding to the questionnaire indicated that they have been involved in the delivery of the 2021/22 Flu Vaccination Service.

7.3.8. Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

As this service has only recently begun, there was no further data in terms of pharmacist sign up or activity regarding its implementation.

7.4. Additional advanced services set up in response to the COVID-19 Pandemic

7.4.1. COVID-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new Advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it was described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission. The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes.

In response to the pandemic, the majority of providers were involved in the distribution of Lateral Flow Device (LFD) tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

7.4.2. Pandemic Delivery of Medicines Service

Delivery of medicines by pharmacies has not previously been a commissioned service although many pharmacies have offered this service, sometimes at a small cost to the customer.

The Pandemic Delivery of Medicines Service was initiated in response to the pandemic with the service requirements applied to clinically extremely vulnerable (CEV) patients self-isolating at home (also referred to as shielded patients). From 16th March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support during their isolation period for the delivery of their prescriptions from contractors.

The pandemic delivery service of medicines (advanced service) finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022.

In the pharmacy questionnaire, 65% of pharmacies indicated they delivered medicines as part of the enhanced service.

In addition, the majority of pharmacies indicated that they currently deliver dispensed medicines as a non-commissioned service, some of whom charge a fee for delivery (35%) and others do not.

In response to the customer survey, when asked for additional comments, there were 10 people who expressed that they valued their pharmacies' delivery service.

7.5. Local Enhanced Services

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England and NHS Improvement.

7.5.1. COVID-19 Vaccine Administration (Local Enhanced Service)

Alongside vaccination centres and hospitals, Primary Care Networks, (PCN) over 600 community pharmacy sites in England supported the vaccination of patients and health and care workers against coronavirus. Through their strong relationships in local places and neighbourhoods, community pharmacies helped to tackle vaccine inequalities and improve vaccination take-up.

Delivery of this service was as a Local Enhanced Service and required the pharmacists to submit an expression of Interest application in order to become a designated site for this service delivery.

In Gateshead 5 community pharmacy were awarded the contract to deliver the covid vaccine administration services.

7.6. Information Technology and Digital solutions

In the previous PNA, digital solutions were in the process of being introduced and implemented to provide connectivity across healthcare settings.

Under the terms of service community pharmacies are now required to have digital solutions in place including:

- Premises specific NHSmail account which their staff can access and can send and receive NHSmail from thereby ensuring safe and secure transfer of information across healthcare settings. Pharmacy contractors should ensure that NHSmail accounts are regularly checked throughout the opening hours of the pharmacy.
- Pharmacy staff have access to the Electronic Prescription Service (EPS) at their pharmacy premises which must be constant and reliable throughout core and supplementary opening hours, in so far as that is within the control of the contractor. In addition, where a contractor is unable to access the EPS to dispense an EPS prescription, they must take all reasonable steps to ensure that the item is supplied within a reasonable timescale.
- There is a comprehensive and accurate profile for their pharmacy on the NHS website (www.nhs.uk).

- Staff working at the pharmacy can access NHS Summary Care Records (SCR) and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example, prescription queries, advising patients on suitable medication, providing emergency supplies.

The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Gateshead. All pharmacies provide the CPCS and NMS services and many indicated their intention to commence the hypertension case finding service. Provision of support for people requiring Appliances and Stoma care is more limited in the area but this may be a reflection of the required needs of the local community. Pharmacies in Gateshead were also seen to respond to the challenges during the COVID19 pandemic to support the local population in accessing medicines as well as engaging with the additional services initiated in response to the pandemic. In addition, all pharmacies have electronic prescription transfer capability, NHS mail accounts and online connectivity in line with the contract requirements therefore enabling increased access to services.

8. Gateshead Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups (CCGs) and local NHS England teams. As noted in the definition of enhanced services, they are not classified as enhanced services because they are not commissioned by NHS England and NHS Improvement.

It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards. These will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Health and Wellbeing Boards should therefore be aware that some services that are commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

It is important to note that during the time of this PNA, commissioning of new services by the Integrated Care System (ICS) have commenced and are included in this report.

In Gateshead, pharmacy services are currently commissioned locally by the Council's Public Health Team, Newcastle Gateshead CCG, the ICS and the local NHS England and NHS Improvements (NHSE&I) team.

8.1. Services Commissioned by Newcastle Gateshead Clinical Commissioning Group

At the time of preparing this PNA, Newcastle Gateshead CCG commissioned the following services with Community pharmacy services in Gateshead:

- Think Pharmacy First Minor Ailments Scheme
- Emergency Supply of Palliative Care Medicines;
- Access to medicines for Asylum seekers.

8.1.1. Think Pharmacy First Minor Ailment Scheme

The Think Pharmacy First Minor Ailment Scheme has been in place for a number of years in Gateshead with the vast majority of pharmacies in Gateshead participating in the scheme. The total number of contacts increased from 20,483 in 2020/21, to 22,509 during April 2021 to January 2022 with the service having become more prominent to people who have struggled to access GP and other services. Future plans for the scheme include extending the scope of treatments available to include some prescription-only medicines for conditions that could be managed in community pharmacy e.g. urinary tract infections.

Data collected from patients during the contacts suggests that the majority would have attended their GP practice for advice/treatment had the minor ailment service not been in place. In response to the customer questionnaire, almost a third (31%) of the respondents indicated that they use the Think Pharmacy First service with a further third (35%) of respondents said they would likely use the Think Pharmacy First service if it was available.

As this service is available across all pharmacies in Gateshead further public awareness raising may be required to ensure it is fully utilised.

Following the success of this scheme, the ICS has plans to use Winter Access Fund monies to replicate the Newcastle Gateshead CCG minor ailments service across the region to relieve pressures on GP practices and urgent treatment centres.

8.1.2. Specialist Drug Service

This service ensures that a small number of pharmacies across Gateshead keep a permanent stock of medicines that require access without any delays in dispensing. The agreed list of medicines held in participating pharmacy stores includes palliative care medicines and some less-commonly stocked antibiotics and antivirals and is routinely reviewed every 6 months.

Six pharmacies participate in the scheme in Gateshead, which were selected based on their geographical location and opening hours to ensure that all areas of the borough have adequate coverage.

8.1.3. Access to medicines for Asylum Seekers

Discussions are ongoing to set up a scheme in Gateshead which allows access to free prescriptions for asylum seekers who had not yet received their HC2 certificates (for people with low-income to access full or partial help for healthcare expenses) whereby the CCG meets the cost of the prescription charges rather than the person for whom the medicines are prescribed.

There is adequate provision of the locally commissioned services by the CCG across Gateshead with many other pharmacies willing to provide the service if commissioned.

8.2. Services Commissioned by Gateshead Council Public Health Team

As part of its range of public health interventions Gateshead City Council currently commissions the following services from community pharmacies:

- Substance misuse;
 - Harm Reduction; needle exchange;
 - Supervised consumption of opiate substitutes;
- Sexual Health Services
 - Emergency hormonal contraception
 - Dual Screening and free condom distribution scheme
- Stop Smoking Services
 - Dispensing services for smoking cessation products such as nicotine replacement.

8.2.1. Substance Misuse: Harm Reduction Service (Needle exchange)

Gateshead Public Health Team have commissioned the substance misuse services from 'Change, Grow, Live (CGL)' since November 2018 provided under the local service name of Gateshead Recovery Partnership. This company is responsible for ensuring that there is adequate provision of needle exchange locations. The aim of the substance misuse service is to reduce the harm done to patients by:

- reducing the risks associated with illicit substance misuse and alcohol
- reducing the numbers of people who use illicit substances and alcohol
- promoting the responsible use of alcohol.

The key aim of the needle exchange service is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment, through the provision of access to clean needles and syringes. Needle exchange is currently provided by Gateshead Recovery Partnership at Jackson Street in

Gateshead town centre as well as by 5 community pharmacies and additional pharmacy is expecting to provide this service in 2022/23.

In the provider survey 4 of the 32 respondents indicated that they provide the needle exchange service and a further 9 pharmacies expressed an interest in providing this service if commissioned.

8.2.2. Substance Misuse: Supervised consumption of opiate substitutes

Services have been commissioned from community pharmacies to provide a supervised consumption scheme for methadone and buprenorphine for those individuals who have made the decision to reduce their illicit opiate use. Substance misuse services prescribe an opiate substitute, tailoring the dose to the individual's needs. When a pharmacist supervises the patient's consumption of the methadone or buprenorphine in the pharmacy, it will not end up being traded on the street, or accidentally being taken by children in the home. This also reduces the potential for criminal activity. The dispensing and supervision regimes are tailored to a service users individual need and subject to ongoing review

43 pharmacies are commissioned in Gateshead to provide supervised consumption services, 38 of whom have been actively supporting clients across localities as shown in table x below. Appendix 9 shows the locations of the pharmacies commissioned to provide this service.

The majority of pharmacies provide a daily contact which allows the pharmacy staff to get to know their clients and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client's health status, signposting to other relevant services. It is important that pharmacies providing supervised consumption services are linked into the support services offered by the Public Health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all customers' health needs. Gateshead Recovery Partnership may also prescribe medication for service users accessing support for alcohol which will also be dispensed from local pharmacy.

Table 8: Distribution of Community pharmacy provision of supervised administration of Opiates across Gateshead Localities

Locality	Number of pharmacies providing supervised administration of opiate substitutes service
Central	11
East	3
Inner West	8
South	7
West	9
Total	38

There is adequate provision of the supervised consumption of opiate substitutes service across Gateshead where it is needed. In many communities there is a choice of provider.

8.2.3. Sexual Health Services: Emergency Hormonal Contraception (EHC)

To meet public health targets to reduce teenage and unplanned pregnancy, a locally commissioned service was developed to make EHC more readily available. Although EHC is available without prescription the retail cost (around £25) means it is unaffordable for many of the target group, and it is not licensed for women under 16. Pharmacists providing the service undergo extra training and provide treatment against a Patient Group Direction in an attempt to reduce unintended pregnancies and subsequent terminations. Pharmacies can offer this service to those aged 14 years and over without the need for an appointment.

Pathways are in place for an immediate referral to community Sexual Health Services or Primary Care for Emergency Intrauterine Contraception as the first line option in response to Emergency Contraception.

Pharmacists are trained in prioritising and advising of the optimal pathway. There are also pathways that have been developed to support ongoing reliable contraception and processes that have been implemented to enable pharmacists to refer women into specialist contraceptive services for ongoing advice, treatment, and support.

There are 44 community pharmacies in Gateshead contracted to provide this service representing 90% of the pharmacies in the borough. Between 1st April 2021 to 16th March 2022, 1889, provisions of EHC were dispensed through the scheme.

Appendix 9 demonstrates the distribution of pharmacy provision of EHC across the Gateshead area.

8.2.4. Sexual Health Services: Dual Screening and Condom Scheme

Gateshead Sexual Health service currently delivers clinic based integrated sexual health services from Trinity Square Health centre and Blaydon Health centre. Patients access the service by requesting a triage phone call and will be allocated a timely appointment slot if required. This service is complemented by online access to a range of postal sample kits and free condoms. Offering dual screen kits as part of an EHC consultation helps support the aims of the National Chlamydia Screening Programme (NCSP), where focus is on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries, so this opportunistic screening enhances the Gateshead offer.

In the preceding 12 months, community based sexual health service partners (colleges, university halls, GPs & Pharmacies), provided 833 Dual Screens kits to patients. 164 /833 (20% of the total). were supplied by community pharmacies.

The Gateshead Sexual Health: Free Condom Scheme was set up in April 2017 following the rebranding of the C-Card scheme following NICE recommendations. This scheme provides free condoms and dual (Chlamydia and gonorrhoea) testing kits screening and offered to all community-based participating services including 18 community pharmacies in Gateshead, GP practices and other community venues.

The condom distribution scheme has been scaled up and refined as a response to the pandemic. The size and scope of the service will be retained, and any community pharmacy interested is encouraged to contact the Sexual Health service for advice and guidance on partnering with the service.

All participating pharmacies have monthly contacts with the outreach team and channels of communication to services in locations such as the west of Gateshead actively encourage participation to mitigate access issues for residents.

There is good provision of sexual health services across Gateshead when the provision of services by community pharmacy contributing the broader access to services along with GP practices and other community venues. Community pharmacies which are open at the weekends, and outside regular service hours during weekdays, are seen to offer a needed service.

8.2.5. Stop smoking services

Gateshead Public Health team has a well-developed NHS Stop Smoking service which is available from GP surgeries and community pharmacies. Pharmacies provide one of the locations for smoking cessation services and complement the services provided in general practice. The map in Appendix 8 Map 8i shows the locations of these services.

A number of pharmacies that are contracted to deliver the stop smoking service are at full capacity, seeing about 6-8 smokers a day, and therefore must run waiting lists, a particular problem in the east of Gateshead where there are also the highest rates of prevalence. In the west of Gateshead, pharmacy services are only available in Greenside and Swalwell, leaving the area somewhat underserved. Additionally, some of the pharmacies across Gateshead do not fully deliver the contracted service as they do not have staff trained to do so.

The outpatient pharmacy of Queen Elizabeth Hospital, part of Queen Elizabeth Facilities, was commissioned to provide a stop smoking service in 2020. This service proved invaluable during the pandemic, as they quickly adopted a telephone only service and can deliver NRT to patients across Gateshead directly. They also provide support for employees wishing to stop smoking. They currently support over one in five of all quit attempts in Gateshead, and this figure is increasing.

When considered with other providers of stop smoking services, coverage across Gateshead is broadly adequate, although access could be better especially in the west area with increased participation and training of staff within community pharmacies. Pharmacies with longer opening hours can provide the service to the working population who may not be able to access other services in normal working hours.

The stop smoking support offer made available through the enhanced NHSE contract has at the time of writing had low uptake. It also specifically excludes those with significant mental health problems, which remains a priority cohort for the service due to high prevalence of smoking. Further work will be necessary to optimise the benefit of this new provision to those eligible.

8.2.6. Health Checks

The NHS Health Check programme aims to improve health and wellbeing of eligible adults aged 40-74 years. The NHS Health Check is a national risk assessment and prevention programme that systematically targets the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity, and alcohol consumption. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia. A national review²² of Health Checks was undertaken last year by Public Health England. It found that the Health Check Programme had achieved its aims, reaching 2 in 5 eligible people, including those at higher risk of disease, and delivering better outcomes for attendees. It makes recommendations to ministers on how the programme could go further in preventing non-communicable disease and stresses the importance of restoring the existing programme following the disruption caused by the pandemic.

The Public Health team at Gateshead Council commissions NHS Health Checks from all GP practices and 18 pharmacies as seen in Appendix 9, although prior to the pandemic only 3 pharmacies were active, with the majority of health checks in pharmacies being undertaken by 1 pharmacy. During the pandemic, pharmacies paused delivery of NHS Health Checks to focus on the pandemic response, but it is hoped that this service will resume in due course.

8.3. North-East and North Cumbria Integrated Care System (NENC ICS) Commissioned Services

In addition to the commissioned services described in this and previous PNAs, Community pharmacy services have recently been funded by the North-East and North Cumbria Integrated Care System (NENC ICS) to support patients and the NHS over the winter period (2021/22). The local NHS England team and CCGs have supported commissioning of the services and has used Winter Access Funding (WAF) to support these services.

The services are:

- Walk-in CPCS emergency medicine supply
- Region Wide Think Pharmacy First Minor Ailment Service
- Urinary Tract infection (UTI) PGD service.

The first two services commenced in December 2021 with the expectation that the UTI PGD service likely to follow early in the new year.

8.3.1. Walk-in CPCS emergency medicine supply

This service is identical to the advanced service already in operation, but patients do not require a referral from NHS 111, thus reducing pressure on NHS 111. Any patient presenting at the pharmacy for an emergency supply of repeat medicines who is unable to obtain a prescription in a timely manner, in line with the service specification, can be provided with their medication at NHS expenses.

8.3.2. Think Pharmacy First minor ailment service

Pharmacies in Gateshead will continue to use their current CCG commissioned Think Pharmacy First Service and customers will see no difference in this service.

8.3.3. Urinary Tract Infection (UTI) PGD service

This service will allow pharmacists to provide a three-day course of a specific antibiotic (nitrofurantoin) used to treat UTIs to women who meet specific inclusion criteria defined in the Patient Group Direction (PGD – used to enable a prescription only medicine to be supplied by specific, trained staff [pharmacists in this case] without a prescription), thus enabling you to treat more women without having to refer them to their GP for treatment. At the time of the PNA review - this service had yet to be initiated.

8.4. Non-Commissioned Services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, the CCG or NHS England. These services may not be aligned with the strategic priorities of the CCG or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs.

Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems.

It is worth noting that patients are often surprised to find that these are not NHS services.

8.4.1. Collection and delivery services

In the Pharmacy questionnaire, almost all (28/37; 76%) of the respondents indicated that they collect prescriptions from surgeries although generally this activity will be significantly less than in previous PNAs with the implementation of electronic prescribing across Primary care.

With the recent exception of the Local Enhanced Medicine Delivery Service, which was established in response to the Covid Pandemic, delivery of medicines is not currently a commissioned service provided by pharmacies. However, 68% of pharmacies responding to the survey indicated that they delivered dispensed medicines free of charge with and 37% indicating that they may charge for this service.

In terms of customer's feedback, 36% of respondents identified that the pharmacy delivery process had been included in the changes to the way in which they use pharmacy services since the Covid Pandemic. It is unclear from the information whether these changes were short term i.e., during isolation periods or a more permanent change to accessing pharmacy supplies.

Ten of the customers responding to the survey specifically expressing that they valued their pharmacies' delivery service.

8.4.2. Monitored Dosage Systems

Pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens these are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67²¹ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that "use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out".

The majority of the pharmacies responding in the survey were found to provide medicines in MDS, sometimes free of charge (80%) or chargeable (30%), details of when a charge may be incurred was not included in the survey.

At the time of renewing the PNA, work is ongoing to establish the use of a Reasonable Adjustment Flag (RAF) feature in the NHS electronic prescribing system to enable information to be input to help enable health and care professionals to record, share and view patients' key potential reasonable adjustments or more often related considerations across the NHS; enabling staff and services to carry out their duty to provide assessments or adjustments when relevant criteria may be fulfilled.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

The Health and Wellbeing Board recognises the appetite by community pharmacists in the area for further utilisation of pharmacy services as part of community healthcare provision.

9. Current and Future pharmacist role

Gateshead HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

The addition of the discharge medicine service and the essential services provided by community pharmacy and the advance services such as the Community Pharmacy Consultation Service, New Medicine Service and the Hypertension Case Finding service will further enhance the role of community pharmacy as being integral to the support of good medicine practice in the community.

Gateshead City Council's public health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and drug misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in Gateshead's health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Gateshead and that the people of Gateshead are aware of and fully utilise the services available from their Community Pharmacy services.

10. Reflection on PNA 2018 recommendations

The 2018 PNA concluded that there was adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm. Services are more limited on Saturdays and that the pharmacies that opened on Saturday mornings and afternoons were sufficient for working residents to access pharmacy services. Sunday and evening provision across Gateshead was found to be limited and mainly dependant on supermarket pharmacies.

2022 response: The population of Gateshead was found to have increased by less than 1% since the previous PNA and therefore, despite the fact that there has been change in pharmacy provision across Gateshead, namely four less pharmacies providing services, one less dispensing doctor site and one more distance selling pharmacy the current provision continues to be considered adequate across Gateshead.

Concerns were raised about the accessibility of pharmacy services outside normal hours and therefore recommendations were made to review the pharmacy services in the out of hours period.

2022 response: Due to the unprecedented impact of the pandemic on the health system as a whole, progress has not been made to address the recommendation of a review and discussions between the CCG, LPC and NHSE regarding accessibility of pharmacy services remains with the issues being largely unchanged since the previous PNA.

In addition, in this review, additional concern is noted that there has been a reduction of supplementary hours provision, which also contributes to the extended access to pharmacy services outside normal hours.

Access to pharmacy in respect of urgent care is adequate but the HWB board recommends that discussions and review of the pharmacy services out of hours are recommenced.

There was recognition of the benefits of Healthy Living Pharmacy (HLP) scheme and recommends that all pharmacies become HLP level 1 enabled to further participate in the health of the community and that pharmacies should support implementation of the MECC approach.

2022 response: All pharmacies were required to become an HLP in 2020/21 as agreed in the five-year CPCF which reflects the priority attached to public health and prevention work. In addition, pharmacies are required to participate in up to six health campaigns each year at the request of NHS England and NHS Improvement (NHSE&I).

There was recognition of the need for effective and safe transfer of information across the healthcare interface to exchange patient data and recommends that this is fully implemented across the services.

2022 response: Over the last four years, there has been significant advances in the application of digital technology to support communication across healthcare interfaces, including community pharmacy such as electronic transfer of prescriptions, NHS Mail, and on-line access to services.

There was recognition of the benefit of active participation of the pharmacy services in the locally commissioned services and also that other pharmacies expressed appetite in further provision of services.

2022 response: There continued to be good support by community pharmacies of the local commissioned services, such as specialist drug access services, services for drug users: needle exchange and supervised emergency contraception services and smoking cessation.

11. Stakeholder Engagement and Consultation

11.1. Customer and provider engagement

To inform the PNA process, questionnaires were sent out to customers and community pharmacy providers to gain insight into current pharmacy services.

11.1.1. Customer engagement

A short survey (Appendix 3) was developed to gather information from the public about the pharmacy services they currently use and would use in the future if they were commissioned. Each pharmacy in Gateshead was asked to display the surveys on their counter and encourage customers to complete them from 13.9.21 to 24.10.21. The survey was also made available online through the Council's online consultation portal.

Full details of the questionnaire used in the public survey and the findings are described in Appendix 3.

310 people responded to the survey. There was at least one response from every ward in Gateshead.

The majority (65%) of respondents were over 55 years old (42% were over 65 years old) and only 9 (3%) were under 34 years old. This may be a reflection that the aging population is more likely to be prescribed medications and therefore visit their community pharmacy.

Most respondents to the survey were either regular pharmacy users, who used a pharmacy monthly or more often (76%) or used a pharmacy at least every three months (14%) with 92% of responding that they either always or usually use the same pharmacy service. The majority (90%) of respondents typically use a local community or high street pharmacy and a small proportion use a supermarket pharmacy (5%) or an online pharmacy (3%).

There were 108 unprompted comments made by respondents. 44 of these comments referred to satisfaction with or the good service of the pharmacy they use, and a further 11 to the friendly staff. Only 7 respondents suggested they were dissatisfied with the service of their pharmacy.

Information regarding access and the range of pharmacy services was collected within the survey and the findings reflected within relevant sections in this document.

Given the small number of respondents, and their age profile, we cannot be confident that this survey is representative of the views of the wider population of Gateshead about community pharmacy. Nevertheless, it is the only such intelligence we have about people's views.

11.1.2. Community pharmacy survey

An on-line survey was made available to all pharmacies in Gateshead, with support from the Local Pharmaceutical Committee. 80% (37) of the pharmacies responded to the survey and full details of the responses can be found in Appendix 4.

The PNA Steering group agreed not to collect information relating to the NHS essential service provision or regarding service opening times or facilities as this information is available via the national service contract or via NHSE&I. Therefore, the majority of the survey focussed on the additional services that the pharmacy providers were currently commissioned to deliver. As only 80% of the community pharmacy contractors completed the questionnaire and not all responses provided information regarding all sections it was noted

that, although this information provides an overview, it does not reflect the full-service delivery across the area.

Regarding access to the pharmacy premises, of the 37 pharmacies that responded, 35 had a consultation room, with most of those (33) having wheelchair access. 1 pharmacy planned to add a consultation room by April 2023 and the remaining pharmacy responding was a distance selling pharmacy and cannot provide on-site consultation services.

In terms of provision of, or willingness to provide additional locally commissioned services, it was clear that pharmacy providers currently delivered a wide range of services and would be willing to support and deliver additional services if these were commissioned. In addition, more than half of the pharmacies indicated their intention to engage with new services being introduced at the time of the survey, namely the Hypertension finding service and the Stop Smoking advanced service.

A number of pharmacies indicated that they provided locally commissioned services both via the CCG or the local authority although others indicated that they would provide these "if the service was commissioned". This suggests that there could be improved engagement and awareness regarding services that pharmacies in Gateshead could provide.

60% of pharmacies stated that they collect prescriptions from surgeries and 50% deliver some dispensed medicines free of charge, with 28% others charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly, and vulnerable.

In terms of the additional extra support that pharmacies had provided during the recent pandemic, over 70% pharmacies indicated that they provided a lateral flow test pharmacy collect service and many (30; 65%) provided a pandemic delivery service. 4 pharmacies responding had been involved in the local enhanced service administering vaccines in the in Covid-19 vaccination programme.

11.2. Consultation

To be added once the final consultation process is complete.

12. Conclusions and Recommendations

There are 46 pharmacies in Gateshead, located primarily in areas of higher population density with 98.2% of residential addresses being within 1 mile of a community pharmacy. There is more than one pharmacy in most towns and urban areas, allowing patient choice and access to enhanced services. In addition, there is one 100-hour pharmacy, three distant selling pharmacies, and one rural general practice provides dispensing services to some of their patients.

There is adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm. However, services continue to be more limited in weekday evenings and over weekends. On Saturdays, 67% of pharmacies are open in the mornings and 30% are open on Saturday afternoons, allowing working residents to access pharmacy services. Sunday and evening provision across Gateshead is more limited. Access to pharmacies that are open for longer during the day and the weekend is greater in the Central, Inner West and South localities of Gateshead with the East and West localities having limited Saturday morning and no Sunday access within the locality.

Although there has been a reduction in pharmacy provision in Gateshead since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends, although this is more limited in the evenings and on Sundays.

The longer hours of access to pharmacy services are provided by the one 100-hour pharmacy provider and a number of community pharmacies provide extended hours including 9 community pharmacies that provide services for between 51 - 60 hours per week and 5 that provide services between 61-99 hours per week.

The HWB recognise that community pharmacies in Gateshead across the majority of localities, dispense significantly higher numbers of prescriptions than the national average, however these pharmacies are able to meet the current need.

Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all these services across Gateshead.

Although the more rural areas in the West of Gateshead have a more limited pharmacy provision, the findings regarding access to services by foot and public transport include these areas and demonstrate there is adequate access to services in terms of travel time for all the population of Gateshead.

The areas of Gateshead that are within the 30% most deprived areas in the country account for 52% of the areas in Gateshead. However, the majority of pharmacy services are seen to be located near to or in these areas. From this information, although there is adequate access to community pharmacy services across the area, the east and west localities of Gateshead are less well served both with pharmacy premises and also the range of pharmacy opening hours.

Access to pharmacy in respect of urgent care is adequate but the HWB board recommends that discussions and review of the pharmacy services out of hours are recommended.

The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Gateshead. All pharmacies provide the CPCS and NMS services and many indicated their intention to commence the hypertension case finding service. Provision of support for people requiring Appliances and Stoma care is more limited in the area but this may be a reflection of the required needs of the local community.

Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all these services across Gateshead

There is also adequate provision of the locally commissioned services by the CCG across Gateshead with many other pharmacies willing to provide the service if commissioned

Gateshead Health and Wellbeing Board wish to acknowledge the contribution that Community pharmacy services have made to the recent Covid Pandemic response. The majority of pharmacies in Gateshead provided support to the local community both in terms of maintaining essential medicine services and also in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the covid vaccination programme.

The Health and Wellbeing Board considers that that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services.

After considering all the elements of the PNA, the Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Gateshead.

Appendix 1: Glossary of Abbreviations

AUR	Appliance Use Review
BME	Black or Minority Ethnic group
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contract Framework
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DSR	Directly Standardised Rate
ePACT2	electronic Prescribing Analysis and Cost Tool
EPS	Electronic Prescription Service
GatDoc	Gateshead Doctors Out of Hours Service
GP	General Practitioner
HC2	Health Care Certificate (full help with health costs)
Hep C	Hepatitis C
HLP	Healthy Living Pharmacies
HWB	Health and Wellbeing Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Health Needs Assessment
LFD	Lateral Flow Device testing kit
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Layer Super Output Area
LTC	Long Term Conditions
MECC	Make Every Contact Count
MDS	Monitored Dosage System
MUR	Medicines Use Review
NENC ICS	North-East and North Cumbria Integrated Care System
NHS	National Health Service
NHSE&I	NHS England and NHS Improvements
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply
OHID	Office for Health Improvement & Disparities (Prev PHE)
PCN	Primary Care Network
PCO	Primary Care Organisation
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHE	Public Health England (now replaced by OHID)
PhIF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of Care Testing
POPPI data	Projection Older People Population Information
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWID	People who inject drugs
RAF	Reasonable Adjustment Flag
QE Hospital	Queen Elizabeth Hospital (Gateshead)
SCR	Summary Care Records
STI	Sexually Transmitted Infection
SAC	Stoma Appliance Customisation Service
SMR	Structured Medicine Review
UTI	Urinary Tract infection
WAF	Winter Access Funding

Appendix 2: Consultation on the Draft Pharmaceutical Needs Assessment

The formal consultation on the draft PNA for Gateshead ran from **20 June to 18 August 2022** in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Gateshead Local Pharmaceutical Committee
- Gateshead Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Gateshead
- LPS chemists in Gateshead with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- Newcastle Gateshead Clinical Commissioning Group
- Gateshead Healthwatch
- Gateshead Health NHS Foundation Trust, and Northumberland, Tyne & Wear Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Gateshead, South Tyneside and Sunderland.
- General Practitioners
- **ICS**

Letters were to be sent to all consultees informing them of the web site address which contained the draft PNA document.

Additionally, comments from the public were sought via the Council's on-line consultation portal.

Two specific consultation questions were asked:

- a. **whether there are sufficient community pharmacies to meet the needs of the population, and particularly whether this is the case in the East locality of the Borough; and**
- b. **whether other services could be delivered by community pharmacies.**

Respondents could also offer other comments.

Findings of consultation:

The comments received during the consultation have been summarised in the table on the next page, along with notes on how they have been dealt with in this final version of the PNA.

How do you use your local pharmacy?

We'd like your help to improve what is on offer in our local pharmacies by answering a few questions about the way you use them.

Your responses will help us to write a local Pharmaceutical Needs Assessment, which will help to ensure that your local pharmacy provides the services you need both now and in the future.

Once you've answered the questions below just hand it to a member of staff behind the counter. Alternatively, take this form away with you and visit www.gateshead.gov.uk/consultationsnew to complete it online.

Thank you for your help - **Gateshead Health and Wellbeing Board**



Complete it online - Scan the QR Code



How you use pharmacies

1. How often do you use a pharmacy for your health care needs (e.g. for prescriptions, medicines, advice)? At least...?

- Once a week
 Monthly
 Every 3 months
 Every 6 months
 Once a year
 Less often
 Never
 If 'Never', would anything encourage you to use a pharmacy?

If you answer **Never**, Go to **Q14**

2. Do you always use the same pharmacy?

- Always
 Usually
 No

3. Thinking about the pharmacy you use most, what type is it?

- Local community or High Street
 Supermarket
 Online
 Other

4. How do you usually access it?

- Car or taxi
 On foot
 Public transport
 Internet
 Telephone
 Other

5. If you visit in person, is it easy or difficult to get there on foot or public transport?

- | | On foot | Public transport |
|------------|--------------------------|--------------------------|
| Easy | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficult | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | <input type="checkbox"/> |

6. Have you ever needed something from a pharmacy, but could not access it at the time?

- Yes
 No
 Don't know

If you answer **No** or **Don't know**, Go to **Q9**

7. What did you need?

- Prescribed medicines
 Emergency supply of medicines
 Over the counter medicines
 Medicine or healthcare advice
 Other

8. What did you do when you realised it was closed?

- Waited until the pharmacy was open
 Went to another pharmacy
 Went to a walk-in centre
 Went to a hospital
 Rang emergency services / 111 and was referred to a pharmacy
 Other

9. When you visit a pharmacy, which services do you use and are there any that you would be likely to use if they were available?

	I use this	Likely to use if available		I use this	Likely to use if available
General pharmacy services e.g. prescriptions, purchasing over the counter medicines	<input type="checkbox"/>	<input type="checkbox"/>	Smoking, alcohol or weight management services	<input type="checkbox"/>	<input type="checkbox"/>
Advice or consultation from pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	Sexual health services e.g. chlamydia testing or treatment, condoms, emergency contraception, pregnancy tests	<input type="checkbox"/>	<input type="checkbox"/>
Think pharmacy first (rapid access to treatment for minor ailments without having to make an appointment to see your GP)	<input type="checkbox"/>	<input type="checkbox"/>	Substance misuse services and needle exchange	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours supplies, emergency supplies or palliative care (in exceptional circumstances)	<input type="checkbox"/>	<input type="checkbox"/>	Health checks, screening or monitoring	<input type="checkbox"/>	<input type="checkbox"/>
			Vaccine administration (Flu, Covid-19 or others)	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you feel comfortable talking to your pharmacist about health problems?

Yes No Don't Know

11. When you get a new medicine, does the pharmacist explain how and why you should use it?

Yes No Don't Know

12. Have you changed the way you visit or use pharmacy services since the Covid-19 pandemic began (March 2020)?

Yes No

If 'Yes', what has changed?

- Doctor now prescribes on electronic prescriptions
- Pharmacy delivers medicines to me
- Phone pharmacy for advice instead of visiting in person
- Phone pharmacy for advice more frequently
- Virtual consultations with the pharmacist (e.g. Zoom meetings)
- Other

13. Is there anything else you'd like to tell us about the pharmacy that you use?

14. Your age?

15. Your postcode?

16. What is your sex?

- Male
- Female

17. What gender do you identify with?

- Male Female
- Prefer to describe

18. What is your ethnicity?

- White British
- White Other
- Mixed
- Asian
- Black
- Other

Results of the Public Survey of Pharmacy Customers

When We Consulted

13 September – 24 October 2021

How We Consulted and Who Responded

A short paper survey was circulated to all Gateshead pharmacies by the Local Pharmaceutical Committee Members on the PNA Steering Group. Pharmacies were asked to display the survey on their counters and encourage customers to complete it. An on-line version of the survey was also built and accessible via the Council’s website.

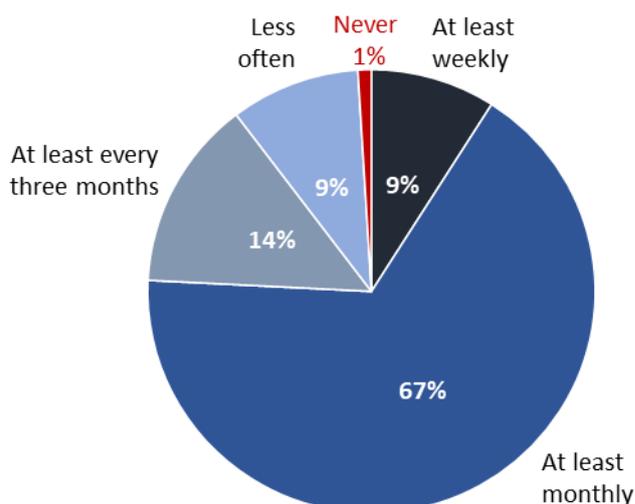
Locality	Number of people
Central	52
East	48
Inner West	46
South	69
West	62
Not in Gateshead	3

310 people responded to the survey. There was at least one response from every ward in Gateshead. The spread of responses from each locality is shown in the table.

Survey Results

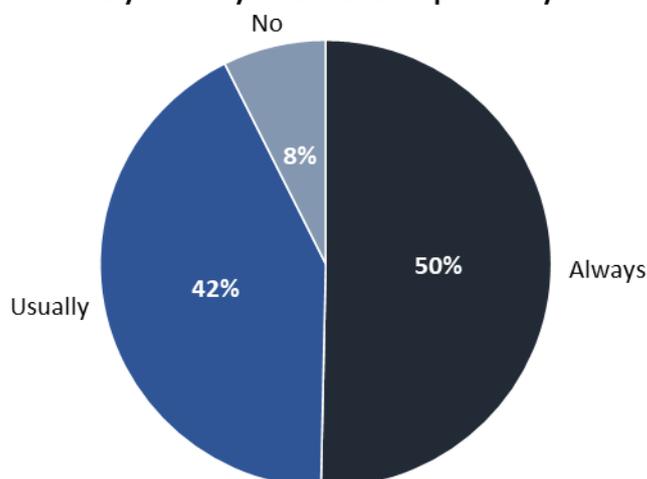
Most respondents to the survey were either regular pharmacy users, who used a pharmacy monthly or more often (76%) or used a pharmacy at least every three months (14%). The remaining respondents used a pharmacy less often (9%), and a small number of respondents (1%) had never used a pharmacy at all.

How often do you use a pharmacy for your healthcare needs? Base = 310

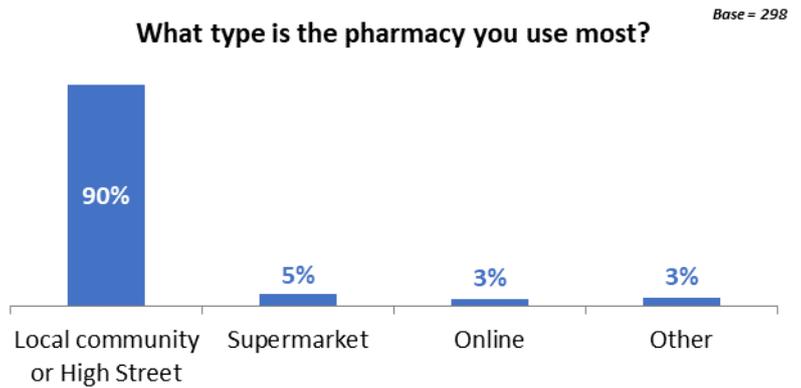


92% of respondents either always or usually visit the same pharmacy.

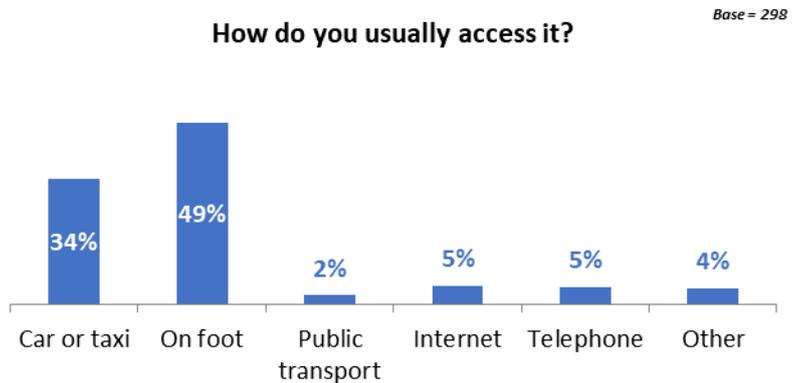
Do you always use the same pharmacy? Base = 298



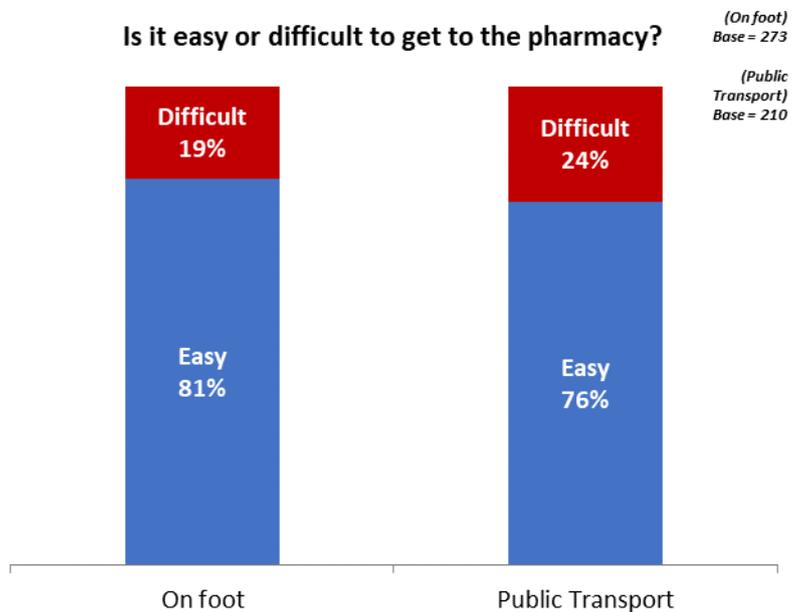
The majority (90%) of respondents typically use a local community or high street pharmacy. A small proportion use a supermarket pharmacy (5%) or an online pharmacy (3%).



Half (49%) of respondents usually travel to their pharmacy on foot. Around a third (34%) travel by car or taxi. Relatively few use public transport (2%), the Internet (5%) or the telephone (5%).



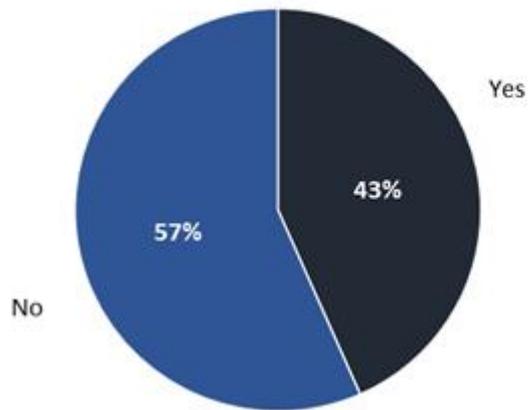
When asked about ease of travelling to their usual choice of pharmacy on foot or by public transport, 19% said it was difficult to get to on foot and 24% said it was difficult on public transport. The majority said it was easy using either method.



A large proportion (43%) of respondents said they have needed something from a pharmacy in the past but found the pharmacy was closed at the time.

Base = 296

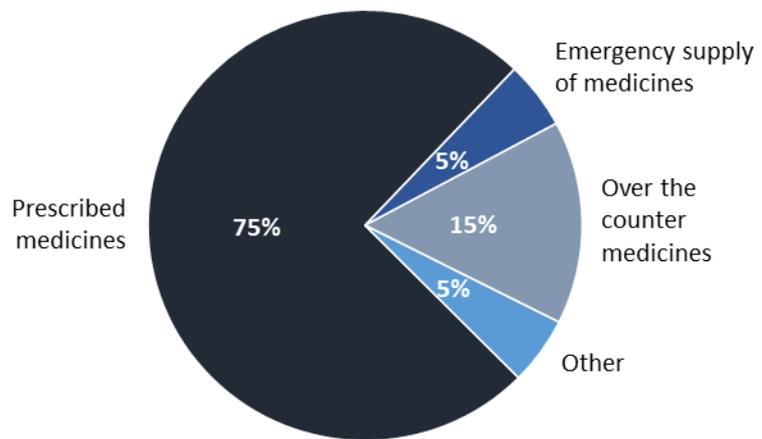
Have you ever needed something from a pharmacy but could not access it at the time?



Of 118 respondents who said they had needed something from a pharmacy in the past but found the pharmacy was closed and they could remember what they needed, three quarters of them (75%) had wanted a prescription, a smaller proportion (15%) over the counter medicines, and the remainder wanted an emergency supply of medicines (5%) or something else (5%).

Base = 118

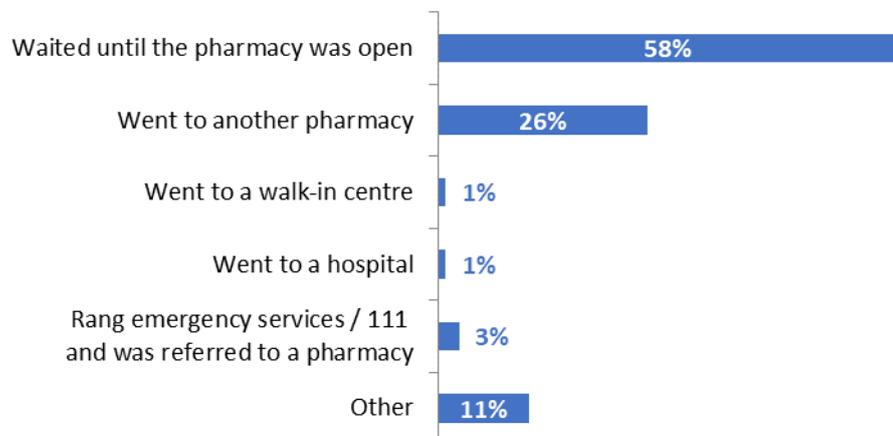
What did you need?



More than half (58%) of respondents, on realising that the pharmacy was closed, waited until it was open. About a quarter (26%) went to another pharmacy.

Base = 114

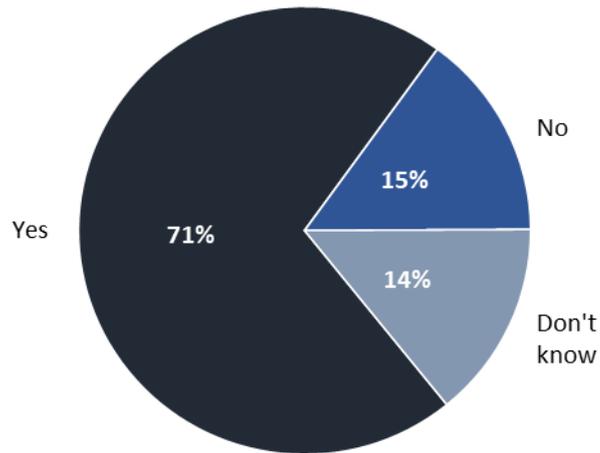
What did you do when you realised the pharmacy was closed?



A large proportion of respondents (71%) said they felt comfortable talking to their pharmacist about health problems. A smaller proportion (14%) did not know, and a similar proportion to that (15%) said that they did not feel comfortable talking to their pharmacist about health problems.

Feel comfortable talking with pharmacist about health problems?

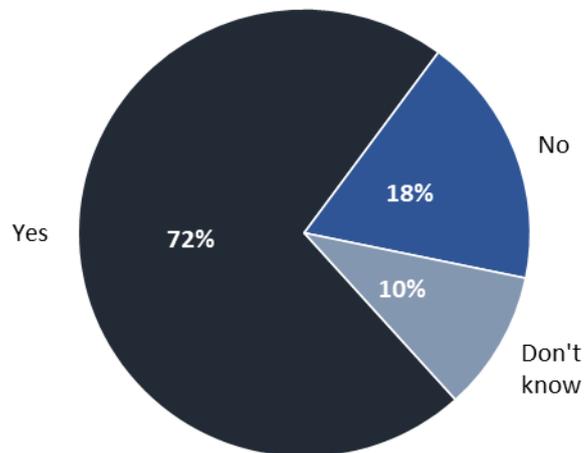
Base = 288



Nearly three quarters of respondents (72%) said their pharmacist explained how and why they should use any new medicine they receive. However, almost a fifth (18%) said that their pharmacist did not do that.

Does the pharmacist explain how/why to use new medicine?

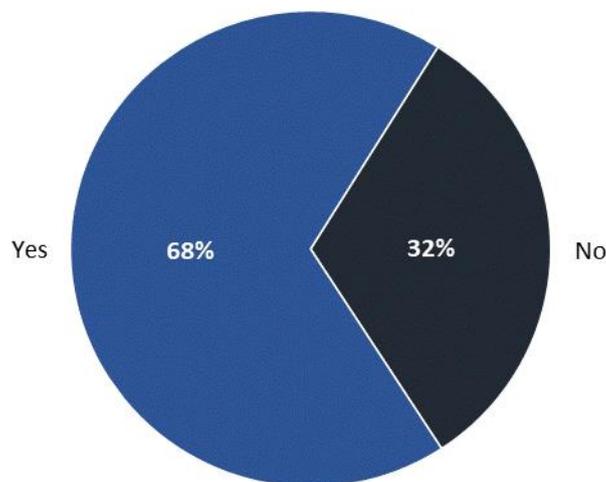
Base = 287



Over two thirds (68%) of respondents have changed the way they visit or use pharmacy services since Covid-19 began.

Have you changed the way you visit or use pharmacy services since the Covid-19 pandemic began?

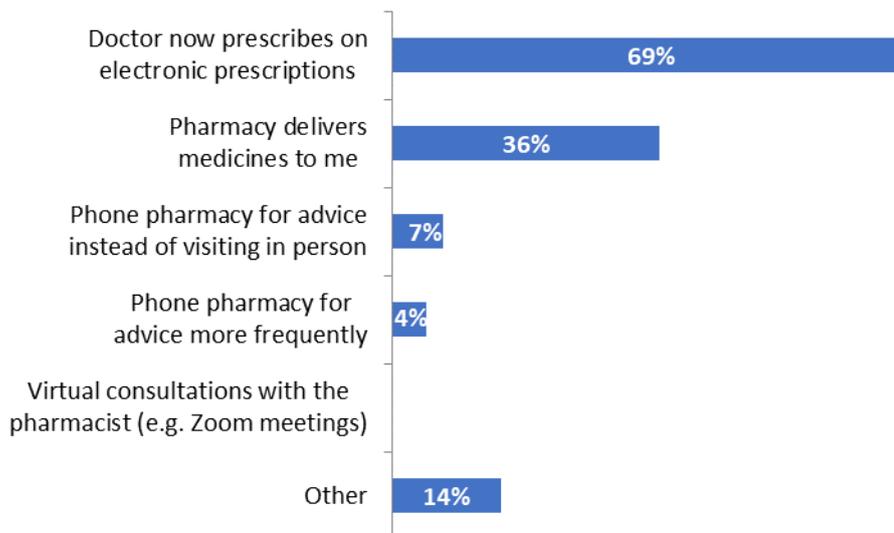
Base = 285



90 of the 91 respondents who said they had changed the way they visit or use pharmacy services since Covid-19 began explained why. Over two thirds (69%) said the doctor now prescribes on electronic prescriptions. Over a third (36%) said that they now receive deliveries of medicines from their pharmacy.

Base = 90

In what way have you changed?



As would be expected, almost all respondents (97%) use general pharmacy services such as collecting prescriptions.

Over half (52%) use their pharmacy for advice or consultation with their pharmacist. Almost a third (31%) use the Think Pharmacy First service which is a walk-in service where pharmacists can give advice and medicine unless a condition is serious enough to require referral to a GP, and over a fifth (22%) use it to obtain vaccines such as the flu vaccine or Covid-19 vaccine.

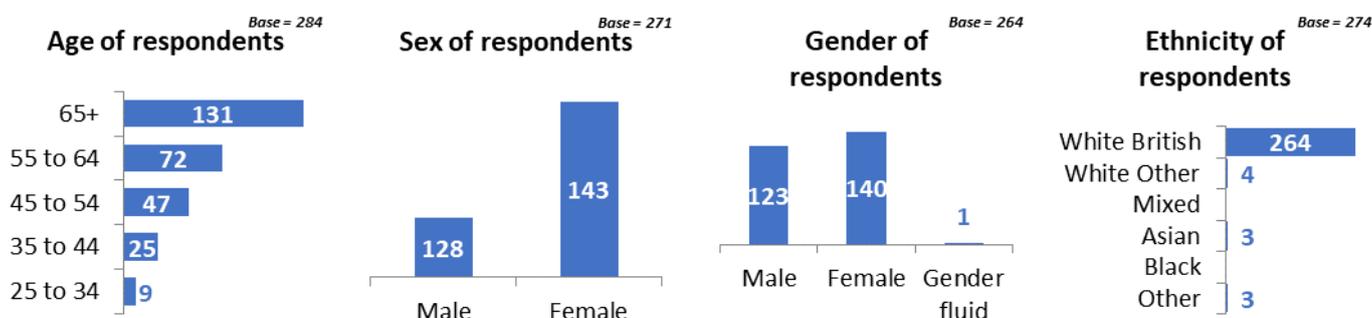
Over a third (35%) of respondents said they would likely use the Think Pharmacy First service if it was available. Currently that service is available across all pharmacies in Gateshead, suggesting that some awareness raising may be required. Similar proportions said they would likely use the out of hours emergency supplies or palliative care service, health checks screening or monitoring service, and vaccine administration service if available (38%, 38%, and 36% respectively).

There were 108 additional unprompted comments made by respondents. 44 of these comments made reference to satisfaction with or the good service of the pharmacy they use, and a further 11 to the friendly staff. Only 7 respondents suggested they were dissatisfied with the service of their pharmacy.

There were 10 comments expressing that they valued their pharmacies' delivery service, and 6 said they valued the ability to order online. 9 comments mentioned how easy it was to get to their pharmacy.

9 of the comments expressed concern about methadone dispensing at their pharmacy and feeling unsafe as a result. There were 5 comments about problematic queuing both inside and outside of pharmacies.

Characteristics of Respondents



Appendix 4: Survey of Pharmaceutical Service Providers and Analysis of Results

PNA 2021 Pharmacist Survey

Premises and contact details

Q1. Please enter your premises and contact details below...

Contractor code (ODS code)

Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Trading name

Address of contractor pharmacy

	Yes	No	Possibly
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/>	<input type="checkbox"/>	
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	

Pharmacy premises
NHSmail account

Pharmacy telephone

Pharmacy website address
(if applicable)

Opening hours and related matters

NHS England keep a record of pharmacy core and supplementary opening times. Please download the Excel opening hours lookup table to view the opening hours on record for your pharmacy.

Q2. Are the opening hours recorded for your pharmacy correct?

Yes **If not, please outline the correct days and times below...**

(You should also email england.pharmacyandoptometry@nhs.net to inform NHS England of the change)

No

Q3. Are there likely to be any changes to your opening hours in the next 12 months?

Yes **If yes, please describe the likely changes...**

No

On-site consultation facilities

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements from 1st January 2021, almost all pharmacies will need to have a consultation room (See <https://psnc.org.uk/our-news/regs-explainer-14-consultation-rooms-and-remote-consultations/> for further information)

A consultation room is a room clearly designated for confidential conversations. It is distinct from the general public areas of the pharmacy premises. It is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially e.g. following changes to urgent health care provision.

Q4. Do you have a consultation room on your premises?

Yes, including wheelchair access

Yes, but it does not have wheelchair access

No, but we plan to have one before 1st April 2023

No, we're a distance selling pharmacy

No, we have submitted a request to NHSE that the premises are too small for a consultation room

No, NHSE has approved our request that the premises are too small for a consultation room

If No, go to Q8

Q5. Is it a closed room?

Yes

No

Q6. During consultations are hand-washing facilities available?

Yes, in the consultation area

Yes, close to the consultation area

No, but hand sanitiser is available

No

Q7. Do patients attending consultations have access to toilet facilities?

Yes

No

Off-site consultation facilities

Q8. Does your pharmacy have access to an off-site consultation area?
(i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent to use)

Yes

No

Q9. Is your pharmacy willing to undertake consultations in patient's homes or in another suitable location?

Yes

No

Q10. In addition to English, what languages are spoken by pharmacists holding consultations at your pharmacy?

Services

Q11. Does your pharmacy dispense appliances?

- Yes, all types
 Yes, just dressings
 Yes, excluding stoma appliances
 Yes, other
 Yes, excluding incontinence appliances
 Yes, excluding both stoma and incontinence appliances
 No

Please tell us the appliances dispensed

Q12. Does your pharmacy provide the following advanced services?

	Yes	Intending to begin within next 12 months	No
New medicine service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance use review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma appliance customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacist consultation service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. Has your pharmacy provided any of the following Covid-19 pandemic services?

	Yes	No
Pandemic delivery service (advanced service)	<input type="checkbox"/>	<input type="checkbox"/>
Lateral flow test - pharmacy collect (advanced service)	<input type="checkbox"/>	<input type="checkbox"/>
Covid-19 vaccination service (enhanced service)	<input type="checkbox"/>	<input type="checkbox"/>

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority, CCG services or private services.

Q14. Which of the following services does or would your pharmacy provide?

Enhanced and Privately Commissioned Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral distribution service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care home service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception service (not an EHC service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten free food supply service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home delivery service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent prescribing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary prescribing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enhanced and Privately Commissioned Services (continued)

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Language access service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment and compliance support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR plus/Medicines optimisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not dispensed scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps disposal service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient group directions (PGDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you currently provide an Independent or Supplementary prescribing service or an MUR Plus/Medicines optimisation service, what therapeutic areas are covered?

Independent prescribing service	<input type="text"/>
Supplementary prescribing service	<input type="text"/>
MUR Plus/Medicines optimisation service	<input type="text"/>

If you currently provide PGDs, what medicines are available?

Disease Specific Medicines Management Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screening Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaccinations *(Note: Covid vaccines were included in an earlier question)*

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Seasonal influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you currently provide Childhood or Other vaccinations, please tell us what you provide?

Childhood	<input type="text"/>
Other	<input type="text"/>

CCG Commissioned Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Think pharmacy first minor ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On demand availability of specialist drugs service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours - on call service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gateshead Council Public Health Commissioned Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
NRT supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active intervention stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gateshead Council Public Health Commissioned Services (continued)

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
EHC service (via contract with STFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom distribution service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia testing (via contract with STFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief alcohol intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS health checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and syringe exchange service (via contract with CGL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Does your pharmacy provide any of the following non-commissioned services?

	Yes	No
Collection of prescriptions from GP practices	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – With charge	<input type="checkbox"/>	<input type="checkbox"/>
Monitored dosage systems – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Monitored dosage systems – With charge	<input type="checkbox"/>	<input type="checkbox"/>

If you currently deliver dispensed medicines or provide monitored dosage systems, please tell us what criteria you have set...?

Delivery of dispensed medicines - Patient criteria

Delivery of dispensed medicines – Areas

Monitored dosage systems - Criteria

Q16. Is there a particular need for a locally commissioned service in your area?

Yes

No

Q17. Contact details of person completing this form on behalf of the contractor

Your name

Telephone number

Email address

Results of Survey of Pharmaceutical Service Providers

When We Consulted

14 September 2021 – 27 January 2022.

How We Consulted and Who Responded

A survey was built on-line using Gateshead Council's Consultation Portal and circulated to all Gateshead pharmacies by the Local Pharmaceutical Committee Members using PharmOutcomes.

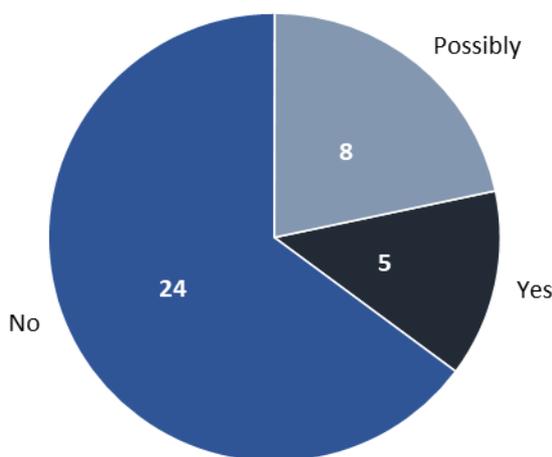
37 of the 46 pharmacies in Gateshead responded to the survey (an 80% response rate), although one of those pharmacies was subsequently divested between completing the survey and writing this PNA.

Survey Results

Most (24) pharmacies said they are not entitled to pharmacy access scheme payments. Only 5 said they are and 8 said they possibly are. Pharmacy access scheme payments are provided to support patient access in isolated areas. Pharmacies are eligible for the payment if they are more than a mile from the next nearest pharmacy by road and have lower dispensing levels.

Entitled to Pharmacy Access Scheme payments?

Base = 37

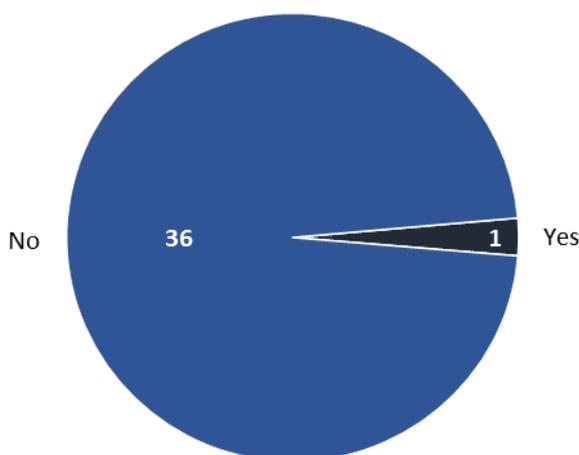


To open a new pharmacy, the proposed pharmacy must be able to show that they are necessary or desirable. The new control of entry system based on local PNAs removed the 100-hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres

There was only one respondent identifying themselves as a 100-hour pharmacy.

Is a 100 hour pharmacy?

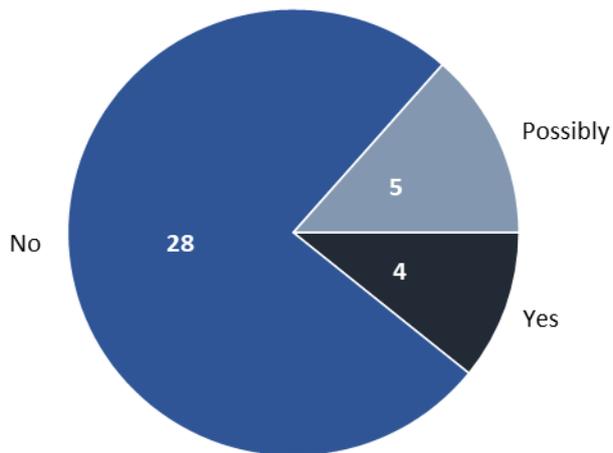
Base = 37



Only 4 of the responding pharmacies said they had a local pharmaceutical services (LPS) contract. LPS contracts are an alternative to the national contractual framework. The aim of the contract is “to demonstrate new ways in which to organise and pay for community pharmacy, to deliver a wider range of services than under the current national contract, enabling local needs to be met more effectively.”

Has a Local Pharmaceutical Services contract?

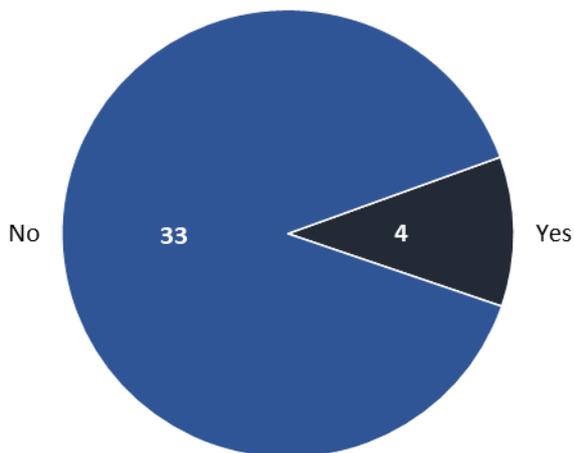
Base = 37



Distance selling pharmacies offer dispensing services over the Internet or by telephone. Delivery is then made by post, carrier or through a branch network. 4 of the responding pharmacies said they were a distance selling pharmacy.

Is a distance selling pharmacy?

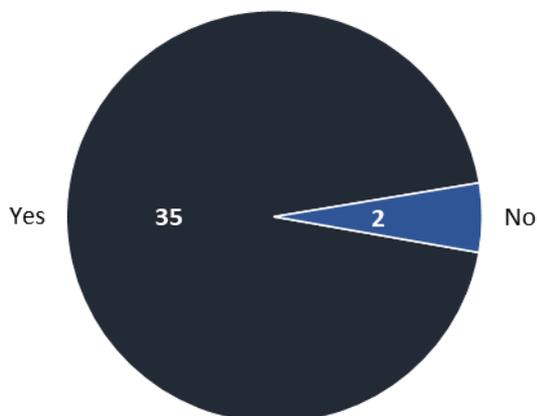
Base = 37



2 pharmacies responded that the opening hours they have recorded with NHS England are currently incorrect and would need to be updated.

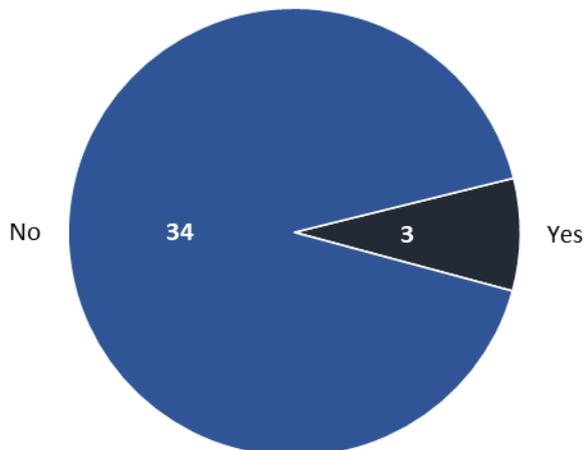
Are the NHSE recorded opening hours for your pharmacy correct?

Base = 37



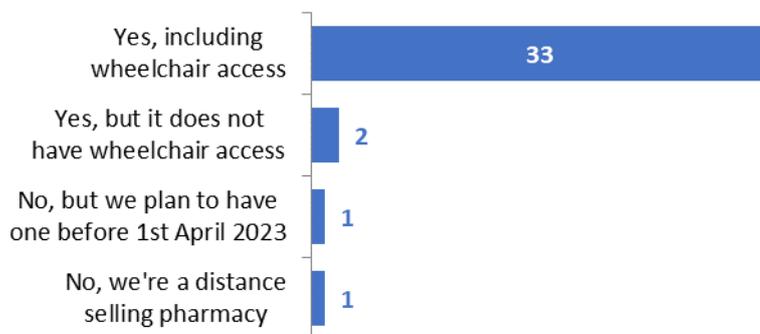
3 pharmacies said that they were proposing to change their opening hours within the next 12 months.

Will opening hours change in the next 12 months? *Base = 37*



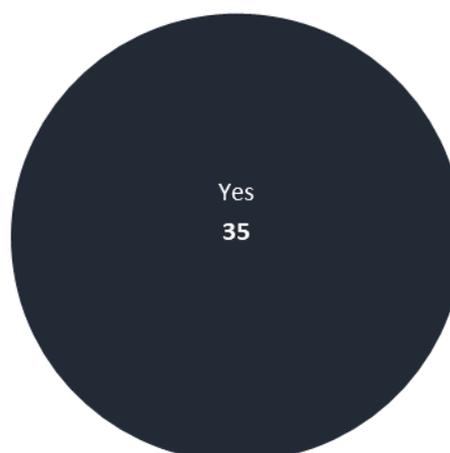
Consultation rooms are essential if pharmacies are to provide advanced services such as medicine use reviews and many locally commissioned services. Of the 37 pharmacies that responded, 35 had a consultation room, with most of those (33) having wheelchair access. 1 pharmacy plans to add a consultation room by April 2023. The remaining pharmacy is a distance selling pharmacy and therefore cannot offer advanced services.

Has a consultation room? *Base = 37*

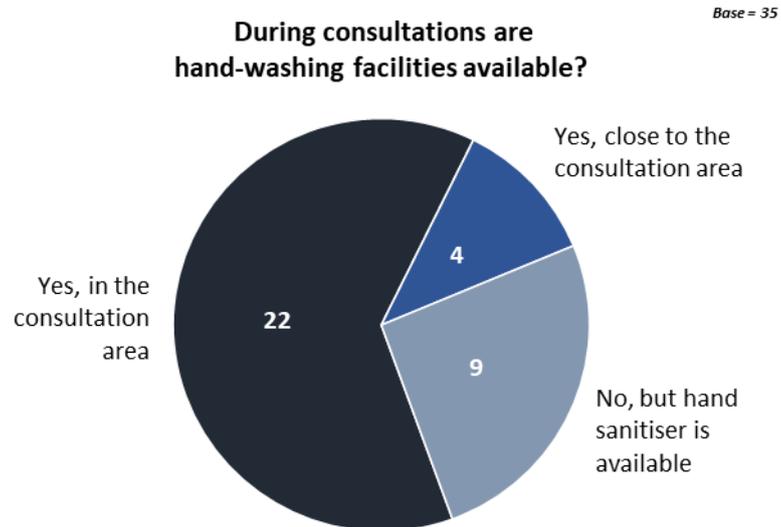


All the pharmacies with a consultation room said that it was a closed room.

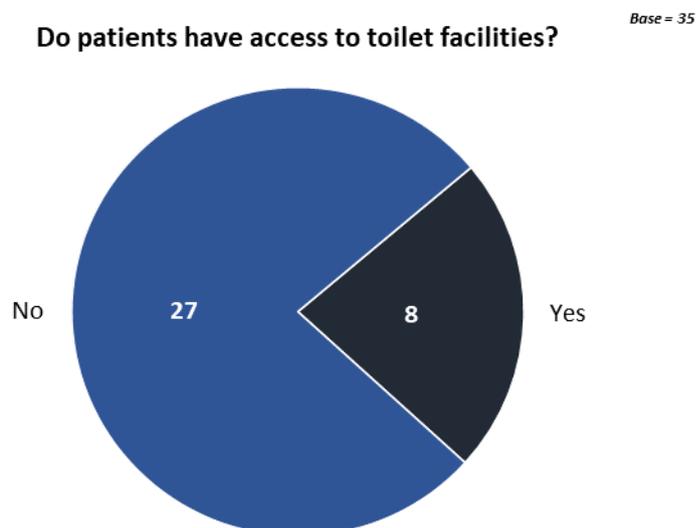
Is the consultation room a closed room? *Base = 35*



26 of the 35 pharmacies with a consultation room said they had hand washing facilities either in (22) or close to (4) the consultation area. The remaining 9 provided hand sanitiser.



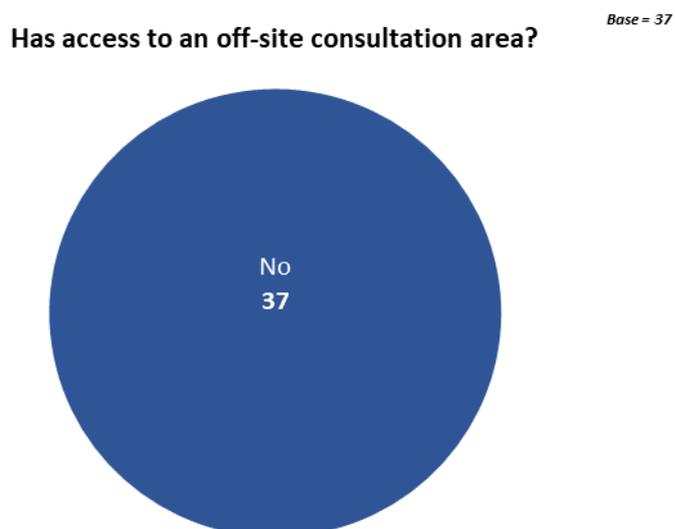
Only 8 pharmacies said they had toilet facilities for customers to use.



None of the pharmacies that responded had access to off-site consultation areas.

14 pharmacies said they will undertake consultations in patient's homes or in another suitable location. 23 said they would not.

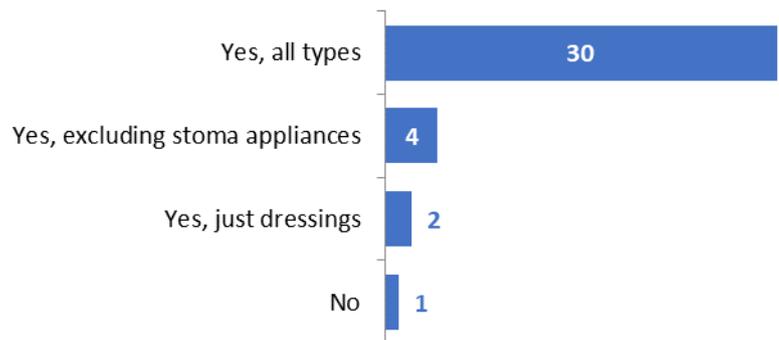
21 of the 37 pharmacies responding to the survey said they were able to converse in languages other than English, with some speaking more than one additional language.



Most (30) pharmacies said they provided all types of appliances. A small number (4) said they provided all appliances excluding stoma appliances, and 2 said they only provided dressings. Just 1 pharmacy did not provide any appliances at all.

Pharmacy dispenses appliances?

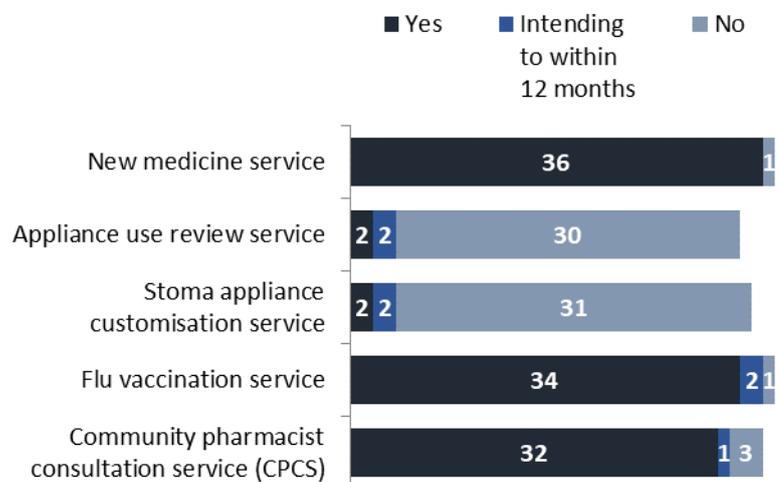
Base = 37



Almost all pharmacies provided a new medicine service (36), a flu vaccination service (34), and a community pharmacist consultation service (32). However, very few provided an appliance use review service (2) or a stoma appliance customisation service (2). For the latter two services, only a further 2 pharmacies were intending to provide those services within 12 months.

Are these advanced services provided?

Base = 37



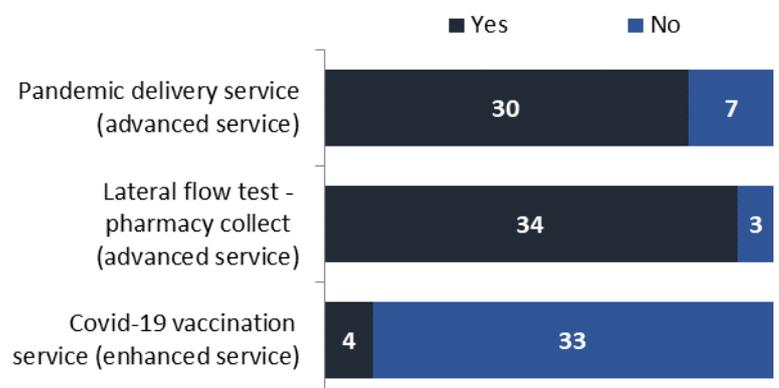
Almost all (34) pharmacies provided a lateral flow test – pharmacy collect service, and many (30) provided a pandemic delivery service.

4 pharmacies responding indicated that they provided a Covid-19 locally enhanced vaccination service.

The following is a list of services that are either already provided, that pharmacies would be willing to provide, or that they are unable to provide. The numbers in the table represent the number of pharmacies who responded against each service by provision.

Are these Covid-19 services provided?

Base = 37



Enhanced and Privately Commissioned Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Anticoagulant monitoring service	1	21	3	11
Anti-viral distribution service	0	24	2	9
Care home service	7	8	0	20
Contraception service (not an EHC service)	8	20	1	5
Emergency supply service	27	7	1	1
Gluten free food supply service (i.e. not via FP10)	0	18	2	15
Home delivery service (not appliances)	28	2	0	4
Independent prescribing service	1	16	1	16
Supplementary prescribing service	1	16	2	16
Language access service	1	13	3	18
Medication review service	15	19	0	2
Medicines assessment and compliance support service	6	20	1	8
MUR plus/Medicines optimisation service	3	27	1	5
Obesity management (adults and children)	7	21	2	5
Not dispensed scheme	1	16	0	18
Phlebotomy service	1	12	1	21
Sharps disposal service	2	19	0	15
Schools service	0	19	1	15
Patient group directions (PGDs)	17	14	2	3

Disease Specific Medicines Management Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Allergies	2	26	1	7
Alzheimer's/dementia	1	23	1	11
Asthma	1	26	1	8
CHD	1	25	1	9

COPD	1	26	1	8
Depression	1	25	1	9
Diabetes type 1	2	26	1	7
Diabetes type 2	2	26	1	7
Epilepsy	1	25	1	9
Heart failure	1	25	1	9
Hypertension	2	25	1	8
Parkinson's disease	1	24	1	10

Screening Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Alcohol	0	24	1	12
Cholesterol	3	22	3	9
Diabetes	5	23	1	8
Gonorrhoea	1	25	0	11
H. pylori	0	25	0	12
HbA1C	1	24	0	12
Hepatitis	0	24	0	13
HIV	1	21	0	15

Vaccinations

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Seasonal influenza	34	0	2	1
Childhood	1	20	1	13
Hepatitis (at risk workers or patients)	4	20	1	12
HPV	5	19	1	11
Travel	6	16	4	11

CCG Commissioned Services

	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
Think pharmacy first minor ailments	32	2	0	3
On demand availability of specialist drugs service	4	19	0	13
Out of hours - on call service	0	14	0	23

Gateshead Council Public Health Commissioned Services

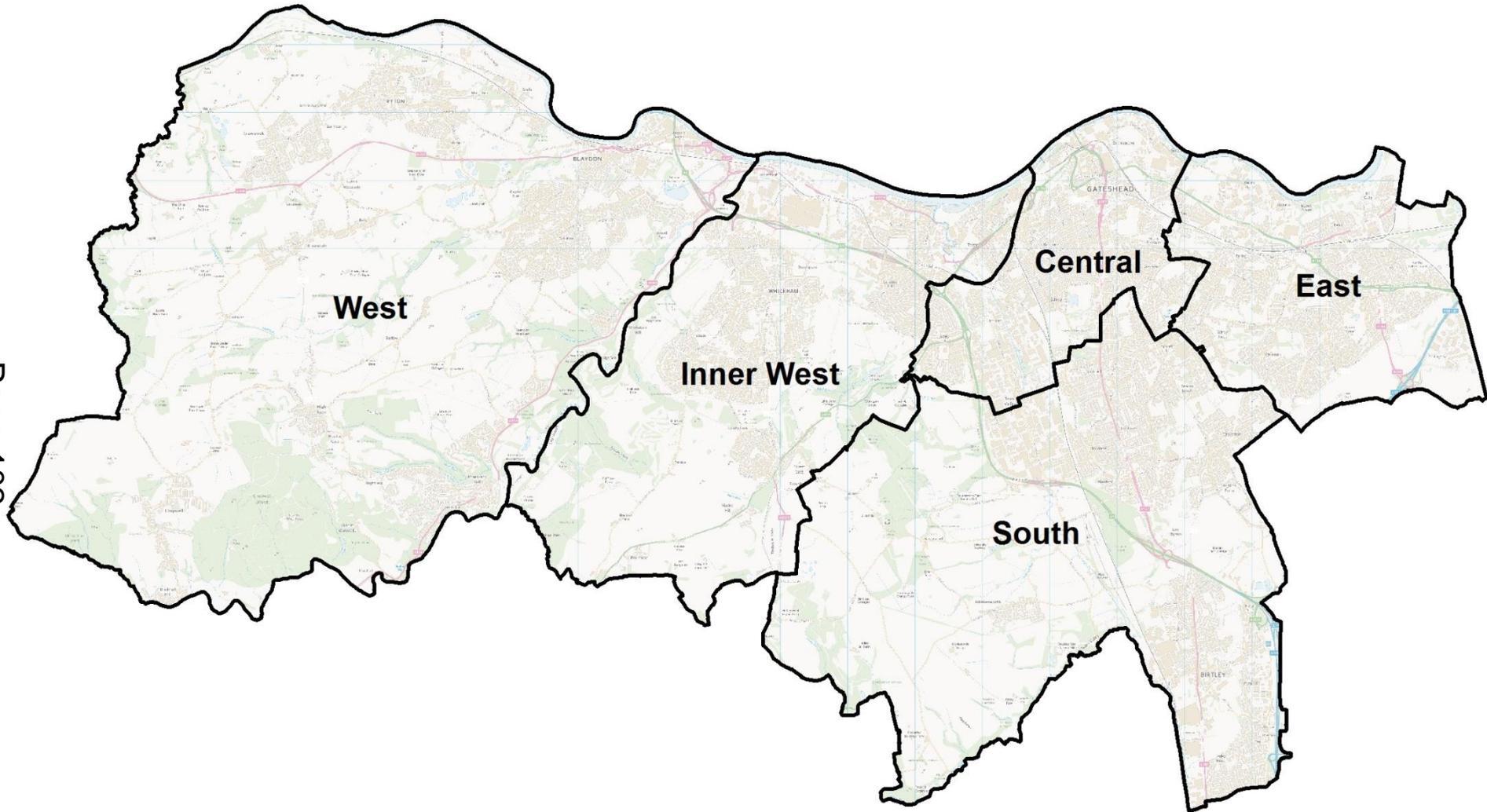
	Currently provide	Willing to provide if commissioned	Willing to provide privately	Not able or willing to provide
NRT supply service	29	4	1	3
Active intervention stop smoking	16	14	1	6
EHC service (via contract with STFT)	24	7	2	4
Condom distribution service	8	19	2	8
Chlamydia testing (via contract with STFT)	11	16	2	8
Brief alcohol intervention	1	25	1	10
NHS health checks	2	19	1	15
Needle and syringe exchange service (via contract with CGL)	4	9	1	23

Non-Commissioned Services

	Yes	No
Collection of prescriptions from GP practices	28	1
Delivery of dispensed medicines – Free of charge on request	25	13
Delivery of dispensed medicines – With charge	13	12
Monitored dosage systems – Free of charge on request	30	11
Monitored dosage systems – With charge	0	11

Appendix 5: Gateshead Localities

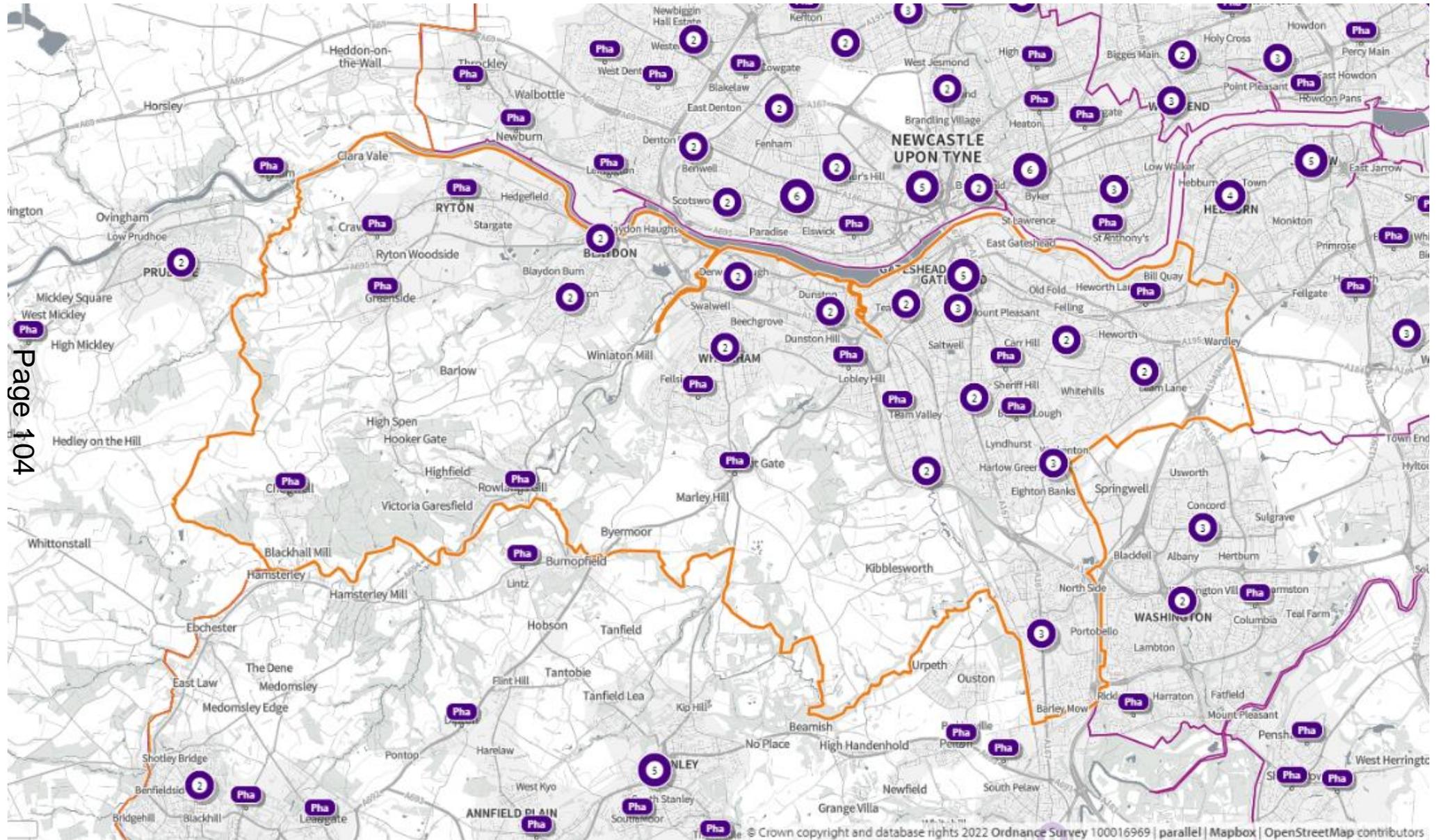
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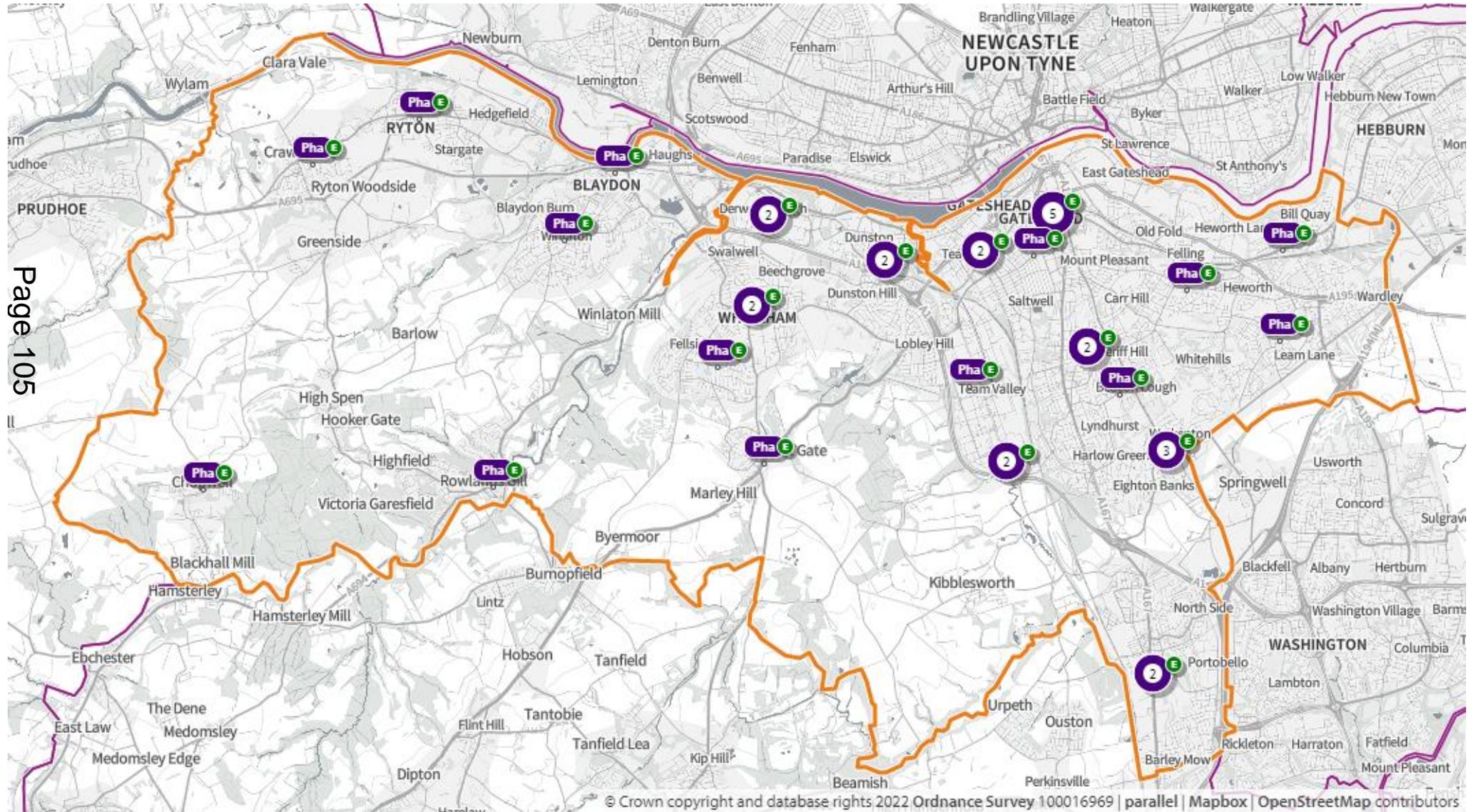
Localities

Contains Ordnance Survey data © Crown copyright and database right 2017

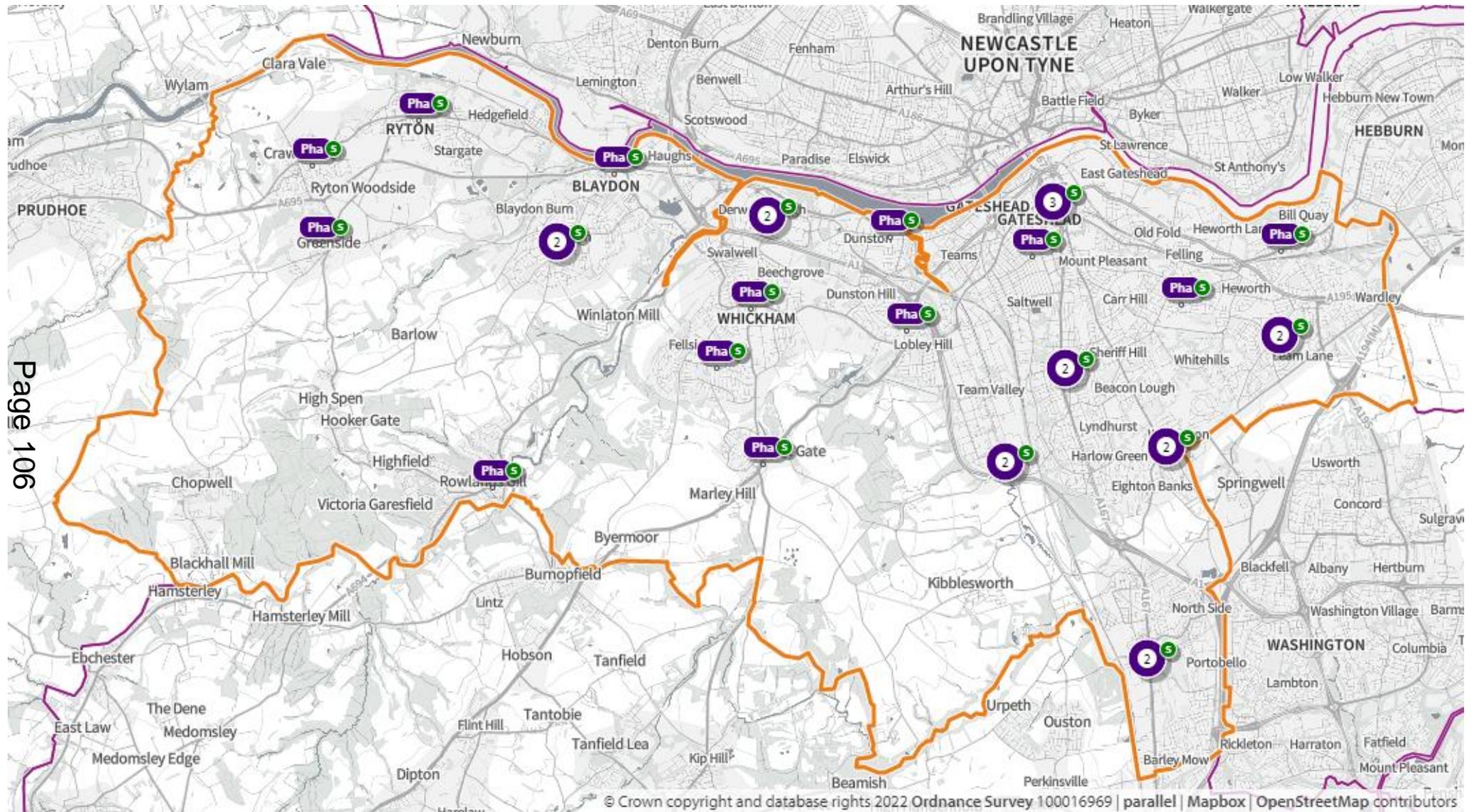
Appendix 7: Pharmacies in Gateshead and Surrounding Areas



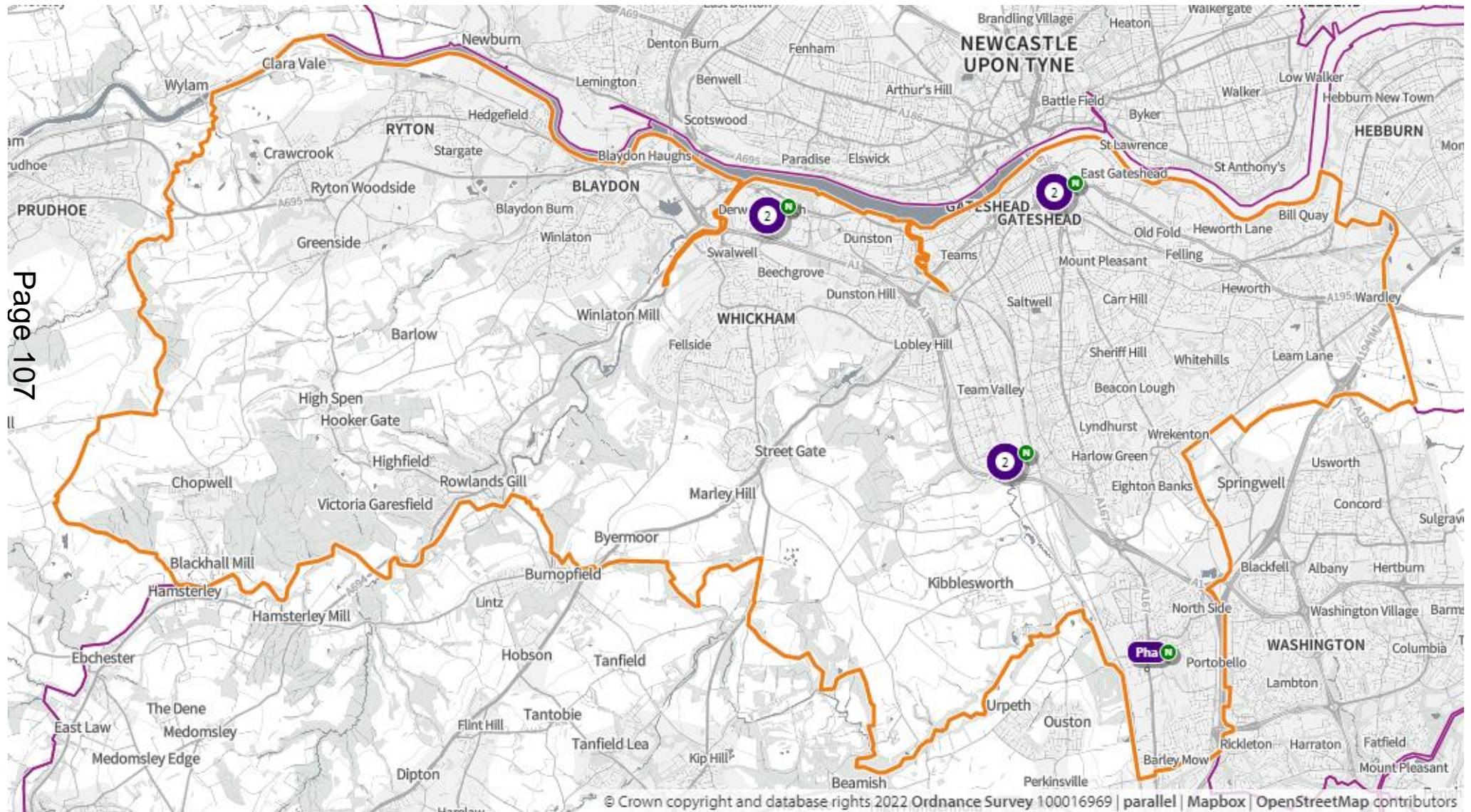
Appendix 8a: Maps of Pharmacy Access - Pharmacies open on weekday evenings



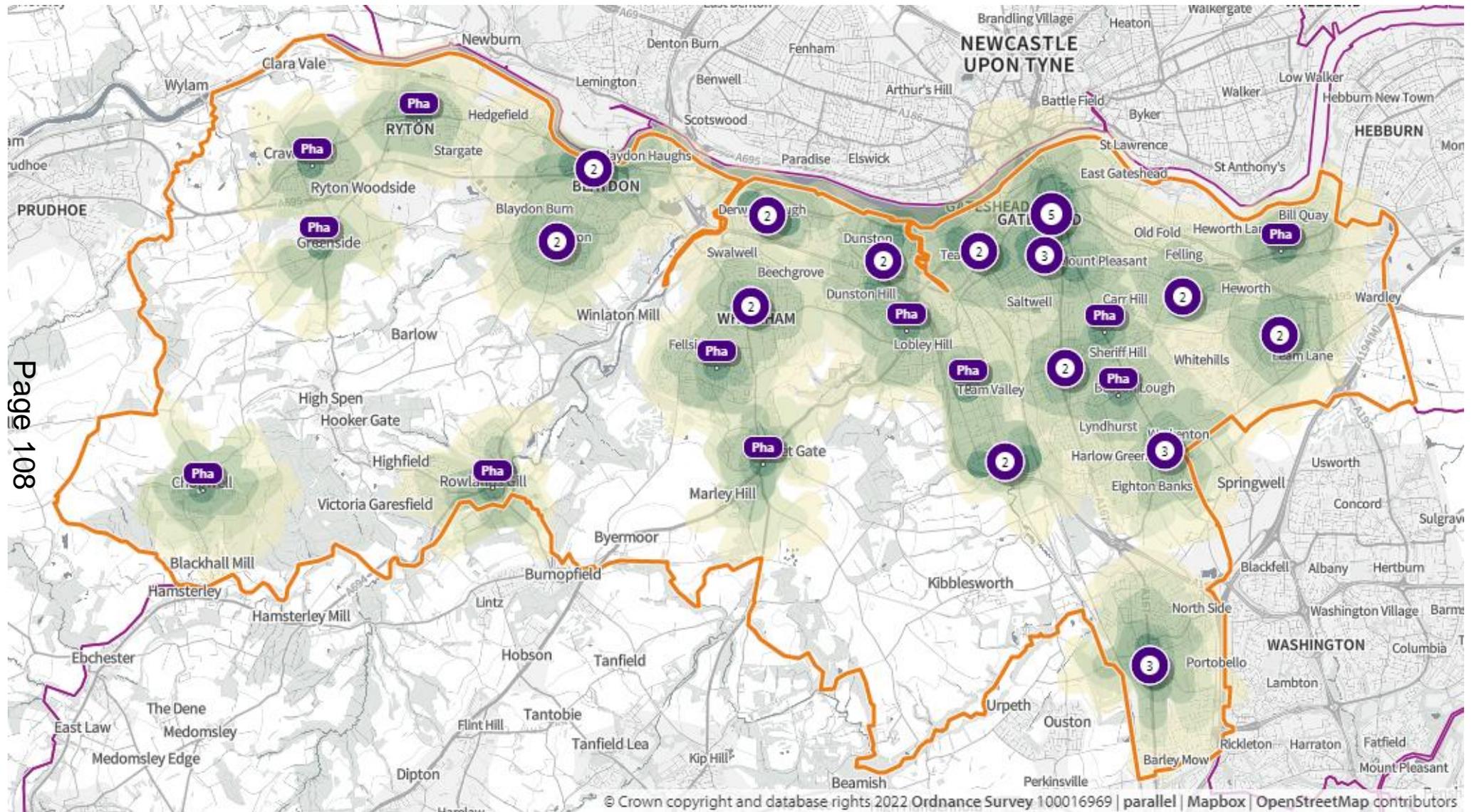
Appendix 8b: Maps of Pharmacy Access - Pharmacies open on a Saturday



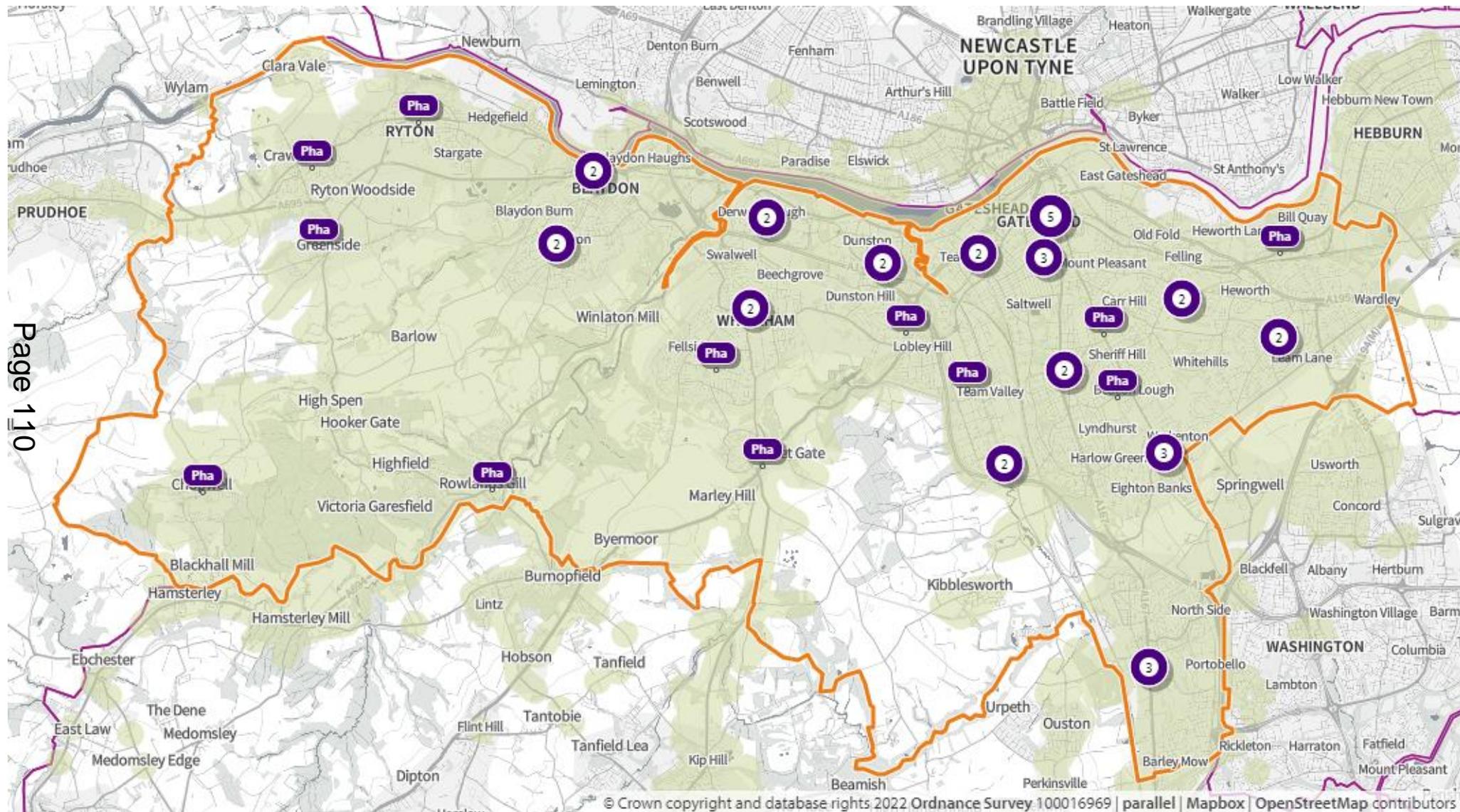
Appendix 8c: Maps of Pharmacy Access - Pharmacies open on a Sunday



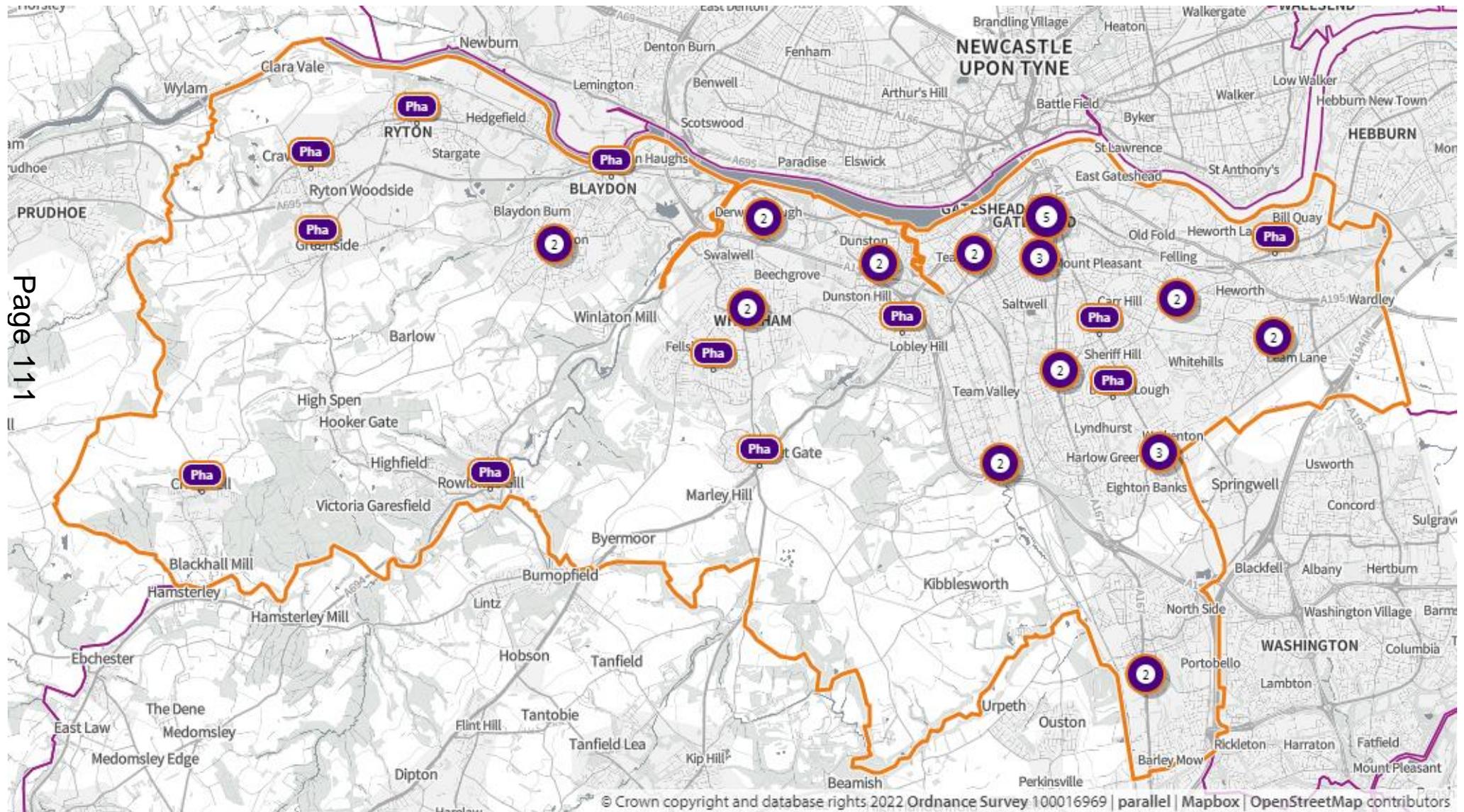
Appendix 8d: Maps of Pharmacy Access - Population within 1 mile walking distance of pharmacies



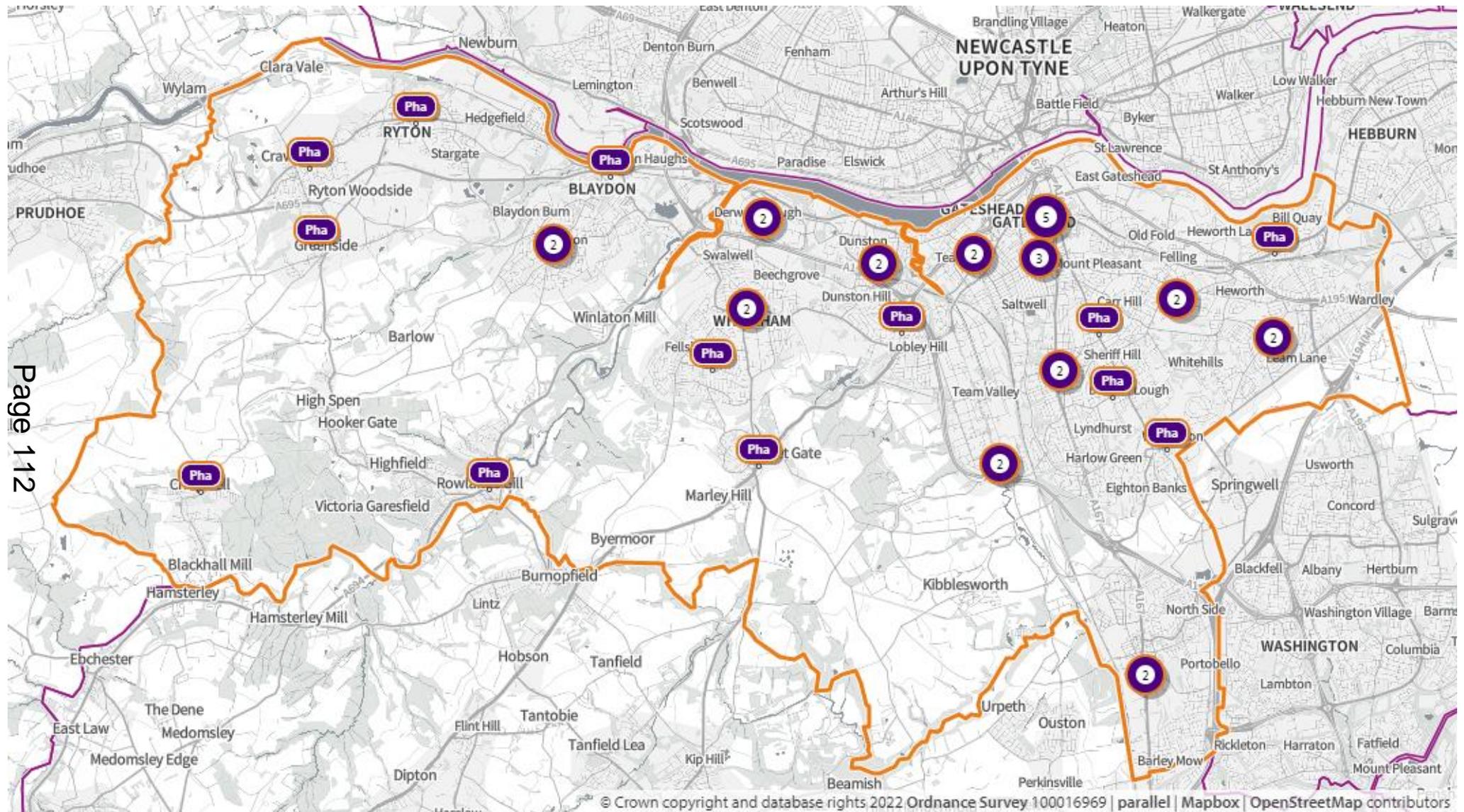
Appendix 8f: Maps of Pharmacy Access - Population within 16 minutes travel time of pharmacies by public transport on a weekday morning



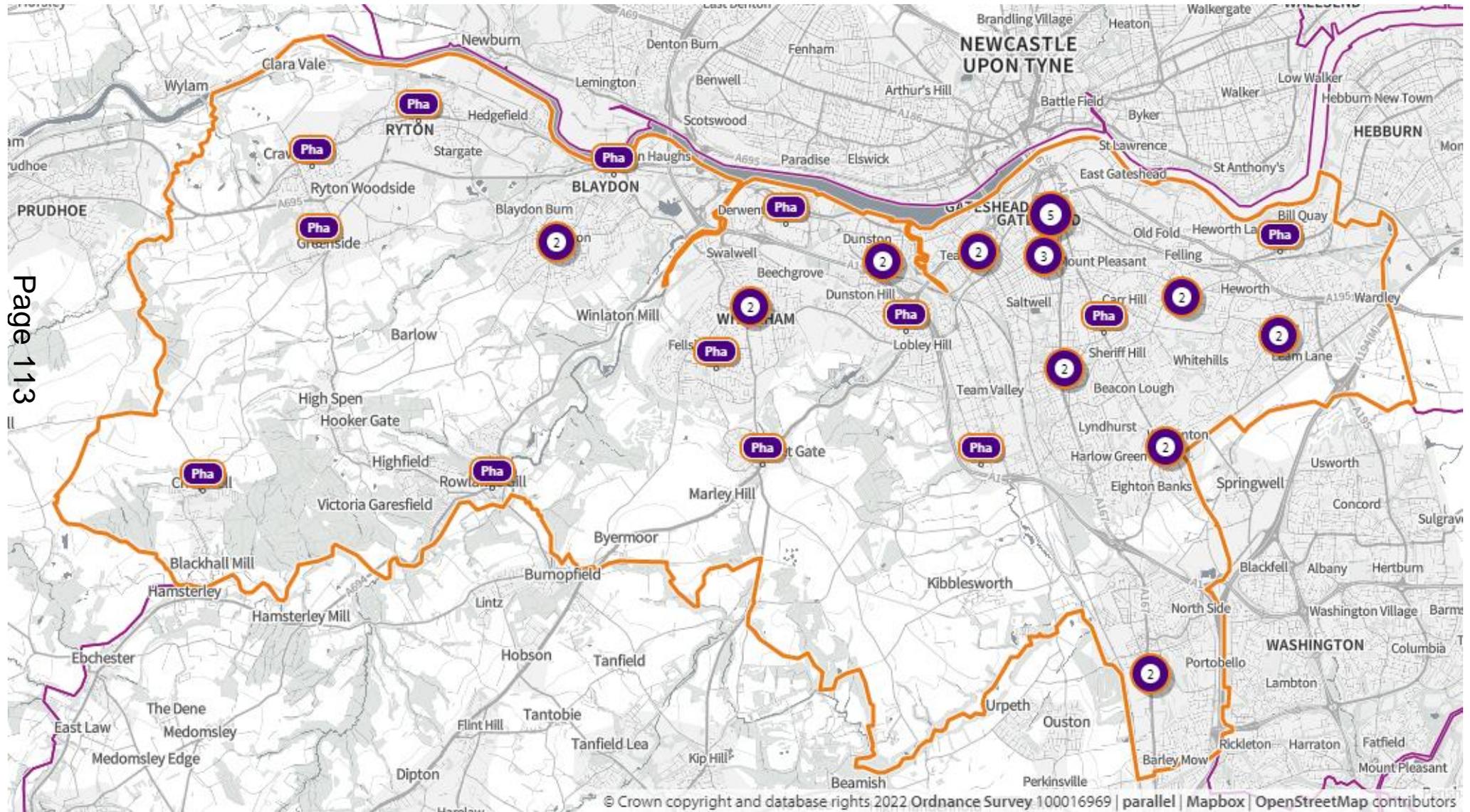
Appendix 9a: Maps of Locally Commissioned Services – Pharmacies providing NRT service



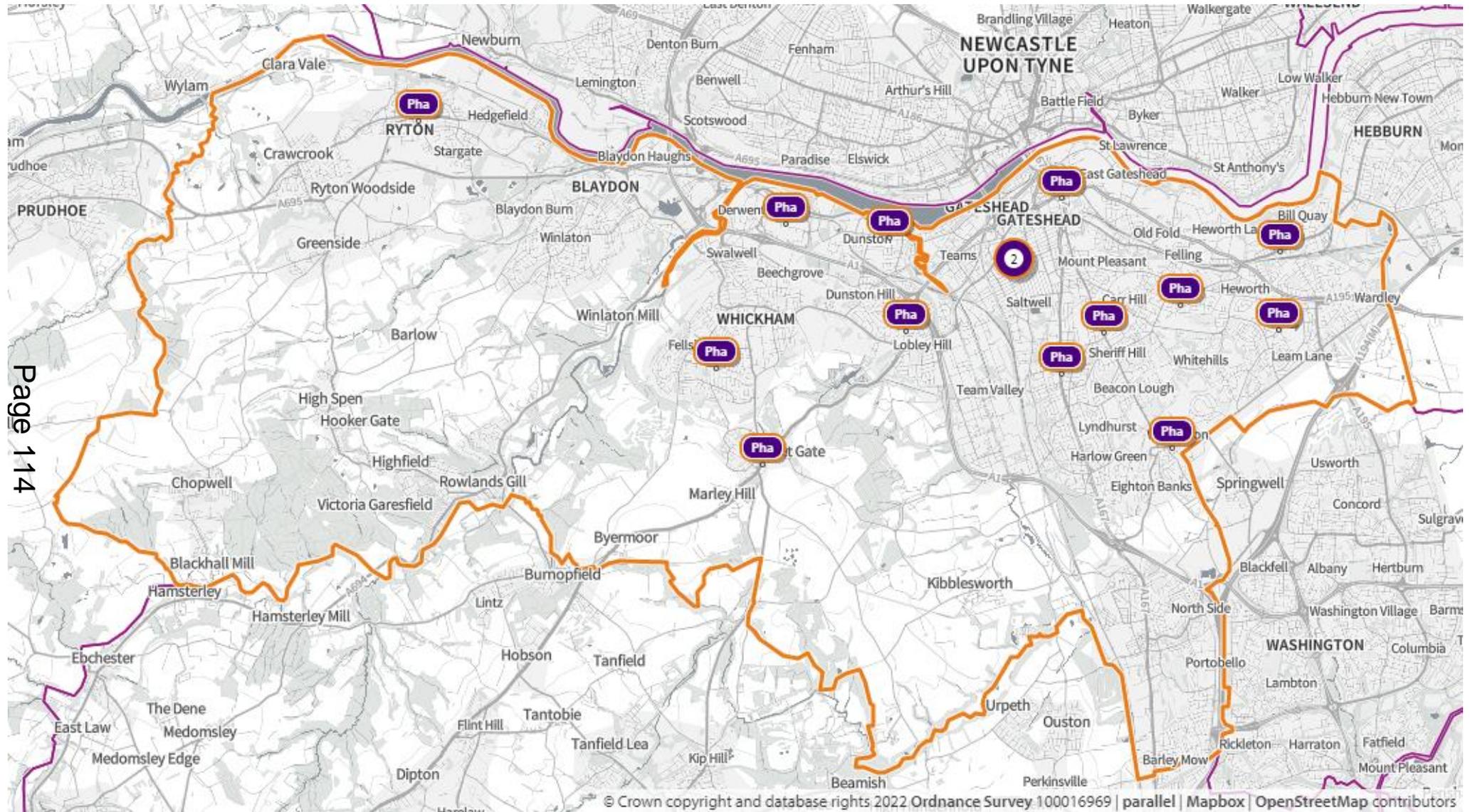
Appendix 9b: Maps of Locally Commissioned Services – Pharmacies providing EHC service



Appendix 9c: Maps of Locally Commissioned Services – Pharmacies providing supervised consumption service



Appendix 9d: Maps of Locally Commissioned Services – Pharmacies providing health checks service



Appendix 10: Pharmacy List, Service Offer, Opening Times and Other Service Provider Summary

All Pharmacies

Total number of pharmacies: 46

FVM83	Asda Stores Limited, Asda Pharmacy, Maple Row, Metrocentre, Gateshead, NE11 9YA (Tel: 0191 461 9510)
FRG71	Avicenna Retail Ltd, Fewster Square Pharmacy, 11 Fewster Square, Leam Lane Estate, Felling, Gateshead, NE10 8XQ (Tel: 0191 469 3018)
FPQ41	Avicenna Retail Ltd, Prince Consort Road Pharmacy, The Health Centre, Prince Consort Road, Gateshead, NE8 1NB (Tel: 0191 477 2280)
FT005	Avicenna Retail Ltd, Bewick Road Pharmacy, 13 Bewick Road, Gateshead, NE8 4DP (Tel: 0191 477 4456)
FCX29	Beacon View Pharmacy Limited, Beacon View Medical Centre, Beacon Lough Road, Gateshead, NE9 6YS (Tel: 0191 487 2121)
DFWJ68	Bestway National Chemists Limited, Well, 17 The Crescent, Dunston, Gateshead, NE11 9SJ (Tel: 0191 460 4687)
DFWW14	Bestway National Chemists Limited, Well, 31 Harraton Terrace, Durham Road,, Birtley, DH3 2QG (Tel: 0191 410 3135)
FME56	Bestway National Chemists Limited, Well, 105 Prince Consort Road, Gateshead, NE8 1LR (Tel: 0191 477 5349)
DFVR27	Bestway National Chemists Limited, Well, 14 Beaconsfield Road, Low Fell, Gateshead, NE9 5EU (Tel: 0191 487 5927)
FC155	Bestway National Chemists Limited, Well, 2-3 St Mary's Green, Whickham, Newcastle upon Tyne, NE16 4DN (Tel: 0191 488 5296)
FMK83	Boots UK Limited, 9-10 The Precinct, Wesley Court, Blaydon, Gateshead, NE21 5BT (Tel: 0191 414 3194)
FL974	Boots UK Limited, 2 Ravensworth Road, Dunston, Gateshead, NE11 9FJ (Tel: 0191 460 4351)
FW369	Boots UK Limited, Unit 4, Booth Street, Felling, Gateshead, NE10 9BF (Tel: 0191 438 1378)
FMF20	Boots UK Limited, Felling Health Centre, Stephenson Terrace, Felling, Gateshead, NE10 9QG (Tel: 0191 438 4300)
FGH89	Boots UK Limited, 13-15 Ellison Street, Trinity Square, Gateshead, NE8 1BF (Tel: 0191 477 1306)
FF805	Boots UK Limited, 479 Durham Road, Low Fell, Gateshead, NE9 5EX (Tel: 0191 482 3776)
FMF10	Boots UK Limited, Units 46-52, Cameron Walk, The Metrocentre, Gateshead, NE11 9YQ (Tel: 0191 493 2055)
FYK96	Boots UK Limited, 34 Station Road, Rowlands Gill, Tyne and Wear, NE39 1PZ (Tel: 01207 544 103)
FV192	Boots UK Limited, 2 Dean Terrace, Ryton, Tyne and Wear, NE40 3HQ (Tel: 0191 413 2130)
FNK51	Boots UK Limited, Unit 9, Team Valley Retail Park, Gateshead, NE11 0BD (Tel: 0191 491 4348)
FLA85	Boots UK Limited, 16 Front Street, Winlaton, Tyne & Wear, NE21 4RE (Tel: 0191 414 2472)
FYN79	Centralchem Limited, 217 Coatsworth Road, Gateshead, NE8 1SR (Tel: 0191 477 1480)
FX287	Fairman Chemists Limited, Fairmans Pharmacy, 5 Brookfield Terrace, Pelaw, Gateshead, NE10 0QU (Tel: 0191 469 2124)
FE708	G.H. Furness Limited, 13 Derwent Street, Chopwell, Tyne & Wear, NE17 7HU (Tel: 01207 561 266)
FW778	JSBH Ltd, Oakfield Pharmacy, 96 Oakfield Road, Whickham, Newcastle upon Tyne, NE16 5QU (Tel: 0191 488 5640)

FAF46	KA & AO Limited, K & A Pharmacy, 292 Old Durham Road, Gateshead, NE8 4BQ (Tel: 0191 477 2797)
FFE13	L Rowland & Company (Retail) Limited, Rowlands Pharmacy, Former Five Star Batteries, Meresyde, Leam Lane, Gateshead, NE10 8PE (Tel: 0191 469 2410)
FAX07	Lloyds Pharmacy Limited, Teams Medical Centre, Watson Street, Teams Estate, Gateshead, NE8 2PQ (Tel: 0191 460 7497)
FR474	Lloyds Pharmacy Limited, 181 Coatsworth Road, Gateshead, NE8 1SQ (Tel: 0191 477 1616)
FN492	Lloyds Pharmacy Limited, Pattinson Drive, Crawcrook, Ryton, NE40 4US (Tel: 0191 413 2234)
FYN48	Lloyds Pharmacy Limited, Rockwood Hill Road, Greenside, Ryton, NE40 4AX (Tel: 0191 413 2484)
FEX02	Lloyds Pharmacy Limited, 9 Harras Bank, Birtley, Chester-le-Street, DH3 2PE (Tel: 0191 410 2198)
FMG80	Lloyds Pharmacy Limited, Inside Sainsburys, Eleventh Avenue, Team Valley Trading Estate, Gateshead, NE11 0NJ (Tel: 0191 491 1198)
FRH52	Lloyds Pharmacy Limited, 1 Springwell Road, Wrekenton, Gateshead, NE9 7JN (Tel: 0191 487 4258)
FG334	Lobley Hill Pharmacy Limited, 72 Malvern Gardens, Gateshead, NE11 9LJ (Tel: 0191 420 0213)
FML40	M.D. & A.G. Burdon Ltd, Whickham Pharmacy, 30-32 Front Street, Whickham, Gateshead, Tyne and Wear, NE16 4DT (Tel: 0191 488 0956)
FV468	Mr Simon Leung, Vantage Chemist, 2 Imperial Buildings, Durham Road, Birtley, Chester-le-Street, DH3 1LG (Tel: 0191 410 2125)
FJA23	N & B Chemists Limited, 1 Liddell Terrace, Bensham, Gateshead, NE8 1YN (Tel: 0191 477 6742)
FTK02	Pacific Chem Ltd, PCH Chemist, Aone Business Centre, Suite 9, 3 Summerhill, Blaydon on Tyne, NE21 4JR (Tel: 0191 414 9892)
FAE19	R G Young Pharmacy Ltd, 33 Sheriffs Highway, Old Durham Road, Gateshead, NE9 5PJ (Tel: 0191 482 6457)
FJE40	R W Wilson Pharmacy Ltd, 50 Front Street, Winlaton, Blaydon on Tyne, NE21 6AD (Tel: 0191 414 2378)
FW278	Spinks The Chemists Limited, Team Valley Pharmacy, 379 Princes Way South, Team Valley Trading Estate, Gateshead, NE11 0TU (Tel: 0191 487 1007)
FK304	Sunniside Healthcare Limited, Sunniside Pharmacy, 9 Dewhurst Terrace, Sunniside, Newcastle upon Tyne, NE16 5LP (Tel: 0191 488 5638)
FD563	Tesco Stores Limited, 1 Trinity Square, Gateshead, Tyne and Wear, NE8 1AG (Tel: 0191 693 9931)
FEM15	Whitworth Chemists Limited, 7 Wrekenton Row, Gateshead, NE9 7JD (Tel: 0191 487 7007)
FFR49	Whitworth Chemists Limited, Wrekenton Health Centre, Springwell Road, Wrekenton, Gateshead, NE9 7AD (Tel: 0191 487 8733)

Pharmacy Opening Hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FVM83	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	11:00-17:00
FRG71	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
FPQ41	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
FT005	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
FCX29	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FWJ68	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FWW14	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-22:00	10:00-16:00
FME56	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
FVR27	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed
FC155	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
FMK83	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-16:00	Closed
FL974	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FW369	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	09:00-17:00	Closed
FMF20	07:30-18:00	07:30-18:00	07:30-18:00	07:30-18:00	08:00-18:00	Closed	Closed
FGH89	08:00-13:00 14:00-19:00	08:00-13:00 14:00-19:00	08:00-13:00 14:00-19:00	08:00-13:00 14:00-19:00	08:00-13:00 14:00-19:00	08:00-13:00 14:00-19:00	10:00-16:00
FF805	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
FMF10	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-19:00	11:00-17:00
FYK96	08:45-13:00 14:00-18:00	08:45-13:00 14:00-18:00	08:45-13:00 14:00-18:00	08:45-13:00 14:00-18:00	08:45-13:00 14:00-18:00	09:00-13:00	Closed
FV192	08:30-13:00 14:15-18:00	08:30-13:00 14:15-18:00	08:30-13:00 14:15-18:00	08:30-13:00 14:15-18:00	08:30-13:00 14:15-18:00	09:00-13:00	Closed
FNK51	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-19:00	11:00-17:00
FLA85	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
FYN79	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
FX287	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	Closed
FE708	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	09:00-18:00	Closed	Closed

FW778	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FAF46	08:30-17:30	08:30-17:30	09:00-17:30	08:30-17:30	08:30-17:30	Closed	Closed
FFE13	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FAX07	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
FR474	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FN492	08:30-13:00 14:00-17:30	08:30-13:00 14:00-18:00	08:30-13:00 14:00-17:30	08:30-13:00 14:00-18:00	08:30-13:00 14:00-17:30	09:00-12:00	Closed
FYN48	08:30-16:00	08:30-16:00	08:30-16:00	08:30-16:00	08:30-16:00	09:00-12:00	Closed
FEX02	07:30-18:00	07:30-18:00	07:30-18:00	07:30-18:00	07:30-18:00	Closed	Closed
FMG80	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00
FRH52	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FG334	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed
FML40	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
FV468	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FJA23	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FTK02	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
FAE19	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FJE40	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FW278	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FK304	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30	Closed
FD563	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	10:00-16:00
FEM15	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FFR49	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed

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Appendix 11: Acknowledgements

The writing group for the PNA, consisting of representatives from Public Health, North Tyneside Council, North Tyneside Clinical Commissioning Group (CCG) and North-East Commissioning Support would like to thank the following for their contribution to the production of the PNA:

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- Commissioning Leads, Gateshead Council;
- Planning Officers, Gateshead Council;
- Newcastle Gateshead Clinical Commissioning Group (CCG);
- Healthwatch Gateshead
- Business Intelligence team, North of England Care Support (NECS).

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Steering Group members:

- Edward O Malley Public Health Knowledge & Intelligence Lead, Gateshead Council (Chair)
- Matthew Liddle Senior Corporate Officer, Office of the Chief Executive, Gateshead Council
- David Carter Chairman Gateshead & South Tyneside LPC
- Sami Hanna Communications Officer, Gateshead & South Tyneside LPC
- Neil Gammack Chief Pharmacist, Queen Elizabeth Hospital, Gateshead
- Kim Newton Project Manager, Healthwatch Gateshead
- Marc Hopkinson Newcastle Gateshead CCG
- Steve Llewellyn Senior Medicine Optimisation Pharmacist, Newcastle Gateshead CCG
- Bill Westwood Chairman, Gateshead, and South Tyneside Local Medical Committee
- Sue White Medicines Optimisation Pharmacist, NECS.

Appendix 12: References and Data Sources

1. The Health and Social Care Act 2012: <https://www.legislation.gov.uk/ukpga/2012/7/contents>
2. PNA for Gateshead April 2018 – March 2021: [PNA_2018_FINAL_Version.pdf \(gatesheadjsna.org.uk\)](https://www.gatesheadjsna.org.uk/PNA_2018_FINAL_Version.pdf)
3. JSNA: [Gateshead JSNA - Joint Strategic Needs Assessment](#)
4. National Health Service Act 2006: <https://www.legislation.gov.uk/ukpga/2006/41/contents>
5. The White Paper: Pharmacy in England: Building on Strengths – Delivering the Future <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>
6. The Health Act 2009: <https://www.legislation.gov.uk/ukpga/2009/21/contents>
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TITLE OF REPORT: Gateshead Pharmaceutical Needs Assessment 2022

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the draft Pharmaceutical Needs Assessment 2022 prior to public consultation.

How does the report support Gateshead's Health & Wellbeing Strategy?

2. The development and publication of a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012.

Background

3. The purpose of the PNA is twofold:
 - a. To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead.
 - b. To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.
4. A PNA describes the population's health needs and the pharmaceutical services which exist or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new community pharmacies. The previous PNA was produced and implemented in 2018 with the requirement that the HWB must publish a statement of its revised assessment within 3 years of publication. This was extended by a further 18 months because of the Covid-19 pandemic.
5. The attached draft PNA has been developed through a steering group including representatives from the Council's Public Health team, the CCG, the Local Medical and Pharmaceutical Committees, and Healthwatch.
6. The draft PNA highlights the provision of core and extended pharmacy services across Gateshead and makes a number of recommendations (Appendix 1). It also reflects on progress on the recommendations from the 2018 report.
7. There is a requirement for consultation on the PNA with relevant stakeholders (described in the report) for a minimum period of 60 days.

Proposal

8. It is proposed that consultation on the draft PNA addresses the following questions:
 - a. to consider whether there are sufficient community pharmacies to meet the needs of the population, and particularly whether this is the case in the East locality of the Borough; and;
 - b. to consider whether other services could be delivered by community pharmacies.
9. The consultation should last from 20 June to 18 August 2022, and the final PNA taking account of comments as appropriate would then be brought back to a meeting of the HWB before the end of September 2022 for approval. (Appendix 2)

Recommendations

10. The Health and Wellbeing Board is asked to approve the proposed consultation on the draft Pharmaceutical Needs Assessment.
11. The Health and Wellbeing Board is asked to approve the recommendations for inclusion within the PNA 2022 outlined in Appendix 1.

Contact: Edward O'Malley, Public Health Intelligence Lead, Gateshead Council,
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Appendix 1

Gateshead Pharmaceutical Needs Assessment 2022

Conclusions and Key Points

- There are 46 pharmacies in Gateshead, located primarily in areas of higher population density with 98% of the population being within 1 mile of a community pharmacy.
- There is more than one pharmacy in most villages and urban areas within Gateshead, allowing patient choice and access to enhanced services.
- In addition, there is one 100-hour pharmacy, three distant selling pharmacies, and one rural general practice provides dispensing services to some of their patients.
- There is adequate provision of pharmacies across Gateshead Monday to Friday 9am to 5pm. However, as in previous years services continue to be more limited in weekday evenings and over weekends.
- On Saturdays, 67% of pharmacies are open in the mornings and 30% are open on Saturday afternoons, allowing working residents to access pharmacy services. Sunday and evening provision across Gateshead is more limited. Access to pharmacies that are open for longer during the day and the weekend is greater in the Central, Inner West and South localities of Gateshead with the East and West localities having limited Saturday morning and no Sunday access within the locality.
- Although there has been a reduction in pharmacy provision in Gateshead since the last PNA, there continues to be adequate access to community pharmacies during the weekdays and weekends, although this is more limited in the evenings and on Sundays.
- The longer hours of access to pharmacy services are provided by the one 100-hour pharmacy provider and a number of community pharmacies provide extended hours including 9 community pharmacies that provide services for between 51 - 60 hours per week and 5 that provide services between 61-99 hours per week.
- Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all these services across Gateshead.
- Although the more rural areas in the West of Gateshead have a more limited pharmacy provision, the findings regarding access to services by foot and public transport include these areas and demonstrate there is adequate access to services in terms of travel time for all the population of Gateshead.
- The areas of Gateshead that are within the 30% most deprived areas in the country account for 52% of the areas in Gateshead. However, the majority of pharmacy services are seen to be located near to or in these areas. From this information, although there is adequate access to community pharmacy services

across the area, the east and west localities of Gateshead are less well served both with pharmacy premises and also the range of pharmacy opening hours.

- The finding described in this PNA is that there continues to be a good delivery of Pharmacy Advanced Services across Gateshead. All pharmacies provide the CPCS and NMS services and many indicated their intention to commence the hypertension case finding service. Provision of support for people requiring Appliances and Stoma care is more limited in the area but this may be a reflection of the required needs of the local community.
- Services currently commissioned from pharmacies in Gateshead include emergency contraception, smoking cessation, needle exchange, supervised consumption of methadone, minor ailments, and specialist palliative care drugs. There is adequate provision of all these services across Gateshead.
- There is also adequate provision of the locally commissioned services by the CCG across Gateshead with many other pharmacies willing to provide the service if commissioned.

Recommendations

- Access to pharmacy in respect of urgent care is adequate but the HWB board recommends that discussions and review of the pharmacy services out of hours are recommenced.
- The Health and Wellbeing Board considers that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services.
- After considering all the elements of the PNA, the Health and Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across Gateshead.
- The HWB recognise that community pharmacies in Gateshead across the majority of localities, dispense significantly higher numbers of prescriptions than the national average, however these pharmacies are able to meet the current need.
- Gateshead Health and Wellbeing Board wish to acknowledge the contribution that Community pharmacy services have made to the recent Covid Pandemic response. The majority of pharmacies in Gateshead provided support to the local community both in terms of maintaining essential medicine services and also in the delivery of medicines to those unable to leave their homes, supplying Lateral Flow Device testing kits and in the support and administration of the covid vaccination programme.

Appendix 2

Consultation on the Draft Pharmaceutical Needs Assessment

The formal consultation on the draft PNA for Gateshead will run from 20 June to 18 August 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders will be consulted during this time:

- Gateshead Local Pharmaceutical Committee
- Gateshead Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Gateshead
- LPS chemists in Gateshead with whom NHS England has made arrangements for the provision of any local pharmaceutical services.
- Newcastle Gateshead Clinical Commissioning Group
- Gateshead Healthwatch
- Gateshead Health NHS Foundation Trust, and Northumberland, Tyne & Wear Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Durham, Gateshead, South Tyneside and Sunderland.
- General Practitioners
- ICS
- Letters will be sent to all consultees informing them of the web site address which contained the draft PNA document.
- Additionally, comments from the public will be sought via the Council's on-line consultation portal.

Three specific consultation questions will be asked:

- a. whether there are sufficient community pharmacies to meet the needs of the population; and
- b. whether other services could be delivered by community pharmacies.
- c. Do you feel that the information is a good reflection of the current pharmaceutical provision in Gateshead?

Respondents can also offer other comments.

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TITLE OF REPORT: Anti-social Behaviour Review

Purpose of the Report

1. To inform the Health & Wellbeing Board on a review being undertaken into anti-social behaviour (ASB) in Gateshead.

How does the report support Gateshead's Health & Wellbeing Strategy?

2. Gateshead's Health and Wellbeing Strategy recognises that our health and wellbeing is influenced by where we live, and that the creation and development of sustainable places and communities is a key strategic aim. The Strategy sets out that to achieve this, we must promote community cohesion and the prevention of crime and anti-social behaviour.
3. This report sets out the purpose of the ASB review, emerging findings, and the next steps.

Background

4. The impact of ASB is consistently evidenced in public consultation exercises, with action to tackle ASB being one of the top priorities for Gateshead residents.
5. Tackling ASB is a complex issue with expertise, responsibilities and powers shared between different agencies that take different approaches, use different definitions, thresholds, and with a variety of resources and priorities.
6. In 2021 the Community Safety Board were supportive of a major review of ASB services in Gateshead that would;
 - a. better understand together how we tackle ASB in Gateshead;
 - b. agree a shared purpose between services involved in tackling ASB, supporting victims and in helping those connected with ASB to change their behaviour;
 - c. set up and test new ways of working that achieve that purpose and make best use of resources;
 - d. From the learning, make informed decisions about permanently changing the way the work is carried out.
7. Participants
 - Adult Social Cares ASSET representatives
 - Children's Service Early Help

- Children's Service Youth Justice Team
- Northumbria Police, Police and Crime Commissioner's Office, and T&W Fire Service
- Probation, Gateshead Recovery Partnership and health colleagues
- Housing services including Neighbourhood Relations Team, Housing Offices and Tenant Involvement
- Private housing noise/anti-social behaviour/environmental health
- Community safety and public health
- Environmental enforcement and street scene
- Legal and ICT colleagues

8. Method

9. The first stage of the Review referred to as 'Check', has included an examination of the current system from the user of the services point of view. It has included; understanding how the work happens, what matters to those we are trying to help, confirmation of the purpose of our activity, what is the demand on us and from whom, how capable is our system in responding to it, how does work flow through our system, what are the things that we do that help us to achieve our purpose, what are the things that are wasting our time, and what is causing us to behave this way.

10. Findings

11. Check has confirmed that the ASB system is not making the most of opportunities to prevent harm, change behaviour or reduce demand on services. Performance is being driven by a number of assumptions that are having a negative impact on the way the work is carried out, and on the outcomes being achieved;
- a. Within some parts of the system, 55% of the work does not contribute to the purpose and repeat victims/perpetrators account for 50% of demand.
 - b. Victims rate us at 4.9 out of 10/perpetrators tell us they didn't have a voice
 - c. Victims don't want us to just deal with the issue at hand, but to deal with the 'knock on effects', or things they think we should foresee.
 - d. ASB was a symptom of an underlying issue, mental health (100% of cases reviewed), substance misuse
 - e. 75% of perpetrators didn't feel that they were treated fairly and they and their lifestyle was judged.
 - f. 92% were unemployed – in receipt of sickness benefit relating to mental health
 - g. Both victims and perpetrators said; more speed, less formality, help us repair our relationships.
 - h. Engagement with support dwindles with every hand off – some parts of the system include 7 hand offs.
 - i. Staff don't feel equipped or well trained or able to access information and that the role lacks recognition by managers, with insufficient feedback, stress, and poor staff retention.
 - j. The time it takes to resolve ASB varies widely across the system

12. Achievements

- a. A shared working purpose; *Resolve anti-social behaviour and strengthen communities*

- b. Clarity on the 'value work' and identification of the waste activities.
- c. Identification of the system conditions and the thinking that leads to current performance.
- d. Agreed 'principles of work' that achieve the purpose.
- e. A redesign on paper of a better way of working.

Proposal

13. A period within which the redesigned way of working is tested is now being planned. This will involve the handling of new real cases for a period of around 4-6 months using the redesigned method, to determine whether better outcomes can be achieved, by only doing the work that is of value. This test phase will confirm what 'roles' are necessary to carry out the work, what measures are required to evaluate impact, and how the method can be applied at scale. The expertise that is being assembled to carry out this test phase includes;
- a. Knowledge and experience of using the **Council's Tenancy Agreement** to tackle ASB is currently being identified.
 - b. Experience of using **Council tools and powers** and of tackling ASB associated with the private rented sector, is confirmed and in place.
 - c. Mental Health expertise. **Dedicated mental health expertise** is required for the test phase. Support from Mental Health Transformation programme is in place, funding is currently being identified.
 - d. Experience of using Police tools and powers. **A dedicated representative of Northumbria Police** is confirmed and in place.
 - e. **Analytical Support**, to track progress against purpose, create and use new measures, evaluate impact is confirmed and in place.
 - f. Knowledge of **support services and third sector** to identify and pull in support for individuals affected is currently being identified.

Recommendations

14. The Health and Wellbeing Board is asked to commit to support the ASB Review, and to receive progress reports where appropriate.

Contact: Anna Tankerville (0191) 4332358 AnnaTankerville@Gateshead.Gov.UK

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Gateshead Covid-19 Control Plan: May 2022

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Introduction - COVID-19 in Gateshead

In February and March 2022, we saw further easing of Covid-19 restrictions in line with the Governments Covid-19 Response ('roadmap' Feb 2021) and moving to the Living with Covid Guidelines (Feb 22). These new steps saw radical changes with relaxation of social distancing rules, isolation requirements, tracing functions, mask wearing and testing arrangements. The below table summarises these changes:

Date	Change in Guidance and Restrictions
21 February	<ul style="list-style-type: none"> • Removing the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.
24 February	<ul style="list-style-type: none"> • Remove the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative test results on consecutive days. • No longer ask fully vaccinated close contacts and those aged under 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate. • End self-isolation support payments, national funding for practical support and the medicine delivery service will no longer be available. • End routine contact tracing. Contacts will no longer be required to self-isolate or advised to take daily tests. • End the legal obligation for individuals to tell their employers when they are required to self-isolate. • Revoke The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations.
24 March	<ul style="list-style-type: none"> • Remove the COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.
1 April	<ul style="list-style-type: none"> • Remove the current guidance on voluntary COVID-status certification in domestic settings and no longer recommend that certain venues use the NHS COVID Pass. • Update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. This will align with the changes to testing. • No longer provide free universal symptomatic and asymptomatic testing for the general public in England. • Consolidate guidance to the public and businesses, in line with public health advice. • Remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments. • Replace the existing set of 'Working Safely' guidance with new public health guidance.

Despite these changes Covid is still prevalent in the community and it is important to maintain local vigilance to prevent and reduce the opportunities for the virus to spread within the community and key settings within Gateshead.

After 2 years of responding to the pandemic we now must look to how we live with Covid and resume our normal daily activities whilst still protecting those most vulnerable to effects of Covid. The introduction of the Covid-19 vaccine programme has been hugely successful in providing protection against the severe effects of Covid, and a continued vaccination programme moving forward will remain a prominent focus in our defence. As we move away from a containment phase we need to refocus our work on addressing the core issues exacerbated by Covid, such as the impact on children and their mental health through missed schooling and reduced social interactions; and the widening of the inequality gap around wealth and health for those most vulnerable. In order to do this we need to review our Covid response, and recognise functions which can be safely stood down allowing for resource to be channelled more effectively elsewhere as we learn to live with Covid.

This Covid Control Plan sets out the next steps for the Gateshead Public Health Team and partners with a focus on living with Covid safely. It aims to protect the health of Gateshead's population from Covid and assure stakeholders, and the public, that efficient and effective arrangements are in place if needed. The Plan remains a dynamic document which will be updated according to learning and experience in dealing with the Covid response. The Public Health Team will keep the Plan under regular review and amend/update according to local, regional and national developments.

Covid-19 Testing

Throughout the pandemic the national testing programme has evolved as our understanding of the virus has increased, and the prevalence and severity threat has changed. Testing has been important throughout the response to help early identification of the virus, allowing people to appropriately isolate and break the chain of spread. The population now has much stronger protection against Covid than at any other point in the pandemic, due to the vaccination programme, natural immunity, access to antivirals, and increased scientific and public understanding about how to manage risk. For this reason, the Government now assesses that it is time to transition to focus its Covid response towards guidance, while targeting protection on individuals who are most at risk from the virus. Therefore, the provision of free universal symptomatic and asymptomatic testing for the general public was removed on the 1st April 2022. Private testing arrangements remain available. The three testing sites in Gateshead which delivered PCR testing were Blaydon Leisure Centre, Grassbanks and Prince Consort Road, they are no longer in operation, although the structures are not planned to be fully removed until July 2022 as part of a national programme.

There is limited symptomatic testing available for a small number of at-risk groups, they will be contacted directly and advised of how to access tests through a national programme. Ongoing testing regimes remain in place for staff and service users in some Health and Social Care settings, these arrangements vary depending on the setting and are outlined in the national guidance and organised by the employing organisation.

Future Testing Provision: UKHSA are reviewing plans for a small number of Mobile Testing Units to be retained nationally, to provide a contingency measure if need is identified. Gateshead Council have a supply of LFD home testing kits in reserve which can be used in the event of a need for surge testing, this would be managed by Gateshead Council with support of UKHSA Health Protection Team.

Covid-19 Tracing

Alongside testing, another important control function was tracing contacts of those with a positive covid result. Gateshead Council had successfully set up a Local Trace Partnership arrangement working collaboratively with the national Test and Trace system to contact positive cases and identified contacts.

On the 24th February a national decision was taken to no longer contact positive cases or contacts and the tracing function was stopped. Therefore, our local tracing staff team were redeployed to their original roles within the council.

Current national advice sets out guidance for those who test positive and precautions contacts can take to reduce the risk to themselves and other people. Those testing positive for Covid are encouraged to inform their close contacts so that they can follow the guidance. Gateshead Council is following this guidance and supporting employees to adhere to it providing a safe work environment.

Extra guidance and precautions are in place for positive cases and contacts in health and social care settings, often these are based on internal risk assessments and occupational health guidance.

Regional Health Protection Teams are also continuing to support local outbreaks in vulnerable settings. In the case of a resurgence of the virus, a new variant or large outbreak Gateshead Council will work with the Health Protection Team to support a control response in line with their health protection responsibilities outlined in the constitution. In the case of a national resurgence, Gateshead Council will follow national guidance where required.

Covid-19 Vaccination

We know that the vaccine is effective at reducing the risk of mortality and hospitalisation from Covid. The oversight and implementation of the vaccine programme is led by the CCG, working with Primary Care Networks, GPs, the Gateshead Health NHS FT, other NHS bodies and the Council. A specific work programme has been established to achieve equitable uptake amongst the groups where low uptake is more likely.

Since the beginning of the Covid-19 vaccination roll-out, Gateshead's system providers implemented five models to deliver the vaccine which ensured equitable access to all from the outset:

1. Five local vaccination centres spread across the borough; using mid-size venues such as health centres and public buildings, led by general practice teams working together in already established primary care networks. Appointments were accessed either through the national booking service or via the patient's registered practice. Centre names; The Bede Centre, Birtley Medical Group, Blaydon, Felling Hub and Rawling Road Practice.
2. Community pharmacies at Lobley Hill & Bensham offered vaccination appointments via the national booking service as well as walk-in appointments.
3. A hub at the Queen Elizabeth Hospital ensured health and care staff and other priority workers could access the vaccine without delay.
4. Mobile delivery of vaccines to people who are housebound or in care homes has been majority led by community nursing teams. During 2021/22 7,307 vaccinations were given to 3,181 care home residents and housebound patients.
5. 'Pop-up' sites using the Council's mobile vaccination unit successfully and frequently reached out to the borough's underserved communities and linked to high footfall areas such as Trinity Square, so people could access the vaccine without an appointment. These sessions were extremely popular, particularly with residents who ordinarily may not have taken the opportunity of the vaccine.

The 2022 Spring booster programme is currently well underway in Gateshead, with the local vaccination sites and pharmacies noted above delivering to all eligible immunosuppressed residents and over 75-year-olds, alongside frequent clinics for those aged 5 to 17 years too.

The Public Health Team have worked with NHS partners to agree recurring vaccination 'pop-ups' in five areas which hold the lowest uptake across the borough (Saltwell, Leam Lane Estate, Wrekenton and Rowlands Gill) – the vaccination bus timetable will run weekly throughout May through to July.

Throughout summer a scaled-down evergreen vaccination offer will be available at all sites and, if required, robust contingency plans are at hand to increase vaccination capacity at sites rapidly and effectively (e.g. extend operational hours/days).

It is the JCVI's view that an Autumn 2022 programme of vaccinations will be indicated for persons who are at higher risk of severe COVID-19; such as those of older age and in clinical risk groups - precise details of this programme will be laid down over the coming months to enable operational plans to be set out in Gateshead in a timely manner.

Covid-19 Data and Intelligence

Information is essential to enable us to understand progress, identify gaps and inequalities in uptake, inform the action we need to take to deliver the programme effectively, and provide assurance to system leaders and the local community. Gateshead's daily dashboards/reporting has been stood down in favour of weekly reports based on below noted components:

- Omicron typically being less severe i.e., inpatients typically not requiring ITU/RSU
- Mortality significantly lower
- National policy changes i.e., ceasing of national testing arrangements
- Surveillance feeding advice rather than enforcement (limited to no powers due to policy change)

However, although formal reporting doesn't take place daily, health protection surveillance specifically for Covid is now part of business-as-usual daily activity, with escalation points via Director of Public Health and the Gateshead Public Health Senior Management Team should they be required. Due to national policy changes & testing changes (1st Apr) testing/cases are now highly likely to be underreported therefore not representative of 'real' world picture. Therefore surveillance in the future will focus on:

- ONS & REACT study estimates of prevalence
- Modelled prevalence / incidence
- ONS Mortality data
- UKHSA / NHS vaccination uptake data
- Local NHS and partner intelligence

Combined these sources of data should enable us to monitor outcomes of Covid while maintaining a less detailed picture of local case numbers/rates. Where we have stood down reporting, the processes will be maintained to enable a rapid stand up should the need arise. Surveillance is shifting from initiation/transmission to outcomes.

Outbreak Control Plans

During the peak of the pandemic the Public Health Team were supporting the Health Protection Team to investigate and manage some local outbreaks, in line with locally agreed guidance. As prevalence has decreased and outbreaks reduced, along with a reduction in control measures, the Health Protection Team no longer need this support, they will lead on any local Covid outbreaks identified. In line with our health protection duties as a local authority we will work closely with the health protection team to support their investigations where required, mirroring the arrangements pre-pandemic.

We are also working to create a new Health Protection Board within the Council to support management of local outbreaks of Covid or other infectious or diseases of concern. If there is a resurgence or new variant, then we will escalate our processes as required and in partnership with the Health Protection Team and national guidance.

Schools and early year settings: During the pandemic, the Public Health Team worked very closely with schools and early year settings to support them and prevent the transmission of COVID-19. These settings were deemed high risk due to the shared spaces and the frequent close contact between children and young people who often find social distancing much harder.

There is a diverse range of school and early year provision in Gateshead:

- Early Years provision is split into childminders (99), day nurseries (32), out of school care (30 - note some of which are on the same site/under the same management as some of the day nursery provision), pre-school playgroups (22). We also have 2 Jewish independent nursery school provision and 4 private Jewish nurseries plus a small number of childminders. Early years settings in the borough are supported by the Councils Early Help Team who have excellent working relationships and regular contact with managers and settings.
- There are 67 primary schools with a capacity of 15,299 places
- 10 secondary schools with capacity of 11,920 places (9 of which are academies and one independent, 7 special/alternative provision and 1 FE college. Some of our primary schools offer nursery provision for children over the age of two during term time and within school hours.
- 7 independent Jewish Schools and colleges with around 1250 students, providing education for children aged 5-16, plus colleges for older children and young people. These include boarding establishments.

State schools are supported by a School Improvement Service led by the Director of Education Schools and Inclusion and the Strategic Director of Children, Adults and Family Services with excellent working relationships and regular contact with schools headteachers and managers.

In line with the principles for local investigation and risk assessment, Lead Officers from Public Health have been working closely with the Education Service and directly with schools to provide support on implementation of national regulations, Covid secure measures, isolation and testing. As the National Living with Covid Strategy has been implemented there is no longer any specific Covid guidance for Schools and early years settings and they now follow national government guidance for the public.

In terms of managing infectious diseases all settings have been sent the link to the Health Protection in Schools Guidance. Settings are also required to have a general risk assessment, and this will incorporate any measures for helping to manage Covid e.g. hand hygiene, ventilation. Public health advice can be obtained by these settings through an online reporting tool where required <https://www.gateshead.gov.uk/covid19schoolschildcare>. Due to the changes in the guidance from 1 April 2022 we envisage that these enquiries will be limited as these settings adapt to learning to live with Covid. However, the online reporting tool will remain available in case settings need support with an outbreak.

All settings are required to have an emergency plan in place detailing what they would do and how they would respond if they needed to take any temporary actions in the event of an emergency. The emergency plan should be generic enough to cover a range of potential incidents occurring during, and outside, normal working hours including weekends and holidays. This should include public health incidents (e.g. a significant infectious disease incident). Emergency planning and response for education, childcare and children's social care settings

Schools and childcare settings are no longer required to report cases of suspected or confirmed Covid (by PCR or LFD) to the NE Health Protection Team or to the Local Authority. They have been advised to continue to contact the NE Health Protection Team if they have the following in their settings:

- They suspect they may have an outbreak of illness (other than Covid)
- They suspect they may have an outbreak of Covid in a SEND school
- They have more cases of illness/absence than usual for their setting
- A hospital admission, serious illness or death that maybe be due to an infectious disease (in children, pupils or staff)
- A cluster of cases where there are concerns about the health needs of vulnerable children, staff or students within the affected group

We will continue to maintain our close working relationships with the schools and early years settings and offer support should it be needed, although this will be on an individual basis and as required.

Care Homes: National Guidance for care homes and other social care settings has been updated into three documents – see below:

- Infection prevention and control in adult social care settings (includes the Infection Prevention and Control: Resource for adult social care and a quick guide for care workers). <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings>
- Infection prevention and control in adult social care: COVID-19 supplement (includes the COVID-19 supplement to the infection prevention and control resource and a summary of changes). <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement>
- COVID-19 Testing in adult social care. <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings>

Within Gateshead, day-to-day support for care settings is provided by the commissioning team with infection, prevention and control support provided via Specialist Infection Prevention and Control Practitioner from Queen Elizabeth Hospital.

Care homes report positive covid cases to the North East Health Protection Team who then provide guidance, including on outbreak testing, and assessment of risk where there are 2 or more linked cases. HPT sends a notification of new outbreaks to the covid outbreak inbox which is monitored Mon-Fri by Gateshead Public Health Team. Any notification for a Gateshead care home is forwarded to the commissioning team or Gateshead Council H&S if the home is a Promoting Independence Centre (PIC)

The care homes also update the capacity tracker with positive covid cases which is viewed by the commissioning team. Information about outbreaks in Gateshead care settings is collated and shared in a weekly email via the commissioning team.

Independent Supported Living and Extra Care Settings: In addition to the Care Home settings there are a large and varied number of residential care settings in Gateshead. It is acknowledged that there are similar risks from Covid due to the individual vulnerabilities of residents in these settings and the complexity of the settings. The approaches developed for Care Homes are now mirrored in these settings and following national guidance, along with individual risk assessments given the differing nature of the settings.

The public health team will continue to work closely with care homes and extra care settings to provide advice and guidance when requested.

Healthcare Settings: Throughout the pandemic we have worked closely with Gateshead NHS Trust to prevent the spread of Covid in the community and in hospitals. They are a key part of the Gateshead Covid Outbreak Control Board and we had clear data sharing channels to monitor local prevalence, healthcare capacity and disease severity. The trust have clear infection control guidance outlined by the national and their internal infection control team which they follow, and we continue to work closely with the trust to monitor the local picture regarding admissions, severity of cases, local healthcare pressures and staffing pressures.

Higher risk settings, locations (inc events) and communities: The evidence about safety and transmission of the Covid virus in the workplace indicates that the risk of transmission is most strongly associated with close and prolonged contact in indoor environments. The highest risks of transmission are in crowded spaces over extended periods. The powers available to LAs to respond to Covid outbreaks

therefore are those available to respond to infectious disease outbreaks more generally. DHSC continues to review the legal framework and lessons learned from Covid.

It is no longer incumbent upon employers to prepare and implement a Covid risk assessment. Guidance is available on managing the risk of respiratory infections in the workplace including Covid. Should regulations be reintroduced that require specific actions of employers, enforcement staff in Environmental Health and Trading Standards would resume the role in providing advice, guidance and enforcement functions.

Other High-Risk locations and communities: There are many places, locations and communities in Gateshead that are at higher risk of outbreaks characterised due to factors, these might include:

- Confined living spaces and multi occupancy housing
- Underlying vulnerabilities of individuals which include age, medical conditions, ethnicity
- Low understanding of individuals of the risks of infection and the risks of the disease
- Inability of individuals to keep to infection prevention measures
- Poor infection control measures

Over the pandemic we have worked closely with our partners to engage employers, community leaders, interest groups and individuals to identify and understand how to support our Covid response in these settings. This is particularly important knowing what we do about Covid and inequalities, and the likelihood of enduring transmission and lower vaccination/self-isolation in these groups. The Covid Community Champions networks is a group of 300 community individuals/representatives who come together to share information and support knowledge transfer around Covid. The public health team will keep a close working relationship with these networks and draw upon these to raise awareness of the threat and to seek cooperation with control measures if needed in the future.

A focus will remain on protecting those settings known to be at highest risk through local Covid outbreak investigation and management activities, led by the Health Protection Team. In addition, the Government will continue to provide limited symptomatic testing for a small number of at-risk groups and free symptomatic testing will remain available to social care staff.

The council will continue to routinely provide public health messaging and communications setting out advice about sensible behaviours and actions to local residents in line with national guidance.

Vulnerable/At risk groups

Covid affected everyone but there were certain groups of people for whom the virus had more severe clinical effects or disproportionately affected given their social circumstances. The risk profile for Covid is constantly changing and depends on multiple factors including the variant and prevalence. As prevalence decreases and vaccination levels increase the risk of transmission reduces, we need to be conscious that with the easing of restrictions some people may still feel uneasy about resuming their daily activities. As a council we will continue to promote the non-pharmaceutical interventions such as social distancing where possible and taking steps to reduce risk such as well-ventilated rooms or face mask wearing where appropriate. From a clinical perspective those who are at higher risk of developing severe disease from Covid in line with national guidance will have access to symptomatic testing and Covid treatment if they test positive, this is led by the NHS.

During the pandemic community hubs were used as community anchors supporting those who needed help with isolation, food packages and advice. As we move to living with Covid the isolation period has reduced alongside the number of people isolating. Funding support such as the Test and Trace Support Payment has also been withdrawn nationally. As a council we continue to offer multiple support services from financial support and advice, to support with housing or care needs. The customer services team act as a central connector for the council and can direct and refer those in need to the relevant directorate. The Customer service team can be accessed via the phone, online or in person at the Civic. This is the model

used pre-pandemic. There are also multiple ongoing workstreams, including work led by Alison Dunn, around support with welfare and advice which are focused on those socially vulnerable or in need.

Governance

Two boards were established to have oversight of the Covid response in Gateshead:

- **The Gateshead COVID-19 Control Board** is an operational or tactical level board which takes management responsibility for the previous Outbreak Management Plan and overall management of the local response. The COVID-19 Control Board is accountable to the Gateshead Health and Wellbeing. This Board was stood down on the 03/05/20; in agreement from all attendees. The change in guidance, removal of many covid restrictions and declining prevalence and severity of cases within the local health system were all driving factors. It was agreed that should there be a resurgence, large outbreak or variant of concern, the group could be reconvened at short notice and react appropriately. The decision to reconvene the Board would be led by Alice Wiseman, Director of Public Health, Gateshead Council.
- **Covid Coordination Group** is an internal Gateshead Council group which met to discuss the operational aspects of Covid management for Gateshead Council. This was a weekly meeting but has been stood down to once monthly and is being reviewed in June 2022 to consider complete standing down. The meeting is led by Marc Hopkinson, Associate Director, Transformation, System Resilience and EPRR at Gateshead Council. As above, this meeting will be reconvened should there be a change in the Covid picture.

Risk

As we deescalate our response in line with national guidance, it is important we consider the risks and implications of these actions. On balance, it is important that we are able to move away from a reactive state and resume some normal local authority activities which may have been stopped or reduced over the pandemic. We also need to look at the long-term issues Covid has caused and exacerbated, such as a rise in alcohol consumption, increase in mental health stresses and widened inequalities. To support this, we need to ensure that staff are able to refocus their efforts into their normal portfolios of work so resource has been redirected from Covid response to Covid recovery work.

However, it is important to recognise that Covid is still prevalent and poses a serious risk to certain groups of our population. Therefore we will take a cautionary approach, following national guidance and closely monitoring the local picture to allow us to appropriately escalate and respond to emerging threats as required. Potential risks include:

- Increase in Covid Prevalence
- Increase in Covid Prevalence: New Strain
- Increase in Severity of Covid disease from a new strain
- Large Covid Outbreak in a vulnerable setting
- Risk to business continuity due to a Covid outbreak or high prevalence: sickness and staffing from both a system and Gateshead Council perspective
- Risk to business continuity due to a Covid outbreak or high prevalence: Redeployment to support Covid response measures as part of an emergency response

It is impossible to predict what the coming months and year hold in regard to Covid, therefore we need to act cautiously and make informed choices based on the evidence we gather locally and nationally. The risks above are still prominent but after navigating through the first waves of Covid we are now in a stronger position to mobilise a response and escalate actions as needed. We will take our lead from national guidance and the UKHSA; and learn from our past work to ensure we react timely and appropriately.

Communication and Engagement

As the Local Authority, we have an important role in community engagement to reinforce national messaging, encourage compliance, and understand the barriers to adherence to different control measures. This includes using tailored local communications and messaging to bolster national communications and taking a leading role in joint communications at regional and sub-regional level. This has become increasingly important as restrictions are eased. Public perceptions of the threat of the virus are shifting, so we have ensured our communications are tailored appropriately to provide clear information.

Communications is a key element in outbreak management. Providing accurate and timely information to residents, businesses and settings and having the ability to respond to any localised outbreaks quickly and efficiently is essential. We have recruited a dedicated communications professional, who will work as part of the Public Health Team to ensure that positive behavioural change messages are used and that we increase the understanding of all stakeholders, including residents, of how they can play their part in preventing further outbreaks. Our communications are based on the Prevent – Respond – De-escalate model.

We will amplify and supplement the national campaigns with localised materials that make use of well-established channels and relationships. This will be communicated to a wide audience through social media, radio, TV and outdoor advertising and via the local press. We will continue to work with neighbouring local authorities (the LA7 group) and other LRF partners to ensure consistency of messaging across the region and address emerging issues. Language and tone will be persuasive, supportive, community focused and person centric. The EAST framework will be used to present all calls to action as Easy, Attractive, Social and Timely.

Resources - Test and Trace Service Grant/Contain Outbreak Management Fund

Local authorities in England were provided with a Government grant to cover costs incurred in relation to the mitigation and management of local outbreaks of Covid. The grant was used to support 5 key areas of focus and aligned to the operational needs of the plan:

- Surveillance: Rapid identification of clusters and outbreaks, decision making about local prevention actions and community buy in
 - Provision: Strengthen local capacity to provide robust Infection, Prevention and Control advice and support
 - Knowledge and skills: Equip local leaders to take local Covid prevention action
 - Communication and engagement
 - Support for those who need to isolate

Subsequently, the Contain Outbreak Management Fund (COMF) was set up to provide further financial support. This funding has been used to develop and refine our response to the pandemic. This included, but is not limited to:

- Building and maintaining testing capacity
- Providing local contact tracing response
- Supported isolation for identified cases and contacts
- Compliance measures
- Information and communication
- Support for Clinically Extremely Vulnerable
- Support for wider vulnerable groups
- Targeted interventions for populations of interest
- Support for educational outbreak response
- Behavioural insight and COVID-19 experience in communities

As the national measures for Covid have changed, the Grant and COMF funding streams have also ceased.

Next Steps

Moving forward we are still in the early stages of recovery from the pandemic, and as we move our response from a reactive stage to a recovery phase we need to ensure we continue to monitor closely the situation and be able to escalate/deescalate processes quickly. This document summarises the current provisions around outbreak management in line with national guidance and plans required for any future changes.

Aside from outbreak response we also need to carefully plan and look to how we support recovery from Covid which has seen an increase in inequalities and exacerbation of many ongoing issues, such as the mental health crisis. The cost of living is also rising and is another key factor we need to consider in our Covid recovery, especially to those who are socially vulnerable. Our public health team will work with the Council and system partners to address and support these issues with a shift of focus and resources into recovery rather than response.



GATESHEAD HEALTH AND WELLBEING BOARD

TITLE OF REPORT: Gateshead Health Protection Board

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the way in which the Gateshead health protection system will provide leadership and ensure a coordinated and consistent approach to outbreak control, infection prevention and the treatment and management of disease.

Background

2. Throughout the Covid-19 Pandemic, from the first confirmed case in Gateshead in March 2019 to 'Living with Covid', the health protection system, under the governance of the Gateshead Outbreak Control Board has provided solid and consistent leadership to the local system on outbreak control, infection prevention, management and Covid-19 services. The Board has provided evidence based and coordinated action as the pandemic unfolded, providing intelligence led decision making, mobilising services to minimise transmission and protect the most vulnerable. This included the development of a Local Outbreak Management Plan (LOMP) to set strategic direction and provide assurance that appropriate actions were in place to respond to any outbreaks affecting our population.
3. Although the Covid-19 Contain Framework and the statutory requirement for an Outbreak Control Board and LOMP was withdrawn on 7th April 2022 following the Prime Ministers announcement in February 2022 that all legal Covid-19 restrictions would end (including the requirement to self-isolate following a positive test result), it is imperative to ensure resilience and maintain contingency capabilities to deal with a range of possible Covid-19 scenarios.
4. Whilst we learn to live with Covid-19 it is important to remember that the pandemic is not over. Infection rates at the time of writing remain raised, both nationally and locally – albeit reducing. However, at the same time, harms as measured by hospitalisation and severe illness are currently low. As we transition into this next phase, we will need to continue to be vigilant for new variants and surges and be ready to respond.
5. In addition it is also important that as a system, Gateshead continues to protect the health of the population by leading and developing innovative programmes of work which focus on wider health protection priorities and emerging non-Covid 19 diseases so that any future incidents or outbreaks can be effectively managed; many of which have been exacerbated by Covid-19.
6. In order to ensure that the Gateshead health and care economy maintains safe, resilient and effective communicable disease and environmental protection services as well as meets the requirements of the 2012 Health and Social Care Act

(section 6C regulations) , the ‘Gateshead Outbreak Control Board’ will be renamed the ‘Gateshead Health Protection Board’ and will continue to work to ensure that arrangements are in place to protect the health of communities and develops robust assurance frameworks. This includes whole system wide reporting, strengthened governance arrangements, the development of a Gateshead Health Protection plan as well as regular updates to system leaders on surveillance of circulating infections.

7. A key focus of the Board will be on addressing emerging health protection priorities that disproportionately affect those people living in the most deprived communities in the Borough as well as considering the impact of worsening deprivation statistics, the impact of Covid-19 and health inequalities when planning programmes and monitoring progress on priorities. The key priorities of the Board will be:
 - Communicable Disease Control
 - Environmental Health
 - Immunisation
 - Infection Prevention & Control
 - Screening
 - Emergency Preparedness, Resilience and Response (EPRR)
8. The Board will report to the Health and Wellbeing Board and will be Chaired by the Service Director for Transformation, System Resilience and EPRR.
9. Membership will include representation from the following organisations:
 - Gateshead Council
 - Public Health and Wellbeing (Public Health and Emergency Response Team)
 - Economy, Innovation and Growth (Environmental Health and Trading Standards)
 - Care, Wellbeing and Learning (Adult and Children’s Services)
 - United Kingdom Health Security Agency
 - Gateshead Health NHS Foundation Trust
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
 - Primary Care
 - Community Pharmacies
 - NHS England
 - North East and North Cumbria Integrated Care Board
 - Voluntary, Community and Social Enterprise (VCSE)

Proposal

10. It is proposed that the ‘Gateshead Outbreak Control Board’ will be renamed the ‘Gateshead Health Protection Board’.

Recommendations

11. The Health and Wellbeing Board is asked to:
 - Agree to rename Gateshead Outbreak Control Board to the Gateshead Health Protection Board;
 - Receive an update annually on work and progress of the Board;
 - Ratify the Terms of Reference (Appendix A).

Contact: Marc Hopkinson, Service Director, Transformation, System Resilience and EPRR marchopkinson@gateshead.gov.uk

Gateshead Health Protection Board Terms of Reference

The purpose of the Health Protection Board is to:

- Provide strategic oversight of the health protection system in Gateshead.
- Improve integration and collaborative working on health protection between Gateshead Council, the NHS, United Kingdom Health Security Agency (UKHSA) and other local health and care service providers.
- Provide assurance to the Director of Public Health and the Health and Wellbeing Board, on behalf of the population of Gateshead, that the threats to the public's health are understood and that there are safe, effective and locally sensitive arrangements in place for the protection of the public's health.

Functions

In order to deliver of the strategic purpose of the health protection forum, the meeting has a range of different functions, these include:

- Developing a health protection action plan for Gateshead to be approved by the Health and Wellbeing Board and oversee its implementation by partners.
- To review the reports of significant incidents and outbreaks, consider recommendations for change as a result and promote quality improvement of the health protection system through encouraging implementation of recommendations.
- To monitor and then ensure that learning from incidents and outbreaks etc. has been established in future working practices of commissioners and providers.
- To identify, communicate and provide recommendations for the management of health protection risks, on behalf of the Health and Wellbeing Board.
- To challenge, share and escalate concerns and risks to commissioners and appropriate bodies when health protection plans and arrangements are considered inadequate to provide sufficient protection of patients or public safety.
- To share and escalate concerns to commissioners and regulators where relevant, when a provider's management of healthcare associated infections is, or may be inadequate to provide sufficient protection of patients or public safety.
- To receive the reports of significant incidents and outbreaks, consider recommendations for change and promote quality improvement of the health protection system through encouraging implementation of recommendations.
- To identify, communicate and make recommendations to address health inequalities arising from a variation in exposure to and outcomes from environmental hazards or infectious diseases, or from a variation in uptake of vaccination, coverage of screening or access to other health protection interventions.
- To identify key health protection needs for collaborative work and to feed into the Joint Strategic Needs Assessment.
- Oversee preparation of the annual Health Protection Board report.

Scope

The Board will provide advice, challenge and advocacy to protect the population of Gateshead.

Issues that are within the scope of the board are, but are not restricted to:

- Prevention and control of infectious disease in the community
- Environmental hazards including extreme weather events
- Immunisation programmes
- National screening programmes
- Sexually transmitted infections including HIV / sexual health
- Blood borne viruses
- Tuberculosis
- Planning, surveillance and response to incidents, outbreaks and emergencies

Issues that are specifically out of scope of the Board include:

- Environmental permits
- Business continuity
- Predictable 'business as usual' events such as NHS/social care winter planning
- Hospital acquired infection
- Methods of working

Governance

The Gateshead Health Protection Board is accountable to the Health and Wellbeing Board through the Director of Public Health.

The Gateshead Health Protection Board will provide verbal and/or written reports to the Health and Wellbeing Board and to the Council's Overview and Scrutiny Committee on an annual basis (or more frequently as required) through the Director of Public Health.

Where there is a need to escalate concerns or risks this will be done via the Director of Public Health through the Health and Wellbeing Board, Local Health Resilience Forum, Corporate Management Team of Gateshead Council, Newcastle Gateshead Clinical Commissioning Group (soon to be North East and North Cumbria Integrated Care Board) or NHS England (or other organisation) as appropriate.

The group will link with:

- Gateshead Council Corporate Risk Management Group
- Gateshead multi-agency Resilience and Emergency Planning group
- Local Health Resilience Partnership (LHRP)
- Northumbria Local Resilience Forum (LRF)
- Newcastle Gateshead Quality Safety and Risk Committee

The Gateshead Health Protection Board will share information and collaborate as appropriate with other fora and organisations engaged in the protection and promotion of the public's health.

Membership and Decision-Making

The membership of the Board reflects its purpose and functions as identified above. Accordingly, the membership will include:

- Gateshead Council
 - Public Health and Wellbeing (Public Health and Emergency Response Team)
 - Economy, Innovation and Growth (Environmental Health and Trading Standards)
 - Care, Wellbeing and Learning (Adult and Children's Services)
- United Kingdom Health Security Agency
- Gateshead Health NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Primary Care
- Community Pharmacies
- NHS England
- North East and North Cumbria Integrated Care Board
- Voluntary, Community and Social Enterprise (VCSE)

The programme board will be chaired by the Associate Director Transformation, System Resilience and EPRR/Director of Public Health.

Frequency

The board will meet on a three-monthly basis (i.e. four times a year) but may meet more often if required.

Agenda

There are a number of standing items that should be on the agenda each time the programme board meets:

- Welcome, Introductions and Apologies
- Screening and Immunisations
- Communicable Diseases
- Infection Control
- Emergency Planning, Risk and Resilience
- Substance Misuse
- Sexual Health
- Environmental health protection
- Air Quality
- Seasonal Influenza
- Communications
- Horizon Scanning

Other agenda items may be included at the discretion of the Chair.

Sub-Groups

It may be necessary in some cases to establish sub-groups on a standing basis to deal with issues that need ongoing attention (e.g. 'Flu).

In other circumstances it may be appropriate to set up a time limited task sub-group to address specific identified issues, with delegated responsibilities, if necessary, and with a view to reporting back at the next Board meeting.

Administration

Administrative support for the Board will be provided by Gateshead Council. The agenda will be finalised not later than two weeks before the meeting. Papers for the meeting will be circulated at least two weeks in advance of the meeting to allow members to familiarise themselves with them before the meeting.

Later items can be included at the discretion of the Chair, but it is expected that this would be exceptional.

Review

Terms of reference will be reviewed on an annual basis.



TITLE OF REPORT: Better Care Fund: End of Year Return (2021/22)

Purpose of the Report

1. To seek the retrospective endorsement of the Health & Wellbeing Board to the Better Care Fund end of year return for 2021/22 submitted to NHS England (NHSE).

How does the report support Gateshead's Health & Wellbeing Strategy?

2. The Better Care Fund supports the policy objectives of the Health and Wellbeing Strategy 'Good Jobs, Homes, Health and Friends' and, in particular, the focus on strengthening the role and impact of ill health prevention and enabling people to maximise their capabilities and have control over their lives.

Background

3. The HWB approved the Gateshead Better Care Fund (BCF) submission for 2021/22 at its meeting on 10th December 2021. NHS England has re-commenced its monitoring arrangements for the BCF and has sought an end of year return to be submitted.

End of Year Template Return for 2021/22

4. In line with the deadline set by NHS England, an end of year return for 2021/22 was submitted on the 25th of May. The return set out the end of year position relating to meeting national conditions, funding, performance against BCF metrics and narrative sections on highlights and feedback.

Proposal

5. The endorsement of the Board is sought to the BCF end of year return for 2021/22 which has been submitted to NHS England (attached).

Recommendations

6. The Health and Wellbeing Board is asked to retrospectively endorse the Better Care Fund return for 2021/22.

Contact: John Costello (0191) 4332065

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Family Hubs and Start for Life Steering Group Terms of Reference

1. Introduction

- 1.1 The Government has allocated £301.75m over the next three financial years to enable 75 upper-tier local authorities in England to deliver a package of family support and Start for Life services. This includes:
- £100 million for bespoke parent-infant mental health support
 - £81.75 million to create a network of Family Hubs, improving access to a wide range of integrated support services for families with children of all ages
 - £50 million to establish multicomponent breastfeeding support services in line with local needs
 - £50 million to fund evidence-based parenting programmes
 - £10 million to support local authorities to publish a clear 'Start for Life offer' and ensure that parents' and carers' voices are heard in the design, planning and delivery of services
- 1.2 There is also an additional £24 million for the home learning education recovery programme which forms part of the £153 million of new funding announced in June 2021 to aid early years educational recovery.
- 1.3 Gateshead Local Authority has been notified that it is eligible for funding from the Family Hubs and Start for Life programme, subject to confirmation that we can deliver the programme's requirements.
- 1.4 The funding is to enable areas to take forward the recommendations in The Best Start for Life (a vision for the 1,001 critical days) review report. This will enable us to build on the firm foundations we have in Gateshead and help us to take forward and further develop the six action areas in the report:
- Seamless support for families
 - A welcoming hub for families
 - The information families need when they need it
 - An empowered Start for Life workforce
 - Continually improving the Start for Life offer
 - Leadership for change
- 1.5 Family hubs are a way of joining up locally and bringing existing family help services together to improve access to services, connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs bring together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

2. Purpose

- 2.1 The purpose of the Family Hubs and Start for Life Steering Group is to work in partnership to take forward and develop the six action areas identified at point 1.4 above, and to deliver the requirements of the practice guidance and the family hub model framework (both still in development).

3. Role and Remit

- 3.1 The Family Hubs and Start for Life Steering Group will be accountable to the Health and Wellbeing Board. Where required, the steering group will report to the Gateshead Children's Safeguarding Partnership, the Gateshead Children's System Board, the Gateshead Child Be Healthy Partnership and to any other identified partnerships/groups as required.
- 3.2 See appendix 2 which gives full details of the family hubs development process. The core business of the Family Hubs and Start for Life Steering Group is to:
- Plan how we will meet the minimum delivery expectations of family hubs as described in the programme guide
 - Explore "go further" options as outlined in the programme guide, dependent on our starting point and local needs
 - Determine our approach to delivery e.g. data sharing, leadership and governance, evaluation which will be aligned to the "principles" for family hubs, published in the Family Hubs Model Framework
 - Oversee the development of the Family Hubs and monitor outcomes and progress regularly
 - To ensure that the subgroups are working within their remit towards agreed delivery expectations and reporting back to this steering group
 - To ensure that where possible all activities and initiatives are evidence based on proven good practice.

4. Chair and Vice-Chair

- 4.1 The Chair and Vice Chair of the Family Hubs and Start for Life Steering will be:
- Chair: Alice Wiseman - Director of Public Health
Vice Chair: Andrea Houlahan – Deputy Strategic Director Children's Services

5. Membership

- 5.1 Core members of the Family Hubs and Start for Life Steering Group will be:
- Gateshead Council (Early Help, Public Health, Property, Finance, Housing)
 - Gateshead Clinical Commissioning Group
 - North East Regional Co-ordinator National Centre for Family Hubs

- Maternity Services Gateshead NHS Foundation Trust
- 0-19 Public Health Nursing Services Harrogate and District NHS Foundation Trust
- Edberts House

5.2 This is not an exhaustive list of members and once further guidance is received the core membership may be extended to include other key delivery partners as required.

5.3 Other services and agencies may be invited to the Family Hubs and Start for Life Steering Group on an ad-hoc basis when required.

6. Meeting Arrangements

6.1 Meetings will take place on a bi-weekly basis initially

6.2 Meetings will be chaired by the identified Chair at paragraph 4.1. If the Chair is not present, then it shall be chaired by the Vice-Chair.

6.3 The Family Hubs and Start for Life Steering Group will be administered by officers within Gateshead Council's Public Health Team.

7. Declaration of Interests

7.1 Declarations of interest to be disclosed on matters to be considered at the meeting or if this becomes apparent during the meeting.

8. Accountability and Scrutiny

8.1 The Family Hubs and Start for Life Steering Group is directly accountable to the Health and Wellbeing Board.

8.2 Sub-groups will be established, where required, to take forward the key components included in the funding package:

- Network of family hubs
- Publication of Start for Life Offer
- Parenting programmes
- Infant-parent mental health support
- Breastfeeding support
- Home learning education recovery programmes

8.3 The sub- groups will report directly to the Family Hub and Start for Life Steering Group.

Agreed: 9 June 2022

Review Date: 9 December 2022 (or earlier if required e.g. when guidance & framework published)

Appendix 1

Identified members attending the Family Hubs and Start for Life Steering Group

Name	Role & Organisation	Function
Alice Wiseman	Director of Public Health Gateshead Council	Chair
Andrea Houlahan	Deputy Strategic Director Children's Services Gateshead Council	Vice Chair
Suzanne Dunn	Director of Education Gateshead Council	To be invited/confirmed when in post
Gavin Bradshaw	Service Manager Targeted Family Support Gateshead Council	
Louise Sweeney	Public Health Consultant Gateshead Council	
Moira Richardson	Public Health Advanced Practitioner Gateshead Council	
Angela Hannant	Public Health Programme Lead Gateshead Council	
Steve Sullivan	Team Manager Targeted Family Support Gateshead Council	
Emma Anderson	General Manager 0-19 Services HDFT NHS FT	
Lesley Heelbeck	Head of Maternity Services Gateshead NHS FT	
Sarah Gorman	Chief Executive Edberts House	
Catherine Horn	Portfolio Manager Children, Young People & Families Gateshead CCG	
Kirsty Sprudd	Associate Director Gateshead System Gateshead Council/CCG	
Zoe Sharratt	Team Leader Corporate Asset Strategy Gateshead Council	
Gaynor Carle	Group Accountant/Finance Business Partner Gateshead Council	
Terence Appleby	Group Accountant/Finance Business Partner Gateshead Council	
Kristina Robson	Group Accountant/Finance Business Partner Gateshead Council	
Bronia Arnott	NE Regional Co-ordinator NCFH	

Family Hubs development process

<p>Stage 1</p>	<ul style="list-style-type: none"> • Building consensus on the need for change • Local system assessment – how well are services working together • Use local data to understand current local delivery • Population needs assessment – needs of families in area • Single narrative assessment describes local strengths and areas for development • Other existing evidence and research – local and national • Voices and experiences of families • What works well / what could be better? • Who is signed up for the transformation? • Partnership commitment – investing to develop shared set of values and principles amongst key stakeholders invaluable in achieving success • Problems and risks • Agreement what needs to change • Theory of change approach • Readiness for change tool can assist
<p>Stage 2</p>	<ul style="list-style-type: none"> • Specifying family hub approach • Develop shared understanding of model • Aspirations/outcomes • Clear case for change. Why change is needed and who for • What the primary outcomes are • Options for local family hub approach • What have other areas done? • Identify how stakeholders will be involved in working up options • Identify strengths to build on and risks that need mitigation • Agree options for further scoping • How the intervention will work • What the short and medium term impact is • Agreeing business case for change, including Equality Impact Assessment (EIA)
<p>Stage 3</p>	<ul style="list-style-type: none"> • Develop implementation plan (business case for model approved) • Explore how ready partnership is for new model to be implemented • Ready to make change • Establish project management and governance arrangements • Determining evaluation plan • Robust approach to implementation and evaluation

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TITLE OF REPORT: Developing an approach and plan for implementation of the Health and Wellbeing Strategy

REPORT OF: Director of Public Health

Purpose of the Report

To provide an update to the Health and Wellbeing Board on the first meeting of the Health and Wellbeing Strategy Implementation group.

Background

The Health and Wellbeing Strategy, launched in 2020, sets out six key policy objectives designed to tackle the root causes of health inequalities. It is also the delivery method to support the implementation of Gateshead's Thrive pledges.

The six policy objectives are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair and good employment for all
- Ensure a health standard of living for all
- Create and develop sustainable places and communities
- Strengthen the role and impact of ill health prevention

The evidence-based policy objectives are taken from the Marmot Review, *Fair Society, Healthy Lives*.¹ Taking learning and evidence from across the last decade, and since the pandemic, further work by Marmot et.al. identifies the need to continue to drive action within these policy objectives.^{2,3}

Under each objective, the Health and Wellbeing Strategy sets out important principles and broad actions that can be applied across sectors and within settings. Ambitions highlight when we know we will have made a difference.

The COVID-19 pandemic highlighted the importance of existing health inequalities. Those already facing social and structural disadvantage and poorer health, were at greater risk of the negative social, financial and health impacts of the pandemic. People and organisations across Gateshead worked together to support the response and help mitigate the impact for people living here. Learning gained throughout the pandemic

¹ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/fair-society-healthy-lives-the-marmot-review)

² [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/marmot-review-10-years-on)

³ [Build Back Fairer: The COVID-19 Marmot Review - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/build-back-fairer-the-covid-19-marmot-review)

highlighted the need to build on this partnership work and the innovative responses developed, to focus on the policy objectives of the Health and Wellbeing Strategy, and tackle key social determinants of health such as poverty.⁴

Since the Health and Wellbeing Strategy was agreed, the advent of the Covid-19 pandemic has exacerbated health inequalities, changed services delivery routes, and impacted upon the policy landscape. The current cost of living crisis makes it more important than ever that we are effective at using the networks, assets, and opportunities available to us.

1. The Health and Wellbeing Strategy Implementation Group

Following the Health and Wellbeing Board meeting on the 30th April, a group has been set up to support the delivery of the Health and Wellbeing Strategy across the system and in collaboration with partners in Gateshead. The purpose of the group is to:

1. Review the Health and Wellbeing Strategy and identify opportunities, activities, and mechanisms to support implementation.
2. Agree a process for developing and monitoring the implementation plan that includes representation and involvement from stakeholders.
3. Develop an approach to implementation that supports consideration of the Health and Wellbeing strategy and health equity as part of everyday business across the system.
4. Identify and utilise supportive structures and processes for implementation.
5. Agree a framework for research, learning and evaluation to develop the implementation plan and support progress towards outcomes.

This work will be supported by through the development of a shared approach to implementation across organisations, and through the development of an implementation plan which will support identification of priorities, opportunities, and actions.

An invitation to attend the group was sent to Board members and stakeholders, with the first meeting held on the 26th May. There was participation in the group from across policy areas and organisations, with 29 participants from:

- Connected Voices
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Gateshead Cares System Board
- Gateshead Council:
 - Elected members
 - Office of the Chief Executive
 - Corporate Services and Governance
 - Children, Adults and Families
 - Economy, Innovation and Growth
 - Housing, Environment and Healthy Communities
 - Public Health and wellbeing
 - Resources and Digital
- Gateshead Health NHS Foundation Trust
- Health Watch
- Primary Care

⁴ [DPH Report Annual Report online Jan 2022.pdf \(gateshead.gov.uk\)](#)

2. Health and Wellbeing Strategy Implementation Group discussions

The first meeting focused on the approach it would take, discussing:

- If anything had changed that needed to be included within the main strategy
- How the strategy was currently steering our work and whether this could be strengthened
- Next steps to take the strategy forward.

Discussions included:

(i) Updating the Health and Wellbeing Strategy

It was noted that the policy context and environment we work in is dynamic, yet the evidence-based principles of the strategy remain the same. Rather than regular revisions to the strategy to account for this, changes and emerging opportunities should be captured through the plan and approach to implementation.

The following points were identified within the discussion:

Theme 1: Give every child the best start in life

- No specific points raised.

Theme 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Work through the strategy should include:

- Digital exclusion, which has increased as a result of the pandemic. A greater reliance on digital channels and telephone consultations rather than face-to-face communication does not meet the needs of some service users although welcomed by others.
- Worsening mental health because of the pandemic and cost of living crisis. The impact includes, increased anxiety, more children experiencing mental health difficulties, isolation amongst young people and excessive waits for treatment.

Theme 3: Create fair employment and good work for all

- A need to ensure recognition and support for the acute challenges that residents, employers and businesses face in relation to increases in inflation, global pressures, and the cost-of-living crisis, whilst not losing sight of long-term endeavours, such as the real Living Wage. Current challenges may influence short-term priorities, such as support to remain in employment. A flexible approach is needed to support action on immediate challenges, whilst maintaining progress on longer-term goals.

Theme 4: Ensure a healthy standard of living for all

A need to respond to:

- The cost-of-living crisis which is increasing poverty, deprivation, and debt.
- Delivery mechanisms should also acknowledge the new funding opportunities such as the Sharing Prosperity Fund which is linked to the Levelling Up White Paper.

Theme 5: Create and develop healthy and sustainable communities

- Recognise the community support which came together during Covid, which we can build on further.

Theme 6: Strengthen the role and impact of ill health prevention

- Increased demand and budget pressures across health services and, in particular, significant increased demand across primary care and mental health services.
- Changes in health service commissioning - Integrated Care Board (ICB) developed at place level (Gateshead) will have more influence on services than previously.

(ii) How the strategy was currently steering our work and whether this could be strengthened

During the pandemic, interprofessional collaboration, professionals supporting and working with one other, came a long way and there are exciting opportunities to develop this further. This includes building on:

- Improved working between the Third and Public sectors
- The support within communities where people came together during the pandemic.

We can also work together to achieve:

- Better outcomes
- Doing more with less
- Improvements to the system that looks at the whole person, including their circumstances, and makes the best use of resources.
- Agreed priorities.

To enable this, we need effective communication to share knowledge including:

- What's happening and what partners are working on
- Awareness of opportunities
- Sharing learning and good practice
- Identifying opportunities for improvement.

(iii) Potential Next Steps

Development of a delivery plan:

- Should be based on what we know works
- It should identify good practice and what needs improvement
- We need to keep it simple; agree and focus on priorities for collaboration

(iv) Working together as an implementation group

Participants shared the value felt in being together with partners who they may not have met previously. It was felt this offered space for discussion and partnership working but it was recognised the group overall was very large. A pragmatic solution was offered, with the larger implementation group meeting quarterly, with smaller, thematic groups meeting in the meantime to progress specific actions. The next meeting of the larger group was agreed for September.

(v) Cross-cutting themes

Cross-cutting themes were proposed to help take the Health and Wellbeing Strategy forward. The implementation group was supportive of this approach. Suggested themes include:

Leadership, oversight and governance

Focusing on the key questions around how we ensure linkage through our delivery routes and the Health and Wellbeing Board, and how we report on progress across the system.

Discussions included:

- A number of strategies come under the Health and Wellbeing strategy, and some have been developed to support delivery of Health and Wellbeing strategy objectives.
- Whether the right supporting strategies are in place to deliver on the Health and Wellbeing Strategy objectives.
- A need to map what is in place by objective or theme e.g. Employability/skills, Place shaping, to keep work manageable and understand progress.
- Too many workstreams would be a barrier to progress.
- Identifying where barriers are across systems so they can be tackled strategically

Communication, engagement and networks for collaboration

To consider how we build on our assets, work with communities, and engage them in our work. Thus, working with communities and not doing to. This in turn may help us develop some community led specific actions, building on and embedding our place-based approach.

Issues discussed:

- How to engage with the public and learn from engagement during covid
- Involvement of members of the public in implementation
- Working differently to engage communities – not always consulting the same groups of people.
- Working with partners, including VCS networks for consultations
- Engaging with people using the right language
- Real collaboration, co-developing ideas
- Considering accountability; are other partners accountable to the public in the same way as Council members are accountable to public?

Training and skills development

To help implementation through each level of our organisations and utilisation of dedicated tools and methods. Training and development could support implementation of the strategy by framing and raising awareness of the causes of health inequalities, and by providing the tools and skills for assessing equity when making decisions, delivering services and as part of everyday business.

Research, learning and evaluation

It is important we continue to build the evidence base and learn and adapt as we go forward. Learning is really a key part of this, and as we work in such a complex and changing system, is likely to guide and change what our approach may be as we progress.

Health equity in all policies

A Health Equity in All Policies approach would help us embed collaboration, consideration, and action on health inequalities as part of everyday business across organisations and sectors. Building on this approach would help embed the strategy by building on partnerships and utilising the opportunities, structures, and systems we

have. The group raised locality working in relation to this, and how equity is embedded within the approach.

3. Summary

- Implementation across a whole system is complex and we are on a journey
- Building on partnerships, collaborating, and learning together, is as important (if not more) as developing the plan
- Enabling and working with our communities and places (not doing too), in setting our objectives, building our approach, and looking at what we measure
- There are multiple ways this work can be taken forward, it is important to take small steps, build on strengths, and make the most of opportunities
- Setting short-, medium-, and long-term priorities will help make this manageable, recognising differing strands will move at different paces
- Identifying and working on cross-cutting themes to help support implementation, in addition to delivery against the policy objectives

4. Next steps

The following steps are proposed to continue progress on developing an approach and plan for implementation:

- Mapping to consider priorities and strategic work, delivery mechanisms and structures, actions, gaps
- Development of cross-cutting implementation workstreams
- Identification of leads / links / champions for key actions
- Identification of short-, medium- and long-term priorities and actions
- Development of a plan and approach to implementation
- Monitoring, evaluation, learning and reporting

The Implementation group has agreed to meet again in September to maintain progress and stakeholder engagement in this work. During this time, smaller working groups will meet to look at, and take forward, the steps and workstreams discussed above.

5. Recommendations

1. The Health and Wellbeing Board are asked to consider the report and comment on approach suggested.

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